

# South Staffordshire and Shropshire Healthcare NHS Foundation Trust



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## 1. INTRODUCTION

This policy has been developed in conjunction with the Infection Prevention and Control Team and outlines the measures to be carried out by Facilities and Hotel Support workers who are responsible for cleaning in order to ensure an effective contribution to infection prevention and control

**Refer to cleaning and disinfection of non sterile equipment policy for patient equipment**

## 2. PURPOSE

The aim of this policy is to provide recommended methods of cleaning to enable a safe environment in which to care for our patients. It applies to all staff employed within the Trust.

## 3. SCOPE

This document applies to all employees of the South Staffordshire and Shropshire Foundation Trust SSSFT (SSSFT) and all those visiting SSSFT premises such as contractors, agency/bank/locum staff, students and volunteers where patients are cared for and who have or are suspected of having an infectious disease or organism

## 4. RELATED POLICIES

- Hand Decontamination Policy
- Guidelines for Glove usage in Clinical Practice
- Cleaning spillages of Blood and Body fluids
- Standard Infection Control Precautions and Personal Protective Equipment Policy

## 5. TRAINING

The Trust recognises that there is a need to ensure awareness amongst Hotel Services' staff on the relevance and application of this policy. The infection control team will provide training for staff, either through face to face sessions or through workbooks and per the Trust training matrix.

## 6. DEFINITIONS

<b>Low risk</b>	Items in contact with healthy skin or not in contact with the patient. Cleaning methods are usually adequate. e.g. stethoscopes, ear syringe nozzles, BP cuffs
<b>Medium risk</b>	Items in contact with intact skin, mucous membranes or body fluids, particularly after use on infected patients or prior to use on immuno-compromised patients. Sterilisation or disinfection required. Cleaning may be acceptable in some agreed situations.
<b>High risk</b>	Items in close contact with a break in the skin or introduced into a sterile body area. Sterilisation methods are required. e.g. surgical instruments

Cleaning	A process which physically removes contamination but does not necessarily destroy micro-organisms. Cleaning is an essential pre-requisite of equipment decontamination to ensure effective disinfection or sterilisation.
Disinfection	A process used to reduce the number of viable micro-organisms, which may not necessarily inactivate some viruses and bacterial spores. This may be achieved by heat or chemical means. Chemical disinfection should only be used if heat treatment is impractical or undesirable e.g. skin or endoscopes.
Sterilisation	A process used to render the object free from viable micro-organisms including bacterial spores and viruses.
Contamination	The soiling or pollution of inanimate objects or living material with harmful, potentially infectious or other unwanted material
Decontamination	A process which removes or destroys contamination and thereby prevents micro-organisms or other contaminants reaching a susceptible site in sufficient quantities to initiate infection or any other harmful response.

### **Hotel Support Services Supervisors**

Supervisors accountable to Facilities Management, responsible for the supervision of staff carrying out cleaning and related duties.

### **Hotel Support Worker**

Any employee of the Housekeeping Department involved in carrying out cleaning or related duties.

### **Special Areas**

Areas with a particular need for specialist cleaning procedures. Areas will be designated as special following consultation with Infection Prevention and Control Team.

## **7. RESPONSIBILITIES**

### **7.1 User Departments**

- To permit access for cleaning/other duties
- Initial cleaning of blood and bodily fluids/chemical spillages
- To assess the risk within their own areas and to advise the Hotel Services Department of any special risks
- To notify the Hotel service Supervisors of any requirements for Isolation Cleaning or other special precautions (see 6.3, 6.4 & 6.5)

### **7.2 Facilities Management & Hotel Services Supervisors**

- To ensure that all staff are appropriately trained and regularly updated
- To monitor policy compliance to include audit of National Standards of Cleanliness process
- To maintain appropriate records
- To promote a culture that encourages staff to comply with procedures and be generally aware of Infection Prevention and Control issues in conjunction with the Infection Prevention and Control Nurse
- To ensure that adequate equipment and materials are available

### **7.3 Staff**

- To comply with all training policies and procedures
- To carry out their duties in a manner which prevents the spread of infection
- To report any environmental defects that would cause difficulties in keeping areas free from infection
- To ensure environment is maintained to recommended National Standards of Cleanliness

### **7.4 Infection Prevention and Control Team**

- Assist to monitor policy compliance with Facilities/Matrons/Estates using the Environmental Audit tool
- To provide appropriate Infection Control training
- To provide technical advice on cleaning agents, equipment and methods of cleaning
- To review policy guidelines

## **8. EQUIPMENT**

### **8.1 Approval**

The Infection Prevention and Control Team will be consulted prior to the procurement of any new types of equipment.

### **8.2 Minimising Air Disturbance**

Equipment such as sweeping brushes, dusters etc that create excessive air disturbance will not be used.

### 8.3 Cleaning Cloths

Correctly colour coded cloths (see Appendix 1) will be used for all cleaning tasks. All cloths will be disposed of and replaced at the end of each cleaning task.

### 8.4 Equipment Cleaning

Floor maintenance pads will be washed:

Immediately following the completion of floor cleaning duties  
Before transferring from one cleaning area to another

They will be thoroughly washed, rinsed and stored in such a way so as to facilitate air drying.

All cleaning equipment will be cleaned and dried at the end of each cleaning shift. They should be stored in a manner that prevents the retention of moisture, e.g. buckets upturned, machine tanks emptied and left open etc.

All cleaning equipment will be cleaned, dried and materials replenished following the cleaning of any area.

Mop heads will be laundered by a process that provides thermal disinfection daily.

### 8.5 Colour Coding

Separate sets of colour coded equipment will be used in the following areas: See Appendix one

- Toilets/Sluices and Bathrooms **Red**
- Kitchens **Green**
- General Areas **Blue**
- Isolation **Yellow**

The general equipment to include:

- Mop heads
- Mop Handles
- Cloths
- Buckets
- Gloves/disposables
- Disposable Aprons
- Dust Control Equipment

## 9. CLEANING AGENTS

Hotel Service Department will only use cleaning agents that have been approved by the Infection Prevention and Control Nurse and meet COSHH Regulations.

Infection Prevention and Control Department Nurse will be involved in any trial of new cleaning products.

## 10. METHODS OF WORK

Documented practices and procedures are used for all cleaning and related tasks carried out in conjunction with Infection Prevention and Control Nurse and the NHS Healthcare Cleaning Manual. Specific high risk tasks will be carried out as follows:

### **Cleaning Schedules and specifications**

All wards and departments will have the above displayed and available for inspection.

#### 10.1 Dish Washing

Removal of food/fluid debris from crockery and cutlery

A dishwashing machine which conforms to DHSS regulations (final rinse 82 °C for two minutes) should be used. Supplies aware of standardised approach

If dishwasher is not available, then sink method will be used:

Fill sink with warm water and detergent

Use disposable cloth and suitable detergent to wash crockery and cutlery

Empty out washing water and refill sink with clean hot water - rinse

cutlery/crockery then dry: **Crockery and Cutlery must not be stored wet:**

#### 10.2 Cleaning of Very High Risk Areas

Although 'Very High Risk Areas' should be aesthetically clean, the removal of microbes is also particularly important, therefore:

- Clean buckets and single use cloths will always be used
- Cleaning solutions are to be changed frequently, and cloths disposed of after each task
- Mop heads are to be laundered (by thermal disinfection means) after each task
- Cleaning equipment must be dedicated and not be used in other areas of the hospital.
- Equipment from other areas must not be used.
- Cleaning after wall washing, maintenance or other building work should involve the same procedures as routine damp dusting; because of the increased amount of soiling, repeated damp dusting may be necessary.
- Heavy floor soiling may need to be removed by mopping prior to scrubbing.

### **10.3 Refer to: - Isolation Policy: Cleaning procedures for Patient Isolation areas:**

#### **Daily Cleaning of an Isolation Room**

The nurse in charge will notify the Hotel Services Supervisor when special infection cleaning is required. A notice saying "Please see Nurse in Charge before entering" will be displayed at the entrance to the room by nursing staff. This is to advise staff to seek assistance before initial entry into the area.

The Hotel Services supervisor will ensure that all shifts of domestic staff are aware of the isolation room and the agreed procedure:-

The Hotel Services Supervisors will ensure that all staff working in the areas are aware of the correct procedure to follow and will supply them with separate equipment (held solely for isolation cleaning) to include

1. All Hotel Services staff must report to the nursing station before entering the isolation room.
2. Decontaminate hands before entering and on leaving the isolation room.
3. Wear the protective clothing advised by the nurse in charge.
4. Use the cleaning equipment specially designated for use only in the isolation room.
5. The equipment will comprise: For patients suffering from gastro-intestinal infections, at least twice daily. Yellow mop and bucket
  - Yellow hand bucket
  - Single use cloth/disposable paper/wipes
  - Paper towels
  - Non sterile single use gloves
  - Yellow single use apron
  - General purpose detergent
  - A solution of sodium hypochlorite (1 in 1000ppm) should be used to clean sanitary areas
  - Orange Bags
  - Water Soluble Red Plastic Bags and Red Linen Bags
  - Vac bags and Filter -Carpeted Area
6. The methods of cleaning will be the same as those used in non-isolation areas. Commence cleaning at the door and work in towards the patient, clean sanitary areas last. Damp wipe surfaces, ledges, furniture and fittings. Discard cloth after use into a clinical waste bag. Clean floor with dust control mop with disposable head. Throw the cloth part away. Damp mop floor area daily and remove the mop

heads for disposal or washing. Return the mops and buckets to the cleaner's room.

7. Thoroughly clean the cleaning equipment after use in the isolation room.
8. Mechanical cleaning equipment should not be used in isolation areas, scrubbing machines with tanks are a particular problem. If use is unavoidable, a separate machine brush or head should be reserved for the isolation area. Decontaminate the brush or head by autoclaving and wipe the outside of the machine with neutral detergent before use in other areas.

#### 10.4 Terminal Cleaning of Isolation Rooms

1. Consult nurse in charge as to whether there are any changes to the schedule below e.g., sodium hypochlorite solution to be used for sanitary areas when patients have had gastro-intestinal infections.
2. Gather together all materials needed for cleaning as before
3. Wear the protective clothing advised by the nurse in charge.
4. Wash hands or use alcohol hand rub before entering and on leaving the isolation room.
5. Send bed linen to laundry as infected linen and clean the bed, mattress and room furniture in its entirety. They will also have ensured that all medical equipment used on or by the patient has been decontaminated as recommended in the Cleaning, Disinfection and Sterilisation policy.
6. Place all refuse (magazines, unused tissues, toilet paper, hand towels etc.) into a waste bag.
7. Unused disposable, medical sundries should be discarded into clinical waste bag.
8. Curtains should be changed.
9. Using detergent and water or detergent wipes, damp wipe fittings including the bed frame rest and any horizontal surfaces on the bed, the refuse sack holder, pedal bin, door handles and light switches. Do not rinse cloths in cleaning solution - dispose of each used cloth. Thoroughly clean all sanitary areas, toilet, wash basin, bidet, soap dispenser, toilet brush and holder.
10. Use dry dust control mop to remove debris from floor area and dispose of the mop head. Damp mop floor; remove all mop heads for washing or disposal.
11. Leave all surfaces as dry as possible. Open windows to facilitate drying. Replenish supplies of toilet roll, soap and paper towels.
12. Seal, label and remove all clinical waste bags and laundry bags, remove and dispose of protective clothing. Wash hands. Take all clinical waste bags and laundry bags to the collection point. **The room should not be used for another patient until completely dry.**
13. Complete cleaning sign off sheet

## **10.5 Cleaning During and Following an Outbreak**

There may be occasions when, following an outbreak of infection on any area, additional cleaning is required. When required any additional work will be agreed between the Hotel Services Supervisors the Infection Prevention and Control Nurse and the Nurse in Charge.

## **11. STAFF ISSUES**

### **11.1 Uniforms**

Staff will wear a freshly cleaned uniform at the start of each cleaning session and it should be changed following any contamination.

Uniforms should be laundered following the instructions in the Trust's Uniform Policy.

### **11.2 Hand Washing/Decontamination**

All staff should be trained in hand hygiene techniques at induction with regular updates.

## **12. MONITORING CLEANING**

### **12.1 Hotel Services Supervisors**

Supervisors will be responsible for day-to-day monitoring of compliance within the guidelines. They will maintain a log of any instances of breach of the audit and record any corrective action taken.

### **12.2 Infection Prevention and Control Team**

Random visits will be carried out. The Infection Prevention and Control Team will report any failures in compliance to the Facilities Manager. These will be entered into the log as in 9.1. In addition the Infection Prevention and Control Team will carry out joint environment ward audits in conjunction with Matrons, Facilities & Estates. The results of which are fed back to the ward, the Ward Manager and the Infection Control Committee and the facilities and estates infection control committee.

**The Trust aims to achieve the nationally agreed minimum cleaning frequencies as detailed in this appendix. The Trust is required to audit current compliance to these national standards. Responsibility for achieving these standards is detailed in the cleaning responsibility table (Appendix 1)**

## **13. MINIMUM CLEANING FREQUENCY CATEGORIES**

### **Very high-risk functional areas**

#### **Required service level**

Consistently high cleaning standards must be maintained. Required outcomes will only be achieved through intensive and frequent cleaning.

#### **Functional areas**

Very high-risk functional areas may include operating theatres, ICUs, SCBUs, accident and emergency (A&E) departments, and other departments where invasive procedures are performed or where immuno-compromised patients are receiving care.

#### **Additional internal areas**

Bathrooms, toilets, staff lounges, offices and other areas adjoining very high-risk functional areas should be treated as having the same risk category, and receive the same intensive levels of cleaning

### **High-risk functional areas**

#### **Required service level**

Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in-between.

#### **Functional areas**

High-risk functional areas may include general wards (acute, non-acute and mental health), sterile supplies, public thoroughfares and public toilets.

#### **Additional internal areas**

Bathrooms, toilets, staff lounges, offices and other areas adjoining high-risk functional areas should be treated as having the same risk category and receive the same regular levels of cleaning.

### **Significant-risk functional areas**

#### **Required service level**

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.

#### **Functional areas**

Significant-risk functional areas may include pathology, outpatient departments, laboratories and mortuaries.

#### **Additional internal areas**

Bathrooms, toilets, staff lounges, offices and any other areas adjoining significant-risk functional areas should be treated as having the same risk category and receive the same regular levels of cleaning.

### **Low-risk functional areas**

#### **Required service level**

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.

**Functional areas**

Low-risk functional areas may include administrative areas, non-sterile supply areas, record storage and archives.

**Additional internal areas**

Bathrooms, staff lounges, offices and other areas adjoining low-risk functional areas should be treated as having the same risk category and receive the same level of cleaning.

**14. MONITORING AND COMPLIANCE**

This policy will be reviewed three yearly or earlier in light of new national guidance or other significant change in circumstances.

Compliance with this policy will be monitored through the mechanisms detailed in the table below. Where compliance is deemed to be insufficient and the assurance provided is limited then remedial actions will be drawn together through an action plan. This progress against the action plan will be monitored at the specified committee/group. The results of the annual audit will be escalated to the appropriate committee/group where appropriate.

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual or department responsible for the monitoring	Frequency of the monitoring activity	Group/ committee/ forum which will receive the findings/monitoring report	Committee/ individual responsible for ensuring that the actions are completed
Compliance with Cleaning Policy	Technical and Managerial audits	IPC Team, Facilities managers	Monthly Quarterly	Infection Prevention and Control committee	IPC Team, Facilities Managers
Compliance with Infection Prevention and control policies and practices	Annual Infection Prevention and control audits	Clinical audit team	Annual	Infection Prevention and Control committee	Matrons and Ward managers
Organisation's expectations in relation to staff training, as identified in the training needs analysis	Training Reports	Learning and Development Department	Monthly	HR&OD Subcommittee	HR&OD Subcommittee

## 15. REFERENCES

- The national specifications for cleanliness in the NHS 2007
- 'National Minimum Cleaning Frequencies' regime
- 'Winning Ways' – working together to reduce Healthcare Associated Infection in England 2003
- 'The Matrons Charter' 2004
- 'The NHS Healthcare Cleaning Manual' 2004, Revised 2009
- 'Health Act 2008' – 'Code of Practice for the Prevention and Control of Healthcare Associated infection '(2008)
- 'Going Further Faster' Implementing the Saving Lives delivery programme (sustainable change for cleaner, safer care)
- Revised Guidance on contracting for cleaning (December 2004)
- Clean, safe care: Reducing infections and Saving Lives 2007
- Improving Cleanliness and Infection Control Department of Health Document (November 2007)

## **CLEANING FREQUENCIES**

### Method of Cleaning

Clean: Hot water /Neutral Detergent/using Disposable Colour Coded Cloths/ launder able Mops \Disposable Wipes. (Cleaning does not kill micro-organisms. However it will, by a process of thermal, chemical and physical means, remove soiling and thereby reduce opportunity for micro-organisms to survive and multiply)

Damp Dust: Disposable Colour Coded Cloth with excess moisture removed (See above)

Disinfect: If items are soiled with blood/body fluids, then clean and decontaminate with hypochlorite as per spillage policy. Disinfection is also necessary after certain infections e.g. Norovirus and Clostridium Difficile. (Disinfection can only take place after cleaning has been performed and will kill micro-organisms)

### **NB: HOUSEKEEPERS DO NOT CLEAN PATIENT EQUIPMENT**

<b>Element</b>	<b>Very High Risk (Infection Rooms/Bays)</b>	<b>High Risk (Wards/Clinical Departments)</b>	<b>Significant Risk (Public Areas)</b>	<b>Low Risk (Administration)</b>	<b>Agreed Responsibility</b>
1. Overall appearance	No clutter	No clutter	No clutter	No clutter	All Staff
2. Odour control	Check and resolve as required	Check and resolve as required	Check and resolve as required	Check and resolve as required	All Staff
3 Entrance/Exit	Dust removal 2 full clean daily Wet mop 2 full cleans daily Machine clean daily	Dust removal 1 full clean daily Wet mop 1 full cleans daily Machine clean daily	Dust removal 1 full clean daily Wet mop 1 full cleans daily Machine clean daily	Dust removal 1 full clean weekly	Housekeeping

<b>Element</b>	<b>Very High Risk (Infection Rooms/Bays)</b>	<b>High Risk (Wards/Clinical Departments)</b>	<b>Significant Risk (Public Areas)</b>	<b>Low Risk (Administration)</b>	<b>Agreed Responsibility</b>
4 Stairs (internal and external)	Dust removal 2 full cleans daily Wet mop 2 full cleans daily Machine clean weekly	Dust removal 1 full cleans daily Wet mop 1 full cleans daily Machine clean daily	Dust removal 1 full cleans daily Wet mop 1 full cleans daily Machine clean daily	Dust removal 1 full clean weekly	Housekeeping
5 External areas	1 full clean daily	1 full clean weekly	1 full clean weekly	As required	Estates
6 Switches/Sockets/Data Points	1 full clean daily	1 full clean daily	1 full clean daily	1 full clean daily	Housekeeping
7 Walls	Check clean daily Dust weekly Washing yearly	1 check clean daily 1 full clean weekly(dust only) 1full washing yearly	Washing yearly Dust monthly Washing yearly	Washing yearly	Housekeeping Estates (wall washing)
8 Ceiling	Dust monthly washing yearly	1full clean monthly(dust only) 1 full washing yearly	Dust monthly washing yearly	1 check dust monthly washing yearly	Estates Housekeeping
9 All Doors/Furniture	1 full clean daily	1 full clean daily	1 full clean daily	1 full clean weekly	Housekeeping
10 All Glazing inc partitions - Internal	1 full clean daily	1 check clean daily 1 full clean weekly	1 check clean daily 1 full clean weekly	1 full clean weekly	Housekeeping
11 Mirror	1 full clean daily	1 full clean daily	1 full clean daily	1 full clean weekly	Housekeeping
12 Bedside Patient TV	1 full clean weekly	1 full clean weekly	1 full clean weekly	N/A	Housekeeping

<b>Element</b>	<b>Very High Risk (Infection Rooms/Bays)</b>	<b>High Risk (Wards/Clinical Departments)</b>	<b>Significant Risk (Public Areas)</b>	<b>Low Risk (Administration)</b>	<b>Agreed Responsibility</b>
13 Radiators	1 full clean daily	1 check clean daily 1 full clean weekly	1 check clean daily 1 full clean weekly	1 full clean monthly	Housekeeping
14 Ventilation grilles extract and inlets	1 full clean weekly	1 full clean monthly	1 full clean monthly	1 full clean monthly	Estates
15 Floor -Polished	Dust removal 2 full cleans daily Wet mop 1 full clean daily Check clean daily Machine clean daily Strip and re-seal as required	Dust removal 1 full clean daily + 1 check clean daily Wet mop 1 full clean daily + 1 check clean daily Machine clean daily Strip & reseal as required	Dust removal daily Wet mop daily Machine clean daily Strip & reseal as required	Dust removal 1 full clean weekly+ 1 check clean weekly Wet mop 1 full clean weekly + 1 check clean weekly Machine clean daily Strip & reseal as required	Housekeeping
16 Floor -Non-slip	Dust removal 2 full cleans daily Wet mop 2 full cleans daily Machine scrub weekly	Dust removal 1 full clean + check clean daily Wet mop 1 full clean daily + 1 check clean daily Machine scrub weekly	Dust removal daily Wet mop daily Machine scrub monthly	Dust removal 1 full clean weekly + 1 check clean weekly Wet mop 1 full clean + 1 check clean weekly Machine scrub monthly	Housekeeping

<b>Element</b>	<b>Very High Risk (Infection Rooms/Bays)</b>	<b>High Risk (Wards/Clinical Departments)</b>	<b>Significant Risk (Public Areas)</b>	<b>Low Risk (Administration)</b>	<b>Agreed Responsibility</b>
17 Soft floor	2 full cleans daily Shampoo 6 monthly and as necessary in between	1 full clean daily + 1 check clean daily Shampoo 6 monthly and as necessary in between	1 full clean daily Shampoo 12 monthly	1 full clean weekly + 1 check clean weekly	Housekeeping
18 Pest Control Devices	Dust removal 1 full clean quarterly or replace	Dust removal 1 full clean quarterly or replace	Dust removal 1 full clean quarterly or replace	Dust removal 1 full clean quarterly or replace	Contract Services
19 Electrical Items	Dust removal 1 full clean daily Full clean monthly	Dust removal 1 full clean daily Full clean monthly	Dust removal 1 full clean daily Full clean monthly	Dust removal 1 full clean weekly Full clean quarterly	Housekeeping
20 Cleaning Equipment	Full clean after each use	Full clean after each use	Full clean after each use	Full clean after each use	Housekeeping
21 Low Surfaces	2 daily	1 full clean daily + 1 check clean daily	1 full clean daily	1 full clean weekly	Housekeeping
22 High Surfaces	2 times weekly	1 full clean daily + 1 check clean weekly	1 full clean weekly	1 full clean weekly	Housekeeping
23 Chairs	daily + 1 check clean	1 full clean daily + 1	1 full clean daily	1 full clean daily	Housekeeping

Element	Very High Risk (Infection Rooms/Bays)	High Risk (Wards/Clinical Departments)	Significant Risk (Public Areas)	Low Risk (Administration)	Agreed Responsibility
		check clean weekly			
24 Beds	Frame daily Under bed weekly Whole bed on discharge	Frame daily Under bed weekly Whole bed on discharge			Housekeeping
25 Lockers	2 daily	1 full clean daily + 1 check clean daily	N/A	N/A	Housekeeping
26 Table	2 daily	1 full clean daily + 2 check clean daily	1 full clean daily	1 full clean weekly	Housekeeping
27 All dispensers and holders	Full clean daily	Full clean daily	Full clean daily	Full clean daily	Housekeeping
28 Waste Receptacle	1 full clean daily + 1 check clean Deep clean weekly	1 full clean daily + 1 check clean daily	1 full clean daily Deep clean weekly	1 full clean daily	Housekeeping
29 Curtains/Blinds	Clean, change or replace between infected patients.	Clean, change or replace between infected patients.	Clean, change or replace between infected patients.	Clean or replace 6 monthly	Housekeeping
30 Dishwasher	1 full clean daily + 2 check cleans daily	1 full clean daily + 2 check cleans daily	1 full clean daily	1 full clean daily	Housekeeping
31 Fridge/Freezer	3 check cleans daily 1 full clean weekly (remove all contents to clean) Defrost freezer monthly	1 check cleans daily 1 full clean weekly (remove all contents to clean) Defrost	1 check cleans daily 1 full clean weekly Defrost freezer monthly	1 full clean weekly	Housekeeping

<b>Element</b>	<b>Very High Risk (Infection Rooms/Bays)</b>	<b>High Risk (Wards/Clinical Departments)</b>	<b>Significant Risk (Public Areas)</b>	<b>Low Risk (Administration)</b>	<b>Agreed Responsibility</b>
		freezer monthly			
32 Kitchen Cupboards	1 full clean weekly	1 full clean weekly	1 full clean monthly	1 full clean quarterly	Housekeeping
33 Shower	1 full clean daily + 1 check clean daily	1 full clean daily + 1 check clean daily	1 full clean daily	1 full clean daily	Housekeeping
34 Toilet/Bidet	3 full cleans daily	2 full clean daily + 1 check clean daily	3 full clean daily	1 full clean daily	Housekeeping
35 Replenishment	3 times daily	3 times daily	1 times daily	1 times daily	Housekeeping
36 Sinks	3 full cleans daily	2 full clean daily + 1 check clean daily	1 full clean daily	1 full clean daily	Housekeeping
37 Bath	1 full clean daily + 1 check clean daily + between use	1 full clean daily + 1 check clean daily + between use	1 full clean daily + between use	1 full clean daily + between use	Housekeeping

Appendix One



## 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.

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

Your local contact for hospital cleaning is: