

Trust Guideline for the Cleaning and Disinfection in the Hospital

For Use in:	All areas within the Norfolk and Norwich University Hospital NHS Foundation Trust (NNUH)
By:	All Trust Staff
For:	Cleaning and Disinfection protocols and procedures
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5.2	May 2021	Added safer practice warning re Clinell	IP&C

This is a Controlled Document

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2. Definitions of Terms Used / Glossary

Cleaning is the process, which physically removes micro-organisms and organic matter but does not necessarily destroy infectious agents (BSI 2014). It is carried out using detergent to help remove debris.

The hospital environment must be visibly clean; free from non-essential items and equipment, dust and dirt; and acceptable to patients, visitors and staff.

The IP&C team recommends Trust staff to use Clinell wipes and Trust approved detergent, e.g. Hospec to clean. Please follow manufacturer's instructions for dilution, application and contact time.

- Clean your hands and apply PPE.
- Clean the piece of equipment from the top or furthest away point.
- Discard disposable cloths/paper roll immediately into the clinical waste bin.
- Remove and discard PPE.
- Perform hand hygiene.
- Please see Appendix 1 for further guidance on cleaning.

Disinfection/Decontamination is the removal of micro-organisms to a safe level, carried out by heat or chemicals. Disinfection/Decontamination cannot take place on unclean surfaces as organic matter will interfere with disinfectant. Therefore, surfaces **must** be cleaned before they can be disinfected.

The IP&C team recommends Trust staff to use a chlorine releasing agent, e.g. Actichlor Plus is used to disinfect. Other disinfectants, e.g. Tristel, can only be used when approved by the IP&C team. Please follow manufacturer's instructions for dilution, application and contact time.

- Clean your hands and apply PPE.
- Clean the piece of equipment from the top or furthest away point.
- Discard disposable cloths/paper roll immediately into the clinical waste bin.
- Remove and discard PPE.
- Perform hand hygiene.

Please see links for Tristel, Actichlor plus general areas and Actichlor plus blood spills in

Single Use means that item is to be used once and then discarded. It is essential that single use devices are not cleaned/decontaminated.

Single use items/products are identified by the following symbol:



Dedicated equipment for patients means that the item can be used more than once on the same patient after it has been cleaned/decontaminated. It must not be used on another patient.

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Clinical Cleaning is defined as room and/or bed space and/or area cleaning when any infectious or suspected infectious patient has vacated the space and **must** take place following the patients discharge or transfer and before the area cleaned is to be used again. Or See Flow chart for clinical clean discharge clean [Trustdocs Id 10702](#) in the Quick reference at point 3).

Clinical clean of whole ward is defined as a complete systematic ward clean after a period of Increased Incidence. For this purpose the forms Clinical Clean Ward hub and Clinical Clean Bay/Single rooms should be used. (Clinical Clean Ward Hub Form [Trustdocs id 10708](#))

These cleans are always organised by the ward manager/matron in cooperation with the Infection Prevention & Control team.

Discharge cleaning is defined as cleaning following a discharge or transfer of a non-infectious patient. Transfer to include moving the patient into another room/bed space within the same ward/department.

Deep cleaning is defined as an exceptionally intense cleaning process, following an outbreak (reactive, which is a Clinical Clean of whole ward) or as part of a routine deep clean programme. A deep clean can only be requested when approved by the IP&C team and Facilities.

Exposure to body fluids is defined as blood, human tissue, saliva, sputum, urine, faeces or any other body secretions that come into contact with another person, non-intact skin, mucous membranes (eyes/nose) or if tissue under the skin is exposed i.e. from bite or percutaneous. All exposures to bodily fluids should be reported as per Workplace Health and Wellbeing guidelines.

3. Quick reference guidelines

NB Actichlor plus tablets must be kept in locked cupboards e.g. dirty utility room. Instructions for use must be displayed close to the cupboard.

NB Clinell Universal Wipes and Spray

CAUTION: *Not for personal use. Avoid using wipe to clean skin. Avoid contact with eyes and mucous membranes. Use gloves and appropriate PPE. Direct contact with skin may cause allergic reactions.*

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3. Quick reference

All below linked documents must be read in conjunction with this Guideline.

To open links hold the Ctrl button on your keyboard and click the link with your mouse. When printing this Guideline please be advised and ensure that all linked documents must be printed via these links individually.

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Links to Quick Reference Flowcharts and Documents
Flow chart for clinical clean discharge clean
Cleaning Standards - Elements of Responsibility
Cleaning Standards - Trust Staff Responsibilities
Isolation Cleaning (Clinical) Guide
Clinical Clean Codes Guide
Clinical Cleaning Guidance when cleaning a whole ward
Stored Equipment Cleaning Label
Ward cleaning schedule for Housekeepers
Links to Forms
Clinical Clean Ward Hub Form
Clinical Clean Bay or Single Room Form
Actichlor plus daily dilution record sheet
Tristel daily solution change record sheet
Links to Posters
Tristel Poster
Actichlor Plus Poster – General Environment
Actichlor Plus Poster – Blood Spills
Links to Associated Documents (Policies and Guidelines)
Non-clinical Protocol for: Toy Cleaning, Maintenance and Purchase
Trust Guideline for Information Technology (IT) and Telecommunication Equipment Cleaning
Risk Management Strategy
Uniform and Dress Code Policy
Hand Hygiene Policy
Workplace Health & Wellbeing – Department Home Page
Health & Safety – Department Home Page
Procedure for Personal Protective Equipment (PPE)
Serco Cleaning Schedule - Clinics
Serco Cleaning Schedule – Offices
Serco Cleaning Schedule – Public Areas
Serco Cleaning Schedule – Theatres
Serco Cleaning Schedule – Wards
 Routine ward cleaning summary for

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4. Objectives

A clean hospital environment is paramount to all staff and patients. Patients expect hospitals to take care of them in an environment that is clean and safe (PAS 5748, 2014). Whilst this is important from an aesthetic perspective, it is also of significance with regard to the minimisation of risks, including the incidence of healthcare associated infection. There are many factors that influence the overall impression presented by the organisation, in addition to those of cleanliness and maintenance. The Trust therefore recognises its responsibilities to wider environmental issues.

Maintenance is also essential to ensure a safe and aesthetically pleasing environment, and it is recognised that as buildings and equipment age, they often become more difficult to keep clean. This will be achieved by the on-going application, review and evaluation of the Trust's Strategic and Operational Cleaning Plans. It is stressed however that all employees have a responsibility for caring for this environment.

The Trust aims to:

- Provide direction in maintaining and improving cleanliness standards across all hospital sites and premises, ensuring a clean, comfortable and safe environment for patients, clients, visitors, staff and members of the general public.
- Increase patient confidence in environmental hygiene and the organisational commitment to reduce the incidence of healthcare associated infection.
- Meet the national standards of cleanliness.

4.1 Staff groups

Chief Executive - has the responsibility to ensure the Trust has an effective policy on cleaning and allocates budgets with due attention to infection control and cleanliness.

Trust Contract Manager – has the responsibility to ensure the policy is implemented operationally and monitored. Make sure contracts (including in house Service Level Agreements) deliver high standards and value for money. To establish a spirit of partnership and teamwork with service providers and to investigate failures to comply with the contract and ensure corrective action is taken to prevent a recurrence.

Director of Nursing / Chief Nurse – has the responsibility to ensure hospital cleanliness is high on the corporate agenda.

Director of Infection Prevention & Control (DIPC), Infection Prevention & Control Team (IP&CT) and Lead for cleaning – has the responsibility to assist in monitoring the policy. Provide technical advice on cleaning agents, equipment and methodology of cleaning. Provide appropriate IP&C training to trust staff, to educate staff about the need for good hygiene standards; and to advice on cleaning contracts.

Divisional Managers, Operational Directors and Clinical Directors – have the responsibility to ensure this policy is disseminated and implemented within areas of

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responsibility; and to ensure that staff responsible for cleanliness have the ability and support to do a good job.

Matrons and Ward Sisters/Charge Nurses – have the responsibility to lead and drive a culture of cleanliness in clinical areas, and ensure all staff in areas of responsibility are aware of and comply with the policy. To agree, set and monitor cleaning standards in conjunction with others. Work in partnership with contract managers to develop procedures for individual areas of activity, and work with local cleaning staff to help them fulfil their roles.

General Manager - is accountable for achieving the relevant key objectives detailed within this policy, and ensures adequate resources are in place to achieve high standards of cleanliness. Monitor and ensure high standards of cleanliness are maintained across the Trust, and work in partnership with matrons and Ward Sisters/Charge Nurses to develop procedures for individual areas of activity.

Customer Support Manager – has the responsibility to ensure robust systems, processes and are in place to achieve high standards of cleanliness.

Facilities Coordinator – has the responsibility to ensure there are sufficient staff, with the right skills to do the job and make sure there is an appropriate supply of equipment, including cloths and consumables.

All Staff – are to adhere to this policy, highlight and report any issues with cleanliness; keep work area and patient bed spaces clean in order to facilitate cleaning by the contractor. Staffs have the responsibility to ensure patient equipment is clean and well maintained and report any concerns to Ward Sisters/Charge Nurses.

5. Rationale

Ensuring hospitals are clean and safe is an essential component in the provision of effective healthcare. A clean and tidy environment is an outward manifestation of the health of the National Health Service (NHS) and provides the right setting for good practice. It is fundamental in assisting patients' recovery and helps in the prevention and/or control of healthcare associated infections.

High levels of cleanliness will be achieved through

- Clear specifications
- Training for staff
- Documented lines of accountability
- Involving patients and visitors
- All staff recognising their responsibilities
- A meaningful framework for measurement
- Trust Board support
- Matrons taking the lead

The cleaning of premises within the Norfolk & Norwich University Hospitals NHS foundation Trust (NNUH) is carried out by teams of Domestic Cleaning Contractors who

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are monitored via the non-clinical Facilities Division Domestic Services Team. The focus on improving hospital cleanliness and reducing healthcare associated infection has never been more topical and it is important to recognise the important role that domestic or cleaning staff play in ensuring public confidence in the overall cleanliness of the hospital environment. This is recognised and supported by Management and Clinical teams.

All appropriate health, safety and environmental considerations must be considered and implemented including suitable and sufficient risk assessment and review.

6. Scope

This policy specifies how and to what standard the hospitals and departments under NNUH are to be kept clean, well maintained and clutter free.

This policy applies to all employees of the Trust and contracted Soft Facilities Management Team who carries out cleaning procedures as part of their work.

The policy embraces all cleaning activity within the Trust, across all sites and facilities. This includes all general scheduled and reactive cleaning activities undertaken by Domestic Services as well as those traditionally undertaken by the Estates Department, i.e. cleaning of external areas, ceiling vents and cleaning duties undertaken by nursing staff, i.e. patient related equipment and Screening Vehicles.

The NNUH adheres to the principle that whoever uses equipment is also responsible for cleaning that equipment (H&S at Work Act 1974).

Levels of cleaning should be increased in cases of infection and/or colonisation when a suspected or known pathogen can survive in the environment, and environmental contamination may contribute to the spread of infection (Loveday et al 2014). A full clean of the ward is performed daily by the contractor. Toilets are cleaned, bins are emptied and consumables are topped up. A Matron, Sister or Ward co-ordinator can request additional cleaning.

Furniture, fixtures and fittings surfaces should be smooth, easy to clean and waterproof to facilitate effective cleaning. Damaged surfaces should be repaired or replaced and when purchasing new furniture, fixtures and fitting special attention should be taken regarding how easy to clean it is (CIP&C 2015). Therefore Furniture, fixtures and fittings surfaces should be compatible with these guidelines.

The essence of good cleaning is that things not only look clean afterwards, but that they are clean. All users of healthcare premises have a right to assume that the environment is one where infection hazards are adequately controlled (AHCP 2013).

Frequent cleaning of critical surfaces, such as handles, buttons, switches, computer keyboards, bed controls etc. will decrease pathogen transmission (Dancer 2014).

BSI (2014) breaks down the cleaning further and explains that a cleaning task is the process required to clean an element and that dirt is matter adhering to, or resting on an

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element, which is not part of that element. A stain is a discolouration appearing on an element which is not caused by the natural aging of the element.

An element shall be identified as clean if all parts of the element have the visual appearance of being free of dirt, tape and stains. The organisation should set, justify and document an agreed cleanliness performance level for the hospital, which should be the minimum percentage of all scored elements conform to the cleanliness criterion (BSI 2014) and conform the C4C audits.

If staff are concerned or see evidence of pests e.g. insects, mice etc please log a call with the appointed contractor.

7. Processes to be followed

7.1 Clinical Cleans and Discharge/Transfer Cleans

All clinical cleans for (suspected) infectious patients require the same elements to be cleaned and require curtains to be changed. A Standard clinical clean does not include wall washing or curtain changing but should be requested following certain respiratory and skin diseases.

Then Clinical cleaning must be requested via the contracted Service Provider's helpdesk. For Norfolk and Norwich hospital this can also be accessed via the electronic system [iSerco](#) using the [Clinical Clean Codes Guide](#).

Clinical Clean sign off

When a clinical clean is undertaken the ward staff need to clean and disinfect the equipment in the bed space/side room according to this protocol and then empty the bed space/side room of all moveable equipment. Once the Clinical clean has been completed it needs to be signed off on the Clinical Clean Sign off sheet.

All cleaners are trained in discharge cleaning.

Clinical cleaning must be requested via the contracted Service Provider's helpdesk. For Norfolk and Norwich hospital this can also be via the electronic system [iSerco](#) using the [Clinical Clean Codes Guide](#).

Evidence of Cleaning and Decontamination of Equipment

Equipment where possible, should have cleaning a label/sticker attached with the time, date and signature of the person who has cleaned the item. In the rare circumstances where this is not possible there should be clear documentation of cleaning, for example a list in the room with all items.

This document states that cleaning should be documented by the person who cleaned the item and the item identified as clean. This will also provide evidence of cleaning and decontamination for quality assurance audits.

Storing of Equipment

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Any equipment that is not used on a daily basis can be stored but it must be cleaned, covered and a yellow [stored equipment cleaning label](#) completed and attached with a cable tie before being placed into storage. If the piece of equipment needs to be used then it must be cleaned prior to use.

Equipment that may be required at any time in an emergency is to be cleaned at least daily and after use e.g. resus trolley, observation machines.

To meet the standards within HII No.8, the Care bundle to improve the cleaning and decontamination of clinical equipment, cleaned equipment should be stored separately from used items and away from areas where cleaning is taking place, to reduce the risk of recontamination. There should be clear evidence of a cleaning / checking schedule for stored equipment to prevent build-up of dust and dirt whilst in storage (HII No.8 2010).

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Risk	Required Service Level	Description of Functional Areas	Monitoring Frequency
Very High Risk	Consistently high cleaning standards achieved through intensive and frequent cleaning.	Operating Theatres, Delivery Suite, Neonatal Intensive Care Unit (NICU), Intensive Care Unit (ICU)/High Dependency Unit (HDU), Accident & Emergency (A&E), any departments where invasive procedures are performed or where immuno-compromised patients are receiving care. Bathrooms, toilets, staff lounges, offices and other areas adjoining high-risk functional areas.	Monthly* (Initially weekly audits were undertaken until consistent results were achieved and the frequency was reduced to monthly)
High Risk	Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in between.	General wards, sterile supplies, public thoroughfares and public toilets. Bathrooms, toilets, staff lounges, offices and other areas adjoining high-risk functional areas.	Monthly*
Significant Risk	In these areas, high standards are required for both hygiene and aesthetic reasons. Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in between.	Pathology, out-patient departments (OPD), laboratories and mortuaries. Bathrooms, toilets, staff lounges, offices and other areas adjoining significant-risk functional areas.	Monthly*
Low Risk	In these areas, high standards are required for aesthetic and, to a lesser extent, hygiene reasons. Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in between.	Administrative areas, non-sterile supply areas, record storage and archives. Staff lounges, offices and other areas adjoining low-risk functional areas.	Monthly*
<p>*If any area's routine audits reveal consistent issues, more frequent audits will be undertaken until satisfactory results are achieved. Source: NPSA 2007</p>			

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7.2 National Colour Coding Scheme

The Trust adheres to the National Patient Safety Agency (NPSA) Colour Coding Scheme. The poster should be displayed in the Dirty Utility rooms.



Routine ward
cleaning summary for

All cleaning materials and equipment, for example, cloths (re-usable and disposable), mops and buckets should be colour coded. The method used to colour code items should be clear and permanent (NPSA 2007).

<p>Red</p> <p>Bathrooms, washrooms, showers, toilets, basins and bathroom floors</p> <p>(Buckets, Mops & Cloths)</p>	<p>Blue</p> <p>General areas including wards, departments, offices and basins in public areas.</p> <p>(Buckets, Mops & Cloths)</p>
<p>Green</p> <p>Catering departments, ward kitchen areas and patient food service at ward level</p> <p>(Buckets, Mops & Cloths)</p>	<p>Yellow</p> <p>Isolation areas</p> <p>(Buckets, Mops & Cloths)</p>
<p>WHITE</p> <p>Theatres (Buckets & Mops)</p>	

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7.3 Equipment and Personal Protective Equipment (PPE)

- **Gloves**

To help prevent infection, injury and cross-contamination gloves should be worn for all cleaning tasks. All gloves should be disposable. The use of gloves does not replace the need for thorough and regular hand washing.

Gloves should be changed in accordance with the 5 moments of hand hygiene.

- **Aprons**

Staff who are at risk of clothing contamination should wear disposable plastic aprons to create a waterproof barrier. If contamination by large amounts of fluid is anticipated overalls or waterproof footwear may be appropriate. This should be established by a Control of Substances Hazardous to Health (COSHH)/ risk assessment. Long sleeved, water repellent gowns are available on PowerGate.

- **Goggles, masks and visors**

PPE may also be required for procedures where there is a risk of splashing exposure from harmful substances such as chemicals, blood or body substances to the face/eyes. Such activity must be risk assessed accordingly.

[When to use a Surgical face mask or FFP3 respirator](#)

- **Changing PPE**

PPE should be changed between cleaning tasks followed by hand hygiene.

- **Mops**

Dirty utility rooms should have mops supplied by the Contractor for cleaning up liquid spills outside routine hours.

- **Body fluid spillages**

Spills must be cleaned up promptly. The areas should be made safe and clearly marked with warning signs pending cleaning and remain in place until any residual slip hazard no longer exists.

(A) Body fluid spillages in Wards of Departments

The member of staff who identifies the spill is responsible for the prompt decontamination and clearing of the spill. ([Actichlor Plus Poster – General Environment](#))

The person who identified the spill should inform the clinical person in charge of the ward who then becomes responsible for overseeing the prompt decontamination and clearing of the spill and subsequent cleaning

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Cleaning staff are not responsible for clearing body fluid spillages in these areas; however they should be called to clean the affected area after the body fluids have been removed.

(B) **Body fluid spillages outside patient areas** (e.g. corridors, lifts)

The staff member discovering/making the spillage must report it to the contracted Service Provider's helpdesk immediately and make the area safe. For Norfolk and Norwich hospital this can also be via the electronic system iSerco.

- **Hand Hygiene**

Effective hand hygiene minimises the acquisition and spread of infection in the healthcare setting. Staff should keep their nails short and clean, not wear false nails and remove all nail varnish when at work. The only hand jewellery allowed is one plain band. Rings that are engraved, and / or with stones, are not acceptable. Staff should wash their hands whenever they are visibly dirty or soiled as per trust [hand hygiene policy](#) found in the IP&C Manual.

- **Cleaning Staff Integration**

The cleaning staff are managed by the contractor. All cleaning staff should be embraced as team members in the department/area in which they work. To encourage good communication cleaning staff will report to the most senior member of the nursing team at the start of each shift. Nursing staff must ensure that information relating to infected patients, specific cleaning tasks required (e.g. discharge cleans), or any change to the normal cleaning routines are communicated to the domestic. The cleaning staff should feedback, areas that have not or could not be cleaned to the Nurse in Charge and PSM.

8. Clinical audit standards / audit standards / monitoring compliance

The patient is central to all services provided by the Trust and Domestic Services work in partnership with patients and their representatives to ensure high standards of cleanliness are achieved and maintained throughout the hospital.

It is envisaged that the patient or representative will be involved in the following ways:

- Their views will be sought through Patient Satisfaction Surveys, and feedback from these will be reported back to the Facilities Management Group
- Patient's comments on cleanliness will be acted upon via formal and informal complaints
- Patients representatives will be involved in Patient-led Assessments of the Care Environment (PLACE) assessments

The monitoring of standards is central to ensure that standards of cleanliness remain high.

- To maintain high standards of cleanliness and recognise that any slippage to be corrected by working to national targets that measure performance.
- The overall audit target when using the C4C audit is contractually set at 90% but we aspire to achieve 95%.

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Clinical equipment is not cleaned by the domestic services. Clinical equipment is the responsibility of the ward staff and ideally should be cleaned by the person following each use.

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9. Summary of development and consultation process undertaken before registration and dissemination

This guideline was sent out for consultation to the following groups:

• Matrons and Senior Nurses	• Hospital Infection Control Committee Members
• Ward Sisters/Charge Nurses	• Director of Nursing
• Health and Safety	• Trust Facilities Team
• Workplace Health and Wellbeing	• Service Providers
• SERCO	• IP&C Link staff

Distribution list/ dissemination method

This guideline will be available electronically and will be published in the IP&C Manual on the Intranet where it can be accessed by Trust staff.

Staff will be notified of the publication of new and revised documents through the Trust weekly communications bulletin and/or communications circulars as appropriate.

Staff training awareness on this Guideline will be carried out at Induction for all new trust staff through mandatory training updates.

10. References

AHCP - Association of Healthcare Cleaning Professionals (2013) Revised Healthcare Cleaning Manual. The Association of Healthcare Cleaning Professionals (AHCP) worked jointly with the National Reporting and Learning Service and NHS Purchasing and Supply Agency to produce the guide which replaces the guidance contained in the NHS Cleaning Manual.

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Dancer, S. (2014), Controlling Hospital-Acquired Infection: Focus on the Role of the Environment and New Technologies for Decontamination. *Clinical Microbiology Reviews* 27 (4) p 665–690.

High impact intervention (HII) 8 (2010), Care bundle to improve the cleaning and decontamination of clinical equipment. Available at: http://webarchive.nationalarchives.gov.uk/20101125140934/http://www.clean-safe-care.nhs.uk/Documents/High_Impact_Intervention_No_8.pdf [Accessed on 23/04/2018]

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National Patient Safety Agency,(NPSA) (January 2007), *Safer Practice notice 15. Colour coding hospital cleaning materials and equipment.*

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11. Associated Documentation

Department of Health, (October 2004), *A Matron's Charter: An Action Plan for Cleaner Hospitals*.

Department of Health (NHS Estates), (December 2004), *Revised Guidance on Contracting for Cleaning*.

Department of Health 2013. Health Building Note 00-09: Infection Control in the Built Environment https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/170705/HBN_00-09_infection_control.pdf

Health and Social Care Act (2012), c.7. Available at: <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>. [Accessed on 13/07/2018]

Healthcare Commission. (2006/7), *Inspection Guide. Domain: Care environment and amenities. Core Standard: C21*.

NPSA (April 2007). The National specifications for cleanliness in the NHS: a framework for setting and measuring performance outcomes.

NPSA (May 2009). Revised Healthcare Cleaning Manual.

British Standards Institution (BSI 2014). PAS 5748 (2014). Specification for the planning, application, measurement and review of cleanliness services in hospitals. Available at: <http://qna.files.parliament.uk/qna-attachments/175888%5Coriginal%5CPAS5748%20Specification%20for%20the%20planning.%20application.%20measurement%20and%20review%20of%20cleanliness%20services%20in%20hospitals.pdf> [Accessed on 23/04/2018]

12. Equality Impact Assessment (EIA)

This Guideline has been screened to determine equality relevance for the following equality groups: race, gender, age, sexual orientation and religious groups. This Guideline is considered to have little or no equality relevance.

13. Appendices

Appendix 1 - General principles of cleaning poster.

Appendix 2 - Monitoring Compliance / Effectiveness Table

Appendix 3 - Cleaning and maintenance of carpets

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Appendix 1

General principles of cleaning poster

- Pick the right product
- Use PPE
- Be systematic – top to bottom, ‘S’ shape and from clean to dirty
- When using detergent, use this with hand tolerant warm water. Do not use hot water as this will coagulate protein making it more difficult to remove from equipment.
- Avoid creating aerosols and splashes
- Check equipment while cleaning and report if damaged
- Label to demonstrate it is clean
- Remove PPE
- Clean your hands



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Monitoring Compliance / Effectiveness Table				Appendix 2		
<i>Element to be monitored</i>	<i>Lead Responsible for monitoring</i>	<i>Monitoring Tool / Method of monitoring</i>	<i>Frequency of monitoring</i>	<i>Lead Responsible for developing action plan & acting on recommendations</i>	<i>Reporting arrangements</i>	<i>Sharing and disseminating lessons learned & recommended changes in practice as a result of monitoring compliance with this document</i>
Monitoring Cleanliness	Patient Services Manager (PSM) (Contractors)	The C4C software package is used to record findings during physical checks. Reports are generated from this	Follows the National Specification for Cleanliness (13 weeks-quarterly)		Facilities Group Management/ Joint Patient Services	The Lead responsible for developing the action plans will disseminate lessons learned via the most appropriate committee e.g. Clinical Safety Executive Sub-Board, Non-Clinical Safety Executive Sub-Board, Workforce Executive Sub-Board, Executive Board or Trust Board.
Monitoring cleanliness of clinical equipment:	Matrons and the Quality Improvement Lead	The Quality Assurance Audits	Audits are carried out and fed back monthly Assessed via nursing dashboards		Sisters, Charge Nurses, Matrons, Operational Team, Divisional Nursing Directors, Divisional Operations Directors, Chief of Divisions, Chief Operating Officer and Chief Executive Officer	

Appendix 3 Cleaning and maintenance of carpets

Areas	HBN recommendations 00-09	Domestic frequency for any carpeted area and periodic schedules
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Trust Guideline for the Cleaning and Disinfection in the Hospital

<p>Clinical areas E.g. Treatment rooms, Clinic areas</p>	<p>Carpets should not be used in these areas. Spillage can occur in in all clinical areas. (HBN 00-09 pg. 23)</p>	<ul style="list-style-type: none"> • Carpets should be vacuumed daily in all carpeted areas. See links for Cleaning Schedules below. Serco Cleaning Schedule - Clinics Serco Cleaning Schedule – Offices Serco Cleaning Schedule – Public Areas Serco Cleaning Schedule – Theatres Serco Cleaning Schedule – Wards • Periodic schedules should be in place to shampoo all carpeted areas, either quarterly or 6 monthly, please see individual Serco domestic frequencies in links to quick reference flowcharts and documents pg. 5 • Blood and bodily fluid spillages on the carpeted areas, Trust staff should follow the cleaning guide in the following Actichlor posters and then book a clinical clean Actichlor Plus Poster – General Environment Actichlor Plus Poster – Blood Spills
<p>Day room/Patient waiting areas</p>	<p>There is often conflict aesthetics and prevention of contamination, especially in waiting areas such as A&E and minor injuries. It is important where blood and bodily fluid spillages may occur, the environment should be able to be cleaned effectively. Carpets should not be used where body fluid spillage is anticipated. (HBN 00-09 pg. 20)</p>	
<p>Non Clinical areas E.g. Interview rooms, counselling rooms</p>	<p>If carpets are to be considered for non-clinical areas there needs documented risk assessment and a clearly defined pre-planned preventative maintenance and cleaning programme. Carpets should not be used where body fluid spillage is anticipated. (HBN 00-09 pg. 21)</p>	

N.B.

- Carpets should not be used in any clinical areas.
- Any carpeted area should have a risk assessment.
- Each area are responsible for knowing the cleaning schedule of any carpeted area and the last periodic clean (shampoo) date should be accessible (suggest adding to the IP&C green folders).
- All carpets should be removed at the next scheduled refurbishment.
- If carpet is used in a clinical area then it should be added to the risk register.

Reference

Department of Health 2013. Health Building Note 00-09: Infection Control in the Built Environment

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/170705/HBN_00-09_infection_control.pdf