Mersey Care NHS
NHS Foundation Trust

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

CLEANING STANDARDS POLICY

Policy Number:	**SA16**
Scope of this Document:	**Estates, Facilities and Clinical Staff**
Recommending Committee:	**Infection, Prevention and Control Committee**
Approving Committee:	**Executive Committee**
Date Ratified:	**January 2017**
Next Review Date (by):	**December 2017**
Version Number:	**2016 – Version 5**
Lead Executive Director:	**Executive Director of Finance**
Lead Author(s):	**Head of Estates & Facilities**

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2016 – Version 5

Quality, recovery and wellbeing at the heart of everything we do

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CLEANING STANDARDS POLICY

Further information about this document:

Document name	**SA16 Cleaning Standards Policy**
Document summary	**The purpose of this policy is to ensure that premises are cleaned and maintained to the highest possible standard, minimising the risk of infection and contributing to a visible impression of quality, in accordance with NHS national standards and guidelines.**
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Published by Copies of this document are available from the Author(s) and via the trust's website	**Mersey Care NHS Foundation Trust** **V7 Building** **Kings Business Park** **Prescot** **Merseyside** **L34 1PJ** **Your Space Extranet: http://nww.portal.merseycare.nhs.uk** **Trust's Website www.merseycare.nhs.uk**
To be read in conjunction with	**1C01 Infection Prevention and Control** **SA19 Management and Decontamination of Medical Devices** **SA07 Health, Safety and Welfare** **SA22 Waste Management**
This document can be made available in a range of alternative formats including various languages, large print and braille etc	

Version Control:

		Version History:
Version 1	Presented to the Corporate Document Review Group for Approval	27 January 2012
Version 2		13 February 2012
Version 3	Presented to the Corporate Document Review Group for Approval	28 November 2012
Version 4	Presented to the Policy Group for Approval	16 October 2014
Version 5	Presented to the Policy Group for Approval	20 December 2016

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1. PURPOSE AND RATIONALE

1.1 Premises should be cleaned and maintained to the highest possible standard. It is the right of every service user to be cared for in an environment that achieves this standard. Premises cleaned and maintained to a high standard provide a visible impression of quality, minimise the risk of infection and ensure compliance with legislation.

1.2 There are many factors that influence the overall impression presented by the organisation in addition to those of cleanliness and maintenance, and the trust therefore recognises its responsibilities to wider environmental issues.

1.3 Maintenance, as well as cleaning, is essential in ensuring a safe and aesthetically pleasing environment and it is recognised that as buildings and equipment become old, they often become more difficult to keep clean. The achievement of this Cleaning Standards Policy will be through on-going application, review and audit.

1.4 The responsibility for cleaning includes Facilities Management Assistants, nurses and healthcare workers, maintenance staff and in some areas contractors, it is therefore essential that the Trust identifies who is responsible for cleaning each item or area.

1.5 A key component of providing consistently high quality cleaning is evidence of a clear procedure, setting out all aspects of the Cleaning Services which define:

- Clear specific roles and responsibilities for Facilities Management services (cleaning, portering and laundry);
- Clear agreed routines;
- Sufficient staff to keep the environment clean, and laundry and waste removed from the clinical areas.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 To provide direction in maintaining and improving cleanliness standards across all hospital sites and community premises, ensuring a clean, comfortable and safe environment for patients, clients, visitors, staff and members of the general public.

2.2 To increase patient confidence whilst using the trust's facilities in relation to environmental hygiene and the organisational commitment to reduce the incidences of healthcare-associated infection.

2.3 To meet the National Standards of Cleanliness (2009) outcome standards.

2.4 To improve cleanliness standards in terms of the National Specification for Cleanliness, Patient Led Assessment of Care Environment (PLACE) and Care Quality Commission.

3. SCOPE

3.1 This policy applies to all employees of the trust who undertake cleaning procedures as part of their work, across all trust premises.

3.2 This includes all general scheduled and reactive cleaning activities undertaken by the Estates & Facilities Department, as well as cleaning duties undertaken by clinical staff.

4. DEFINITIONS (Glossary of Terms)

Glossary of Terms	Definition
C.diff	Clostridium Difficile
CPE	Carbapenemase producing Enterobacteriaceae
CQC	Care Quality Commission
DH	Department of Health
FMA	Facilities Management Assistant
HSE	Health and Safety Executive
ICT	Infection Prevention and Control Team
IPS	Infection Prevention Society
NHS	National Health Service
NPSA	National Patient Safety Agency
PALS	Patient Advice and Liaison Service
PLACE	Patient Lead Assessments of the Care Environment

5. DUTIES

5.1 Chief Executive

The Chief Executive is ultimately accountable for all aspects of cleanliness within the trust, ensuring there is an effective cleaning standards policy.

5.2 Executive Director of Finance

The Executive Director of Finance has delegated responsibility for:

- Ensuring this policy is fit for purpose and compliant with legislation and guidance;
- Ensuring this policy is implemented operationally and monitored bi-annually;
- Ensuring hospital cleanliness is high on the corporate agenda;
- Ensuring year on year improvements in cleanliness;
- Reporting to the Quality Assurance Committee via the Health and Safety Committee;
- Ensuring robust systems, processes and adequate resources are in place to achieve high standards of cleanliness;
- Ensuring sufficient and appropriate resources are deployed to maintain cleanliness and hygiene.

5.3 Deputy Director of Nursing

The Deputy Director of Nursing, who is also the Director of Infection Prevention and Control (DIPC), will work with the Director of Estates/Head of Estates & Facilities to instigate changes to ensure that staff have responsibility and accountability for delivering a safe clean environment at all times.

5.4 Infection Prevention and Control Team

The Infection Prevention and Control Team have a duty to monitor standards of cleanliness by unannounced environmental hygiene audits, to be undertaken at a minimum annually. Outcomes should be reported to the Infection Prevention and Control Committee and included within its annual report to the Quality Assurance Committee.

5.5 **Infection Prevention and Control Committee**

The Infection Prevention and Control Committee have a duty to ensure that the schedules and frequencies of cleaning meet national and local requirements, as well as to monitor standards of cleanliness in line with the Infection Control Policy.

5.6 **Director of Estates**

The Director of Estates has a duty to ensure that design of new builds and refurbishments take into account advice given by the Infection Prevention and Control Team, ensuring good practice is maintained.

5.7 **Facilities Leads - Head of Estates & Facilities and Facilities Manager (Operations)**

Facilities Leads are responsible for:

- Monitoring compliance of this policy and investigating failures to comply, ensuring that corrective action is taken to prevent recurrence;
- Providing expert advice on cleaning consumables, equipment and methodology of cleaning, working closely with Infection Prevention and Control and Health and Safety;
- Ensuring sufficient staff and resources are available to deliver the cleaning service;
- Representing Facilities Management at the Infection Prevention and Control Committee;
- Manage external cleaning providers and ensure their compliance to trust policy and procedures, and adherence to national standards.

5.8 **Facilities Site Managers**

Facilities Site Managers are responsible for:

- Ensuring cleanliness is maintained to meet national standards;
- Detailing the roles and responsibilities of facilities staff, ensuring that cleaning schedules and frequencies meet national guidance and local requirements;
- Providing sufficient staff to deliver the cleaning service;
- Ensuring standards of cleanliness are monitored via 13 week review audits and participation in Quality Review Visits;
- Providing and facilitating core and statutory training for all facilities service staff;
- Ensuring that the National Colour Coding is adhered to at all times;
- Ensuring that sufficient consumables/equipment are available to deliver the cleaning service.

5.9 **Modern Matrons**

Modern Matrons have a responsibility and accountability for delivering a safe and clean environment, and should be involved in all aspects of the cleaning services, from contract negotiation and service planning to delivery at ward level.

Modern Matrons have a duty to establish a cleanliness culture across their units and to work to the ten commitments of the Matrons Charter and an Action Plan for Cleaner Hospitals.

5.10 **Ward Managers and Clinical Managers**

Ward Managers and Clinical Managers have a duty to ensure that environments are compliant with the trust's policy for cleanliness.

Ward Managers/Clinical Managers are responsible for requesting specialist cleaning, for example upon the discharge of a patient, in the event of an outbreak or infection, or for terminal cleans and dirty protest cleans.

The Nurse in Charge of any patient area has direct responsibility for ensuring that cleanliness standards are maintained throughout that shift.

5.11 **Contracts Manager**

The Contracts Manager has a duty to ensure that Service Level Agreements and contracts meet the required cleaning standards and frequencies of cleaning agreed by the Infection Prevention and Control committee, monitoring compliance accordingly.

5.12 **Procurement Manager**

The Procurement Manager has a duty to ensure that fitments, furnishings and flooring are agreed with Facilities and Infection Prevention and Control prior to procurement, to ensure they can be cleaned and decontaminated easily.

5.13 **Complaints Manager**

The Complaints Manager has a duty to ensure that there is a process for patients and visitors to report breaches of hygiene.

5.14 **Estates, Facilities and Clinical Staff**

All trust employees and contractors who undertake cleaning procedures as part of their work are responsible for adhering to the Cleaning Standards Policy.

6. PROCESS

6.1 Good hygiene is an integral and important component of the trust's strategy for preventing hospital-acquired infections. All premises must be visibly clean, free from dust and acceptable to patients, visitors and staff.

6.2 **Daily Cleaning and Terminal Cleaning of Rooms, Bays and Wards after an Infection Incident or Outbreak**

Whether a ward has a single infectious incident or an outbreak of infection (including multi-drug resistant organisms), the routine cleaning will be increased. After the patient or patients are free from infection, the single room, bay or (in the case of an outbreak) ward will be deep

cleaned.

6.2.1 **Cleaning Process**

a) The cleaning process, be it for a single room, bay or ward, must be coordinated with the Nurse in Charge.

b) Adherence to the NHS colour code system is absolutely essential.

c) Cleaning of a single room or bay will be carried out after all other ward areas have been cleaned.

d) Collect equipment to be used colour coded yellow (mops, buckets, disposable cloths, high level disinfectant, disposable paper roll, clinical waste bag and household waste bag).

e) Wash and dry hands.

f) Put on yellow protective gloves and apron and mask if indicated by Nurse in Charge or Infection prevention and control team.

g) Make up disinfectant solution as per the recommended manufacturers guidelines. If at all unsure please seek advice from the Facilities Site Manager.

h) Methodically work round the room and clean door, light switches, shelves, ledges, radiators, surfaces and edges, outside bed side lockers, and chair with solution and if en-suite is facilitated wipe sink, taps and outside of basin and the toilet seat, handle/ plunger and outside of toilet, pipes and tiles and leave to decontaminate as per product instructions

i) Remove any household waste.

j) Clean all other areas methodically paying particular attention to parts of the doors that are touched frequently by hands, dry the doors, furnishings and fittings with disposable paper and dispose of same into clinical waste bag or container as you move around the room.

k) Mop the floor with disinfectant solution and then dispose of mop head into orange clinical waste container.

l) Remove plastic apron, mask if worn and disposable cloths and paper and put into orange clinical waste container.

m) Leave the room taking all equipment out with you.

n) Empty bucket into domestic sluice, wash the bucket with hot water and high level disinfectant, rinse and leave to dry inverted and with drainer removed. Wash the stale of the mop and dry with disposable paper. Store all equipment appropriately.

o) Dispose of yellow gloves.

p) Wash and dry hands thoroughly.

6.3 **Walls, Ceilings, Floors and Doors**

Very small numbers of bacteria can be isolated from smooth, clean, intact wall surfaces; however this is not so with pitted plaster. Ceilings show an even smaller amount of bacteria.

Plaster exposed through damage to the paint surface cannot be cleaned effectively and needs to be reported to ensure prompt repair.

Floors are heavily contaminated by shoes bringing in organisms from spillages, especially body fluid spillages. General cleaning will remove soiling.

Doors can be heavily contaminated and special attention should be paid to disinfecting areas where hands come into contact with doors.

6.4 Furniture and Fittings

All surfaces should be kept clean and free from dust and finger marks. Neutral detergents are generally sufficient for routine cleaning; however, if decontamination is required - i.e. following exposure to known pathogens - clean with a high level disinfectant.

6.5 Sinks and Toilets

All hand wash basins should be cleaned at least daily, and more frequently if soiled. Sinks should be cleaned with neutral detergent. If sinks are heavily stained, sanitizer may be used. Always ensure that the sink is will rinsed after using sanitizer. Pay particular attention to cleaning the taps and sides, underneath the sink, and overflow where present.

Communal toilets must be cleaned at least twice a day and more often if used frequently. They should be checked in between cleaning and if necessary clean between scheduled cleans when accidents have occurred.

Toilets should be cleaned with high level disinfectant. Pay particular attention to the handle, push/flush, seat, and lid and outside of the toilet as well as the inside. If heavily stained, sanitizer or lime scale cleanser may be utilised.

During an outbreak the frequency of cleaning toilets and sinks must be increased.

6.6 Bathrooms and Showers

Showers must be run for two minutes, twice a week, to prevent build up of legionella bacteria. Baths and showers and bath mats should be disinfected daily with a high level disinfectant and allowed to dry.

Baths, showers and bath mats should be cleaned between use so cleaning products must be available for staff to use and their location indicated within the vicinity of the bath or shower.

6.7 Carpets

Carpets should be avoided in all clinical areas, but where they are in use, they must be vacuumed and cleaned at least weekly, be kept free from dust, dirt, stains and spillages, and be maintained in good condition.

The only exception will be during an outbreak of respiratory infection (e.g. Influenza/Pandemic Flu) when vacuuming should be avoided (hepa-filtered devices may still be used) and cleaning and damp dusting will occur.

6.8 Domestic Rooms and Equipment

Domestic rooms and equipment used must be kept clean and in good condition. Time must be allotted on work rotas and cleaning schedules for cleaning equipment and domestic rooms.

6.9 **Storage**

There must be adequate space to store all required cleaning equipment.

- General storage – use of closed cupboards and shelves (lockable cupboards/doors to be used if recommended for COSHH purposes);
- Wet/Dry – separation of clean/dirty and wet/dry;
- Mop Racks – if mops are laundered, they need to be placed in racks;
- Facilities – hand wash basin, utility sink and hopper sink.

6.10 **NHS Colour Coding for Cleaning**

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 NHS colour coding system should be adhered to throughout the trust, and a poster outlining the system should be displayed in the Cleaning Store Room.

6.11 **Body Fluid Spillages**

Disinfection is required for body fluid spillages.

Staff must deal with body fluid spillages that occur in the area in which they work at the time of the spillage, unless the spillage covers a large area or is in connection with a sudden death.

Any staff responsible for decontamination have a duty under the Health and Safety at Work Act to do so safely and correctly, and to ensure that the workplace is free from hazard. All areas should have easily accessible spillage kits to use.

Splashes of body fluids on walls and surfaces can be cleaned by using a high level disinfectant. Put on Personal Protective Equipment (PPE) and use disposable cloths or paper towels, then spray walls and surfaces thoroughly and wipe dry. Dispose of cloths or towels into a clinical waste bag or bin.

For all body fluid spillages, follow the instructions contained within the body fluid spillage kit.

6.11.1 **Large Blood Spillages, Dried Blood and Faecal Smearing (Dirty Protests)**

These are non-nursing/non-FMA duties. Contractors may be brought in, subject to risk assessment.

During office hours, the Nurse in Charge must contact the purchasing department to bring in contractors. Out of hours, the on-call manager is authorised to contact a specialist contractor who is equipped and competent at cleaning large body fluid spillages.

Where possible, isolate the contaminated area until it has been cleaned. If the spillage is in a passageway or day area that cannot be isolated please contact the Infection Prevention and Control Nurse for advice.

6.12 **Annual Deep Clean**

All clinical areas within the trust should ensure they arrange for an annual deep clean to be carried out.

6.13 **Decontamination of Equipment and Medical Devices**

The decontamination process makes equipment and medical devices safe for staff to handle and safe for use by patients.

If not carried out correctly, decontamination may increase the likelihood of micro organisms being transferred from patients to staff.

6.14 **Decontamination Methods**

6.14.1 **Cleaning**

Cleaning is the most basic form of decontamination. It is a process that physically removes contamination but does not necessarily kill the germs themselves.

6.14.2 **Disinfection**

Disinfection is the destruction of bacteria and viruses and is achieved by using a high level disinfectant.

6.15 **Cleaning Equipment**

Equipment provided must be PAT tested annually, fit for purpose, chosen for ease of use, kept clean and well maintained. The National Patient Safety Agency (NPSA) Colour Coding System should be used and colour posters displayed. Disposable cloths should be used throughout the trust where appropriate. Mops should be either laundered or disposed of daily.

All equipment utilised should be risk assessed for suitability to the specific environment.

6.16 **Operational Delivery**

6.16.1 Management responsible for staff who carry out cleaning should work with the Infection Prevention and Control Nurses and Facilities staff to agree schedules and frequencies of cleaning, and determine responsibility for items to be cleaned and products used.

6.16.2 At all inpatient sites, details of how staff can request 'additional' cleaning both urgently and routinely must be on display and/or within the cleaning schedules.

7. CONSULTATION

7.1 This policy was written by Facilities Management in conjunction with the Infection Prevention and Control Team and widely distributed for consultation with:

- Clinical Representatives
- Facilities Site Managers
- Infection Prevention and Control Committee

8. TRAINING AND SUPPORT

8.1 Infection Prevention and Control training will be delivered to all employees. This training includes the cleaning process for multi-drug resistant organisms such as C.diff,

Carbapenemase producing Enterobacteriaceae (CPE) and Norovirus.

8.2 Specific training is provided by local management regarding cleaning tasks, risk assessments, COSHH, legionella awareness and Personal Protective Equipment (PPE).

9. MONITORING

9.1 Monitoring against the 49 elements of the quality standards occurs through technical audit tools, e.g. 13 week reviews in accordance with the National Standards of Cleanliness frequencies for the risk level of the area. Results are reported to the Infection Prevention and Control Committee meeting bi-monthly.

9.2 The PLACE process and Infection Control Quality Improvement Audits (based on IPS Quality Improvement tools) occur annually and are reported through the Infection and Prevention Control Committee to the Quality Assurance Committee.

10. EQUALITY AND HUMAN RIGHTS ANALYSIS

10 Equality and Human Rights Analysis

Title: Corporate Cleaning Standards Policy
Area covered: Trust-wide

What are the intended outcomes of this work? This is a review of the last assessment that was completed in 2012. The trust believes that all its premises should be cleaned and maintained to the highest possible standard, not because the patients and public expect it, but because patients have the right to be cared for in an environment that achieves the highest standard of cleanliness which determines a visible sign of overall quality of care provided, minimises the risk of infection and ensures compliance with legislation and standards.
Who will be affected? Staff, service users and carers.

Evidence

What evidence have you considered? All documentation within the policy.
Disability (including learning disability) No issues identified
Sex No issues identified
Race No issues identified
Age No issues identified
Gender reassignment (including transgender) No issues identified
Sexual orientation No issues identified
Religion or belief No issues identified
Pregnancy and maternity No issues identified
Carers No issues identified
Other identified groups No issues identified
Cross Cutting The policy is to inform all staff about national standards in relation to infection control and cleanliness in hospitals. No issues have been identified in the assessment.

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	Not engaged
Right of freedom from inhuman and degrading treatment (Article 3)	Not applicable
Right to liberty (Article 5)	Not applicable
Right to a fair trial (Article 6)	Not applicable
Right to private and family life (Article 8)	Not applicable
Right of freedom of religion or belief (Article 9)	Not applicable
Right to freedom of expression **Note: this does not include insulting language such as racism (Article 10)**	Not applicable
Right freedom from discrimination (Article 14)	Not applicable

Engagement and Involvement

This policy was written by Facilities Management in conjunction with Infection Prevention and Control and widely distributed for consultation with:

- Clinical Representatives;
- Facilities Site Managers;
- Infection Prevention and Control Committee.

Summary of Analysis

Eliminate discrimination, harassment and victimisation

This policy is a non-clinical base policy. No equality issues have been identified.

Advance equality of opportunity

N/a

Promote good relations between groups

N/a.

What is the overall impact?

No equality impact identified.

Addressing the impact on equalities

No issues identified within discussions.

Action planning for improvement

No issues identified within the assessment.

For the record

Name of persons who carried out this assessment:

This review was undertaken by:

- Michele McGee
- George Sullivan
- Emma Welsby

Date assessment completed: 09.11.2016

Name of responsible Director: Alison Jordan

Date assessment was signed: 09.11.2016

11. IMPLEMENTATION PLAN

IMPLEMENTATION PLAN	Issues identified / Action to be taken	Responsible	Time-Scale
Co-ordination of implementation How will the implementation plan be co-ordinated and by whom? *Clear co-ordination is essential to monitor and sustain progress against the implementation plan and resolve any further issues that may arise.*	The implementation plan will be co-ordinated by the Director of Estates. The plan will include distribution of the policy in accordance with the guidance in Policy and Procedure for the Development, Ratification, Distribution and Reviewing Policies and Procedures. The Policy will be distributed by the Infection Prevention and Control Committee (IPCC) and this forum will be used to evaluate the policies effectiveness as well as addressing operational issues relating to the implementation of the Policy. This committee will also be used as the forum for future reviews and subs	Director of Estates Infection Prevention and Control Committee	By February 2017

Engaging staff Who is affected directly or indirectly by the policy? Are the most influential staff involved in the implementation? *Engaging staff and developing strong working relationships will provide a solid foundation for changes to be made.*	Infection Prevention and Control Link Nurses Modern Matrons Facilities Site Managers PLACE Teams FM Assistants/Ward Managers Consultants and Doctors Nursing staff Admin staff Influential staff are: Infection Prevention and Control Link Professionals Modern Matrons Head of Estates and Facilities Facilities Leads - Head of Facilities and Facilities Manager (Operations) Facilities Site Managers FM Assistants/Domestics PLACE Teams	All trust representatives	Ongoing - Continuous
Involving service users and carers Is there a need to provide information to service users and carers regarding this policy? Are there service users, carers, representatives or local organisations who could contribute to the implementation? *Involving service users and carers will ensure that any actions taken are in the best interest of services users and carers and that they are better informed about their care.*	Every service user, their carers and visitors can have a copy of this policy upon request. However service users will be represented through the Infection Prevention and Control Committee and the PLACE Processes. Service users and carers are invited to participate within the Process and through the Mersey Care NHS Foundation Trust website can view the scores for the National Specifications of Cleanliness when they are published.	Facilities Leads	PLACE – January to March each year, on-going

Communicating What are the key messages to communicate to the different stakeholders? How will these messages be communicated? *Effective communication will ensure that all those affected by the policy are kept informed thus smoothing the way for any changes. Promoting achievements can also provide encouragement to those involved.*	Key messages are: This Policy details the principles which underpin the approach to the management of cleanliness and duties under the Health and Social Care Act 2008. Outlines the responsibilities of Managers and staff that keep all areas clean and free from infection. Messages communicated by Mersey Care website, Mersey Cares magazine and Team Brief. Circulation to Trust Managers via e-mail. Staff will receive a copy of the procedure if requested.	Director of Estates/Head of Estates & Facilities/Facilities Leads	Ongoing - Continuous
Training What are the training needs related to this policy? Are people available with the skills to deliver the training? *All stakeholders need time to reflect on what the policy means to their current practice and key groups may need specific training to be able to deliver the policy.*	Training needs will be identified by the management processes in place and information will be shared with all stakeholders to include Staff Side with regards to the policy. Vocational training is available via the Organisational Development Team. The training will also be delivered in-house by the Facilities Management Team and all associated staffs will be included.	Facilities Leads/Infection Prevention and Control Team	Ongoing – Continuous Ongoing – Continuous Annually and as required

Resources Have the financial impacts of any changes been established? Is it possible to set up processes to re-invest any savings? Are other resources required to enable the implementation of the policy e.g. increased staffing, new documentation? *Identification of resource impacts is essential at the start of the process to ensure action can be taken to address issues which may arise at a later stage.*	No issues identified		
Securing and sustaining change Have the likely barriers to change and realistic ways to overcome them been identified? Who needs to change and how do you plan to approach them? Have arrangements been made with service managers to enable staff to attend briefing and training sessions? Are arrangements in place to ensure the induction of new staff reflects the policy? *Initial barriers to implementation need to be addressed as well as those that may affect the on-going success of the policy*	Current demands for mandatory, statutory and vocational training – this will be overcome by widening training opportunities to include E Learning and offering support at local sites throughout the trust. Managers involved in this process will be released to attend training sessions and briefing sessions. All staff will be made aware of the policy at induction training.	Service Managers	Ongoing - Continuous

Evaluating What are the main changes in practice that should be seen from the policy? How might these changes be evaluated? How will lessons learnt from the implementation of this policy be fed back into the organisation? *Evaluating and demonstrating the benefits of new policy is essential to promote the achievements of those involved and justifying changes that have been made.*	The main change should be consistent monitoring and recording for the PLACE Process and ERIC returns. Lessons from this implementation should focus on the correct standards and guidelines now in place for everyone to adhere and refer to. Feedback is through monitoring and primarily the PLACE process. PLACE results, subsequent actions plans and issued found on the 'inspection' are fed back to the relevant Clinical Division Leaders, copies sent to the Facilities Site Managers and the Infection Prevention Control Team. An annual report is also submitted to the Quality Assurance Committee.	Director of Estates/Head of Estates & Facilities/Facilities Leads	PLACE Periods are: January to May each year. Pre PLACE Periods are: September to December each year. Annual Reporting
Other considerations			

12. APPENDIX 1 – DOMESTIC SERVICE LEVEL AGREEMENT (CLEANING SCHEDULE)

Element	Minimum Cleaning Frequency		
	Responsibility for Cleaning FMA or Clinical Staff	**High-risk – Ward Areas**	**Significant-risk – Office / Communal Areas (not directly attached to a ward)**
1.Commodes, weighing scales, manual handling equipment	Clinical / Nursing Staff	Clean contact points after each use	Clean contact points after each use
		One full clean daily	One full clean daily
2. Bathroom hoists	Clinical / Nursing Staff	Clean contact points after each use	Clean contact points after each use
3. Weighing scales, manual handling equipment	Clinical / Nursing Staff	Clean contact points after each use	Clean contact points after each use
4. Drip stands	Clinical / Nursing Staff	Clean contact points after each use	Clean contact points after each use
5. Other medical equipment e.g. intravenous infusion pumps, pulse oximeters, etc. NOT CONNECTED TO PATIENT	Clinical / Nursing Staff	One full clean daily and between patient use	One full clean daily and between patient use
6. Medical equipment e.g. intravenous infusion pumps drip stand, pulse oximeters, etc. CONNECTED TO PATIENT	Clinical / Nursing Staff	One full clean daily and between patient use	One full clean daily and between patient use
7. Patient washbowls	Clinical / Nursing Staff	One full clean daily and between patient use	One full clean daily and between patient use
8. Medical gas equipment	Clinical / Nursing Staff	One full clean daily	One full clean daily
9. Patient fans	FMA	One full clean daily and between patient use	Case daily
		One full clean monthly	One full clean quarterly
10. Bedside alcohol hand wash container, clipboards & notice boards.	FMA	One full clean daily and between patient use	One full clean daily and between patient use
11. Notes & drugs trolley	Clinical / Nursing Staff	One full clean weekly	One full clean weekly

Element	Minimum Cleaning Frequency		
	Responsibility for Cleaning FMA or Clinical Staff	**High-risk – Ward Areas**	**Significant-risk – Office / Communal Areas (not directly attached to a ward)**
12. Patient personal items e.g. cards, suitcase	Clinical / Nursing Staff	One full clean daily	One full clean daily
13. Linen trolley	Clinical / Nursing Staff	Contact point clean daily	Contact points daily
		One full clean weekly	One full clean weekly
14. Switches, sockets & data points	FMA	One full clean daily	One full clean weekly
15. Walls	FMA	One check clean daily	Check clean weekly
		One full clean weekly (dust only)	Dust monthly
		One full washing yearly	Washing yearly
16. Ceiling	FMA	One full clean monthly (dust only)	Dust monthly
		One full washing yearly	Washing yearly
17. All doors	FMA	One full clean daily	One full clean daily
18. All internal glazing including partitions	FMA	One check clean daily	One check clean daily
		One full clean weekly	One full clean weekly
19. All external glazing	FMA	One full clean every three months	One full clean every three months
20. Mirrors	FMA	One full clean daily	One full clean daily
21. Bedside patient TV incl. ear piece for bedside ent. system	FMA	One full clean daily	One full clean daily
22. Radiators	FMA	One full clean daily	One full clean daily

Element	Minimum Cleaning Frequency		
	Responsibility for Cleaning FMA or Clinical Staff	**High-risk – Ward Areas**	**Significant-risk – Office / Communal Areas (not directly attached to a ward)**
23. Ventilation grilles extract and inlets.	FMA	One full clean weekly	One full clean monthly
24. Floor -polished	FMA	Dust removal one full clean daily + one check clean daily	Dust removal daily
		Wet mop one full clean daily + one check clean daily	Wet mop daily
		Machine clean weekly	Machine clean monthly
		Strip & reseal yearly	Strip yearly
25. Floor – non-slip	FMA	Dust removal one full clean daily + one check clean daily	Dust removal daily
		Wet mop one full clean daily + one check clean daily	Wet mop daily
		Machine clean weekly	Machine clean monthly
26. Soft floor	FMA	One full clean daily + one check clean daily	One full clean daily
		Shampoo six-monthly	Shampoo 12-monthly
27. Pest control devices	Contractor	Dust removal one full clean daily	Dust removal one full clean daily
		Full clean monthly	Full clean monthly
28. Electrical items	FMA	Dust removal one full clean daily	Dust removal one full clean daily
		Full clean monthly	Full clean monthly
29. Cleaning equipment	FMA	Full clean after each use	Full clean after each use
30. Low surfaces	FMA	One full clean daily and one check clean daily	One full clean daily
31. High surfaces	FMA	One full clean weekly and one check clean weekly	One full clean weekly
32. Chairs	FMA	One full clean daily and one check clean daily	One full clean daily
33. Beds	FMA	Frame daily	Frame daily

Element	Minimum Cleaning Frequency		
	Responsibility for Cleaning FMA or Clinical Staff	High-risk – Ward Areas	Significant-risk – Office / Communal Areas (not directly attached to a ward)
		Under weekly	Under weekly
		Whole on discharge	Whole on discharge
34. Lockers	FMA	One full clean daily and one check clean daily	One full clean daily
35. Tables	FMA	One full clean daily and two check clean daily	One full clean daily
36. Hand wash containers	FMA		
37. Hand hygiene/alcohol rub dispensers	FMA	Daily	Daily
38. Waste receptacles	FMA	One full clean daily and one check clean daily	One full clean daily
		Deep clean weekly	One deep clean weekly
39. Curtains and blinds	FMA	Cleaned, changed or replaced yearly	Clean change or replace yearly
39. Curtains and blinds…Cont'd	FMA	Bed curtains change six-monthly	Bed curtains replace 12-monthly
40. Dishwasher	FMA	One full clean daily and two check clean daily	One full clean daily
41. Fridges & freezers	FMA	Three check cleans daily	Three check cleans daily
		One full clean weekly (remove all content to clean)	One full clean weekly
		Defrost freezer monthly	Defrost monthly
42. Ice machines and hot water boilers	FMA	One daily check clean	One check clean daily
		One full clean weekly	One full clean weekly
43. Kitchen cupboards	FMA	One full clean weekly	One full clean monthly
44. Microwaves	FMA	One full clean daily and two check cleans daily	One full clean daily
45. Showers	FMA	One full clean daily and one check clean daily	One full clean daily

Element	Minimum Cleaning Frequency		
	Responsibility for Cleaning FMA or Clinical Staff	**High-risk – Ward Areas**	**Significant-risk – Office / Communal Areas (not directly attached to a ward)**
46. Toilets & bidets	FMA	Two full cleans daily and one check clean daily	One full clean daily
47. Replenishment	FMA	Three times daily	Once daily
48. Hand wash basins	FMA	Two full cleans daily and one check clean daily	One full clean daily
49. Sinks	FMA	Two full cleans daily and one check clean daily	One full clean daily
50. Baths	FMA	One full clean daily and one check clean daily	One full clean daily

13. APPENDIX 2 – A-Z DECONTAMINATION OF EQUIPMENT AND MEDICAL DEVICES

Staff must follow the Infection Control Decontamination of Equipment and Medical Devices Guidelines as listed in the following section, to ensure that items are decontaminated and that no staff or service user is put at risk.

The individual indicated in the responsible person column must decontaminate the item as indicated in the method column.

The term Nurse has been used to describe the professional directly delivering care however in certain areas the individual may belong to another discipline e.g. Physiotherapist, Technical Instructor, Occupational Therapist etc.

Overall accountability for ensuring provision of single use items and appropriate decontamination of reusable items lies with the Clinical Area/Ward Manager or Modern Matron, this includes regular audit to ensure compliance with the standards as set out in the Medical devices policy.

Medical Device	Method	Responsible Person
Airways	Single use only.	Nurse
Ambubag	Single use only.	Nurse
Ambu-lift/Hoist	After each use, wash with neutral detergent. If contaminated with body fluids, clean with high level disinfectant.	Nurse
Auriscope	Use disposable earpieces if available, or wash in neutral detergent to remove the wax. Rinse and store dry.	Nurse
Bath	Clean between clients Titan may be used to remove stains.	Nurse FMA (daily)
Bedding:- Wipe Clean Duvets and Pillows	 Clean as for mattress – after each service user use, or when visibly soiled/bodily fluids	See Linen Policy Nurse
Bed frames	Clean with high level disinfectant	On discharge or if contaminated with body fluids - Nurse Weekly - FMA
Bedpans	Disposable single use – empty contents in toilet and dispose of into appropriate waste stream	Nurse
Bedpan Holders	Clean with high level disinfectant	Nurse

Blood Glucose Monitoring Machine	Clean after every use as per manufacturer's instructions.	Nurse
Blood Pressure Cuffs	Wipe with neutral detergent or disinfectant wipe between each service user, Use a dedicated cuff for a known infectious service user, which can be washed or disposed of at the end of care episode or use a single use cuff.	Nurse
Bowls (washing)	Use disposable wash bowls	Nurse
Brushes		
Hairbrushes	Individual use only. Wash in neutral detergent, rinse and leave to dry.	Service user/Nurse
Lavatory brushes	Rinse in flushing water and store dry. Toilet brush holder should be cleaned once a week with high level disinfectant and when visibly soiled	FMA
Nailbrushes	Individual use only.	Service user/Nurse
Shaving brushes	Individual use only.	Service user/Nurse
Toothbrushes	Individual use only.	Service user/Nurse
Buckets	Wash with neutral detergent (with mop-buckets, ensure that the wringer removed and is cleaned thoroughly), rinse and dry before storing inverted.	Domestic/Housekeeper
Carpets	Vacuum daily, periodically clean by hot water extraction and carpet shampoo, or following gross spillage with high level disinfectant.	FMA Following bodily fluid spillage - Nurse
Catheters	Single use – dispose of into appropriate waste stream.	Nurse
Catheter Stands	Wash daily with neutral detergent, rinse and dry. If contaminated by body fluid, clean with a solution of high level disinfectant	Nurse
Chiropody instruments	Single use instruments to be used	Suitably qualified staff
Cleaning Cloths	Must be disposable.	FMA
Combs	Individual use. Wash in neutral detergent, rinse and leave to dry	Service user/Nurse
Commodes	Clean with high level disinfectant between uses. Individual named service user use preferred. (ICT approved wipes may be used)	Nurse
Cot Sides	Clean with high level disinfectant.	Nurse
Crockery/Cutlery	Use Dishwasher	FMA or Nurse As per local arrangements
Curtains	Must be washed/dry cleaned, steam cleaned annually. **Must be washed/dry cleaned, steam cleaned after outbreak of Norovirus/C. diff as part of terminal cleaning – see policy**	FMA
Dental Equipment & Instruments	All Medical devices associated with dental care must be decontaminated in line with the local standard operating procedures	Dental Nurse
Dish Cloths	Use green disposable dish cloths	FMA

Drainage Bags	Empty contents into toilet and dispose of bag and tubing into appropriate waste stream.	Nurse
Dressing Trolley	Clean with high level disinfectant before and after use.	Nurse
Drip Stands	Damp dust with neutral detergent if contaminated with body fluids, clean with high level disinfectant	Nurse
Examination Couches	Cover with disposable paper roll and change between service users. Clean with high level disinfectant or disinfectant wipes after each session.	Nurse
Enteral Feeding Pumps/Equipment Enteral Feeding Tube	Wash with neutral detergent, rinse and dry with paper towels, or follow manufacturer's instructions. The feeding tube should be flushed with fresh tap water, before and after feeding or administrating medication. Enteral feeding tubes for service users, who are immunosuppressed, should be flushed with either cooled freshly boiled water, or sterile water from a freshly opened container.	Nurse Nurse
Feeding cups	Use dishwasher	FMA/Nurse
Floors (dry-Carpet)	Vacuum clean. (hepa-filtered preferred)	FMA
Floors (Wet)	Contain spillage then mop or shampoo. If body fluid spillage use high level disinfectant.	FMA Bodily Fluids – Nurse
Laryngoscope	Single use/ handle to be cleaned with Azo wipes between patient uses.	Nurse
Locker Tops/Tables	Clean with high level disinfectant.	FMA Lockers cleaned by Nurses on Discharge/Transfer
Linen	Follow Linen Policy	Nurse
Masks and O2 Tubing	Individual service user use only, which is changed when dirty and discarded in appropriate waste stream.	Nurse
Mattresses	Clean mattress **monthly** with high level disinfectant and after every episode of incontinence and when a service user is transferred or discharged. For special mattresses – follow manufacturer's instructions.	Nurse
Medicine Pots	Single use.	Nurse
Mops (floor)	Rinse well after each use and store inverted to dry. Change and launder daily, or use disposable mop heads.	FMA
Moving and Handling Board	Clean with high level disinfectant. after each use.	Nurse
Nail Clippers	Individual service user use or disposable.	Nurse
Nebuliser Mask	Individual use only. Wash in neutral detergent **after every use**, rinse and leave to dry, cover between therapies.	Nurse
Acorn and Tubing	Wash in neutral detergent and rinse and hang tubing to dry **after every**	Nurse

	use.	
Ophthalmoscopes	Wipe with neutral detergent or follow manufacturer's instructions.	Nurse
Oxygen Cylinder Frames	Use neutral detergent, and dry with paper towel.	Nurse
Patella Hammer	Wipe with neutral detergent after each use.	Nurse
Peak Flow Meter	Use single use disposable mouth pieces with filters.	Nurse
Razors	Use disposable or single service user use electric razors. Follow manufacturer's instructions for cleaning electric razor-heads and disposable razors to be placed in sharps box.	Nurse
Scissors	For clinical procedures, use single use disposable scissors.	Nurse
Shower	If not regularly used, flush as per Legionella policy. Clean between service users' use.	Daily – FMA Between service user - Nurse
Slip Sheets, Hoist Slings (Moving & Handling)	Single person use only, mark with client's name. Send to laundry when soiled.	Nurse
Sputum Container	Disposable. Dispose into appropriate waste stream.	Nurse
Stethoscopes	Clean diaphragm and ear-pieces with wipe after every use.	Nurse
Stoma bags	Single use, dispose of via appropriate waste stream.	Nurse
Syringes	Single use	Nurse
Suction Units	Use disposable liners and catheters. Wash bottles with neutral detergent, rinse and dry using paper towel.	Nurse
Surgical Instruments (Minor surgery)	Single use only, dispose into appropriate waste stream	Nurse
Tablet Cutters	Wash thoroughly between use with neutral detergent and dry with paper towel	Nurse
Thermometers	Use disposable thermometers or those with a disposable sleeve. Digital – use a new sleeve cover for each use. See manufacturer's instructions to clean thermometer.	Nurse
Urine Jugs	Disposable single use – empty contents in toilet and dispose of into appropriate waste stream	Nurse
Volumatics	Single service user use. Wash in neutral detergent monthly, allow to air dry (do not wipe dry) **Rees, J., Kanabar, D.** (2007)	Nurse
Wheelchairs	Individual service user use, whenever possible. Wash daily with neutral detergent, rinse and dry. If contaminated with body fluids clean with a solution of high level disinfectant.	Nurse
Weighing Scales (seated adult)	Line with disposable paper towels. Clean with neutral detergent daily and keep dry. If contaminated with bodily fluids, clean with high level disinfectant. **N.B In most areas of the Trust, patient weighing scales are used to give an approximate weight of the service user- Class 1V scales are therefore acceptable for use where the weight indication is not**	Nurse

	to be used for the purpose of monitoring, diagnosis and medical treatment. Where an exact weight is required (e.g. to obtain accurate medication dose) then Class 111 scales should be used as a minimum and these should be subject to servicing and calibration as per manufacturers instructions.	

14. APPENDIX 3 – REFERENCES

- *Guidance for Providers: Regulations for Service Providers and Managers*, Care Quality Commission

  http://www.cqc.org.uk/content/regulations-service-providers-and-managers

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- *Standards for Better Health* revised (2006), Department of Health

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- *Health and Social Care Act 2012: Fact Sheets* (2012), Department of Health

  https://www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets

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

  http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59810

- *The National Specifications for Cleanliness: A Framework for Setting and Measuring Performance Outcomes* (2007), NHS National Patient Safety Agency

  http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59818

- *The Revised NHS Healthcare Cleaning Manual* (2009), National Patient Safety Agency

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