

## Cleaning policy

Board library reference	Document author	Assured by	Review cycle
P005	Head of Estates and Facilities	Quality and Standards Committee	3 years

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## 1. Introduction

Ensuring hospitals are clean and safe is an essential component in the provision of effective healthcare. All users of healthcare premises have a right to assume that the environment is one where infection hazards are adequately controlled. The essence of good cleaning is that things not only look clean afterwards, but that they are clean.

Providing a clean and safe environment for healthcare is a key priority for the NHS and it is a core standard within the Care Quality Commission's Essential Standards of Quality and Safety. Publications such as Towards Cleaner Hospitals and Lower Rates of Infection and A Matron's Charter: An Action Plan for Cleaner Hospitals have emphasised this further by recognising the role cleaning has in ensuring that the risk to patients from healthcare associated infections (HCAI'S) is reduced to a minimum.

Avon and Wiltshire Mental Health Partnership NHS Trust are committed to continuous quality improvement and cleaning services have a pivotal role in achieving this goal.

## 2. Purpose or aim

The purpose of this policy is to explain the principles of cleaning within the care environment and to define the responsibility and accountability of each member of staff in ensuring that those principles are adhered to, so that the Trust can be assured that its environmental cleaning measures are robust and appropriate.

## 3. Scope

The policy applies to all sites/units hosting Avon and Wiltshire Mental Health Partnership NHS Trust services and all staff carrying out cleaning activities in relation to those services.

The policy is supported by Trust [Infection Control Policy](#) and procedures. It will also link to other key Trust policies.

Cleaning services provided under SLA or contract will be subject to the requirements of this policy.

## 4. Definitions

SLA=Service Level Agreement

CQC=Care Quality Commission

PLACE=Patient Led Assessment of the Care Environment

## 5. Policy statement

Avon and Wiltshire Mental Health Partnership NHS Trust has its responsibility to provide a safe, clean and hygienic environment for its service users and staff. It shall ensure cleaning is carried out in a safe, organised and effective way, and that Trust cleaning programmes reflect standards laid out in National Specifications for cleanliness in the NHS (April 2007), and meet CQC standard outcomes.

Cleaning outcomes will be regularly monitored and reviewed to ensure the appropriate cleaning services are provided to each clinical activity.

## **6. Roles and responsibilities**

### **6.1 Chief Executive**

The Chief Executive is responsible for ensuring that there are effective arrangements for infection control throughout the Trust. Directors responsible for Infection Prevention and Control have been appointed by the Trust to ensure that infection control in the Trust meets the required standards.

### **6.2 Trust Executive Directors**

Executive Directors are responsible for allocating budgets with due attention to infection control and cleanliness, understanding the implications of the funding decisions they make. They will ensure that there is regular monitoring of standards of cleanliness, reported at ward, departmental and board level with actions to improve in areas of developing risk.

### **6.3 Hospital Matrons**

Matrons are responsible for leading and driving a culture of cleanliness in clinical areas, as well as setting and monitoring standards in conjunction with others.

### **6.4 Infection Prevention and Control teams**

Advising on specific / specialist cleaning requirements. Educating staff about the importance of following the correct processes for decontamination and cleaning.

### **6.5 Ward Managers and Heads of Departments**

Making sure that standards are met, working with Hotel Services teams to help them fulfill their roles and achieve objectives.

### **6.6 Health Care Assistants, Nursing & Clinical Staff**

Carry out cleaning duties, primarily associated with patient/medical equipment and body fluid spillage.

### **6.7 Facilities Service Managers**

Strategic and operational development of cleaning services. Where required, making sure that in-house Contracts and Service Level Agreements are set and monitored; Identifying funding requirements and preparation of bids; Ensuring high standards of cleanliness and value for money are maintained; Liaising formally and informally with DIPC and infection prevention and control team.

### **6.8 Estates Team**

Maintenance and repair of the hospital fabric with any associated cleaning requirements.

### **6.9 Hotel Services Managers**

Making sure that in-house Service Level Agreements are adhered to; Delivering high standards of cleanliness and value for money; Attend the Daily Control meeting and liaise with the operational manager and Infection Prevention and Control Team.

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Establishing a spirit of collaborative team working with service users; Ensuring there are enough staff, with the right skills to do the job; Making sure there is an appropriate supply of equipment, including cloths and chemicals.

### 6.10 Estates Team

Maintenance and repair of the hospital fabric with any associated cleaning requirements.

### 6.11 Hotel Services Managers

Making sure that in-house Service Level Agreements are adhered to; Delivering high standards of cleanliness and value for money; Attend the Daily Control meeting and liaise with the operational manager and Infection Prevention and Control Team.

Establishing a spirit of collaborative team working with service users; Ensuring there are enough staff, with the right skills to do the job; Making sure there is an appropriate supply of equipment, including cloths and chemicals.

### 6.12 Hotel Services Supervisors

Operational supervision of cleaning staff; Coordinating and supervising specialist cleaning services, including enhanced cleaning and cleaning with hydrogen peroxide; Auditing of cleaning standards and ensuring any remedial actions are undertaken; Providing day-to-day advice in relation to cleaning requirements.

### 6.13 Housekeepers

All cleaning staff are responsible for ensuring that cleaning methodologies are rigorously applied and the frequencies are maintained. Where this is not possible, non-compliance shall be escalated to the supervisors. All cleaning staff shall play an essential role in ensuring that the clinical environment remains safe and hygienic as well as aesthetically pleasing, promoting confidence in service users and visitors.

## 7. Training and awareness

The Trust's overarching policy for training is the [Learning and Development Policy](#) and this should be read in conjunction with this policy. Attached as an appendix to that policy is the Trust's [learning and development matrix](#). This matrix describes the minimum statutory, mandatory and required training for all staff groups in respect of housekeeping.

### 7.1 Trust induction

All staff will attend Trust Induction.

### 7.2 Local cleaning induction

All new housekeeping staff will receive a Local Induction by members of the Facilities Management and Supervision Team. The contents of the induction will vary between individuals and will be determined by their job specifications. This induction will include use of colour coded equipment, safe use of cleaning chemicals and materials and training in the use of cleaning equipment.

The local induction will stress the legal as well as the moral responsibilities of housekeepers. Housekeepers will be made aware of the importance of adopting hygienic working practices.

All training will make reference to relevant legislation, NHS guidelines and Trust policies.

Statutory and mandatory training will be completed in line with Trust policy. This will include:

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- Manual handling
- COSHH
- Managing Conflict
- Infection Control
- Safeguarding

### 7.3 Workplace training

All new housekeeping staff will work alongside a housekeeping mentor who will explain and demonstrate the cleaning routine of a ward/department and will in still in them good practice.

Housekeepers will be instructed on how to keep themselves and others safe whilst carrying out their work. This will include:

- Ward security
- Staff attack systems
- Use of plastic bin liners
- Safe use and storage of cleaning equipment and chemicals

### 7.4 Food hygiene certificate

All housekeeping staff that are involved in food handling will be expected to obtain the NVQ Level 2 Certificate of Food Hygiene, within 6 months of starting their supervisory position, unless they already have an equivalent qualification.

## 8. Managing risk

### 8.1 Definitions of risk

Risk Level	Required Service Level	Function Areas
Very high risk	Consistently high cleaning standards must be maintained.  Required outcomes will only be achieved through intensive and frequent cleaning.  Auditing should be undertaken at least once a week until satisfactory standards are achieved, after which auditing can be reduced to no less than monthly.	Include: operating theatres, ICU, SCBU, Emergency Department. Adjoining bathrooms, toilets and staff lounges
High risk	Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in-between. Both informal monitoring and formal auditing of standards should Auditing should be completed at least once a month	Include: General wards, public thoroughfares and public toilets

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Significant risk	<p>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.</p> <p>Auditing should be completed at least once every three months.</p>	Include: Outpatient Areas, laboratories, mortuary
Low risk	<p>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.</p> <p>Auditing should be completed at least annually</p>	Include: Administrative areas, record storage and supply areas.

### 8.2 Compliance with national cleaning specifications

Healthcare cleaning standards are undertaken in line with the Revised Healthcare Cleaning Manual June 2009, which categorise the service and auditing levels required in order to maintain cleanliness. The national specification has been adopted across the Trust (see Appendix 1).

### 8.3 Colour coding scheme

The Trusts must adhere to the mandatory National Patient Safety Agency Colour Coding scheme (see Appendix 2). The adoption of nationally recognised colour coding helps to minimise the risk of cross-infection and extends to all cleaning materials and equipment used. The method used to colour code items should be clear and permanent.

Cleaning products do not need to be colour coded. Similarly, the colour code does not extend to catering equipment used within the catering department where this is already a well-recognised procedure to ensure food hygiene and food separation issues are addressed.

### 8.4 Cleaning equipment

Prior to using any cleaning equipment, all housekeeping staff will be trained in the correct use of that equipment as part of their local induction. All electrical devices must be PAT tested and it is the responsibility of the Facilities Managers to ensure all electrical equipment is safe to use. Housekeeping staff have a responsibility to regularly check all equipment and report any faults.

All equipment must be checked to make sure that it is clean before being used, and is cleaned and stored correctly after use.

### 8.5 Approved cleaning chemicals

Whenever possible microfibre cleaning systems will be used. Housekeeping staff will be trained in the use and dilution of approved cleaning chemicals during their local induction.

All cleaning chemicals are assessed under the Control of Substances Hazardous to Health Regulations. Health and Safety data sheets for all products are filed in the Facilities Department and the relevant information will also be found in all cleaning cupboards.

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Risk assessments are completed for the use of all cleaning chemicals identifying personal protective equipment and storage requirements.

Each ward or department will have a separate lockable cupboard for the storage of all cleaning chemicals. Only approved chemicals may be stored in these cupboards and they must be in their correct container with correct usage instructions and with tightly fitting lids to prevent spillage.

### 8.6 Personal Protective Equipment

#### Uniform

Staff should dress in accordance with the Trust Uniform policy.

#### Gloves

Disposable gloves must be worn for infectious patients when cleaning side rooms and cleaning of sanitary ware as per the Isolation Policy.

To help prevent infection, injury and cross-contamination protective household-grade gloves should be worn for cleaning tasks within all sanitary or infected areas. Gloves should also be worn when using Hypochlorite solution. All gloves should be either colour-coded or disposable and should be changed for each patient zone and between tasks (as appropriate) and removed when a task is finished or if task is interrupted for another reason. The use of gloves does not replace the need for proper hand washing.

#### Aprons

Aprons will be worn for identified tasks in line with Trust infection control policies and procedures.

#### Goggles, masks and visors

Goggles, masks and visors will be worn for identified tasks in line with Trust infection control policies and procedures.

Protective clothing may also be required for procedures where there is risk of exposure to harmful substances such as chemicals, blood or body substances.

#### Linen segregation

Linen used by patients with an infection and other contaminated linen must be segregated in accordance with the Trusts Linen and Laundry Policy.  
<http://ourspace/ClientServices/InfectionControl/IC%20Procedures/P028/Laundry,%20Linen%20and%20Dress%20Procedure.doc>

#### Waste disposal and Sharps

These policies give guidance on all waste streams. Waste must be handled, stored and disposed of in accordance with the Trust [Waste Management Policy](#) and the [Safe Handling and Disposal of Sharps \(incl Prevention and Management of Occupational Exposure to Blood Borne Viruses\) Procedure](#)

### 8.7 Hand hygiene

Hand washing is one of the most important actions to be taken to prevent cross contamination when performing cleaning tasks.

Hands must be washed using the liquid soap and water provided in a hand wash sink. All housekeeping staff must wash their hands frequently and this will include the following:

- Before commencing duties
- Before collecting food

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- Before putting on gloves
- After taking off gloves and aprons
- After using the toilet
- After taking a break
- After each cleaning task
- After contact with body fluids
- When hands are dirty

Alcohol gel can be used when hand washing facilities are not available and hands are visually clean, ie when entering and leaving a ward or entering an isolation room. However, alcohol gel should not be used when there are cases of diarrhoea and vomiting on the ward. Full guidance and the [Hand Hygiene Procedure](#) can be found on the Trust Intranet ([Infection Control Policies](#)).

### 9. Cleaning schedules

The Hotel Services Teams will produce detailed cleaning schedules for each clinical ward and department. Each schedule will detail:

- Cleaning task and area
- Any associated hazards
- Method of cleaning
- Personal protective equipment required
- Frequency of cleaning

The schedule will also include a record of daily flushing of water outlets (areas identified as out of use will be subject to enhanced flushing and this will be recorded separately).

The housekeeper will sign off the schedule after each shift detailing any areas that were not accessible for cleaning and the reason why.

Any accessibility issues will be feedback to the senior nurse on duty by the housekeeper.

In times of reduced cleaning staff levels, cleaning staff from low risk areas will be transferred to higher risk areas to ensure that the requirements of the service level agreements are met.

#### 9.1 Deep Cleaning Schedule

The Hotel Services Team will maintain a record of all deep cleaning completed in each clinical/ward area. This will include:

- Floor scrubbing
- Carpet cleaning
- Curtain changes
- Steam cleaning

#### 9.2 Terminal Cleaning

Terminal cleaning is a term used to describe the cleaning of a room in which a patient has been discharged. After the patient has been discharged all surfaces and equipment must be thoroughly cleaned to ensure the room is free of microorganisms for the next patient. This may require the use of disinfectant and involve changing the curtains. The most important thing is to ensure that all dust and dirt is completely removed. The local cleaning manual details exactly what cleaning methods, colour coding of equipment and products to use.

### 9.3 Enhanced Cleaning

Enhanced cleaning is carried out when there is a greater risk of infection outbreak and at the request of the Infection Control Team. This intensive clean involves cleaning all touch surfaces in an in-patient area twice daily and normally requires additional resources to maintain the level of cleaning required.

- [Isolation procedure](#)
- [Procedure for major outbreaks of communicable infection including outbreak plan](#)

## 10. References

PLACE (Patient Led Assessment of the Care Environment)

Winning Ways – Working together to reduce Healthcare Associated Infection in England.  
Department of Health 2003

The NHS Healthcare Cleaning Manual, National Patient Safety Agency June 2009

Towards Cleaner Hospitals and Lower Rates of Infection DOH 2004

A Matrons Charter: an Action Plan for Cleaner Hospitals DOH 2004

The National Specifications for Cleanliness in the NHS: a framework for setting and measuring performance Outcomes (NPSA 2007)

Saving Lives; a delivery programme to reduce Healthcare associated infection including MRSA challenge 6 & 7 (2007)

Going further faster 11: applying the learning to reduce HCAI and improve cleanliness DOH 2008

Colour Coding Hospital Cleaning Materials and Equipment: Safer Practice Notice 15 (National Patient Safety Agency, January 2007)

Health and Social Care Act 2008: the Code of Practice for the Prevention and Control of Healthcare Associated Infections (the 'Code of Practice') (Department of Health, updated January 2009)

(Department of Health, January 2007)

Clean Hands Save Lives: Patient Safety Alert (National Patient Safety Agency, September 2008)

From Deep Clean to Keep Clean: Learning from the Deep Clean Programme (Department of Health, October 2008)

## 11. Monitoring or audit

### 11.1 Auditing of Cleaning Standards

The Facilities Team will carry out a comprehensive audit programme of cleaning standards.

All clinical and non-clinical areas are checked for cleanliness through a process of auditing. The frequency of audits is determined by the type of risk for that area (see section 8.1).

Audit results are recorded electronically and shared with the relevant Matron and Ward Manager. Any areas requiring cleaning rectification are issued to the relevant Hotel Services staff for action.

Audit results will be reported to the Trustwide Infection Control Group.

### 11.2 Patient Lead Assessment of the Care Environment (PLACE)

PLACE teams inspect the cleanliness and environment of all patient areas annually. This is a mandatory inspection for all NHS hospitals. The inspection team includes representatives from the Trust Executive team, matrons, infection control nurses, Facilities Managers and patient representatives. The annual mandatory PLACE inspection result is sent to the Chief Executive of the Trust.

### 11.3 Policy Review

This policy will be subject to a planned review every 3 years. It is recognised however, that there may be updates required in the interim, arising from amendments or release of new regulations, Codes of Practice or statutory provisions or guidance. These updates will be made as soon as practicable to reflect and inform the Trust's revised policy and practice.

## 12. Appendices

### 12.1 Appendix 1 – Cleaning Risk Categories

Risk	Required Service Level	Description of Functional Areas	Frequency of Monitoring
Very High Risk	Consistently high cleaning standards achieved through intensive and frequent cleaning.	<p>Operating Theatres, Delivery Suite, SCBU, ICU, ED, Turner Ward, Ricky Grant Day Unit and any other departments where invasive procedures are performed or where immuno-compromised patients receive care.</p> <p>Bathrooms, toilets, staff lounges, offices and other areas adjoining very high-risk functional areas.</p>	Weekly
High Risk	Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in between.	<p>General wards (acute, non-acute), sterile supplies, public thoroughfares and public toilets.</p> <p>Bathrooms, toilets, staff lounges, offices and other areas adjoining high-risk functional areas.</p>	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.	<p>Pathology, out-patient departments, laboratories and mortuaries.</p> <p>Bathrooms, toilets, staff lounges, offices and other areas adjoining significant-risk functional areas.</p>	3 monthly (or 12 weeks)
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	<p>Administrative areas, staff residences, non-sterile supply areas, record storage and archives.</p> <p>This also applies to bathrooms, toilets, staff lounges, offices</p>	Annually

	'spot cleaning' in between.	and other areas adjoining these low-risk functional areas.	
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12.2 Appendix 2 – National cleaning colour code



## National colour coding scheme for hospital cleaning materials and equipment

All NHS organisations should adopt the colour code below for cleaning materials. All cleaning items, for example, cloths (re-usable and disposable), mops, buckets, aprons and gloves, should be colour coded. This also includes those items used to clean catering departments.

Red	Blue
Bathrooms, washrooms, showers, toilets, basins and bathroom floors	General areas including wards, departments, offices and basins in public areas
Green	Yellow
Catering departments, ward kitchen areas and patient food service at ward level	Isolation areas

Your local contact for hospital cleaning is:

<b>Version History</b>				
<b>Version</b>	<b>Date</b>	<b>Revision description</b>	<b>Editor</b>	<b>Status</b>
1.0	27 Feb 2008	Approved by Trust Board	AB	Approved
1.1	10 Aug 2009	Administrative changes	ND	Approved
2.0	19 April 2016	Approved by Quality and Standards	LS	Approved
2.0	18 July 2019	Extended to end October 2019	Sarah Branton  Interim Deputy COO	Approved
2.1	11 November 2019	Extended until end November	COO	Approved