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Overarching policy: [Health and Safety Policy](#)

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1 Introduction

All those involved in providing healthcare cleaning services should work towards high quality, safe cleaning services that meet the needs and expectations of patients, the staff and public, to contribute to the overall patient experience and to high quality patient-centred care.

Delivering a high-quality healthcare cleaning service is complex, demanding and not to be underestimated. The aim is to ensure all cleaning-related risks are identified, minimised and managed on a consistent, long-term basis, irrespective of where the responsibility for providing cleaning services lies.

The Trust currently provides its cleaning services using 4 distinct service models:

- Teams of in-house generic housekeeping staff who carry out cleaning, catering, portering and linen duties and domestic staff cleaning office areas
- Contracted out domestic service
- Service level agreements with neighbouring Trusts
- Small community units where nursing / housekeeping staff and patients carry out cleaning duties

In the event of a pandemic please refer to Hotel Services Business Continuity Plan.

This procedure supports Our Journey to Change as set out in the Health and Safety Policy by establishing safe working practices to support the National Standards of Healthcare Cleanliness 2021 in providing a transparent cleaning service to patients, staff and public.

2 Purpose

Following this procedure will allow the Trust to:

- Continue to develop systems and procedures which support good practice in delivering safe cleaning standards
- Embed collaborative working with all staff groups
- Achieve National Standards of Healthcare Cleanliness
- Be open and transparent with patients and staff

3 Who this procedure applies to

- In-house cleaning services, contract services, SLA/Landlords, Infection Prevention Control (IPC)/Modern Matrons and Estates teams

4 Related documents

This procedure relates to:

- [Infection Prevention and Control Policy](#)
- [Decontamination of Equipment Procedure](#)
- [Hand Hygiene Procedure](#)
- [Laundering and safe handling of linen and clothing](#)
- [Outbreak of infection](#)
- [MRSA](#)
- [Water Management Policy](#)

5 Our Commitment to Cleanliness

5.1 Background

The Cleanliness Charter and Star Ratings show our commitment to achieve a consistently safe, clean environment and will reassure patients, public and staff of the quality of the cleaning. These are displayed at the Entrance of all areas and wards Trust-wide.

It is recognised no single area is the same therefore all areas have individual work schedules developed from the frequencies (see Appendix 3) following the risk factors which are available in all Domestic Stores with Work Procedures for all tasks:

Functional Risk Category
FR2 – Inpatient
FR4 – Day Units / Offices with patient access
FR6 – Offices with non-patient access

5.2 Staff Training

In-house / Contract / SLA staff

- Trust induction and Hotel Services induction
- Mandatory training
- Work procedures, work schedules and equipment training
- Service specific training – namely Infection Control, Health & Safety, Food Hygiene where appropriate, key training
- Opportunity to gain NVQ Level 2
- Annual appraisal

5.3 Nursing staff

- Cleaning of equipment included in nurse training
- Infection Control training

5.4 Cleaning Equipment

Standard cleaning equipment is regularly reviewed by Supervisors / Facilities Site Managers during audits and a process is in place for reporting faults.

The National Patient Safety Agency (NPSA) colour coding system operates in all Trust premises.

5.5 Working in Partnership with Infection Prevention Control (IPC)

- IPC support and advise in purchase of new equipment
- Handwash training mandatory (annually)
- IPC Champions initiative across all areas
- Head of Hotel Services is a member of the Infection Prevention Control Committee (IPCC)
- [Outbreak of Infection](#)

5.6 Audit Process

Functional Risk Rating	Audit Type	Frequency	Areas to be Audited
FR2	Technical Audit	Monthly	All communal areas and 50% of bedrooms, ie if 20 bedrooms – 10 bedrooms audited. The following audit will pick up the alternative bedrooms missed
FR2	Efficacy Audit	Annually	All communal areas and 50% of bedrooms, ie if 20 bedrooms – 10 bedrooms audited. The following audit will pick up the alternative bedrooms missed
FR4	Technical Audit	Quarterly	50% of all rooms to be audited. The alternative 50% to be audited within the next quarter
FR4	Efficacy Audit	Annually	50% of all rooms to be audited. The alternative 50% to be audited within the next quarter
FR6	Technical Audit	Annually	Audit all rooms

If the above audits fail the Escalation Process will be followed (see Appendix 4).

Efficacy audit annually (each ward) by Facilities Site Manager

These audits are a management tool to provide assurance the correct safe cleaning procedures are consistently delivered to satisfy IPC and safety standards.

5.7 Audit Reporting

- Head of Cleaning holds weekly meetings to discuss audits
- Catering & Performance produce a report for EFM and IPCC quarterly which is discussed in detail

5.7.1 PLACE-Lite

PLACE-Lite is recommended good practice to complement the annual PLACE collection and it is an effective way of assessing and monitoring progress in areas identified as requiring improvement and for preparation in advance of the main collection.

These assessments are conducted December to August annually in all in-patient areas led by Hotel Services and representatives from below:

- Estates
- IPC
- Patient Assessors

5.7.2 PLACE

Patient Led Assessments of the Care Environment (PLACE) are annual audits managed by NHS Digital on behalf of NHS England and NHS Improvements and led by Hotel Services.

The PLACE programme offers a non-technical view of the buildings and non-clinical services provided across all NHS trusts based on a visual assessment. PLACE should be undertaken from a patient's perspective, focusing on what matters to them, and only patient areas should be assessed.

The six PLACE domains are as follows :

- Cleanliness
- Condition, Appearance and Maintenance
- Food and Hydration
- Privacy, Dignity and Wellbeing
- Dementia
- Disability

PLACE scores are released as an official statistic and published to support improvements in the care environment.

6 Definitions

Term	Definition
SLA	Service Level Agreement
PLACE / PLACE-Lite	Patient Led Assessment of the Care Environment
IPC / IPCC	Infection Prevention Control Committee
EFM	Estates and Facilities Management
DMT	Departmental Management Team
NPSA	The National Patient Safety Agency
NSHC	National Standards of Healthcare Cleanliness

7 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website
- Line managers will disseminate this procedure to all Trust employees through a line management briefing

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
In-house service	Trust and Hotel Services Induction	On commencement of employment	One off
In-house service	Mandatory Training	As appropriate	Ongoing
In-house service	Work Procedures, Work Schedules and Equipment Training	As appropriate	Ongoing
In-house service	Service Specific Training	As appropriate	Ongoing
In-house service	Appraisal	As appropriate	Annually
Contracted service & SLA/Landlords	Company Induction	On commencement of employment	One off and updated as required ongoing
Contracted service & SLA/Landlords	Chemicals Training	On commencement of employment	One off and updated as required ongoing
Contracted service & SLA/Landlords	Equipment Training	On commencement of employment	One off and updated as required ongoing
Contracted service & SLA/Landlords	Cleaning Frequency Training	On commencement of employment	One off and updated as required ongoing
Contracted service & SLA/Landlords	Work Schedule Training	On commencement of employment	One off and updated as required ongoing
Contracted service & SLA/Landlords	Colour Coding & Cross Contamination Training	On commencement of employment	One off and updated as required ongoing

8 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group)
1	Technical Audits	FR2 – Monthly FR4 – Quarterly FR6 – Annually - Completed by Hotel Services Supervisors using MICAD Audit Tool - Managed by Head of Cleaning	Hotel Services Meeting – monthly Domestic Contractor review meetings – monthly EFM DMT and IPCC – quarterly Management Group – quarterly
2	Efficacy Audits	FR2/4 – Annually - Completed by Facilities Site Managers using MICAD Audit Tool - Managed by Head of Cleaning	Hotel Services Meeting – monthly Domestic Contractor review meetings – monthly EFM DMT and IPCC – quarterly Management Group – quarterly
3	PLACE-Lite	Annual programme December-August - Using NHS Digital Collection Portal - Led by Head of Cleaning with reps from Hotel Services, Estates, IPC and patient assessors	EFM DMT – monthly Management Group – quarterly
4	PLACE	Annual programme September-November (10 weeks) - Using NHS Digital Collection Portal - Led by Head of Catering & Performance with reps from Hotel Services, Estates, IPC and patient assessors	EFM DMT – annually Management Group – quarterly NHS Digital - Organisational and Site PLACE scores are published as an official statistic

9 References

National Standards of Healthcare Cleanliness 2021
CQC Regulation 15 Key Criteria

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	20 October 2022
Next review date	20 October 2025
This document replaces	New procedure to replace Cleaning Plan
This document was approved by	EFM DMT
This document was approved	13 October 2022
This document was approved by	Infection Prevention Control Committee
This document was approved	20 October 2022
An equality analysis was completed on this policy on	19 October 2022
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
1	20 Oct 2022	New procedure created to replace Cleaning Plan in response to review of the National Standards of Healthcare Cleanliness 2021.	Approved

Appendix 1 - Equality Analysis Screening Form

Please note: [The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet](#)

Section 1	Scope
Name of service area/directorate/department	Estates and Facilities Management
Title	Cleaning Procedure
Type	Procedure/guidance
Geographical area covered	Trust-wide
Aims and objectives	To deliver a high-quality cleaning service by establishing safe working practices to support the National Standards of Healthcare Cleanliness 2021 in providing a transparent cleaning service to patients, staff and public
Start date of Equality Analysis Screening	01 October 2022
End date of Equality Analysis Screening	19 October 2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Trustwide systems and procedures to support good practice and delivery of excellent cleanliness standards

<p>Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?</p>	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Veterans (includes serving armed forces personnel, reservists, veterans and their families) NO
<p>Describe any negative impacts</p>	
<p>Describe any positive impacts</p>	

<p>Section 3</p>	<p>Research and involvement</p>
<p>What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)</p>	<p>See References section</p>

Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Group meeting with clinical / non-clinical staff and feedback collated Group consultation with patient representatives
If you answered No above, describe future plans that you may have to engage and involve people from different groups	n/a

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	n/a
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	YES	
	Is it clear whether the document is a guideline, policy, protocol or standard?	YES	
2.	Rationale		
	Are reasons for development of the document stated?	YES	
3.	Development Process		
	Are people involved in the development identified?	YES	
	Has relevant expertise been sought/used?	YES	
	Is there evidence of consultation with stakeholders and users?	YES	Service Users Infection Prevention and Control Committee Modern Matrons/Clinical Team
	Have any related documents or documents that are impacted by this change been identified and updated?	YES	Cleaning Frequencies Audit Frequencies Work Procedures Work Schedules Pest Control Policy Induction Training
4.	Content		
	Is the objective of the document clear?	YES	
	Is the target population clear and unambiguous?	YES	
	Are the intended outcomes described?	YES	
	Are the statements clear and unambiguous?	YES	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	YES	
	Are key references cited?	YES	

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
	Are supporting documents referenced?	YES	APPENDICES
6.	Training		
	Have training needs been considered?	YES	
	Are training needs included in the document?	YES	
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	YES	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	YES	
	Have Equality and Diversity reviewed and approved the equality analysis?	YES	29 November 2022
9.	Approval		
	Does the document identify which committee/group will approve it?	N/A	EFM DMT and IPCC
10.	Publication		
	Has the document been reviewed for harm?	YES	
	Does the document identify whether it is private or public?	YES	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	

Appendix 3 - Trust Cleaning Frequencies

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2	Inpatient
					FR4	Day Units/Offices with patient access
					FR6	Offices with non-patient access
1	Bed pan (reusable), bed pan holder, patient wash bowls 	All parts should be clean with no blood and bodily substances, dust, dirt, debris or spillages	N	<u>FR2/4</u> Full clean after each use including touch points and remove visible soiling Full clean weekly even if not used		
2	Bed pan washer / macerator 	All parts should be clean with no blood and bodily substances, dust, dirt, debris or spillages	H	<u>FR2</u> Full clean daily of external casing including touch points and remove visible soiling		
			N	<u>FR2</u> Full clean after each use including touch points and remove visible soiling Full clean weekly even if not used		
3	Other sluice equipment including sluice sink and equipment holders 	All parts should be clean with no blood and bodily substances, dust, dirt, debris or spillages	H	<u>FR2/4/6</u> Full clean daily including touch points and remove visible soiling		
			N	<u>FR2/4</u> Full clean after each use including touch points and remove visible soiling		

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2	
					Inpatient	
					FR4	Day Units/Offices with patient access
					FR6	Offices with non-patient access
4	Commodes 	All parts including underneath should be clean with no blood and bodily substances, dust, dirt, debris or spillages	N	<u>FR2</u> Full clean daily and after each use including touch points and remove any visible soiling Before use if being stored Disassemble and full clean weekly Green indicator tape should be used on communal equipment eg commodes/patient lifting hoists to indicate the equipment has been cleaned		
5	Hoists 	All parts including underneath should be clean with no blood and bodily substances, dust, dirt, debris or spillages	N	<u>FR2/4</u> Full clean daily and after each use to remove any visible soiling Full clean weekly even if not used Green indicator tape should be used on communal equipment eg commodes/patient lifting hoists to indicate the equipment has been cleaned		
6	Weighing scales, manual handling equipment 	All parts including underneath should be clean with no blood and bodily substances, dust, dirt, debris or spillages	N	<u>FR2/4</u> Full clean daily and after each use to remove any visible soiling Full clean weekly even if not used		

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2	Inpatient
					FR4	Day Units/Offices with patient access
					FR6	Offices with non-patient access
7	<p>Medical Equipment</p> <p>Drip stands, intravenous infusion pumps, blood pressure cuffs, suction units, nebulisers, medical gas equipment, oxygen cylinder trolley etc</p> 	All parts including underneath should be visibly clean with no blood and bodily substances, dust, dirt, debris or spillages	N	<p>FR2/4</p> <p>Spot clean before use</p> <p>Clean after each use</p> <p>Full clean weekly regardless of use including those in storage</p>		
8	<p>Wheelchairs</p> 	All parts should be visibly clean with no blood and bodily substances, dust, dirt, debris, stains or spillages	N	<p>FR2/4</p> <p>Full clean weekly</p> <p>After each use carry out touch point cleans and remove any visible soiling</p>		
9	<p>Patient fans</p> 	All parts including the blades/fins and the underside should be visibly clean with no blood and bodily substances, dust, dirt, debris or spillages	All in own area	<p>FR2/4/6</p> <p>Case daily</p>		
			E	6 monthly services are to request a job with Estates help desk to clean the internal blades and casing		

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2
					Inpatient
					FR4
FR6	Offices with non-patient access				
10	Patient TV's and bedside entertainment system and headpieces and any other electrical equipment ie Alexa etc 	All parts of the patient TV and entertainment systems should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape or stains	H	<u>FR2</u> Spot clean daily Full clean weekly	
11	Notes and drug trolley (and patient clipboard) 	All parts including underneath and inside of the notes trolley should be visibly clean with no blood and bodily substances, dust, dirt, debris or spillages	N	<u>FR2</u> Full clean weekly and following discharge Clean touch points daily	
12	All chairs and couches (soft furniture) 	All parts should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape, stains or spillages	H	<u>FR2/4</u> One spot clean daily including touch points (chair arms, seat and back rest) One full clean weekly including underside of chairs and legs <u>FR6</u> Full clean monthly	

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2	Inpatient
					FR4	Day Units/Offices with patient access
					FR6	Offices with non-patient access
13	Patient bed, frame, wheels, castors, head, foot, cot sides, nurse call and control panels including carer beds in clinical areas 	Frame (top & bottom), wheels, castors, head, foot, cot sides, nurse call and control panels should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape or spillages	H Bed Base / Frame	<u>FR2/4</u> Full clean frame top daily including touch points (bed rails and nurse buttons) Full clean frame top, bottom weekly + Full clean on patient discharge or part of terminal clean		
14	Mattress, Duvets and Pillows 	Mattresses, duvets and pillows should be visibly clean with no blood and bodily substances, dust, dirt, debris or spillages	H	<u>FR2/4</u> To be cleaned weekly, after contact with body fluids, as part of terminal clean and following discharge		
			N	Checks in line with local protocol + Check on patient discharge		
15	Patient trolleys and treatment couches Trolleys with x-ray storage and cylinders clean according to local protocol 	Patient trolleys and treatment couches should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape, stains or spillages	H	<u>FR2</u> Clean daily Full clean weekly		
			N	Full clean daily including touch points / between patients		

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2	Inpatient
					FR4	Day Units/Offices with patient access
					FR6	Offices with non-patient access
16	Patient toys 	Patient toys should be visibly clean with no blood and bodily substances, dust, dirt, debris, stains or spillages	N	<u>FR2/4</u> Recommended cleaning daily using appropriate cleaning solution and following local protocol		
17	Light switches/pulls, sockets, data points/trunking, handrails, lift buttons 	All wall fixtures eg switches, sockets and data points should be visibly clean with no blood and bodily substances, dust, dirt, debris or adhesive tape	H	<u>FR2/4</u> Full clean daily including touch points <u>FR6</u> Weekly check clean One full clean monthly		
18	Walls - accessible up to 2 metres 	All wall surfaces including skirting should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape or spillages	H	<u>FR2/4</u> Spot clean daily Full wash annually – Kitchens, Bathrooms, WC's, Ensuites, Clinics <u>FR6</u> Spot clean monthly		

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2	Inpatient
					FR4	Day Units/Offices with patient access
					FR6	Offices with non-patient access
19	Ceilings/lights and walls above 2 metres 	All ceilings and wall surfaces including coving should be visibly clean	H	<u>FR2/4</u> Spot clean daily High dust weekly		
				<u>FR6</u> Spot clean monthly		
			E	Lights – PPM		
20	Floor – Hard Floors including Skirting Boards 	The complete floor including all edges and corners should be visibly clean with no blood and bodily substances, dust, dirt, debris or spillages	H	<u>FR2/4</u> Full clean daily and one check clean Machine clean at a frequency to maintain the standard		
				<u>FR6</u> Full clean daily Machine clean at a frequency to maintain the standard		
21	Floor – Soft Floors including Skirting Boards 	The complete floor including all edges and corners should be visibly clean with no blood and bodily substances, dust, dirt, debris or spillages	H	<u>FR2/4</u> Full clean daily Carpet shampoo six monthly or as and when required		
				<u>FR6</u> Clean daily and full clean monthly Carpet shampoo as and when required / upon request		

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2	Inpatient
					FR4	Day Units/Offices with patient access
					FR6	Offices with non-patient access
22	All doors including ventilation grilles 	All parts of the door structure should be visibly clean so that all door surfaces, vents, frames & jambs have no blood and bodily substances, dust, dirt, debris, adhesive tape or spillages	H	<u>FR2/4</u> Spot clean daily including touch points (handles, push plates) Full clean weekly including handles, touch points, door frame and mechanisms <u>FR6</u> Full clean monthly including handles, touch points, door frame and mechanisms		
23	All external windows including frames where accessible 	All windows should be visibly clean and smear-free with no blood and bodily substances, dust, dirt, debris, adhesive tape or spillages. They should have a uniform shine and appearance	C	<u>FR2/4/6</u> Full clean every 6 months		

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2	Inpatient
					FR4	Day Units/Offices with patient access
					FR6	Offices with non-patient access
24	All internal glazing including partitions (excluding mirrors) 	All internal glazed surfaces should be visibly clean and smear-free with no blood and bodily substances, dust, dirt, debris, adhesive tape or spillages. They should have a uniform shine and appearance	H C	<u>FR2/4</u> Spot clean daily C - Windows internal glazing - Full clean every 6 months		
					<u>FR6</u> C - Windows internal glazing - Full clean every 6 months	
25	Mirrors 	Mirrors should be visibly clean and smear-free with no blood and bodily substances, dust, dirt, debris, adhesive tape or spillages	H	<u>FR2/4/6</u> Full clean daily		

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2	Inpatient
					FR4	Day Units/Offices with patient access
					FR6	Offices with non-patient access
26	<p>Dispensers</p> 	All parts of the surfaces of dispensers should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape or spillages	H	<p>FR2/4/6</p> <p>Full clean external surfaces daily (check in full working order)</p> <p>Full clean internal on replenishment (minimum weekly) or following outbreak of infection</p>		
27	<p>Showers and Shower Chairs</p> 	All shower elements and shower chairs should be visibly clean with no blood and bodily substances, scum, dust, limescale, stains, deposit or smears	H	<p>FR2/4/6</p> <p>Spot clean daily including touch points (tap, shower head and handles)</p> <p>Full clean weekly including flooring</p> <p>Descale following local protocol</p>		
			N	<p>Shower Chair - Full clean daily and after each use to remove any visible soiling</p> <p>Full clean weekly even if not used</p> <p>Green indicator tape should be used on communal equipment to indicate the equipment has been cleaned</p>		

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2	Inpatient
					FR4	Day Units/Offices with patient access
					FR6	Offices with non-patient access
28	Toilets, bidets, urinals and toilet brushes 	All surfaces of toilets, bidets, urinals and toilet brushes should be visibly clean with no blood and bodily substances, scum, dust, limescale, stains, deposit or smears	H	<u>FR2</u> Full clean daily including touch points (flush handles/grab rails) Communal toilets full clean daily + one check clean daily including touch points (flush handles/grab rails) Descale following local protocol Selective areas increase frequency of clean by risk and footfall (24-hour access areas)		
			N	During outbreaks - Full clean / wipe down of sanitary ware after each patient use including touch points (flush handles / grab rails)		
			H	<u>FR4/6</u> Full clean daily including touch points (flush handles/grab rails) Descale following local protocol		
29	Sinks and taps  	Sinks and taps should be visibly clean with no blood and bodily substances, dust, dirt, debris, limescale, stains or spillages. Plugholes and overflows should be free from build-up	H	<u>FR2/4</u> Full clean daily including touch points (tap handles) + one check clean daily including touch points Descale following local protocol		
				<u>FR6</u> Full clean daily including touch points (tap handles) Descale following local protocol		

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2	Inpatient
					FR4	Day Units/Offices with patient access
					FR6	Offices with non-patient access
30	Baths and taps 	Whole surface of bath and taps should be visibly clean with no blood and bodily substances, dust, dirt, debris, limescale, stains or spillages. Plugholes and overflows should be free from build-up	H	FR2/4 Full clean daily including touch points (tap handles) Descale following local protocol		
	N		Full clean between patients			
	N		FR2 Full clean daily including touch points (tap handles) and between patients Even if not in use weekly clean			
31	Bath Chairs 	All parts of the radiator including covers (including between panels) should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape or spillages	H	FR2/4 Spot clean daily – external Full clean weekly – external		
	E		FR6 Full clean monthly – external			
	H		FR2/4/6 Remove covers annually			
	H		Clean			

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2	Inpatient
					FR4	Day Units/Offices with patient access
					FR6	Offices with non-patient access
32	Low surfaces, pipes, trunking 	All surfaces should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape or spillages	H	<u>FR2/4</u> Spot clean daily Full clean weekly		
				<u>FR6</u> Full clean monthly		
33	Middle Surfaces – windowsills, non-patient furniture, tables, desks, shelves and ledges, work surfaces and cupboard exteriors (this does not include other elements in this list ie switches / sockets) 	All surfaces should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape or spillages	H	<u>FR2/4</u> Spot clean daily Full clean weekly		
				<u>FR6</u> Full clean monthly / upon request		

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2	Inpatient
					FR4	Day Units/Offices with patient access
					FR6	Offices with non-patient access
34	High surfaces including curtain rails, staff locker tops that are accessible and high surfaces around patient bed areas 	All surfaces should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape or spillages	H	<u>FR2/4</u> Spot clean daily Full clean weekly		
				<u>FR6</u> Full clean monthly		
35	Lockers and wardrobes Bedside lockers 	All parts of the interior and exterior locker including wheels, castors and inside should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape, stains or spillages	H	<u>FR2</u> Spot clean daily of all accessible surfaces Full weekly clean of all accessible internal and external surfaces Full exterior and interior clean on discharge Long stay units - Quarterly clean of all internal surfaces		

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2	Inpatient
					FR4	Day Units/Offices with patient access
					FR6	Offices with non-patient access
36	Dining Room Tables / Chairs 	All parts of the table including wheels, castors and underneath should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape, stains or spillages	H	<u>FR2/4</u> Wipe clean three times daily after each meal service including underside lip of table / chairs and legs Full clean weekly including underside of table / chairs and legs		
					<u>FR6</u> Full clean monthly including underside of table / chairs and legs	
37	All Waste receptacles (does not include euro/wheelie bin) 	The waste receptacles should be visibly clean including lid and pedal with no blood and bodily substances, dust, dirt, debris, stains or spillages	H	<u>FR2/4</u> Full clean daily of surfaces + check clean daily Full clean weekly including internal and external surfaces		
					<u>FR6</u> Check clean daily of external surfaces Full clean monthly including internal and external surfaces	

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2	Inpatient
					FR4	Day Units/Offices with patient access
					FR6	Offices with non-patient access
38	Linen and general-purpose trolley 	All parts including underneath the trolley should be visibly clean with no blood and bodily substances, dust, dirt, debris or spillages	H	<u>FR2/4</u> Contact point clean daily (handrails) Full clean weekly including the wheels		
39	Replenishment of consumables 	Always adequate quantity of consumable products including hand hygiene products and toilet paper	H	<u>FR2/4/6</u> Check daily / as and when required		
40	Ventilation grilles extract and inlets 	All external visible parts of the ventilation grill should be visibly clean with no blood and bodily substances, dust, dirt, debris or cobwebs	H	<u>FR2/4</u> Full clean weekly		
			E	<u>FR2/4/6</u> Internal cleaning as local protocol		

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2	Inpatient
					FR4	Day Units/Offices with patient access
					FR6	Offices with non-patient access
41	Lighting including overhead, bedside, wall mounted, examination lights both fixed and portable) 	All surfaces of the lights should be visibly clean with no blood and bodily substances, dust, dirt, debris or cobwebs	H	FR2/4 Full clean daily On patient discharge		
42	Keyboards and telephones 	Casing of electrical items should be visibly clean with no blood and bodily substances, dust, dirt, debris or adhesive tape	All in own area	FR2/4/6 Full clean daily and touch points before and after each use - refer to "Cleaning your Workstation" notice		
43	Curtains and blinds 	Curtains/blinds should be visibly clean with no blood and bodily substances, dust, dirt, debris, stains or spillages	H	FR2/4 As per local protocol		

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2	Inpatient
					FR4	Day Units/Offices with patient access
					FR6	Offices with non-patient access
44	Dishwasher 	Dishwashers should be visibly clean with no dust, dirt, stains, spillages or food debris	H	<u>FR2</u> Clean after each meal service Full clean weekly Descale following local protocol		
				<u>FR4/6</u> Full clean weekly Descale following local protocol		
45	Fridges and freezers (Patient and staff areas) 	Fridges and freezers should be visibly clean with no dust, dirt, spillages, food debris or build-up of ice	H	<u>FR2</u> Check clean daily including touch points (handles) Full clean weekly <i>Defrost following manufacturer instructions</i>		
				<u>FR4/6</u> Spot clean daily including touch points (handles) Full clean monthly <i>Defrost following manufacturer instructions</i>		

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2	Inpatient
					FR4	Day Units/Offices with patient access
					FR6	Offices with non-patient access
46	Fridges and freezers clinical (including but not limiting blood fridges, medicine fridges, ice freezers for physio departments) 	Fridges and freezers should be visibly clean with no dust, dirt, debris, blood and bodily substance spillages, food debris or build-up of ice	N	<u>FR2/4</u> Check clean daily including touch points (handles) Full clean weekly <i>Defrost following manufacturer instructions</i>		
47	Hot water boilers / cold water machines including drip tray 	Hot water boilers / cold water machines should be visibly clean with no dust, dirt, debris, spillages or limescale	H	<u>FR2/4/6</u> Check clean daily of external areas including drip trays and touch points (buttons and levers) Full clean weekly Follow local protocol for descaling		
48	Kitchen cupboards 	Kitchen cupboards should be visibly clean with no dust, dirt, food debris, stains or spillages	H	<u>FR2/4</u> Check clean daily including touch points (handles) Full clean weekly of external surfaces Full clean monthly of internal surfaced <u>FR6</u> Check clean weekly of external and touch points (handles) Full clean 6-monthly internal / external		

Element	Item	Standard	Responsibility for Cleaning	Agreed Safe Cleaning Frequency	FR2	Inpatient
					FR4	Day Units/Offices with patient access
					FR6	Offices with non-patient access
49	Microwaves and traditional cookers/ovens 	All microwave and oven surfaces (inside and out) should be visibly clean with no dust, dirt, spillages or food debris	H	<u>FR2</u> Check clean daily including touch points (control buttons, handles) Full clean weekly		
					<u>FR4/6</u> Check clean daily including touch points (control buttons, handles) Full clean monthly	
50	All cleaning equipment INCLUDING CLEANING TROLLEY 	Cleaning equipment should be visibly clean with no blood and bodily substances, dust, dirt, debris or moisture	H	<u>FR2/4/6</u> Full clean after each use		

Key – Responsibility for Cleaning	
N	Nursing/Clinical Staff
H	Hotel Services
C	Contractor
E	Estates

Key – Cleaning Frequency Definitions	
Full clean	Cleaning all elements using an appropriate method to remove all visible dust, dirt, marks, and contamination, leaving the item in accordance with the required performance parameters
Spot clean	Cleaning specific elements using an appropriate method to remove all visible dust, dirt, marks, and contamination, leaving the item in accordance with the required performance parameters
Check clean	A check to assess if an element meets the performance parameters. If it does not, a full or a spot clean should be undertaken (in line with the above) to bring the element up to the performance parameter level
Touchpoint clean	A full clean of items that are frequently touched using an appropriate method to remove contamination

* Further information on cleaning of patient equipment can be found in the Infection Prevention and Control Manual Section IC/001 Guidelines for the Decontamination of Equipment and Medical Devices Appendix 3

** Cleaning of bodily fluids/substances in a clinical area is the responsibility of nursing staff

Appendix 4 – Audit Star Rating and Escalation Process

Escalation process will be implemented, and the following actions carried out if any of the following apply:

Rectification Functional Risk 2					
Star Rating	Definition	Timescale	Owner	Primary Action to be Taken	Secondary Contingency Action to be Taken
5 Star (Above 95%)	Meets or exceeds the required standard	24 hours (1 day)	HSS	HSS to give audit to Housekeeper on day/time of audit and for it to be completed at the next scheduled clean or within 24 hours (1 day) whichever is sooner	If HSS is not available, the FSM to delegate to their buddy
4 Star (94% - 92%)	A satisfactory standard has been met			Rectifications to be checked on day or within 24 hours (1 day) HSS	If FSM is not available, the FSM Admin to delegate following buddy list
3 Star (91% - 89%)	The standard is below expectation, however appropriate action is being taken and an improvement plan is in place	24 hours (1 day)	HSS (must notify FSM)	HSS to immediately update FSM on reasons for low score FSM to immediately update HoC on any reasons contributing to the low score, plan of action and planned re-audit Rectification of gaps within 24 hours (1 day)	If HSS is not available, the FSM to delegate to their buddy
			FSM	A full audit is to be conducted by the HSS and FSM of the rectifications no later than day 2. FSM to update HoC once completed Rectifications of the re-audit are to be checked off by the HSS within 72 hours (3 days)	If FSM is not available, the HoC to delegate to another FSM If HoC is not available, the HoC Admin to contact HoC&P who will delegate to another FSM
2 Star (88% - 86%)	Unsatisfactory standard, however appropriate action is being taken and an improvement plan is in place	24 hours (1 day)	FSM (Must notify HoC)	FSM to immediately update HoC on reasons for low score HoC to agree action plan and planned re-audit FSM to hold discussions with Ward Manager if applicable. Rectification of gaps within 24 hours (1 day)	If FSM is not available, the HoC to carry out the re-audit with the HSS or in their absence delegate it to their buddy
1 Star (Below 85%)	Unsatisfactory standard, however appropriate action is being taken and an improvement plan is in place		Head of Service	The audit is to be conducted by the FSM and the Head of Service must be in attendance Rectifications of the re-audit are to be checked off by the FSM within 72 hours (3 days) Further audit following month to be conducted by HSS and FSM and update HoC	If HoC is not available, the HoC Admin to contact HoC&P who will carry out the re-audit

Rectification Functional Risk 4

Star Rating	Definition	Timescale	Owner	Primary Action to be Taken	Secondary Contingency Action to be Taken
5 Star (Above 85 %)	Meets or exceeds the required standard	72 hours (3 days)	HSS	HSS to give audit to Housekeeper and for it to be completed at the next scheduled clean or within 72 hours (3 days) whichever is sooner Rectification to be checked on day 3	If HSS is not available, the FSM to delegate to their buddy If FSM is not available, the FSM Admin to delegate following buddy list
4 Star (84% - 82%)	A satisfactory standard has been met				
3 Star (81% - 79%)	The standard is below expectation, however appropriate action is being taken and an improvement plan is in place	72 hours (3 days)	HSS (must notify FSM) FSM	HSS to immediately update FSM on reasons for low score FSM to immediately update HoC on any reasons contributing to the low score, plan of action and planned re-audit Rectification of gaps within 72 hours (3 days) A full audit is to be conducted by the HSS and FSM of the rectifications no later than day 2. FSM to update HoC once completed Rectifications of the re-audit are to be checked off by the HSS within 72 hours (3 days)	If HSS is not available, the FSM to delegate to their buddy If FSM is not available, the HoC to delegate to another FSM If HoC is not available, the HoC Admin to contact HoC&P who will delegate to another FSM
2 Star (78% - 76%)	Unsatisfactory standard, however appropriate action is being taken and an improvement plan is in place	24 hours (1 day)	FSM (Must notify HoC) Head of Service	FSM to immediately update HoC on reasons for low score HoC to agree action plan and planned re-audit FSM to hold discussions with Ward Manager if applicable. Rectification of gaps within 24 hours (1 day) A full re-audit is to be conducted following the completion of the rectifications and no later than day 2 or as agreed with HoC The audit is to be conducted by the FSM and the Head of Service must be in attendance Rectifications of the re-audit are to be checked off by the FSM within 72 hours (3 days) Further audit following month to be conducted by HSS and FSM and update HoC	If FSM is not available, the HoC to carry out the re-audit with the HSS or in their absence delegate it to their buddy If HoC is not available, the HoC Admin to contact HoC&P who will carry out the re-audit
1 Star (Below 75%)	Unsatisfactory standard, however appropriate action is being taken and an improvement plan is in place				

Rectification Functional Risk 6

Star Rating	Definition	Timescale	Owner	Primary Action to be Taken	Secondary Contingency Action to be Taken
5 Star (Above 75 %)	Meets or exceeds the required standard	120 hours (5 days)	HSS	HSS to give audit to Housekeeper and for it to be completed at the next scheduled clean or within 120 hours (5 days) whichever is sooner	If HSS is not available, the FSM to delegate to their buddy
4 Star (74% - 72%)	A satisfactory standard has been met			Rectification to be checked on day 5 HSS	If FSM is not available the FSM Admin to delegate following buddy list
3 Star (71%- 69%)	The standard is below expectation, however appropriate action is being taken and an improvement plan is in place	72 hours (3 days)	HSS (must notify FSM)	HSS to immediately update FSM on reasons for low score FSM to immediately update HoC on any reasons contributing to the low score, plan of action and planned re-audit Rectification of gaps within 72 hours (3 days)	If HSS is not available, the FSM to delegate to their buddy If FSM is not available, the HoC to delegate to another FSM
3 Star (71%- 69%)	The standard is below expectation, however appropriate action is being taken and an improvement plan is in place		FSM	A full audit is to be conducted by the HSS and FSM of the rectifications no later than day 2. FSM to update HoC once completed Rectifications of the re-audit are to be checked off by the HSS within 72 hours (3 days)	If HoC is not available, the HoC Admin to contact HoC&P who will delegate to another FSM
2 Star (68% - 66%)	Unsatisfactory standard, however appropriate action is being taken and an improvement plan is in place	24 hours (1 day)	FSM (must notify HoC)	FSM to immediately update HoC on reasons for low score HoC to agree action plan and planned re-audit FSM to hold discussions with Ward Manager if applicable. Rectification of gaps within 72 hours (1 day)	If FSM is not available, the HoC to carry out the re-audit with the HSS or in their absence delegate it to their buddy
1 Star (Below 65%)	Unsatisfactory standard, however appropriate action is being taken and an improvement plan is in place		Head of Service	A full re-audit is to be conducted following the completion of the rectifications and no later than day 2 or as agreed with HoC The audit is to be conducted by the FSM and the Head of Service must be in attendance Rectifications of the re-audit are to be checked off by the FSM within 72 hours (3 days) Further audit following month to be conducted by HSS and FSM and update HoC	If HoC is not available, the HoC Admin to contact HoC&P who will carry out the re-audit