



TRUST CLEANING POLICY

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Policy author (if different from above)	• Senior Contracts & Commercial Services Manager, Estates and Facilities, SSL • Senior Facilities Managers, SSL • Contracts Monitoring Officer, Estates and Facilities, SSL	
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POLICY CONTEXT

The aim of the Trust Cleaning Policy is to demonstrate compliance with the assessment criteria as detailed in The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance" (DOH, July 2015) on the standards of cleanliness that facilitate the prevention and control of infections and improve the quality of health service provision by ensuring that all cleaning related risks are identified and managed.



POLICY REQUIREMENT

All staff undertaking cleaning responsibilities must ensure that they are cleaning at the required frequency and with the appropriate product as detailed in this policy. Facilities Managers must ensure that cleaning records (of the cleaning undertaken) are kept and are accessible for inspection and audit purposes by internal and external agencies. Clinical staff to cross reference cleaning requirements with the Decontamination Policy.



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1 INTRODUCTION

1.1 Rationale

- 1.1.1 **“It goes without saying that patients and visitors to hospitals are entitled to expect a high standard of general hygiene and cleanliness. This is important for the control of infection and also because clean surroundings give assurance that the hospital is well run and focused on improving the health of those who seek its help” (Francis Report 2013).**
- 1.1.2 The Trust is required to ensure that plans are in place to provide clean, safe care and that standards of cleanliness are reported to and monitored by the Infection Prevention Partnership Committee.
- 1.1.3 The Trust Cleaning Policy (‘TCP’) responds to the specific requirements of “The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance” (DOH, July 2015), This documentation is also referred to as the Code of Practice (CoP).
- 1.1.4 The ‘TCP’ details the actions to be undertaken and monitored in response to Part 3: Guidance for compliance with criterion 2 *“Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections”*.
- 1.1.5 The Trust is required to comply with the Care Quality Commission Essential Standards of Quality and Safety. What providers should do to comply with Section 20 regulations of the Health and Social Care Act 2008 (March 2010): Outcome 8 Cleanliness and Infection control;
- Providers of services comply with the requirements of regulation 12, with regard to the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance
- 1.1.6 The Trust Cleaning Policy incorporates the operational cleaning plans for all areas of the Trust. The policy has been developed by senior representatives of the Estates & Facilities Management Team with assistance from the Matrons and Clinical Nurse Managers and the Lead Nurse for Infection Prevention and Control. The Trust Cleaning Policy incorporates all properties shown in Appendix 2.
- 1.1.7 The Trust Cleaning Policy focuses on the cleaning practices and cleanliness standards Trust-wide (whether delivered through the Trust’s or Third Party Providers).
- 1.1.8 A Matrons Charter - An Action Plan for Cleaner Hospitals (DOH 2004) Includes (but not limited to) the following requirements:
- Sufficient resources will be dedicated to keeping hospitals clean: keeping the NHS clean is everybody’s responsibility.



- The patient environment will be well-maintained, clean and safe.
- Matrons will establish a cleanliness culture across their units.
- Cleaning staff will be recognised for the important work they do. Matrons will make sure they feel part of the ward team.
- Specific roles and responsibilities for cleaning will be clear.
- Cleaning routines will be clear, agreed and well-publicised.
- Patients will have a part to play in monitoring and reporting on standards of cleanliness.
- All staff working in healthcare will receive education in infection control.
- Nurses and infection control teams will be involved in drawing up cleaning contracts.
- Sufficient resources will be dedicated to keeping hospitals clean.

1.2 Scope

This Policy applies equally to staff in a permanent, temporary, voluntary or contractor roles acting for or on behalf of Birmingham and Solihull Mental Health NHS Foundation Trust.

Cleaning requirements for Main Production Kitchens (including Ward Regeneration Kitchens), Recovery and Wellbeing Kitchens and ADL Kitchens are set out in the Trust's Food Safety Policy.

1.3 Principles (Beliefs)

The key principles of the Trust Cleaning Policy are;

- i. Delivery of common and consistent compliant cleaning practices and cleanliness standards Trust-wide (whether delivered through the Trust's or Third Party Providers).
- ii. Ensuring clear and designated responsibilities for the cleanliness of all aspects of the Trust environment.
- iii. Integrated working between the Infection Prevention & Control Team ('IPCT') and Estates & Facilities Department, to ensure that all new developments, projects and property acquisitions are subject to the full involvement of assessment by and approval of the IPCT.
- iv. To ensure the Domestic Service workforce is trained to enable Domestic Staff and Supervisors to perform to and achieve the highest standards of cleanliness and levels of productivity.



The Trust positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisations, in order to ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately in order to support this.'

2 POLICY

The aim of the Trust Cleaning Policy is to demonstrate compliance with the assessment criteria as detailed in The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance" (DOH, July 2015) on the standards of cleanliness that facilitate the prevention and control of infections and improve the quality of health service provision by ensuring that all cleaning related risks are identified and managed.

All staff undertaking cleaning responsibilities must ensure that they are cleaning at the required frequency and with the appropriate product as detailed in this policy. Facilities Managers must ensure that cleaning records (of the cleaning undertaken) are kept and are accessible for inspection and audit purposes by internal and external agencies. Clinical staff to cross reference cleaning requirements with the Decontamination Policy.

3 PROCEDURE

3.1 CLEANING PROCEDURE

3.1.1 Cleaning Standards

The Trust has established output standards for environmental cleaning and the different levels of risk associated with each building/area. These standards are applied (and monitored) consistently to the Trust's cleaning services whether delivered through the Trust's or by Third Party Providers.

These cleaning standards are displayed on sealed/locked notice boards dedicated for this purpose in all wards and departments and public areas throughout the Trust. Copies are also displayed in all cleaners' cupboards. The Estates & Facilities Department manages (and holds the keys to) these notice boards.

These standards are incorporated as a requirement in all cleaning contracts and in-house cleaning policies.

Copies of these cleaning standards are available from the Estates and Facilities Department and on the Trust Intranet.

Compliance of the Trust's and Third Party Provider's Domestic Services with these cleaning standards and the display of these standards in all wards and departments is monitored during the Estates & Facilities Department's monthly Monitoring and Trust Inspections.



These cleaning standards are to be regularly updated to ensure compliance with the current (and any revisions to) NHS Cleaning Standards and Frequencies.

3.1.2

Cleaning Schedules

The Trust has established cleaning schedules showing tasks and frequencies for each ward and department to meet the Trust's cleaning standards and in accordance with Department of Health guidance.

Cleaning tasks that are designated to be undertaken at weekly, monthly or periodic frequencies (i.e. not daily), will be allocated a specified day of the week or date – and this will be shown in the cleaning schedule. This is to ensure such tasks are allocated, and also covered when regular cleaning staff are on days off or annual leave and to facilitate monitoring and to provide assurance to service users and clinical staff.

These cleaning schedules are displayed on sealed/locked notice boards dedicated for this purpose in all wards and departments and public areas throughout the Trust. Copies are also displayed in all cleaners' cupboards. The Estates & Facilities Department manages (and holds the keys to) these noticeboards.

Copies of all cleaning schedules are available from the Estates & Facilities Department and on the Trust Intranet (Estates and Facilities).

Compliance of the Trust's and Third Party Provider's Domestic Services with these cleaning schedules and the display of these schedules in all wards and departments is monitored during the Estates & Facilities Department's monthly monitoring and Trust inspections (see Section 3.7).

These cleaning schedules are regularly updated to ensure compliance with the current (and any revisions to) NHS Cleaning Standards and Frequencies.

3.1.3

Cleaning in Rehabilitation Units and ADL Kitchens

Rehabilitation Units

All aspects of this Trust Cleaning Policy will apply to Rehabilitation Units (and ADL kitchens) in the same way as with all other in-patient units in the Trust.

Cleanliness of the environment, (in compliance with the Trust's cleaning output standards and cleaning schedules) will be undertaken by the Trust's or Third Party Provider's Domestic Staff. This is the "compliance clean". This is to ensure that the required cleanliness and infection control standards are maintained in compliance with NHS Standards.

Where service users are encouraged, by clinical staff, to undertake any cleaning as part of their daily activities (i.e. cleaning bath after bathing, cleaning kitchen after cooking, tidying their bedrooms) these activities will be in addition to (not instead of) the "compliance clean". Service users will be provided with dedicated cleaning equipment and neutral harmless cleaning materials by clinical staff following a full risk assessment. Clinical staff will ensure that electrical equipment is approved (before purchase) and then PAT tested by the Estates & Facilities Department and is checked before each use and any faults are reported to the



local Estates Team. Cleaning materials must be used and disposed of in compliance with the manufacturers' and COSHH instructions.

ADL Kitchens

The clinical/OT staff supervising the activities will be responsible for ensuring that the kitchen is left clean and tidy after each use (clearing and cleaning after cooking). (This is distinct from the compliance clean undertaken by Domestic Staff).

3.1.4

Categories of Cleaning

The Estates & Facilities Department provides five (5) designated categories of cleaning to assist ward nursing staff to request the correct cleaning regime from local Domestic Services Teams (and Third Party Providers). These can be viewed on the Trust Intranet Estates & Facilities site and are attached in Appendix 3.

These five (5) Categories of Cleaning are;

CATEGORY	TITLE	PURPOSE
Procedure 1	Standard Daily Clean	Does not need to be requested. Provided routinely by Domestic Staff.
Procedure 2	Deep Clean	Carried out when a bedroom/room/area has been unused e.g. under a refurbishment programme or as part of a scheduled deep clean programme.
Procedure 3	Routine Discharge Clean (Non-Infectious Condition)	Clean of a bedroom when a discharged patient has been non-infectious and before the next patient moves in.
Procedure 4	Isolation Clean (During Infection)	Isolation clean carried out daily whilst bedroom is occupied by a patient with an infectious condition.
Procedure 5	Post Infection Clean	When a patient with an infectious condition has been discharged. This procedure will also be required when a period of infection is closed but the patient remains an inpatient.

3.1.5

Deep Cleaning

Following the NHS Deep Clean Initiative that required all NHS Trusts to undertake a deep clean during 2007-2008 and to complete this by 31 March 2008, the NHS Publication "From Deep Clean to Keep Clean" – "Learning from the Deep Clean Programme" (DOH October 2008), highlights that the deep clean initiative is not a one-off exercise. Trusts are expected to ensure that deep cleaning is an important component in their cleaning arrangements. Trusts are also expected to take into account the following factors when assessing deep clean requirements;

- Local patient and staff satisfaction surveys
- Environmental related complaints and incidents
- Items on the Risk Register
- "PLACE" Scores
- National Cleaning Specification Scores
- Trends in infection rates.



A rolling programme of deep cleaning will be undertaken in accordance with the Trust's Deep Cleaning Specifications, copies of which are available from the Estates & Facilities Department.

The Deep Cleaning Programme will be focused on areas of need identified by the Estates & Facilities Department from;

- Satisfaction Surveys
- Complaints and Incidents
- Risk Assessments
- "PLACE" Scores
- Environmental Monitoring and Audits
- Environmental Health Officer ('EHO') Reports
- Infection Rates.

Additional deep cleaning will be undertaken following;

- Changes of occupation of patient bedrooms
- Floods/spillages (where the extent requires a deep clean)
- Infection (where deep cleaning rather than full clean is instructed by the Infection Prevention and Control Team).

A programme will be in place for the regular Deep Cleaning of the Trust's Main Production Kitchens and Cook Chill Regeneration Kitchens and NAIPs Rehabilitation Kitchens.

3.1.6 **Reactive Cleaning**

3.1.6.1 **Bodily Spillages/Deposits (Wards and Outpatient Clinics)**

To enable clinical staff to be aware of, and monitor incidents of, bodily spillages/deposits the following protocols will apply;

Domestic Staff will clean up and decontaminate urine spillages in accordance with the Trust Infection Prevention and Control Policy and Procedures and report these to clinical staff. When Domestic Staff are not on duty, this will be undertaken by clinical staff. Spillage kits/products used in dealing with the spillage or deposit will be segregated and disposed of in accordance with the Trust Waste Disposal Policy immediately following use.

Clinical staff will remove all other bodily spillages/deposits and decontaminate the site in accordance with the Trust Infection Prevention and Control Policy and Procedures. Domestic Staff will then undertake a follow up clean. Spillage kits/products used in dealing with the spillage or deposit will be segregated and disposed of in accordance with the Trust Waste Disposal Policy, immediately following use.

3.1.6.2 **Bodily Spillages/Deposits (Non-patient Departments, Offices and Public Areas)**

Patient Bodily Spillages/Deposits;



- Departmental Domestic Staff will remove bodily spillages/deposits and decontaminate the site in accordance with the Trust Infection Prevention and Control Policy and Procedures and will undertake a follow up clean. Spillage kits/ products used in dealing with the spillage or deposit will be segregated and disposed of in accordance with the Trust Waste Disposal Policy, immediately following use.

3.1.6.3 **Floods (other than 3.1.6.4)**

Immediate response to floods will be by the Domestic Supervisors/Domestic Staff in the near vicinity during normal working hours. The Rapid Response Team will also be on standby to assist if required. The full follow up clean or post infection deep clean will be organised by the Domestic Supervisor and completed by Domestic Staff (or the Rapid Response Team if designated to do so by the Domestic Department). Floods should be reported to the On-Call Engineer to attend urgently. Out of hours at the discretion of the Estates On-Call Manager, a specialist contractor may be called to assist.

During 'out of hours' periods when Domestic Staff are not on duty, any spillages/floods will be dealt with by clinical staff in wards. Spillages/floods in other areas will be reported as follows

- Amey Helpdesk (Northern Area of the Trust)
- BBW Helpdesk (Barberry, Oleaster and Zinnia Centres)
- SSL Estates and Facilities Department (via Reaside Switchboard) (SSL managed Domestic Services).
- SSL Estates On-call Manager (via Reaside Switchboard) (SSL managed Domestic Services).

3.1.6.4 **Post Infection Deep Clean in the event of a Flood presenting an Infection Risk**

The Estates and Facilities Department's specialist cleaning contractor is on a two hour call-out 24 hours a day, seven days a week to ensure that once the source of the flood is rectified by Estates staff, that all water or any other residue is removed from the site and the area is cleaned and decontaminated with chemicals approved by the Trust.

The specialist Contractor can only be called out by the Estates and Facilities Department, or if out of hours, by the Estates "On-call" Manager. Once the area has been cleaned, it will be signed off by the Estates "On-call" Manager and can be reopened for use. The Domestic staff should undertake a post-infection clean to this area for the first clean after the incident.

3.1.6.5 **Access to Cleaning Equipment & Materials – Out of Hours**

The Trust's/Third Party Provider's Domestic Services will ensure that cleaning equipment and materials are accessible in designated rooms in each ward and department for use by nursing/other staff – at times when Domestic Staff are not on duty. At the discretion of the Estates "On-Call" Manager, the specialist contractor maybe called to assist.



3.1.6.6 **Other Urgent Requests for Additional Cleaning**

During the periods when Domestic Staff are on duty requests for urgent cleaning should be made to the Domestic Supervisor.

During the 'out of hours' periods when Domestic Staff are not on duty (and if the request is urgent), contact the following:

- Amey Helpdesk (Northern Area of the Trust)
- BBW Helpdesk (Barberry, Oleaster and Zinnia Centres)
- SSL Estates and Facilities Department (via Reaside Switchboard) (SSL managed Domestic Services).
- SSL Estates On-call Manager (via Reaside Switchboard) (SSL managed Domestic Services).

3.1.7 **Change of Occupancy Cleaning**

When a service user vacates his/her bedroom, unit nursing staff will notify their local Domestic Supervisor who will arrange for the bedroom to be cleaned in accordance with Procedure 3 (see 3.1.4).

Where the Service User who has vacated the bedroom had an infectious condition, unit nursing staff will notify their local Domestic Supervisor who will arrange for the bedroom to be cleaned in accordance with Procedure 5 (see 3.1.4)

3.1.8 **Cleaning Sign Off**

Cleaning undertaken under 3.1.5 – 3.1.7 (inclusive) should be signed off (as satisfactorily completed) by the Nurse-in-charge in an in-patient unit using the forms in Appendices 3b – 3e inclusive (for other areas by the departmental manager or other senior member of staff within that department). A copy of each signed off form should be filed in the ward/department cleaning folder and a copy retained by Domestic Staff.

The forms to be used for signing off are in Appendices 3b – 3e inclusive.

Confirmation of when an area can be re-occupied ((after Isolation Cleaning During Infection and/or Post-Infection Cleaning has been completed and has been signed off by the Nurse-in-charge in an in-patient unit (or for other areas by the departmental manager or other senior member of staff within that department)) will be obtained from the Trust Infection Prevention and Control Team by the Nurse-in-charge in an in-patient unit (or for other areas by the departmental manager or other senior member of staff within that department).

3.1.9 **Running Cold Water Taps**

During routine daily cleaning, domestic staff will leave cold water taps running while they are cleaning the room and report that they have carried this out to the ward manager. This aids compliance with the Trust's Legionella Policy.

3.1.10 **Cleaning Equipment, Materials and Chemicals**

Cleaning Equipment, Materials and Chemicals used by the Trust, Trust's and Third Party Providers (for cleaning) will be standardised as far as possible.



The Trust Cleaning Quality Group will review any changes to equipment, materials and chemicals proposed before such changes are implemented

3.2 CLEANING PROVISION

A schedule showing cleaning arrangements for all properties owned or occupied by BSMHFT is shown in Appendix 2.

3.3 MANAGEMENT OF INFECTION

3.3.1 Arrangements

All cleaning during and after infections (as referred to under Sections 3.3.2 – 3.3.4 inclusive below) will be undertaken in consultation with the Trust Infection Prevention and Control Team.

Ward Managers are responsible for communicating to the Trust's/Third Party Provider's Domestic Management, Supervisors and Staff to arrange for cleaning during and after infections. Ward Managers should be aware in planning and arranging for such cleaning that cleaning undertaken during weekdays will be more resource efficient. However, where the cleaning is required urgently outside of weekday hours, the Domestic Service will attend to undertake this.

Confirmation of when an area can be re-occupied ((after Isolation Cleaning During Infection and/or Post-Infection Cleaning has been completed and has been signed off by the Nurse-in-charge in an in-patient unit (or for other areas by the departmental manager or other senior member of staff within that department)) will be obtained from the Trust Infection Prevention and Control Team by the Nurse-in-charge in an in-patient unit (or for other areas by the departmental manager or other senior member of staff within that department).

3.3.2 Cleaning During an Infection

The Ward Manager is responsible for communicating to the Trust's/Third Party Provider's Domestic Management, Supervisors and Staff any changes in/additions to cleaning procedures, frequencies and arrangements as required during an infection.

All cleaning tasks, procedures, frequencies and arrangements during an infection will be undertaken in accordance with the Trust Infection Prevention and Control Policy.

3.3.3 Post-Infection Cleaning

The Ward Manager is responsible for communicating to the Trust's/Third Party Provider's Domestic Management, Supervisors and Staff, requirements for a full/deep clean following an infection.

All cleaning tasks, procedures, frequencies and arrangements for a post-infection full/deep clean will be undertaken in accordance with the Trust Infection Prevention and Control Policy.

Post-infection cleaning will be undertaken by the Trust's/Third Party Provider's Domestic Staff and will incorporate all elements of the patient environment



(including for example; floors, walls, ceilings, ledges, fixtures, fittings, sanitary appliances, beds, mattresses and other furniture, curtains, blinds and shower curtains). Patient equipment such as (but not limited to) hoists and commodes will be cleaned by nursing staff.

3.3.4 **Post-Infection Deep Cleaning**

Deep Cleaning following an infection, will be undertaken by the Trust's Rapid Response/Deep Cleaning Teams/Third Party Provider's Domestic Staff.

Post-infection deep cleaning will be undertaken in accordance with the Trust Infection Prevention and Control Policy and will incorporate all elements of the patient environment (including for example; floors, walls, ceilings, ledges, fixtures, fittings, sanitary appliances, beds, mattresses and other furniture, curtains, blinds and shower curtains). Steam cleaning will be used where applicable (for example, for curtains, blinds and shower curtains). If curtains are to be sent to the laundry, contact the Estates and Facilities Department).

Patient equipment such as (but not limited to) hoists and commodes will be deep cleaned by nursing staff. Please refer to the BSMHFT Decontamination Policy.

3.3.5 **Provision of Designated Disinfectants**

The Trust Pharmacy is responsible for the purchasing and storage of disinfectants (including but not limited to Spill Packs) as designated by the Trust Infection Prevention and Control Team – to be requisitioned and used by Wards and Departments and the Trust's Estates & Facilities Department and the Trust's Third Party Providers – for the purpose of cleaning during an infection and post-infection cleaning and post-infection deep cleaning.

3.3.6 **Provision of Cleaning Equipment and Materials**

The Trust's/Third Party Provider's Domestic Services will ensure that cleaning equipment and materials are accessible in designated rooms in each ward and department for use by nursing staff – for the purpose of cleaning during an infection and post-infection cleaning.

3.3.7 **Monitoring, Recording and Reporting of Cleaning During Infections and Post-Infections**

The Trust's/Third Party Provider's Domestic Managers are responsible for ensuring that each session of cleaning during infections and post-infections is checked to ensure it has been undertaken in accordance with the instructions given by the Ward Manager and in accordance with the Trust Infection Prevention and Control Policy and Procedures and that the resulting standards of cleanliness meet the required standards. The Trust's/Third Party Provider's Domestic Managers will document these checks and provide copies to the Ward Manager, Facilities Manager and Trust Contract Monitoring Function. The forms to be used to record these checks are shown at Appendix 3 (d) (during infections) and Appendix 3 (e) (post infections) and are provided by the Trust's Estates & Facilities Department.



All cleans undertaken during and following infections will be reported in the Estates & Facilities Department's Reports submitted to the Infection Prevention Partnership Committee.

3.3.8 **Infection Prevention and Control Training**

All staff employed in undertaking cleaning duties (SSL staff and Third Party Provider's staff) should undertake training as appropriate in accordance the requirements of their job descriptions/person specifications.

All Domestic Staff will undertake the Trust Statutory and Mandatory e-learning training programme prior to appointment, which includes an Infection Prevention and Control session.

All Domestic Staff will attend the Trust Corporate Induction.

All Domestic Staff will then receive Infection Control Training updates through the Trust Statutory and Mandatory Training Programme.

Domestic Staff Training Records and the Trust Training Database (for each Domestic Staff member) will be maintained up to date by the Trust's Estates & Facilities Department (for Trust Domestic Staff). The Trust's Third Party Providers will maintain training records for their staff who undertake cleaning duties.

Evidence of training and Training Documentation will be made available by the Trust's Estates & Facilities Department and Trust's Third Party Providers for inspection by the Trust or any external body legitimately required to access and audit such documentation.

3.3.9 **The NHS National Colour Coding Scheme**

Cloths, mops, buckets, aprons and gloves are all colour coded under the Colour Coding Scheme.

Colour coding of hospital cleaning materials and equipment ensures that these items are not used in multiple areas, therefore reducing the risk of cross-infection.

The Colour Coding Scheme is set out in Appendix 4. Posters showing the National Colour Coding system are displayed in all wards and departments in;

- Main Notice Boards
- Kitchens
- Clinics/Treatments Rooms
- Utility/Sluice Rooms.

Additional Protocols (approved by the Trust Infection Prevention & Control Team)

Catering Departments

- In the Main Catering Production Kitchens (Barberry, Zinnia, Reaside, Ardenleigh, Juniper, Uffculme, B1 Trust Headquarters and Tamarind) green colour coded materials and equipment are used for general background cleaning. However, this does not replace the essential



practice of using different coloured materials e.g. cloths in raw food areas and cooked food areas. This essential practice continues.

Yellow Colour Coded Cleaning Equipment and Materials

- Yellow colour coded cleaning materials e.g. cloths, mop heads, gloves and aprons are single use and will be disposed of after single use. Yellow colour coded cleaning equipment e.g. buckets are be disinfected using “Chlor-clean”.
- Bodily spillages (e.g.; urine, blood, sputum, vomit, faeces) occurring in areas other than toilets are cleaned up and disinfected using Yellow colour coded cleaning materials and equipment and “Chlor-clean” (as these spillages may be infected).

Use of Cleaning Equipment and Materials by Nursing Staff

- In the event that Nursing Staff undertake any cleaning, they will use the designated colour coded equipment and materials applicable to the area.

Monitoring and auditing of compliance with the NHS National Colour Coding Scheme will be undertaken by the Estates & Facilities Department (incorporated in the monitoring and auditing of cleanliness – see Section 3.7)

Reports on compliance with Colour Coding Scheme will be included in the Estates & Facilities Department’s reports to Infection Prevention Partnership Committee, Matrons, Clinical Nurse Managers and Clinical Service Managers (See Section 3.7).

3.4. ARRANGEMENTS FOR CLEANING DECONTAMINATION OF INSTRUMENTS AND OTHER EQUIPMENT

Arrangements for the appropriate decontamination of instruments and other equipment used in providing healthcare for service users are set out in the Trust Decontamination Policy.

Specific responsibilities for cleaning the patient environment and equipment are included in the matrix of responsibilities, shown in Appendix 5.

3.5 APPLICATION OF TRUST’S (NHS) CLEANLINESS STANDARDS WHEN ACQUIRING PROPERTIES

When considering the acquisition of any new leased property, the Trust will ensure that its Cleaning Standards are incorporated into the business and associated resource plan for the running and maintenance of the property.

The Trust Infection Prevention and Control Team should be included in the assessment of the suitability of all potential properties being considered by the Trust.

The Trust will, where possible, ensure that it retains the responsibility for providing the cleaning service to all property that it leases. Where this is not possible, the landlord must be required to provide the cleaning service to meet the



Trust's Cleaning Standards and to comply with the Trust Cleaning Policy and Trust Infection Prevention and Control Policy.

3.6. COMMISSIONING AND DECOMMISSIONING OF BUILDINGS

3.6.1 Commissioning of Buildings

All properties being commissioned for use by the Trust will be Deep Cleaned to the required standard to make the building safe and compliant to use and in consultation with the Trust Infection Prevention & Control Team.

Following Deep Cleaning and prior to use, a post Deep Clean Inspection will be undertaken by the Estates & Facilities Department and Infection Prevention and Control Team – and the findings of the Inspection will be documented on a “Post Deep Clean Inspection Form” (to be provided by the Estates & Facilities Department).

3.6.2 Decommissioning of Buildings

All properties being de-commissioned by the Trust will be Deep Cleaned to the required standard to make the building safe and compliant to be handed over and in consultation with the Trust Infection Prevention and Control Team.

Following Deep Cleaning and prior to handing over, a post Deep Clean Inspection will be undertaken by the Estates & Facilities Department and the nursing representative for the area– and the findings of the Inspection will be documented on a “Post Deep Clean Inspection Form” (to be provided by the Estates & Facilities Department).

3.7. MONITORING, AUDITS, RECTIFICATION AND REPORTING OF CLEANLINESS STANDARDS

3.7.1 Monitoring System

The Estates & Facilities Department will have in place a consistent system of monitoring, management audits, rectification (escalating where required) and reporting of cleanliness standards Trust-wide, operated by the Trust's and Third Party Provider's Domestic Services. The monitoring system used will be in line with the “*National Specifications for Cleanliness in the NHS 2007*”.

3.7.2 Internal Monitoring & Management Audit & External Audit of Cleanliness Standards

Informal Monitoring and Reporting Routes

Trust Staff, Service Users, visitors and public can report a cleaning issue and should be encouraged to do so.

When nursing staff or ward/departmental managers identify that there is an issue relating to the environmental cleanliness of the ward/department, they should refer to their cleaning specifications/schedules and identify which discipline is responsible for rectifying the problem. If the responsibility lies with the Domestic team then the Domestic Supervisor should be contacted, who will identify the cause of the problem and take steps to rectify the situation in accordance with the reporting structure and timescales.



Formal Monitoring, Auditing and Reporting Routes

The purpose of carrying out monitoring and audits is to measure the level of actual performance to ensure continuous cleanliness improvement. This is undertaken at three levels;

- Monitoring (1st Level) ('Technical')
- Management Audits (2nd Level)
- External Audits (3rd Level).

Monitoring (1st Level) – 'Technical'

Technical monitoring will be completed in accordance with the "*National Specifications for Cleanliness in the NHS 2007*".

Technical monitoring will be carried out by Domestic/Hotel Services Supervisors/Third Party Domestic Service Providers covering a representative section of wards/areas in each in-patient unit (minimum 1 x month) and each non-patient area (minimum 2 x year).

All areas visited and visually inspected will be scored as either 'at or above the risk score' or 'below the risk score'. During each inspection, the Domestic/Hotel Services Supervisor will record their findings and recommended actions using a computerised cleaning software programme and inform the Estates & Facilities Monitoring Team. Every attempt should be made to randomise the times and days when inspections are completed so that the audit is carried out unannounced to provide a fair representation of the ward/department.

The Domestic/Hotel Services Supervisor will follow up any problems or issues identified with the cleanliness standards with the Domestic Staff at the time of the inspection. For issues that cannot be rectified immediately, an action plan, with timescales will be agreed – timescales of which, must be in line with rectification timescales relating to risk unless it is impractical to do so. At the end of the action plan completion time, a follow up inspection will be carried out to measure success of action taken. Where improvement does not occur, this will be escalated to level 2 (Management Audit) and monitored closely by the Domestic/Hotel Services Supervisor.

Management Audits (2nd Level)

The Facilities Managers (and Third Party Provider) undertake audits ('Management Audits') of cleanliness standards in each in-patient unit (a minimum of once per quarter) and in each non-patient area (a minimum of once every six months) and record their findings at the time of each inspection in the computerised cleaning software programme.

The Facilities Managers (and Third Party Provider) also audit the 1st Level Monitoring to ensure this has been carried out at the required frequencies and that shortfalls in cleanliness standards are being identified, followed up, rectified and re-inspected. Any issues are followed up with the Domestic/Hotel Services Supervisors at the time of the audit and a follow up audit is undertaken to ensure the issue has been resolved. These 2nd level audits provide consistent review of cleanliness standards Trust-wide.



External Audits (3rd level)

The Estates & Facilities Performance & Quality Monitoring Officers undertake random audits ('External Audits') of cleanliness standards in each in-patient unit and in each non-patient area and record their findings at the time of each inspection in the computerised cleaning software programme.

Monitoring of Third Party Providers Measurement of Key Performance Indicators)

The Estates & Facilities Performance & Quality Monitoring Officers undertake specific monthly audits of cleanliness key performance indicators that the Trust's Third Party Providers are required to comply with. Any shortfalls in compliance are identified and included in the monthly calculation of service failure points and deductions due from the monthly services payment. Shortfalls are followed up and re-inspected by the Estates & Facilities Quality & Performance Monitoring Officers within designated timescales to ensure the provider has rectified the shortfall.

Formal Complaints

Any formal written complaints regarding cleanliness sent to the Trust will in the first instance be received by the Trust's Complaints Department. The Complaints Department will forward these to the relevant Estates and Facilities Manager to investigate and to produce a written response back to the Complaints Department within the designated timeframe. The Complaints Department will respond formally to the complainant.

Verbal complaints by staff made directly to the Estates and Facilities Department will be investigated by the relevant Estates and Facilities Manager. The response to the complainant will be by that manager; this could be either a verbal response or a written response.

Complaints from patients/non-staff should be received in writing.

Rectification

Any shortfalls in required cleanliness standards identified during 1st Level Monitoring, 2nd Level Management Audits or 3rd Level External Audits are brought to the attention of the Trust's Third Party Provider's Domestic Hotel Services Staff/Supervisors (as appropriate) and rectification action plans and timescales are agreed. The affected area is then re-inspected within the same week and the process is repeated until the required standards are achieved and maintained.

3.7.3 Reporting of Cleanliness Standards – Estates and Facilities

On completion of the technical monitoring, management audits and external audits, a functional score for those areas will be produced (including cleaning, nursing and estates elements). Estates and Facilities Management will review the scores and action plans and follow up on any cleaning and estates elements and report any nursing elements. The calculated score following each monitoring and audit is entered into the computerised cleaning software programme which enables an overall Trust cleanliness score. These audits scores, along with

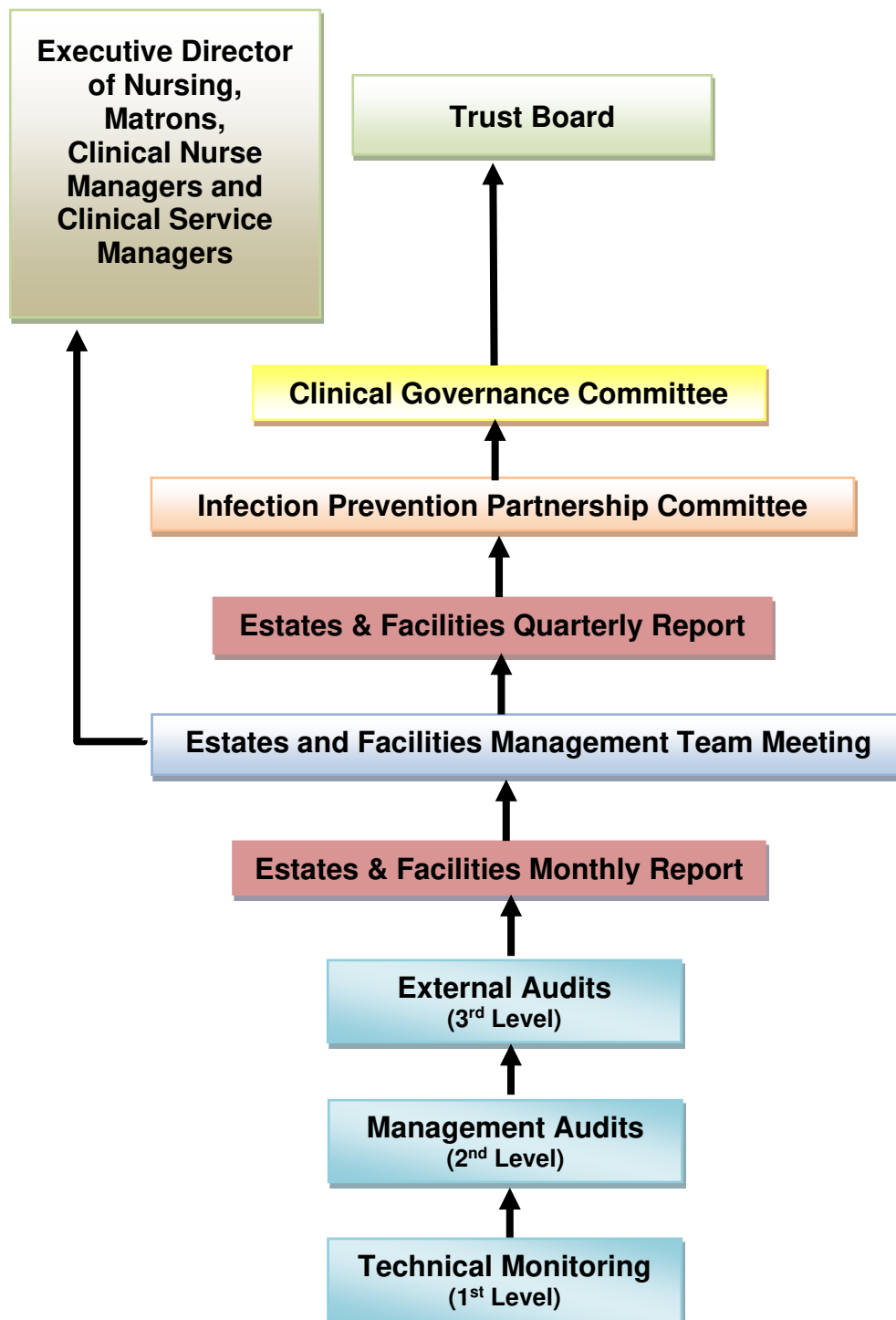


accompanying action plans, will be reviewed by Estates and Facilities Management and Performance & Quality Monitoring Officers.

Monthly reports and Cleanliness Scores will be provided by the Performance & Quality Monitoring Officers to: Estates & Facilities Management Team Meeting, Executive Director of Nursing, Infection Prevention and Control Team, Matrons and Clinical Nurse Managers and Clinical Service Managers.

Quarterly reports and Cleanliness Scores will be provided by the Performance & Quality Monitoring Officers to the Infection Prevention Partnership Committee.

Figure 1: Reporting Structure for Standards of Cleanliness



Reporting Nursing Issues and Estates Issues

The cleanliness scores for each area are the combined result of three categories – Domestic, Nursing (cleaning and decontamination) and Estates items.

The monthly and quarterly Estates & Facilities cleanliness reports (see section 3.7.3) report on Domestic, Nursing and Estates items.



Domestic and Estates issues will be resolved by the Estates and Facilities Department.

The monthly and quarterly reports are provided to the Matrons, Clinical Nurse Managers and Clinical Service Managers who will ensure issues requiring rectification are rectified and appropriate action plans are put in place and that these are reported to the Infection Prevention Partnership Committee.

Supporting Matrons, Clinical Nurse Managers and Clinical Service Managers Quarterly Surveillance Reports to the Infection Prevention Partnership Committee

The Estates & Facilities Department monthly reports are also provided to support the Matrons, Clinical Nurse Managers and Clinical Service Managers to produce their Quarterly Surveillance Reports to the Infection Prevention Partnership Committee.

3.8 EXTERNAL PATIENT-LED ASSESSMENTS OF THE CARE ENVIRONMENT (PLACE)

The “Patient-Led Assessment of the Care Environment” (‘PLACE’) assessments are undertaken annually in accordance with Department of Health guidance. A member of the Estates & Facilities Department undertakes the following roles;

- Acting as PLACE Lead for the Trust.
- Undertaking the PLACE Administration Team Manager role.
- Compiling, reviewing and following up on PLACE Action Plans.

PLACE teams are required to comprise a minimum of 50% Service User representatives with the remaining members being the Trust staff (usually this will be Trust PLACE lead, Matron and Facilities Management representative for the area).

The Trust (Estates & Facilities Department) will arrange for external validators to attend and validate as many of the Trust’s PLACE assessments on each of its sites, each year.

3.9. TRAINING

A comprehensive training programme for Domestic Staff (including agency staff) and Supervisors is essential to ensure the Domestic Service performs to the highest standards and level of productivity.

Where cleaning services are provided by the Trust’s Third Party Providers:

- i. The training requirements (shown in the table below) shall be incorporated in the contracts/Service Level Agreement as a requirement for the contracted provider to comply with.
- ii. The Trust shall regularly inspect the providers’ training records to ensure their training and records comply with the requirements of this Trust Cleaning Policy and with the contract/Service Level Agreement.



- iii. The Trust shall update the provider on any additional training requirements that may be required from time to time and these will be incorporated within the contract/Service Level Agreement.

The Domestic Staff, Supervisors, Housekeepers and the Trust's Third Party Providers and agency staff Training Programme is summarised in the table below.

Domestic Staff	
Training	When Provided
Correct use of cleaning equipment Correct use of cleaning materials COSHH Correct cleaning procedures, tasks and frequencies. Cleaning work scheduled Reactive cleaning Safe working practices	Induction & Annual Refresher Training
Infection Control Hand Hygiene Colour Coding Scheme for Cleaning Material and Equipment Cleaning Procedures during and infection Post-Infection Cleaning Deep Cleaning	Induction & Annual Refresher Training
BICS (British Institute of Cleaning Science) Training NVQ 1 (Level 1 & 2)	Within first year in post
Domestic Supervisors	
Training	When Provided
As Domestic Staff training, with the addition of NVQ Level 3 Cleaning Science & Supervisory elements	

3.10 REVIEW ARRANGEMENTS

This Trust Cleaning Policy will be reviewed annually and as required in response to new Department of Health Guidance.

Reviews will be undertaken by Estates and Facilities Managers designated with responsibility for this Trust Cleaning Policy – in conjunction with the Trust Infection Prevention and Control Team.

The outcomes of each review and associated draft amendments will be submitted to the Trust Infection Prevention and Control Team in the first instance.



4 RESPONSIBILITIES

Post(s)	Responsibilities	Ref
Chief Executive	The Chief Executive has ultimate responsibility for providing a clean and safe environment for service users, employees including contracted staff and visitors to Trust premises. To ensure the appointment of a Director of Infection Prevention and Control (DIPC) who is directly accountable to the CEO. To receive reports to Trust Board on cleaning standards and to take action when necessary on failure to meet standards, ensuring resources are available to meet with registration requirements.	The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. (DOH July 2015)
Executive Director of Nursing	The Executive Director of Nursing undertakes the role of DIPC. They are responsible for overseeing the IPPC work programme which includes receiving quarterly reports on cleanliness standards and implementation of policies relating to cleanliness and decontamination.	
Executive Director of Operations	The Executive Director of Operations has responsibility to provide resources for cleaning activities to be undertaken and ensuring any breaches in hygiene standards are addressed through line management arrangements. To ensure that staff undertake statutory and mandatory training in infection prevention and control in accordance with the Trust Risk Management Training Policy. To ensure that staff who are not managed by the Estates and Facilities directorate who have responsibility for cleaning have this detailed in job descriptions and that appropriate level of training is provided and that supervisory arrangements with the Trust Estates and Facilities team are in place to monitor cleaning standards. To undertake investigations in relation to complaints of cleanliness standards or whereby in adherence to standards have been identified in Serious Incidents relating to the management of infectious conditions. This responsibility is discharged through the Associate Directors of Operations to the Service Development Managers to Ward and Departmental Managers.	



Post(s)	Responsibilities	Ref
Executive Director of Finance	The Executive Director of Finance has responsibility for ensuring that the Trust's Estates & Facilities Department (via SSL or Third Party Providers) provides compliance cleaning services and environmental cleanliness standards in compliance with the 'Health and Social Care Act 2008, Code of Practice on the Prevention and Control of Infections and related guidance" (DOH, July 2015). • Ensuring the Estates & Facilities Services (Trust's and Third Party Providers) have sufficient resources to provide compliant cleaning services. • The responsibility is discharged through the Associate Director of Estates & Facilities and SSL Board.	The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (DOH July 2015)
Associate Director Estates & Facilities	The Associate Director Estates and Facilities has responsibility for ensuring that the Trust has systems in place which comply with the "Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance" (DOH July 2015) and other guidance with regard to the provision of a clean environment – including but not limited to; • Ensuring the Trust Board is made aware of any issues which may affect the standards of cleanliness in the patient environment. • To be aware of their own role and responsibilities with regard to cleanliness with a view to minimising the risk of infection in accordance current legislation and best practice guidance.	
Trust's (SSL) Estates & Facilities Department	The Trust's Estates & Facilities Department is responsible for the management and delivery of cleaning services and compliant cleanliness standards (SSL and Third Party Providers).	
Estates & Facilities Department lead managers for cleaning	The Estates & Facilities Department lead managers for cleaning will fully involve the Executive Director of Nursing, Clinical Nurse Managers, Clinical Service Managers , Matrons, Unit Managers and the IPCT in all aspects of cleaning services (in-house and contracted) including (but not limited to); • Development, agreement and implementation of Operational Cleaning Plans for all wards and	



Post(s)	Responsibilities	Ref
	departments (including standards, tasks, frequencies, time-spans and schedules as well as monitoring and audit arrangements). • Production and reviews of cleaning specifications for existing services and new projects. • Planning of cleaning services for new projects. • Negotiation and agreement of any contracts for cleaning. • Any proposed cleaning service reviews or changes. • Supporting Matrons and Unit Managers in all aspects of maintaining, monitoring, auditing and reporting on environmental cleanliness, including; • Liaising with Matrons and Unit Managers in respect of all monitoring and audits of cleanliness standards undertaken by Domestic Supervisors, Quality & Performance Monitoring Officers and Managers (SSL and Third Party Providers • Providing monthly and quarterly cleanliness reports Providing information to support Clinical Nurse Managers, Clinical Service Managers and , Matrons in producing surveillance reports.	The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. (DOH July 2015)



Post(s)	Responsibilities	Ref
All managers, supervisors and staff within the Estates & Facilities Department and Third Party Provider's managers, supervisors and staff - who have responsibilities for cleaning	• All managers, supervisors and staff within the Estates & Facilities Department and Third Party Provider's managers, supervisors and staff who have responsibilities for cleaning and cleanliness have current job descriptions that clearly set out their roles and responsibilities for cleaning and cleanliness. • Ensure the cleaning of the environment is carried out in accordance with national (NHS) guidance and Trust Infection Prevention and Control Policy and procedures. • Have a duty of care to comply with their training and the designated method statements for the area or items that they are cleaning. • Ensure cleaning procedures are carried out in such a way to protect the health and safety of staff involved and for other occupants of the building(s). • Ensure staffing levels and the requirements of the Trust Cleaning Policy are met in order to provide an effective cleaning service. • Ensure that only appropriately trained staff are used for each specified cleaning related task. • Liaise with other disciplines to ensure that the Domestic Service meets the needs of the Trust, making adjustments where necessary. • To ensure cleaning equipment and products are available and are in accordance with the Trust Cleaning Policy. • To be aware of their own role and responsibilities with regard to cleanliness with a view to minimising the risk of infection in accordance current legislation and best practice guidance.	The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. (DOH July 2015)



Post(s)	Responsibilities	Ref
Housekeepers	• All Housekeepers who have responsibilities for cleaning will have current job descriptions that clearly set out their roles and responsibilities for cleaning. • Monitoring of environmental cleaning standards. • Maintaining cleaning records. • Report any issues relating to cleanliness. • To be aware of their own role and responsibilities with regard to cleanliness with a view to minimising the risk of infection in accordance current legislation and best practice guidance.	The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (DOH, July 2015)
Infection Prevention & Control Team	• Providing training and advice regarding the measures required to minimise the risk of infection and for the monitoring the effectiveness of the implementation of these measures. • Liaise regularly with the Nursing and Domestic teams in order to ensure that required standards of infection prevention & control and cleanliness are being achieved and maintained. • Provide advice on any guidance or legislation that is issued in relation to infection prevention & control (of which cleanliness is one element). • Provide information regarding infection rates. • To be aware of their own role and responsibilities with regard to cleanliness with a view to minimising the risk of infection in accordance current legislation and best practice guidance.	The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. (DOH, July 2015)
Clinical Service Managers and Clinical Nurse Managers	To ensure cleanliness standards are monitored (by Matrons in areas covered by Matrons or by Clinical Service Managers in areas not covered by Matrons) and any breaches or concerns regarding cleanliness standards are reported to the Facilities Managers and included in their quarterly surveillance reports to Infection Prevention Partnership Committee.	
Matrons	To act upon any complaints of cleaning standards and work with Facilities Managers to ensure that any action plans relating to cleaning standards are met and reporting non-compliance to the Clinical Service Managers, Clinical Nurse Managers and Infection Prevention and Control Team.	The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections



Post(s)	Responsibilities	Ref
		and related guidance. (DOH, July 2015) Matrons Charter (DOH, 2004)
Ward and Department and Team Managers	• To ensure that cleaning staff have access to all wards/department areas to ensure cleaning schedules are adhered to. • To report any concerns to the Domestic Supervisors and Matrons. • To ensure that the staff whom they manage are aware of their responsibilities in keeping a clean environment • To promote cleanliness standards with service users and visitors. • To report incidents or outbreaks of infectious disease to Domestic Staff and Domestic Supervisors so that appropriate cleaning regimes are in place. • To ensure cleaning equipment and products are available and are in accordance with the Trust Cleaning Policy.	The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. (DOH, July 2015)
All staff (including agency staff)	• To be aware of their own role and responsibilities with regard to cleanliness with a view to minimising the risk of infection in accordance current legislation and best practice guidance. • To report any breaches in cleaning standards to the Facilities/Domestic Managers and Unit Managers.	



5 DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary		
Date policy issued for consultation	12 th November 2020	
Number of versions produced for consultation	1 version (Version 3)	
Committees / meetings where policy formally discussed	Date(s)	
Estates and Facilities Management Team Meeting	16 th December 2020	
Infection Prevention Partnership Committee (IPPC)	28 th January 2021	
Where received	Summary of feedback	Actions / Response
Cleaning Quality Group Meeting		
Clinical Service Managers, Clinical Nurse Managers and Matrons	No comments received.	
BSMHFT Intranet (Connect)	One Comment received; <i>Maple Leaf Drive was closed yesterday and we carried out an infection clean. The question was asked by the unit manager on how soon staff could return to the building following the infection clean. We worked on the basis of as soon as the clean is completed and all surfaces are dry. However Domestic Supervisor and I could not find anything in the cleaning policy or decontamination policy to this effect. Could we please include?</i>	Additional paragraphs added to end of Sections 3.1.8 (page 13) and 3.3.1 (page 14) stating the responsibility of the Nurse-in-charge in an in-patient unit (or for other areas by the departmental manager or other senior member of staff within that department)) to obtain confirmation from the Trust Infection Prevention and Control Team as to when an area can be re-occupied after Isolation Cleaning During Infection and/or Post-Infection Cleaning has been completed and has been signed off by the Nurse-in-charge in an in-patient unit (or for other areas by the departmental manager or other senior member of staff within that department)).

6 REFERENCE DOCUMENTS

- "The Mid Staffordshire NHS Foundation Trust Public Inquiry" Chaired by Robert Francis QC - HC 947 (*February 2013*)
- "The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance" (DOH July 2015).
- Care Quality Commission - Guidance About Compliance – Essential Standards of Quality and Safety, Outcome 8: Cleanliness & Infection Control (March 2010)
- The National Specifications for Cleanliness in the NHS (National Patient Safety Agency, 2007)
- Clean, safe care – Reducing Infections and Saving Lives (DOH 2008).
- Improving Cleanliness and Infection Control (DOH 2007).



- vii. Essence of Care – Benchmarks for the Care Environment (DOH 2010).
- viii. A Matron's Charter: An Action Plan for Cleaner Hospitals (NHS Estates 2004).
- ix. "From Deep Clean to Keep Clean – Learning from the Deep Clean Programme" October 2008 (DOH 2008).
- x. NPSA Safer Practice Notice 15 "Colour coding hospital cleaning materials and equipment" (10 January 2007).
- xi. BSMHFT Infection Prevention and Control Overarching Policy
- xii. BSMHFT Waste Disposal Policy
- xiii. BSMHFT Decontamination Policy

7 BIBLIOGRAPHY

See above

8 GLOSSARY

"BSMHFT"	Birmingham and Solihull Mental Health NHS Foundation Trust
"EHO"	Environmental Health Officer
"ERIC"	Estates Returns Information Collection
"IPCT"	(Trust) Infection Prevention and Control Team
"IPPC"	(Trust) Infection Prevention Partnership Committee
"NPSA"	National Patient Safety Agency
"PLACE"	Patient-Led Assessments of the Care Environment
"SLA"	Service Level Agreement
"SSL"	Summerhill Services Limited
"Trust"	Birmingham and Solihull Mental Health NHS Foundation Trust



9 AUDIT AND ASSURANCE

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Completion of Management Audits (3.7.2)	Estates & Facilities in liaison with IP&CT	Audit Pro-forma	Quarterly/ Twice Annually	IPPC
Exception issues acted and reported on. (3.7.2)	Estates & Facilities in liaison with IP&CT	Audit Pro-forma	Quarterly	IPPC
Cleaning Standards & Schedules displayed and available to users, public and external inspectors (ie CQC, Commissioners) (3.1.1 & 3.1.2).	Estates & Facilities in liaison with IP&CT	Audit Pro-forma	Quarterly	IPPC
Cleaning Sign off completed and available to internal and external inspectors (ie CQC, Commissioners) (3.1.8).	Estates & Facilities in liaison with IP&CT	Audit Pro-forma	Quarterly	IPPC
Eclipse Reports/Incidents relating to Cleanliness/Cleaning.	Estates & Facilities in liaison with IP&CT	Audit Pro-forma	Quarterly	IPPC
All new projects and new service contracts/proposals have involved IP&CT Clinical Service Managers, Clinical Nurse Managers and Matrons. (1.1.8, 3.5 & 3.6).	Estates & Facilities in liaison with IP&CT	Audit Pro-forma	Quarterly	IPPC

10 APPENDICES

APPENDIX 1	Equality Analysis Screening Form
APPENDIX 2	Schedule of Cleaning Arrangements for all Properties Owned or Occupied by BSMHFT
APPENDIX 3	Categories of Cleaning Procedures
APPENDIX 3a	Room Cleaning Procedure 1
APPENDIX 3b	Room Cleaning Procedure 2
APPENDIX 3c	Room Cleaning Procedure 3
APPENDIX 3d	Room Cleaning Procedure 4
APPENDIX 3e	Room Cleaning Procedure 5



APPENDIX 4

NPSA Safer Practice Notice 15 “Colour Coding Scheme for Cleaning Materials and Equipment” (2007).

APPENDIX 5

BSMHFT Total Cleaning Responsibility Framework



Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Proposal	Trust Cleaning Policy			
Person Completing this proposal	Rosemary Brown	Role or title	Project Consultant	
Division	Estates & Facilities SSL	Service Area	Estates & Facilities SSL	
Date Started	26 October 2020	Date completed	26 October 2020	
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.				
The aim of the Trust Cleaning Policy is to demonstrate compliance with the assessment criteria as detailed in The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance" (DOH, July 2015) on the standards of cleanliness that facilitate the prevention and control of infections and improve the quality of health service provision by ensuring that all cleaning related risks are identified and managed.				
Who will benefit from the proposal?				
All service users, staff, visitors and others using the Trust's services.				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
Does this proposal promote equality of opportunity? Eliminate discrimination? Eliminate harassment? Eliminate victimisation?		Promote good community relations? Promote positive attitudes towards disabled people? Consider more favourable treatment of disabled people? Promote involvement and consultation? Protect and promote human rights?		
Please click in the relevant impact box or leave blank if you feel there is no particular impact.				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age	✓			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				



Disability	√			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	√			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	√			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	√			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	√			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	√			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area?				



When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	√			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	√			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	√			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				√
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding.				



If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead**.

Action Planning:

How could you minimise or remove any negative impact identified even if this is of low significance?

N/A No negative impact anticipated. However will review following any comments received during the policy consultation.

How will any impact or planned actions be monitored and reviewed?

N/A No negative impact anticipated. However will review following any comments received during the policy consultation.

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

The monitoring and reporting systems set out in Section 3.7 of the Policy continually measure the successful implementation and operation of and compliance with the Policy for all areas of the Trust which then informs that the Policy is being implemented operated and that compliance is being achieved for all people.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at bsmhft.hr@nhs.net . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.



APPENDIX 2

SCHEDULE OF CLEANING ARRANGEMENTS FOR ALL PROPERTIES OWNED OR OCCUPIED BY BSMHFT

	Property	Address	Risk Category	Domestic Service Provider	Domestic Service Supervised/ Managed By	Domestic Service Monitored By
1	Adams Hill Centre	190 Adams Hill Bartley Green Birmingham , B32 3JP	Significant Risk (85%)	SSL	SSL	SSL
2	Athena House	Fentham Road Erdington B23 6AL	Low Risk (75%)	Amey	Amey	SSL
3	Ardenleigh	Kingsbury Road Erdington Birmingham , B24 9SA	Significant Risk (85%)	SSL	SSL	SSL
4	Ashcroft Unit	Lodge Road Winson Green Birmingham, B18 5SD	Significant Risk (85%)	Amey	Amey	SSL
5	B1 Trust Headquarters	Unit 1 B1 50 Summerhill Road Birmingham, B13RB	Significant Risk (85%)	External Services	External Services	SSL
6	Bishop Wilson Clinic	Craig Croft, Chelmsley Wood, Solihull. B37 7TR	Significant Risk (85%)	Landlord	Landlord	Landlord
7	Callum Lodge	242 Lodge Road Winson Green Birmingham , B18 5SJ	Low Risk (75%)	Amey	Amey	SSL
8	Dan Mooney House	1 Woodside Crescent off Downing Close Station Road Knowle, B93 0PX	Significant Risk (85%)	SSL	SSL	SSL
9	David Bromley House	234 Woodside Crescent Off Downing Close Station Road Knowle , B93 0PX	Significant Risk (85%)	SSL	SSL	SSL
10	Eden Unit	355 Slade Road Erdington Birmingham , B23 7JA	Significant Risk (85%)	Amey	Amey	SSL
11	Endeavour Court	210 Reservoir Road Erdington Birmingham, B23 6DJ	Significant Risk (85%)	Amey	Amey	SSL
12	Endeavour House	202 Reservoir Road Erdington Birmingham, B23 6DJ	Significant Risk (85%)	Amey	Amey	SSL
13	Express Signs	1 Vulcan House, Vulcan Road, Solihull, B91 2JY	Low Risk (75%)	Occupier	Occupier	Occupier
14	Forward House	Slade Road Erdington, Birmingham, B23 7DQ	Significant Risk (85%)	Amey	Amey	SSL



	Property	Address	Risk Category	Domestic Service Provider	Domestic Service Supervised/ Managed By	Domestic Service Monitored By
15	Freshfields	Downing Close, Knowle, Solihull B93 OQA	Significant Risk (85%)	Landlord	Landlord	Landlord
16	George Ward	355 Slade Road Erdington Birmingham , B23 7JA	Significant Risk (85%)	Amey	Amey	SSL
17	Grove Avenue	32 Grove Avenue Moseley Birmingham, B13 9RY	Significant Risk (85%)	SSL	SSL	SSL
18	Hertford House	29 Warwick Road Olton Solihull West Midlands, B92 7JQ	Significant Risk (85%)	SSL	SSL	SSL
19	Hillis Lodge	Hollymoor Way Northfield Birmingham , B31 9AY	Significant Risk (85%)	SSL	SSL	SSL
20	Juniper Centre	Moseley Hall Hospital site, Alcester Road, Moseley, B13 8JL	Significant Risk (85%)	SSL	SSL	SSL
21	Little Bromwich Centre	Hobmoor Road Birmingham, B10 9JH	Low Risk (75%)	Amey	Amey	SSL
22	Longbridge Health & Community Centre	10 Park Way, Birmingham, Great Park Off Bristol Road Rubery Birmingham , B45 9PL	Significant Risk (85%)	SSL	SSL	SSL
23	Lyndon Resource Centre	270-272 Lyndon Road Olton, B92 7QW	Low Risk (75%)	SSL	SSL	SSL
24	Maple Leaf Centre	2 Maple Leaf Drive, Marston Green, Birmingham, B37 7JB	Significant Risk (85%)	SSL	SSL	SSL
25	Mary Seacole House (Inc. Meadowcroft)	Lodge Road Winson Green Birmingham, B18 5SD	Significant Risk (85%)	Amey	Amey	SSL
26	Middlewood House (including The Bridge)	15 Larch Croft, Chelmsley Wood, Birmingham , B37 7UR	Low Risk (75%)	External Services	External Services	SSL
27	Newbridge House	Hobmoor Road, Birmingham, B10 9JH	Significant Risk (85%)	Amey	Amey	SSL
28	Newington Resource Centre	Newington Road, Hamar Way, Marston Green Birmingham, B37 7RW	Low Risk (75%)	SSL	SSL	SSL
29	Northcroft	190 Reservoir Road, Erdington, Birmingham, B23 6DW	Low Risk (75%)	Amey	Amey	SSL
30	Orsborne House	55 Terrace Road, Handsworth, Birmingham, B19 1BP	Low Risk (75%)	Amey	Amey	SSL
31	Phoenix Day Centre	Harrison Road, Erdington, Birmingham , B24 9AB	Low Risk (75%)	Amey	Amey	SSL



	Property	Address	Risk Category	Domestic Service Provider	Domestic Service Supervised/ Managed By	Domestic Service Monitored By
32	Reaside Clinic	Birmingham Great Park, Bristol Road, South Rubery, Birmingham , B45 9BE	Significant Risk (85%)	SSL	SSL	SSL
33	Reservoir Court	220 Reservoir Road, Erdington, Birmingham, B23 6DJ	Significant Risk (85%)	Amey	Amey	BSMHFT
34	'Rookery Gardens	385 Kingsbury Road, Erdington, B24 9SA	Significant Risk (85%)	Clients clean their own units. SSL clean on change of occupancy. SSL clean staff base.	Clients clean their own units. SSL clean on change of occupancy. SSL clean staff base.	Clients clean their own units. SSL clean on change of occupancy. SSL clean staff base.
35	Shenley Fields Day Centre	15 Shenley Fields Drive Northfield Birmingham , B31 1AA	Low Risk (75%)	SSL	SSL	SSL
36	Small Heath Health Centre	42 Chapman Road Small Heath Birmingham, B10 0PG	Low Risk (75%)	Amey	Amey	SSL
37	Tall Trees (Uffculme)	80 Queensbridge Road Moseley Birmingham, B13 8QY	Low Risk (75%)	In-House	BSMHFT	BSMHFT
38	Tamarind Centre	165 Yardley Green Road, Bordesley Green, B9 5PU	Significant Risk (85%)	SSL	SSL	SSL
39	The Barberry Centre	25 Vincent Drive, Edgbaston, B15 2FG	Significant Risk (85%)	SSL	SSL	SSL
40	The Oleaster Centre	6 Mendelsohn Crescent, Edgbaston, B15 2SY	Significant Risk (85%)	SSL	SSL	SSL
41	The Zinnia Centre	Showell Green Lane Sparkhill Birmingham, B11 4JP	Significant Risk (85%)	SSL	SSL	SSL
42	Uffculme Centre	52 Queensbridge Road Moseley Birmingham, B13 8QY	Low Risk (75%)	SSL	SSL	SSL
43	Venture House	355 Slade Road Erdington Birmingham, B23 7JA	Low Risk (75%)	Amey	Amey	SSL
44	Warstock Lane Centre	Warstock Lane Billesley Birmingham, B14 4AP	Low Risk (75%)	SSL	SSL	SSL
45	William Booth Centre	Homeless Health Exchange, William Booth Lane, B4 6HA	Low Risk (75%)	Amey	Amey	SSL



Vacant land and buildings						
46	Hollyhill	Rubery Lane, Rubery, Birmingham, B45 9AY				
47	Land on former Highcroft site					
48	Land on Rubery Hill site					
49	Main House	201 Hollymoor Way, Northfield, Birmingham, B31 5HE				
50	Nightingale House	Hobmoor Road, Birmingham, B10 9JH				
51	Ross House	Sheldon Drive, Northfield, Birmingham B31 5EJ				



CATEGORIES OF CLEANING PROCEDURES

The attached 5 categories of cleaning will assist ward nursing staff to request the correct cleaning regime from the Domestic Service Department.

Ward staff can access and view the 5 procedures and decide which procedure to request. Staff should also refer to the following policies: Standard Precautions, Isolation and Decontamination. If the ward is in doubt, they can obtain advice from the Infection Prevention and Control Department.

Once the procedure is decided then the ward can contact the Domestic Service Department on the following numbers;

Amey Serviced Buildings

Call Amey Helpdesk internally on **#6200** or externally on **0844 701 6504** and raise an Event requesting the type of clean. You will then be contacted by Amey Domestic Service.

Ardenleigh

Call Facilities Department internally on ext **4423**.

Reaside

Call Facilities Department internally on ext **3035**

Tamarind Centre

Call Facilities Department internally on ext 0527

All other buildings including Barberry, Oleaster and Zinnia

Call Facilities Department internally on ext **2049/2051/5308**

These duties are to be undertaken by the nursing staff when domestic staff are off duty e.g. out of hours discharge.

The 5 cleaning procedures are attached.

Please note that Procedure 1:- Standard Daily Clean – does not need to be requested. This is automatically provided daily by your Domestic Staff.

The other procedures will need to be requested in the circumstances set out below.

Procedure 2 - Deep Clean carried out when bedroom/room/area has been unused e.g. under a refurbishment programme or as part of a scheduled deep clean programme.

Procedure 3 - Routine Discharge Clean (Non-Infectious Condition)

Clean of a bedroom when a discharged patient has been non-infectious and before the next patient moves in.

Procedure 4 – Isolation Clean (During Infection)

Isolation clean carried out daily whilst bedroom is occupied by a patient with an infectious condition.

Procedure 5:- Post-Infection Clean

Post-Infection Clean is to be carried out when a patient with an infectious condition has been discharged. This procedure will also be required when a period of infection is closed but the patient remains an inpatient.



APPENDIX 3a

ROOM CLEANING PROCEDURES 1

Standard Daily Clean

	TASK
1.	Empty (and wipe clean, as required) waste bins
2.	Damp dust all furniture and ledges
3.	Clean sanitary fittings
4.	Refill toilet tissue, paper hand towel and hand soap dispensers.
5.	Clean mirrors
6.	Anti-static dry mop and then damp mop hard floors
7.	Vacuum carpets
	<u>Weekly (1 weekly task per day)</u> • Clean wall tiles • Spray clean/scrub hard floors • Damp dust skirting boards and radiators • High dust ledges and walls (in rotation so all areas are completed monthly) • All with General Purpose detergent • Damp dust bed frame (and mattress – mattress cleaned with GP detergent by nursing staff/housekeepers) • Using correctly coloured equipment and cloths for the areas (See below)

The above is checked for completion and quality by the Domestic Supervisor

Following the National Colour Coding Scheme for hospital cleaning materials and equipment

For general areas including wards, departments, offices and basins in public areas - **BLUE** colour coded cloths, mops, buckets, aprons and gloves.

For bathroom, washrooms, showers, toilets, basins and bathroom floors – **RED** colour coded cloths (reusable and disposable), mops, buckets, aprons and gloves.

For catering departments, ward kitchen areas and patient food service at ward level – **GREEN** colour coded cloths (reusable and disposable), mops, buckets, aprons and gloves.



APPENDIX 3b

ROOM CLEANING PROCEDURES – 2

Deep Clean

Room No ____

	TASK	COMPLETED
1.	Nursing/Housekeeping staff to strip bed. Mattress to be checked inside where there is a zip for cover leakage.	
Domestic Staff then undertake the following;		
2.	Empty waste bins	
3.	Take down curtains and send to be cleaned	
4.	Pull out removable furniture	
5.	Clean lockers and wardrobes inside and outside. Clean with general purpose detergent, Blue cloths and equipment (see below)	
6.	Damp dust all skirting boards, ledges, fixtures & fittings, door frames, window frames and windows, bed frame and mattress. Clean with general purpose detergent, Blue cloths and equipment (see below)	
7.	Steam clean walls, all fittings, vents, grilles and ceilings	
8.	Clean radiator covers and grids (covers removed by Estates staff) Clean all air vents (grills/covers removed by Estates staff) Clean lights and light fittings (Estates staff) Clean shower drain covers(covers removed by Estates staff)	
9.	Steam clean soft furnishings	
10.	Clean hard furniture. Clean with general purpose detergent, Blue cloths and equipment (see below)	
11.	Wash waste bins	
12.	Steam clean all sanitary fittings and wall tiles and clean inside and outside of all dispensers. Using Red cloths and equipment	
13.	Refill toilet tissue, paper hand towel and hand soap dispensers	
14.	Steam clean all hard floors and shampoo all carpets	
15.	Put up returned clean curtains.	

Please complete tick box when completed

Domestic Staff Name

I confirm that the above clean has been satisfactory completed

Ward Manager's Name.....

Date.....

Following the National Colour Coding Scheme for hospital cleaning materials and equipment

For general areas including wards, departments, offices and basins in public areas - **BLUE** colour coded cloths (re-usable and disposable), mops, buckets, aprons and gloves.

For bathroom, washrooms, showers, toilets, basins and bathroom floors – **RED** colour coded cloths (reusable and disposable), mops, buckets, aprons and gloves.

For catering departments, ward kitchen areas and patient food service at ward level – **GREEN** colour coded cloths (reusable and disposable), mops, buckets, aprons and gloves.



APPENDIX 3c

ROOM CLEANING PROCEDURES - 3

Routine Discharge Clean (Non-Infectious Condition)

Room No _____

	TASK	COMPLETED
1.	Nursing/Housekeeping staff to strip bed. Mattress to be checked inside where there is a zip for cover leakage.	
2.	Empty and wash waste bins	
3.	Pull out removable furniture	
4.	Clean lockers and wardrobes inside and outside. Clean with General Purpose detergent with Blue cloths. (See below)	
5.	Damp dust all furniture, skirting boards, ledges, fixtures & fittings, door frames, window frames, bed frame. Clean with General purpose detergent including Mattress with Blue cloths	
6.	Clean sanitary fittings, steam clean if necessary. Clean inside and outside of dispensers. Using General purpose detergent and Red cloths and equipment. (See below)	
7.	Clean mirrors	
8.	Thoroughly mop and scrub hard floor Vacuum carpet (shampoo if required)	
9.	Refill toilet tissue, paper hand towel and hand soap dispensers	
10.	Nursing/Housekeeping Staff to remake bed.	

Please complete tick box when completed

Domestic Staff Name

I confirm that the above clean has been satisfactory completed

Ward Manager's Name.....

Date.....

Following the National Colour Coding Scheme for hospital cleaning materials and equipment

For general areas including wards, departments, offices and basins in public areas - **BLUE** colour coded cloths (re-usable and disposable), mops, buckets, aprons and gloves.

For bathroom, washrooms, showers, toilets, basins and bathroom floors – **RED** colour coded cloths (reusable and disposable), mops, buckets, aprons and gloves.

For catering departments, ward kitchen areas and patient food service at ward level – **GREEN** colour coded cloths (reusable and disposable), mops, buckets, aprons and gloves.



APPENDIX 3d

ROOM CLEANING PROCEDURES - 4

Daily Isolation Clean (During Infection)

Ward: _____ Room No _____

Confirm you have been trained in the safe use
of chemicals and equipment to perform this task.

Sign: _____

	TASKS (DAILY)	COMPLETED
1.	All PPE equipment will be put on outside of room in designated area Put on protective clothing (Yellow Apron and yellow disposable gloves, where required, fluid resistant surgical mask type IIR, visor)	
	Clean all touch points with Chlor-Clean. Using yellow disposable cloths.	
2.	Empty waste bins (and wipe clean, as required)	
3.	Damp dust all furniture, including bed frames and mattress – (mattress cleaned by nursing staff/housekeepers), ledges and mirrors with Chlor- Clean. Using yellow disposable cloths.	
4.	Clean all sanitary fittings with Chlor-Clean. Using yellow disposable cloths.	
5.	Anti-static dry mop hard floor and damp mop with Chlor-Clean solution. Using Yellow bucket, Disposable yellow mop	
6.	Vacuum carpet	
7.	Refill toilet tissue, paper hand towel and hand soap dispensers	
8.	Discard all gloves, plastic aprons, cloths, mop head into Clinical Waste bag. Visors are to be Chlor-Cleaned separately before re-using.	
	Wash hands	

Please complete tick box when completed

Domestic Staff Name

I confirm that the above clean has been satisfactory completed

Ward Manager's Name.....

Date.....

N.B. This procedure should be followed in conjunction with the Isolation Policy

**For isolation areas – YELLOW colour coded disposable cloths mops, aprons and gloves
and yellow bucket and the use of Chlor-Clean tablets to clean Yellow bucket before and
after use.**



ROOM CLEANING PROCEDURES - 5

Post-Infection Clean

Room No _____

This is to be carried out when a patient with an infectious condition has been discharged. This procedure will also be required when a period of infection is closed but the patient remains an inpatient.

	TASK	COMPLETED
1. 1.	Put on protective clothing (yellow apron and disposable gloves)	
2. 2.	Take curtains down. Place curtains in Red alginate bag.	
3. 3.	Nursing/Housekeeping staff to strip bed. Mattress to be checked inside where there is a zip for cover leakage.	
4. 4.	Empty toilet tissue and paper hand towel dispensers	
5. 4.	Empty waste bins and damp wipe with Chlor-Clean. Using Yellow disposable cloths	
6. 5.	Pull out removable furniture	
7. 6.	Clean lockers and wardrobes inside and outside with Chlor-Clean. Using Yellow disposable cloths	
8. 7.	Damp dust all furniture including bed frame and mattress with Chlor-Clean. Using Yellow disposable cloths	
9. 8.	Damp dust walls, high ledges, skirting boards, radiators, ledges, fixtures and fittings and mirrors with Chlor-Clean. Using Yellow disposable cloths	
10. 9.	Chlor-Clean all sanitary fittings. Using Yellow disposable cloths, mop head and a Yellow bucket and Yellow mop stale	
11. 10.	Chlor-Clean all wall tiles using Yellow disposable cloths	
12. 11.	Anti-static dry mop hard floor, steam clean and scrub with machine	
13. 12.	Vacuum carpet and shampoo	
14. 13.	Refill with new toilet tissue, paper hand towel and hand soap dispensers having cleaned dispensers inside and outside with Chlor-Clean using Yellow disposable cloth	
15. 14.	Replace curtains with clean curtains.	
16. 15.	Discard all gloves, plastic aprons, cloths, mop head into Clinical Waste bag	

Please complete tick box when completed

Domestic Staff Name

I confirm that the above clean has been satisfactory completed

Ward Manager's Name.....

Date.....

For isolation areas – YELLOW colour coded disposable cloths mops head, aprons and gloves and the use of Chlor-Clean tablets to clean



APPENDIX 4

Safer Practice Notice 15
Colour Coding Hospital Cleaning Materials and Equipment

Safer practice notice 15

Colour coding hospital cleaning materials and equipment

Page 3 of 4



National Colour Coding Scheme

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



APPENDIX 5

Total Cleaning Responsibility Framework

Produced in line with The National Specifications for Cleanliness in the NHS April 2007

	Items	Frequency	Method	Staff group responsible	Comments
	Ward Patient Equipment (medical)				
1	IV Stand	Not Applicable to Trust at date of policy			
2	IV Pumps/Syringe drivers	Not Applicable to Trust at date of policy			
3	Cardiac Monitors	Not Applicable to Trust at date of policy			
4	Blood gas machine	Weekly	Alcohol wipes	Clinical Staff	Cleaned by med physics after repair
5	Dressing trolleys	One full clean daily and clean after use	Detergent wipes	Clinical Staff	Include wheels
6	Notes Trolleys	Weekly	Detergent wipes	Clinical Staff	Include wheels
7	Drugs Trolleys	Weekly	Detergent wipes	Clinical Staff	Include wheels
8	Sharps bin trolleys	One full clean weekly and clean after use	Detergent wipes	Clinical Staff	Include wheels
9	Blood pressure cuffs	One full clean daily and clean after use	Detergent Wipes	Clinical Staff	Cleaned by med phys after repair
10	Pillows	Between patients and when soiled	Detergent/water/ bowl/disposable cloths	Clinical Staff	
11	Mattresses	Between patients and when soiled	Detergent/water/ bowl/disposable cloths	Clinical Staff	Bed frames cleaned by Domestic Staff
12	Cotsides	After Use	Detergent/water/ bowl/disposable cloths	Clinical Staff	
13	Wheelchairs	Weekly	Detergent/water/ bowl/disposable cloths	Clinical Staff	



APPENDIX 5

Total Cleaning Responsibility Framework

Produced in line with The National Specifications for Cleanliness in the NHS April 2007

	Items	Frequency	Method	Staff group responsible	Comments
14	Linen Trolleys	One full clean weekly and clean after use	Detergent wipes	Domestic Staff / Housekeeper	Include wheels
15	Tea Trolleys	One full clean weekly and clean after use	Detergent wipes	Domestic Staff / Housekeeper	Include wheels
16	Commodes	One full clean daily and clean after use	Detergent/water/ bowl/disposable cloths	Clinical Staff	
17	(Pressure) Cushions	After Use	Detergent wipes	Clinical Staff	
18	Oxygen sat probes	After Use	Detergent wipes	Clinical Staff	Cleaned by med physics after repair
19	Wash bowls	After Use	Detergent/water/ bowl/disposable cloths	Clinical Staff	Invert to dry
20	Pressure relieving mattress CVRS	After Use	Detergent/water/ bowl/ disposable cloths	Clinical Staff/or supplier when specialist clean required.	
21	Hoists	After Use	Detergent Wipes	Clinical Staff	
22	Pat Slides	After Use	Detergent Wipes	Clinical Staff	
23	Easy slides	After Use	Detergent/water/ bowl/disposable cloths	Clinical Staff	Consider laundry
24	Hoist slings	After Use	Detergent wipes	Clinical Staff	Consider laundry
25	Stands aids	Daily	Detergent/water/ bowl/disposable cloths	Clinical Staff	
26	Handling Belts	After Use	Detergent wipes	Clinical Staff	Consider laundry



APPENDIX 5

Total Cleaning Responsibility Framework

Produced in line with The National Specifications for Cleanliness in the NHS April 2007

	Items	Frequency	Method	Staff group responsible	Comments
27	Resuscitation trolleys	Not Applicable to Trust at date of policy			
28	Laryng handles	Not Applicable to Trust at date of policy			
29	Oxygen/Suction equipment	Not Applicable to Trust at date of policy			
30	Oxygen/Suction equipment portable	Not Applicable to Trust at date of policy			
31	Wall humidifiers	Not Applicable to Trust at date of policy			
32	Portable nebulisers	One full clean weekly and clean after use	Detergent wipes	Clinical Staff	Cleaned by med physics after repair
33	Ventilator equipment	Not Applicable to Trust at date of policy			
34	Catheter Stands	Not Applicable to Trust at date of policy			
35	Bed pans/holders	Not Applicable to Trust at date of policy			
36	Slipper pans	Not Applicable to Trust at date of policy			
37	Urine bottles	Not Applicable to Trust at date of policy			
38	Urine jugs	Not Applicable to Trust at date of policy			
39	Scales	One full clean weekly and clean after use	Detergent/water/ bowl/disposable cloths	Clinical Staff	
40	Gas cylinder holders	After Use	Detergent wipes	Clinical Staff	
41	Weights	Not Applicable to Trust at date of policy			
42	Weighing Scales	One full clean daily & clean after use	Detergent Wipes	Clinical Staff	
43	Physio/Gym Equipment	After Use	Detergent/water/	Clinical Staff	



APPENDIX 5

Total Cleaning Responsibility Framework

Produced in line with The National Specifications for Cleanliness in the NHS April 2007

	Items	Frequency	Method	Staff group responsible	Comments
			bowl/disposable cloths		
44	Manual Handling Equipment	After Use	Detergent/water/ bowl/disposable cloths	Clinical Staff	
45	Other Medical equipment e.g. intravenous pumps, pulse oximeters etc. NOT CONNECTED TO PATIENT	One full clean daily and clean after each patient use	Detergent Wipes	Clinical Staff	
46	Other Medical equipment e.g. intravenous pumps, pulse oximeters etc. CONNECTED TO PATIENT	One full clean daily and clean after each patient use	Alcohol wipes	Clinical Staff	
47	Raised toilet seats	Daily	Detergent/water/ bowl/disposable cloths	Domestic Staff	

Ward Media Equipment					
48	All other Telephones	Daily	Detergent wipes	User	
49	Computers/keyboards	Weekly	Detergent wipes	User	
50	Printers	Weekly	Detergent wipes	User	
51	Fax	Weekly	Detergent wipes	User	
52	Audio/Visual Systems including remote controls	Daily	Detergent wipes	User	
53	Photo-copiers	Monthly	Detergent wipes	User	
54	Screens	Weekly	Detergent wipes	User	



APPENDIX 5

Total Cleaning Responsibility Framework

Produced in line with The National Specifications for Cleanliness in the NHS April 2007

	Items	Frequency	Method	Staff group responsible	Comments
55	OHPs	Monthly	Detergent wipes	User	
56	Flip Charts	Monthly	Detergent wipes	User	
57	Accessories, i.e. staplers, in-trays, etc.	Monthly	Detergent wipes	User	
58	CCTV Equipment	Monthly	Detergent wipes	Estates Staff	
59	Loan equip i.e. heaters	After Use	Detergent wipes	Estates Staff	
60	TVs including remote controls	Weekly	Detergent/water/ bowl/disposable cloths	Domestic Staff	
61	Hi-Fis	Weekly	Detergent wipes	Domestic Staff	
62	Pay Telephones	Daily	Detergent wipes	Domestic Staff	

Ward General Equipment

63	Drugs Cupboards	Weekly	Detergent wipes	Clinical Staff	
64	Drugs Fridges	Weekly	Detergent/water/ bowl/disposable cloths	Clinical Staff	
65	Isolation trolleys	Daily	Alcohol wipes	Clinical Staff	Include wheels
66	Kettles	Weekly	Detergent wipes	Housekeeper/Domestic Staff	
67	Ceilings	High dust Monthly	Dry Cloth	Domestic Staff	
		Wash Annually	Detergent/water/ bowl/disposable cloths	Estates Staff	
68	High cleaning	Weekly	Detergent/water/	Estates & Facilities	



APPENDIX 5

Total Cleaning Responsibility Framework

Produced in line with The National Specifications for Cleanliness in the NHS April 2007

	Items	Frequency	Method	Staff group responsible	Comments
			bowl/disposable cloths		
69	Ventilation grilles extract and inlets	Monthly	Vacuuming	Domestic Staff	
		One full clean 6 monthly	Use appropriate method	Estates Staff	
70	Water coolers	Empty drip tray and clean touch points daily	Detergent/water/ bowl/disposable cloths	Domestic Staff	
71	Pest Control devices	Quarterly	Detergent wipes	Pest Control Contractor	
72	External waste receptacles	Varies by site	As per contractors specifications	Waste Contractor	
73	All external glazing	3 times per year	Detergent/water/ bowl/disposable cloths	Window Cleaning Contractor	
74	Recycling bins	Weekly	Detergent wipes	Waste Contractor	
75	Re-gen trolleys	Daily and wipe spillages after each use	Detergent/water/ bowl/disposable cloths	Domestic Staff	
76	Cookers (ADL and Rehab Kitchens)	After use	Detergent/water/ bowl/disposable cloths	User/ADL Clinical Staff	Refer to cleaning manual
		Weekly Full Clean	Detergent/water/ bowl/disposable cloths	Domestic Staff	
77	Microwaves	After Use	Detergent/water/ bowl/disposable cloths	User/ADL Clinical Staff	Refer to cleaning manual
		Daily Check Clean	Detergent/water/	Housekeeper/Domestic	



APPENDIX 5

Total Cleaning Responsibility Framework

Produced in line with The National Specifications for Cleanliness in the NHS April 2007

	Items	Frequency	Method	Staff group responsible	Comments
			bowl/disposable cloths	Staff	
		Weekly Full Clean	Detergent/water/ bowl/disposable cloths	Domestic Staff	
78	Toasters	Weekly	Detergent wipes	Domestic Staff	
79	Kitchen Cupboards	Weekly (and wipe spillages daily)	Detergent/water/ bowl/disposable cloths	Domestic Staff	Refer to cleaning manual
80	Chill Cabinets & Milk Fridges (See 110 for other fridges)	Daily Check Clean	Detergent/water/ bowl/disposable cloths	Housekeeper/Clinical Staff /Domestic Staff	
		Weekly Full Clean	Detergent/water/ bowl/disposable cloths	Housekeeper/Domestic Staff	
81	Dishwashers	Weekly (and wipe spillages daily)	Detergent/water/ bowl/disposable cloths	Domestic Staff	
82	Switches, Sockets and Datapoints	Daily	Detergent wipes	Domestic Staff	
83	All Doors	Daily	Detergent/water/ bowl/disposable cloths	Domestic Staff	
84	All internal glazing including partitions	Weekly	Detergent/water/ bowl/disposable cloths	Domestic Staff	
85	Mirrors	Daily	Detergent wipes	Domestic Staff	
86	Radiators	Surface clean daily	Detergent/water/ bowl/disposable cloths	Domestic Staff	



APPENDIX 5

Total Cleaning Responsibility Framework

Produced in line with The National Specifications for Cleanliness in the NHS April 2007

	Items	Frequency	Method	Staff group responsible	Comments
		One full clean monthly	Detergent/water/ bowl/disposable cloths	Estates Staff	
87	Floor polished	Dust removal once daily	Dry Cloth	Domestic Staff	
		Wet mop once daily	Detergent/Water/ Mop/bucket	Domestic Staff	
		Machine clean weekly	Use appropriate machine	Domestic Staff	
88	Floor non-slip	Dust removal once daily	Dry Cloth	Domestic Staff	
		Wet mop once daily	Detergent/Water/ Mop/bucket	Domestic Staff	
		Machine clean weekly	Use appropriate machine	Domestic Staff	
89	Soft Floor	Full clean daily	Vacuum	Domestic Staff	
		Shampoo six-monthly	Carpet shampooer or steam clean	Domestic Staff	
90	Cleaning Equipment	After Use	Detergent wipes	Domestic Staff	
91	Low Surfaces	Once Daily	Detergent/water/ bowl/disposable cloths	Domestic Staff	
92	Chairs	Daily (plus clean spillages from dining chairs after each meal)	Detergent/water/ bowl/disposable cloths	Domestic Staff	
93	Lockers	Daily	Detergent/water/ bowl/disposable cloths	Domestic Staff	



APPENDIX 5

Total Cleaning Responsibility Framework

Produced in line with The National Specifications for Cleanliness in the NHS April 2007

	Items	Frequency	Method	Staff group responsible	Comments
94	Bed Frames/Headboards	Daily	Detergent/water/ bowl/disposable cloths	Domestic Staff	
95	Tables general	Daily	Detergent/water/ bowl/disposable cloths	Domestic Staff	
96	Dining Tables	After use (each meal)	Detergent/water/ bowl/disposable cloths	Domestic Staff	
		Full clean weekly			
97	Hand wash containers/dispensers	Daily	Detergent wipes	Domestic Staff	
98	Office bins	Weekly	Detergent/water/ bowl/disposable cloths	Domestic Staff	
99	Internal waste receptacles (General & Clinical)	Weekly	Detergent/water/ bowl/disposable cloths	Domestic (General) Clinical Staff (Clinical)	
100	Curtains and Blinds	Clean, change or replace yearly (and additionally if required)	Sent to laundry or washed on site Replace- Disposable Curtains and Blinds	Domestic Staff	
		Bed Curtains- clean, change or replace six monthly (and additionally if required)	Sent to laundry or washed on site Replace- Disposable Bed Curtains		
101	Showers	Daily(include water running, see 3.1.9)	Detergent/water/ bowl/disposable cloths	Domestic Staff	



APPENDIX 5

Total Cleaning Responsibility Framework

Produced in line with The National Specifications for Cleanliness in the NHS April 2007

	Items	Frequency	Method	Staff group responsible	Comments
102	Toilets and bidets	Two full cleans daily	Detergent/water/ bowl/disposable cloths	Domestic Staff	
103	Replenishment of hand soap, hand towels & toilet tissue	Once daily and a second check ad replenish if required.	n/a	Domestic Staff	
104	Sinks	Two full cleans daily(include water running, see 3.1.9)	Detergent/water/ bowl/disposable	Domestic Staff	
105	Baths	After each use	Detergent/water/ bowl/disposable cloths	Clinical Staff	
		Daily full clean(include water running, see 3.1.9)		Domestic Staff	
106	Crockery	After Use	Dishwasher	Domestic / Catering Staff	
107	Cutlery	After Use	Dishwasher	Domestic / Catering Staff	
108	Macerators	Weekly	Detergent/water/ bowl/disposable cloths	Domestic Staff / Contractor	
109	Linen Trolley	Weekly	Detergent wipes	Domestic Staff / Housekeeper	
110	Staff Refrigerators	Daily Check Clean	Detergent/water/ bowl/disposable cloths	Housekeeper/Clinical Staff/Domestic Staff	
		Weekly Full Clean			
		Defrosted quarterly			

Additional Elements



APPENDIX 5

Total Cleaning Responsibility Framework

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	Items	Frequency	Method	Staff group responsible	Comments
111	Cleaning Trolleys	One full clean weekly and clean after use	Detergent wipes	Domestic Staff	Include wheels
112	Wet floor signs	After Use	Detergent/water/ bowl/disposable cloths	Domestic Staff	