

HOTEL SERVICES

CLEANING POLICY

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Cleanliness is essential in a healthcare building. It plays a significant role in the control of infection. Patients, staff and visitors expect, and deserve, to be treated and to work in a clean environment. Cleaning staff play an important role in quality improvement, in the confidence the public has in hospitals, and in reducing infection related risks.

The National Specifications for Cleanliness in the NHS, published in 2007, was developed following consultation with experts and professionals in the fields of cleanliness and infection control in order to raise standards of cleanliness to an acceptable level throughout the NHS. The implementation plan has required progress on implementation of the standards to be reported through ERIC (Estates Returns and Information Collected) of which the Trust Board should be advised.

The Trust has a good standard of cleanliness, which is confirmed by the PLACE (Patient led assessment of the care environment) reports.

This plan demonstrates details of cleaning, ie, where we are, where we want to be, and how we get there. As changes are implemented and as new directives, initiatives and influences appear, we will update this document so that it continues to reflect our progress accurately.

1. Introduction

Patients are asked to give their views on hospital cleanliness, and are asked about their satisfaction with the patient environment via patient satisfaction surveys, local audits, as well as through the routine questions that are contained in the national annual inpatient surveys.

The clarity of cleanliness standards is of paramount importance. It is essential that the Domestic staff have a clear understanding of the standards and task requirements to ensure they are working towards the same cleanliness outcomes. The standards are to be realistic and achievable and the domestic staff must be able to carry out their jobs safely in a controlled environment.

The outcome-based cleanliness standards have been developed using best practice within the NHS. The outcome based standards offer:

- Patient and customer focus.
- Clarity for Domestic staff and service providers.
- An effective aid to management.
- Consistency with infection control standards and requirements.

2. Broad principles used to develop the cleaning plan are:

- To understand the performance issues of the domestic services department.
- To develop specific objectives and provide training to enable domestic services to meet the national standards for cleanliness in the NHS.
- To develop a performance management framework to ensure implementation.
- To develop a monitoring process by which the Trust can monitor progress.
- To implement government developments, eg, colour coding.

3. Objectives of the cleaning plan

- To ensure that Domestic Services can over a period of time meet and maintain the requirements of National Cleanliness Standards.
- To respond to the challenges set by a more informed and involved public, with high expectations of cleanliness in hospitals.
- To assist the Trust in creating the right environment for patients.
- To ensure that domestic services secures and retains the manpower required to meet the demands of the future.

4. Goals

- To be recognized throughout the Trust for providing a quality customer focused service.
- To enhance the reputation of the Trust, both locally and nationally.
- To maintain and develop a well trained, flexible and motivated workforce capable of delivering excellent services.

5. Scope

This policy applies to all employees of the Trust in all locations including the Non-Executive Directors, temporary employees, locums and contracted staff.

6. Responsibilities

- 6.1 *Chief Executive*
The Chief Executive has the ultimate responsibility for the cleaning standard within the Trust, this is to ensure hospital cleanliness is high on the corporate agenda and to provide adequate resources to achieve high standards of cleanliness.
- 6.2 *Director of Infection Prevention and Control (DIPC).*
The DIPC shall ensure that management arrangements are in place, are effective and report standards on a regular basis.
- 6.3 *Infection Prevention and Control Team (IPACT)*
IPACT are responsible for providing input into Estates and Facilities projects, ensuring appropriate action is taken internally to reduce the risk of hospital acquired infections, working closely with the Hotel Services team to monitor the cleanliness standards, assisting with audits and promote high levels of cleaning standards throughout, while educating staff about the need for good hygiene and cleaning process.
- 6.4 *Hotel Services Manager*
Responsible for the operation of the cleaning services performed by the Trusts domestic staff, compliance with the NHS standards of cleanliness and minimum frequencies.
- 6.5 *Domestic Supervisor / Support Services Supervisor*
Responsible for operationally leading, monitoring, giving feedback and guidance to domestic staff on the daily cleaning of clinical and non clinical areas to the standard, method and frequencies set out by the National Specifications for Cleanliness and The NHS Cleaning Manual.
- 6.6 *Domestic Staff*
The Domestic staff are responsible for ensuring that cleaning methodologies are applied, frequencies are maintained and daily sign off sheets are filled out. Cleaning staff shall report works not completed on work schedules using the trusts department cleaning documentation, and ensure all issues are reported to their supervisor daily.
- 6.7 *Staff*
All staff whether clinical or non clinical shall be responsible for cleanliness of their work stations, and can help reduce the risks to patients and others by complying with infection prevention and control policies and guidelines for hand hygiene, standard precautions, waste management and linen.

7. National Standards of Cleanliness: eight key objectives

The national standards of cleanliness have eight key objectives, covering the following areas:

7.1 Taking cleaning seriously

To ensure that high standards of comfort and cleanliness are the norm across the whole country by:

- Setting clear local standards and policies, and keeping cleanliness high on the agenda.

- Identifying a Trust Board member to take personal responsibility for monitoring hospital cleanliness.

<p>The Board nominee for the Queen Victoria Hospital NHS Foundation Trust is the Programme Director</p>
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The accountability for all aspects of the cleanliness lies with the Chief Executive and the Trust Board.

7.2 *Listening to patients*

To ensure that patients receive care in an environment that is clean, safe and welcoming through:

- Promoting strong, visible nursing leadership with clear authority at ward level, and acting on patient feedback.

7.3 *Infection Prevention and Control (IPAC)*

To ensure that the risk of hospital-acquired infection is minimized through:

- Developing, implementing and monitoring infection prevention and control policies, and learning from experience, under the guidelines of IPACT.

7.4 *Education and development*

To ensure those staff responsible for cleanliness have the ability and support to do a good job, through:

- Induction training and then annual training.
- On-the-job support.
- Customer service training.
- Supervisory, managerial and leadership development training (where appropriate) and certificated competence of staff.

7.5 *Monitoring and performance*

To make sure standards of comfort and cleanliness stay high through:

- Regularly auditing.
- Establishing management systems that support continuous improvement.
- Involving ward managers and matrons in maintaining standards.

7.6 *Recruitment and retention*

Recruitment and retention of the workforce is essential to the long term stability of the standards of cleanliness and will be achieved through:

- Timely recruitment.
- Robust sickness management policies.
- Regular reviews of changes and developments to ensure efficient workforce planning.

7.7 *Resources*

- In order to maintain standards of cleanliness it is important that staff are equipped with modern equipment and employ the latest techniques after training.
- Adequate and modern equipment will be provided.
- Regular reviews to ensure effective and efficient methods are being used and that sufficient staff are available.

7.8 *Documentation*

Comprehensive documentation should be available to inform and record that standards are met and will be achieved through:

- An up-to-date cleaning manual (available in alternative formats) that gives written guidance on how to complete each task.
- Risk assessments undertaken to ensure working methods and staff are as safe as possible.
- Staff rotas to ensure appropriately trained staff are available and deployed as necessary.
- Minutes of meetings to demonstrate that cleaning staff are involved in developments and changes.
- PLACE and deep cleaning annual timetables available and implemented
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8 Staff training

All staff must receive training in infection control as part of their induction programme as per the training matrix. Infection control annual updates are mandatory for all clinical staff. Infection Control should be discussed at staff appraisals and objectives set within Personal Development plans in line with the requirements of the Hygiene Code / Health & Social Care Act. All staff with responsibility for deep cleaning must be adequately trained and made aware of the importance of high standards of cleanliness; this is essential for both standards required and staff safety. Regular on-the-job training is provided to ensure all staff are aware of current practices and procedures on implementation of a deep clean.

Training should include:

- Induction into the Trust
- Mandatory update training annually
- Infection Control
- Correct Cleaning methods
- Standards required
- COSHH regulations
- Personal Protective equipment
- Hand Hygiene

Attendance records should be kept of all staff who receive Deep Cleaning Training

8.1 *Hand Hygiene*

Hand hygiene for all staff in healthcare environments must be performed to Trust standard. Hand hygiene for cleaning staff is extremely important and performing

the correct hand hygiene procedure will help to stop germs from one patient being moved to other patients. It is important to stop germs moving in this way as when germs move between patients they can cause infections. Hand hygiene training is given at induction and update infection control training sessions.

All staff working in patient areas are to be bare below the elbows in order to facilitate effective hand washing and minimize the chance of germs spreading on staff clothing.

Further training can be requested from the infection control department.

8.2 *Personal Protective equipment (PPE)*

8.2.1 *Protective gloves*

Protective domestic gloves should be worn for all cleaning tasks. These should be sturdy, suitable for purpose. Gloves should be inspected before use to ensure that they are intact. Where the task involves the use of chemicals, the gloves should be certified as suitable for chemical resistance and comply with the PPE Policy for normal sterile and non-sterile gloves (BSEN455).

Gloves should be changed between every cleaning task. Use of gloves is not a substitute for the requirement for hand-washing.

8.2.2 *Waste disposal*

The handling of segregation of waste must be undertaken with care. Refer to the Waste Management Policy. Staff should ensure that they are fully aware of the waste policy and that they follow it closely.

Any waste that is, or that might be suspected to be, contaminated with bodily substances should be disposed of as clinical waste. Common examples include medical gloves, aprons, dressings and catheter bags.

Clinical waste bags must always be tagged to ensure that their department of origin can be traced. Plastic tags are issued for this purpose.

Members of staff who are in any doubt should contact their supervisor.

Clinical waste containers should be locked at all times and not accessible to the general public.

In the hospital setting infected waste must be put into the correct waste stream. Refer to the Waste Management policy.

9. **Cleaning**

(National specifications for cleanliness in the NHS 2007) All surfaces should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillage.

Cleaning is an important method of decontamination. Cleaning removes visible contamination and a large proportion of micro organisms (Wilson 2001, p225)

Domestic cleaning is undertaken with the use of mops, cloths and chemicals (COSHH policy).

Domestic staff are issued with cleaning schedules which list areas and frequencies of cleaning, as specified in *National specifications for cleanliness in the NHS 2007*, which are initialed daily on completion by domestic staff. Cleaning frequency schedules are displayed for public information. Domestic Supervisors undertake routine monitoring audits. Clinical staff undertakes cleaning of patient related equipment and clinical equipment.

Identified areas with infections are cleaned using Deep Clean, Chlor Clean procedures (Cleaning of infected rooms - Section 16).

Domestic staff are also required to flush water outlets daily and document that this has been done – eg, showers, baths, handwash basins. Training on the correct procedure will be provided.

9.1 *Domestic Cleaning schedules*

Domestic cleaning schedules are drafted by the Hotel Services Manager. They should be agreed by the relevant Matron or Service Manager of department. They carry a date of issue showing locations and cleaning frequencies. Domestic cleaning schedules are monitored and maintained so that expired copies can be collected and replaced.

Cleaning schedules for tasks normally carried out by nursing staff are produced and monitored by Modern Matrons or Service Managers. Responsibilities for both nursing and domestic staff for the cleaning of siderooms are displayed in departmental sluices (and at appendix C)

All duties relating to cleanliness must be clearly defined and should be clearly and accurately reflected in job descriptions and in agreed Cleaning schedules. Work schedules should be as detailed and completed as soon as possible and include the following:

- Each cleaning task to be performed by cleaning staff in a particular area.
- Cleaning schedules should be agreed between key stakeholders and should be prominently displayed within the work area they relate to:

9.2 *Domestic cleaning*

The aim of environmental cleaning is to remove visible dirt, dust and organic matter e.g. blood and faeces that may contain bacteria.

- Equipment for domestic cleaning is colour coded
- Ensure that the correct colour is used for each area
- Domestic cleaning equipment must be stored clean and dry
- Change cleaning clothes and dispose of after each area is completed
- Change and launder mops heads daily
- Use domestic cleaning agents or detergent, adhering to COSHH regulations

Work from clean areas to dirty areas.

9.3 *High Cleaning*

Do not attempt to clean above a height that you can comfortably reach while standing on the floor; high cleaning will be included within Deep Cleaning process.

9.4 *Disinfection*

Disinfection is used as part of the decontamination process for moderate risk items. Disinfection methods include heat and chemical disinfection. Moist heat may be used for items such as crockery, linen and bedpans. Specific chemical disinfections can be used to decontaminate heat sensitive equipment and the environment, others used for when disinfectant is appropriate. Disinfectants are not cleaning agents as they are generally inactivated by organic material, therefore all items must be cleaned thoroughly prior to disinfection. Chemical disinfectants are toxic substances, and the user must comply with the Control of Substances Hazardous to Health (COSHH) regulations. Misuse and overuse of equipment may also result in the development of antimicrobial resistance.

General principles:

- Do not use disinfection as a substitute for sterilization
- Only use chemical disinfections if absolutely necessary
- Choose an appropriate disinfectant
- Read the relevant COSHH assessment sheet before using **any** Chemical disinfectant
- Wear personal protective equipment
- Ensure adequate ventilation
- Check the expiry date of the disinfectant
- Ensure that the correct dilution is used (check manufacturer's instructions)
- Never dilute a disinfectant by guesswork
- Never use two disinfectants together
- Do not add anything to a disinfectant (including detergent) as this may result in a dangerous chemical reaction
- Clean thoroughly before disinfection
- Ensure sufficient contact time between disinfectant and equipment being decontaminated
- Rinse thoroughly after disinfection (if alcohol is used to disinfect then rinsing is not required)
- Discard disinfectant solution after use
- Do not 'top up' solutions of disinfectant
- Ensure that containers used for disinfection are stored clean, dry and inverted between uses.
- All chemical solutions made by the domestic must be made on a daily basis and clearly labeled with the name of the solution, date and time made. No solution must be disposed of down a hand wash basin.

9.5 *Environment*

Disinfectants are rarely necessary in the environment, cleaning with detergent and water is generally all that is required; surfaces that are clean and dry will not support the growth of most bacteria. Healthcare associated infections are rarely

acquired from floors, walls and furniture. Disinfections should not be used for the decontamination of isolation rooms, unless specifically requested by the infection control team. At which point the use of the *Sterinis machine should be questioned*.

9.6 *C Diff / Norovirus / Diarrhoea / MRSA*

If an inpatient is symptomatic in the Department, the area should be deep cleaned with Chlor Clean and the curtains changed. For further information see also *C Diff* and Policies, and Standard Precautions Policy, Outbreak Policy and A-Z of Infections.

9.7 *Deep Clean procedures*

9.7.1 Deep clean request

The decision of when to deep clean a ward after an outbreak of infection will be made by a member of the IPACT. On occasions due to bed pressures and operational considerations, an executive decision may be made to open a bay.

In the event of opening a bay or ward early IPACT advice should be sought and a risk assessment be completed.

A member of the IPACT will contact the Hotel Services Manger and brief them on the requirements of the clean.

Domestics must ensure all documentation is completed. It is the responsibility of the supervisors to ensure the deep cleaning is undertaken to a high standard and that nursing staff are aware of their responsibilities to assist this process.

9.7.2 Co ordination

Deep cleaning requires a multi-disciplinary approach therefore careful planning and co ordination is key to its success. Regular Deep Cleaning should always be part of a planned rolling programme. The Matron will oversee the deep clean or will nominate a senior member of the team to liaise with the Domestic supervisor. The partnership is vital to ensure that the clean takes place following the correct procedures and in a timely fashion. Every deep clean will have its own difficulties which may include wards difficult to deep clean due to their design, layout and type of patient.

9.7.3 Responsibilities

The senior nurse is responsible for ensuring that the bay/single room is clean and empty of patients. All linen, disposable items and medical equipment must be removed before the clean can take place. Throughout the procedure the Domestic Supervisor will regularly keep the Matron or the nurse in charge of ward and Infection Control Team informed of progress. See appendix C

10. Identifying Risk

The areas to be cleaned in the hospital are broken down into functional areas. Maintaining the standard of cleanliness is more important in some functional

areas than others. The areas are grouped into four levels, based on the risks associated with inadequate cleaning in a functional area:

- **Very High Risk** ICU, Burns, Peanut
- **High Risk** Wards, theatres, MIU, Pharmacy
- **Medium Risk** Outpatients, X-Ray and Public toilets
- **Low** Administration

- *Very High Risk*

Critical Care, Burns and Peanut

Consistently high levels of cleanliness must be maintained and checked daily.

- *High Risk*

Consistently high levels of cleanliness must be maintained in Pharmacy and on Wards. Weekly audits should be done.

- *Medium Risk*

High levels of cleaning required for both hygiene and aesthetic reasons. These areas are Rehabilitation, ward kitchens, Medical imaging, Laboratories, Outpatients, Treatment and procedures rooms, waiting rooms, restaurant, public toilet, public corridors. Over a period of six months all rooms within these areas should be audited at least once.

- *Low Risk*

These areas are administration areas, archives, external surrounds. Over a period of twelve months all rooms within these areas should be audited at least once.

11. Elements

The items to be cleaned are broken down into 49 elements as defined in the National Standards of Cleanliness. These 49 elements make up the audits.

12. Operational Statements

In order to meet the national standards of cleanliness, and as part of this cleaning plan, cleaning frequencies and guidelines have been developed. They detail what is cleaned, by whom, how and when (Appendix A/B).

13. Monitoring compliance with this policy: Audit

13.1 *Technical audits:*

- The completion of internal audits is a fundamental of the National Cleaning standards. Each audit provides a detailed report on the current standards of cleanliness within the hospital.
- The purpose of audits is to identify anything that impacts on the ability to meet the cleaning standards and the generation of exception reports identifies all issues/items that need addressing and by whom. These audit results are sent to the department Manager and Matron and should they fall below 70%, IPACT and the relevant Matron are informed and an agreed action plan is taken forward.

13.2 *Managerial Audits:*

- These are planned audits that verify the outcomes of the technical audits and identify areas for improvement. The audit team will consist of Matron, Infection Control nurse, Estates, Risk Management and Hotel Services Manager. These audits are to be undertaken monthly. The team validates a sample of technical audit information by sampling some elements across all areas.
- An annual programme of audits at the Queen Victoria Hospital has been developed to ensure all areas are audited. In order to carry out the audits the Trust uses a software package and a hand held terminal. When the audit is completed the score is produced and shared with the domestic staff working in the area. Exception reports are sent out as appropriate then added to the ERIC returns (Estates review this as a National requirement).

13.3 *External Audits:*

- In order to comply with the national specifications external audits are required. Scores are Estates Returns and Information Collection (ERIC).

14. **Operational Cleaning Manual**

In order to ensure that staff fully understand the National Standards, a cleaning manual has been developed. The manual is used as a reference to carry out cleaning effectively and in safety, and is available in different formats upon request for all staff to read.

15. **Deep Cleaning**

The Trust will endeavour to meet Government standards on deep cleaning. We as a department will deep clean all clinical areas annually and non-clinical areas every two years, annually if possible. Deep cleaning with the use of the Sterinis device (disinfection machine) in clinical areas will take place more frequently, in some areas of the burns unit this will be weekly. This will be recorded and reports kept with the Burns Manager.

Information regarding the deep cleans will be sent to Ward Managers/Sisters and Matrons responsible for the areas concerned, at least seven days before the deep clean is due to take place. Contact will be made with the areas at least 24/48 hours after the deep cleaning. Issues concerning the deep clean will then be rectified within the following seven days.

16. **Cleaning Procedure for Infected rooms**

Once you have been told to clean a room, check with the Sister on duty that a nurse can remove all medical equipment (which they will clean and place outside the door)

NB: cleaning cannot be started until this has been done.

The full process / checklist is attached at Appendix C.

17. **Summary**

The Trust is committed to carrying out deep cleaning on an annual basis. As a cleaning team we will, with the assistance of the Matrons, endeavour to close

areas down for deep cleaning, throughout the Trust. To enable us to achieve this we will also:

- Give notice before we start cleaning, and expected date to start.
- Open the areas back up in the time stated.
- Assist the nursing staff removing equipment.
- Liaise with the Matrons/Ward Managers, IPACT, Estates department, should the need arise. Where the deep clean has an impact on a daily life of patients on wards, staff will consider and take into account the individuals' protected characteristics.
- Clean to the highest standards.

18. Equality

This policy and protocol will be equality impact analysed in accordance with the Trust Procedural Documents Policy, the results of which are published on our public website and monitored by the Equality and Diversity team.

19. Review

This policy will be reviewed in 3 years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

20. References

- National Specifications for Cleanliness in the NHS 2007
- RCN 2012. Tools of the trade, RCN guidance for healthcare staff on glove use and the prevention of contact dermatitis.
- Wilson, J. 2001. Infection Control in Clinical Practice. 2nd edition. Edinburgh: Bailliere Tindall.

Appendix A

QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST CLEANING FREQUENCIES

(D. Domestic – E. Estates – C. Contractor – FL. Floor Team)

Element	Dept	Very high risk	High Risk	Significant Risk	Low Risk
1.Desk	User	Daily	Daily	Weekly	Weekly
2. Patient fans	D	Case daily	1 full clean daily & between patient use (Case)	Case daily	N/A
		1 full clean weekly	1 full clean monthly	1 full clean quarterly	
3. Entrance/Exit	D	Dust removal/full clean daily	Dust removal/full clean daily	Dust removal/full clean daily	As and when required
		Wet mop daily	Wet mop daily	Wet mop daily	
		Machine clean weekly	Machine clean weekly	Machine clean weekly	
4. External areas	D	1 full clean daily	1 full clean daily	1 full clean daily	As and when required
5. Switches, sockets & data points	D	1 Full clean daily	1 full clean daily	1 full clean daily	As and when required
6. Walls	D	1 Check clean daily	1 Check clean daily	1 check clean weekly	Wash every 3 year
		Dust weekly	1 full clean weekly (dust)	Dust monthly	
		Wash yearly	1 full wash yearly	Washing yearly	
7. Ceiling	D	Dust monthly	1 full clean monthly (dust only)	Dust monthly	1 check dust monthly
		Wash yearly	1 full wash yearly	Washing yearly	Washing 3 yearly

8. All doors	D	1 Full clean daily	1 Full clean daily	1 full clean daily	1 full clean weekly
9. All internal glazing including partitions	D	1 Full clean daily	1 Check clean daily	1 check clean daily	1 full clean weekly
			1 full clean weekly	1 full clean weekly	
10.External Glazing	C	Twice Yearly	Twice Yearly	Twice Yearly	Twice Yearly
11. Mirrors	D	1 Full clean daily	1 Full clean daily	1 Full clean daily	1 Full clean weekly
12. Radiators	D E	1 Full clean daily	1 Full clean daily	1 full clean daily	1 full clean monthly
13. Ventilation grilles extract & inlets	E	1 full clean weekly	1 full clean weekly	1 full clean monthly	1 full clean monthly
14 .Floor – Polished	D	Dust removal 2 full clean daily	Dust removal 1 full clean daily + 1 check clean	Dust removal daily	Dust removal 1 full clean weekly
	FT	Wet mop 2 full clean daily	Wet mop 1 full clean daily + 1 check clean daily	Wet mop daily	Wet mop 1 full clean weekly + 1 check clean weekly
	FT	Machine clean weekly	Machine clean weekly	Machine clean monthly	Machine clean quarterly
		Strip & reseal yearly	Strip & reseal yearly	Strip yearly	Strip & reseal 2 yearly
15. Floor Non-Slip	D	Dust removal 2 full clean daily	Dust removal 1 full clean daily + 1 check clean daily	Dust removal daily	Dust removal 1 full clean weekly + 1 check clean weekly
		Wet mop 2 full clean daily	Wet mop 1 full clean daily + 1 check clean daily	Wet mop daily	Wet mop full clean weekly \+ 1 check clean weekly
	FT	Machine clean weekly	Machine clean weekly	Machine clean monthly	Machine clean quarterly
16. Soft Floor	D	2 Full clean daily	1 full clean daily + 1 check clean daily	1 Full clean daily	1 full clean weekly + check clean weekly

		Shampoo 6 monthly & as necessary in-between	Shampoo 6 monthly & as necessary in-between	Shampoo 12 monthly	Shampoo 2 yearly
17. Pest Control devices	D	Checked daily	Checked daily	Checked daily	Checked daily
	C	Monthly	Monthly	Monthly	Monthly
18. Cleaning Equipment	D	Full clean after each use	Full clean after each use	Full clean after each use	Full clean after each use
19. Low surfaces	D	2 daily	1 full clean daily + check clean daily	1 full clean daily	1 full clean weekly
20. High surfaces	D	2 times weekly	1 full clean weekly + 1 check clean weekly	1 Full clean weekly	1 full clean weekly
21. Chairs	D	Daily + 1 check clean	1 full clean daily + 1 check clean daily	1 full clean daily	1 full clean weekly
22 .Beds	D	Frame daily	Frame daily	Frame daily	N/A
		Under weekly	Under weekly	Under weekly	
		Whole on discharge	Whole on discharge	Whole on discharge	
23. Lockers and bedside tables	D	2 Daily	1 Full clean daily + 1 check clean daily	1 Full clean daily	N/A
24. Dispensers & Holders	D	Daily	Daily	Daily	N/A
25. Waste Receptacles	D	Daily + 1 check clean	1 full clean daily + 1 check clean weekly	1 full clean daily	1 full clean weekly
		Deep Clean weekly	Deep clean weekly	1 deep clean weekly	1 deep clean weekly
26. Curtains Blinds	D	Change or replace 6 monthly	Change or replaced 6 monthly	Change or replace yearly	Change once a year
		Quarterly change	Quarterly change	Quarterly change	

27. Dishwasher	D	1 full + 2 check clean daily	1 full clean daily + 2 check clean daily	1 full clean daily	1 full clean daily
28. Fridges & Freezers (remove all contents for full clean)	D	1 check cleans daily	1 check cleans daily	1 check cleans daily	1 check clean daily
		1 full clean weekly	1 full clean weekly	1 full clean weekly	1 full clean weekly
		Defrost monthly	Defrost freezer monthly	Defrost monthly	Defrost monthly
29. Ice machines, Water dispensers & hot water boilers	D	Daily check clean	1 daily check clean	1 check clean daily	N/A
		1 full clean weekly	1 full clean weekly	1 full clean weekly	
30. Kitchen cupboards	D	1 full clean weekly	1 full clean weekly	1 full clean weekly	1 full clean quarterly
31. Microwaves	User	1 full clean daily + 2 check clean daily	1 full clean daily + 2 check cleans daily	1 full clean daily	1 full clean daily
32. Toilets & sinks	D	3 full cleans daily	2 full clean daily + 1 check clean daily	1 full clean daily	1 full clean daily
33. Baths & showers	D	1 full + 1 check clean daily	1 full clean daily + 1 check clean daily	1 full clean daily	1 full clean daily
34. Wheelchairs	N	After patient use	After patient use.	After patient use.	After patient use.

Appendix B

QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST CLEANING GUIDELINES

(AU – After use – D. Daily – W. Weekly – M. Monthly)

Total Cleaning Responsibility framework				
Items	Frequency e.g. Daily/Weekly	Method (see procedures)	Staff group responsible	
1. Mattresses/Pillows	D and AU	Det/water/bowl disposable cloths	Ward staff	
2. Beds/Cots	W and AU	Det/water/bowl Disposable cloths	Ward staff	
3. Chairs	D and AU	Hot Detergent water	Domestic staff	
4. Wash bowls (disposable)	n/a			
5. TVs	W	Det/water/bowl Disposable cloths	Domestics	
6. Computer/Keyboards/ Telephones/Photocopiers/Printers/Fax Machines	W	Detergent Wipes	End User	
7. Desks/Flip Charts	W	Detergent wipes	End User	
8. Accessories i.e. Staplers/in-trays/hole punch	W	Detergent wipes	End User	
9. Loan equipment i.e. Heaters	D	Detergent wipes	Domestic Estates	
10. Hand Cleaning holders	D / AU	Det/Hot water/disposable cloths	Domestic	
11. Bins	W	Det/hot water Disposable cloths	Domestics	

12.	Fridges/Freezers	Check daily Weekly clean Defrost monthly	Det/water/bowl Disposable cloths	Domestics	Refer to cleaning manual
13.	Microwaves	D	Det/water/bowl Disposable cloths	Domestics Staff in area	Refer to cleaning manual
14.	Toasters	W / AU	Det/water/bowl Disposable cloths	Domestic	
15.	Ice machines/Water dispensers	Check, clean weekly, defrost monthly	Det/water/bowl Disposable cloths	Domestic	Refer to cleaning manual
16.	Kettles	W	Detergent wipes	End User	Also descale
17.	Kitchen cupboards	W	Det/water/bowl Disposable cloths	Domestic Staff in area	Inside & out
18.	Crockery and cutlery	AU	Dishwasher	Domestics	
19.	Water boilers/Pergal machines	Daily check, weekly clean	Det/water/bowl Disposable cloths	Domestic	Domestic
20.	Water coolers	Daily check, weekly clean, defrost monthly	Det/water/bowl Disposable cloths	Domestic Staff in area	Contractor services 6 monthly
21.	Dishwashers	W	Det/water/bowl Disposable cloths	Domestics	
22.	Raised Toilet Seats	D / AU	Det/water/bowl Disposable cloths	Nursing staff	Clinell Tape
23.	Wheelchairs	D / AU	Det/water/bowl Disposable cloths	Nursing staff/Porters	Clinell tape

Cleaning Checklist for Nursing & Domestic Staff following the Discharge of an Infected Patient

- All equipment should be cleaned as per the Trust Decontamination and Disinfection policy (with hot soapy water unless on Burns where you must use Chlorclean) and then be removed from the room by the Nursing Staff.
- Nursing Staff to complete all sections of the checklist before handing the room over to the Domestic Staff to complete their sections.
- Once all actions are complete it is the responsibility of the nurse in charge to inspect the room and decide if it can be used again.

Date deep clean undertaken..... Room Number/Area.....

Task	Initial done	Comments
Nursing Staff Responsibilities		
Throw away all excess equipment in the room, ie: dressing tape, unused dressings, BP cuff, toilet roll etc.		
Clear room of all linen and patient belongings		
Seal and dispose of all waste including sharps box as per Trust policy		
Clean mattress including unzipping the cover and checking for strike through / damage. Leave unzipped at an angle whilst Sterinis machine is on.		
Clean bed frame including controls and bed rails		
Clean all chairs, stools, wheelchair, commode		
Clean patient's locker inside and out. Leave drawer and doors open		
Clean wall suction and change the liner		
Clean drip stand, pumps and pat slide		
Clean ventilator, observation machine including sats probe		
Clean work station, computer, obs chart table, leave drawers and doors open		
Remove all clean equipment from the room to enable the Domestics to clean		
Domestic Staff Responsibilities		
Remove curtains		
Clean all sinks in the room including the taps thoroughly		
Clean all high surfaces including curtain rails, walls, TV stands		
Clean all low surfaces eg floor, bins		
Clean all cupboards inside and out and leave the drawers open		
Clean all lights, ventilation grills, radiators, door handles		
Clean all surfaces in the bathroom (shower, toilet, sink)		
Clean the telephone and nurse call bell		
Return all clean equipment that was stored outside the room		
Put Hissing Sid/Sterinis machine in the room and follow operating instructions		

- Ensure any other equipment not listed here that may be in the room is cleaned appropriately.
- Nurse in charge to sign to say the room has passed inspection and can now be open for use.

Print name & sign..... Date.....

Please keep this form in the cleaning checklist folder in the dept.