

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

CLEANING STANDARDS POLICY

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2019 – Version 6

Striving for perfect care for the people we serve

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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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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 adults, including:

- Being alert to the possibility of child or adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child or adult;
- Knowing how to deal with a disclosure or allegation of child or 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 or 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 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 with a Human Rights based approach and the FREDA principles of **Fairness, Respect, Equality Dignity, and Autonomy**

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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 (CQC).

3. SCOPE

- 3.1 This policy applies to all sites/ units hosting Mersey Care NHS Foundation Trust services, and to all employees of the trust who undertake cleaning procedures as part of their work.
- 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.
- 3.3 The policy is supported by the Trust's Infection Prevention and Control Policy and Procedures, and will also link to other key trust policies.
- 3.4 Cleaning services provided under SLA or contract will be subject to the requirements of this policy.
- 3.5 **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
IPCT	Infection Prevention and Control Team
IPS	Infection Prevention Society
NHS	National Health Service
NPSA	National Patient Safety Agency
PALS	Patient Advice and Liaison Service
PAS 5748	BSI specification for the planning, application, measurement and review of cleanliness service in hospitals
PLACE	Patient Lead Assessments of the Care Environment
D & V	Diarrhoea & Vomiting
Outbreak	Two or more linked cases of infection in a health care setting.
Chlorine Based Product	A disinfectant product containing 1,000ppm
IPC Committee	Infection Prevention & Control group that

	considers & reviews all matters in relation to Preventing and controlling infection.
PPE	Personal protective equipment
SLA	Service Level agreement
Routine Cleaning	Routine daily cleaning using cleaning chemicals to decontaminate an area
Enhanced Cleaning	Increase in cleaning frequencies and addition of disinfection during an outbreak of infection
Additional cleaning	Extra Hours allocated to cleaning e.g. following building work
Terminal Clean	A clean on a ward 48 hours after the last symptom following an outbreak of infection, using chlorine based agent.
Transfer/ Discharge clean	Routine discharge / transfer clean of a room when the service user has not been in isolation due to infection.

4. DUTIES

4.1 Chief Executive

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

4.2 Executive Director of Communications and Corporate Governance

The Executive Director of Corporate Governance, Communications, People Participation and Business Development 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 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.

4.3 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.

4.4 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 and Board of Directors.

4.5 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 Prevention and Control Policy.

4.6 Associate Director of Estates and Facilities

The Associate Director of Estates and Facilities 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.

4.7 Facilities Leads - Head of Estates & Facilities, Head of Facilities, Capital & Estates Lead 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.

4.8 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 Scheme led by NPSA is adhered to at all times;
- Ensuring that sufficient consumables/equipment are available to deliver the cleaning service.

4.9 **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.

4.10 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.

4.11 **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 including adherence by ward staff to the NPSA National Colour coding scheme.

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.

4.12 **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.

4.13 **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.

4.14 **Complaints Manager**

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

4.15 **All Staff**

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

5.

5.1 **PROCESS**

Good hygiene is an integral and important component of the trust's strategy for preventing Healthcare associated infections (HCAI). All premises must be visibly clean, free from dust and acceptable to patients, visitors and staff and all surfaces maintained in good repair

5.2 Healthcare cleaning standards are undertaken in line with the revised Healthcare Cleaning Manual June 2009, which categorises the service and auditing levels required in order to maintain cleanliness. The national specification has been adopted and adapted across the trust.

5.3 Domestic cleaning services within the trust are mainly provided and managed in-house through the facilities teams, where outsourced it is managed by the relevant divisional facilities team.

5.4 **Decontamination Methods**

5.4.1 **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, this process must be to a high standard prior to any further stages of the decontamination process being carried out.

5.4.2 Clinical and Nursing teams must provide support and assistance to the facilities teams to keep bed spaces, bays and dormitories clear of personal items and tidy to allow access for the facilities teams to carry out effective cleaning.

5.4.3 **Disinfection**

Disinfection is the process which reduces the number of viable micro – organisms but may not necessarily inactivate some viruses and bacterial spores. Disinfection is achieved through the use of a high level disinfectant (1000ppm active chlorine).

5.4.4 **Sterilisation**

Sterilisation is the complete destruction of all viable organisms; this is the standard for reusable surgical instruments and is not applicable to routine cleaning.

5.5 **Cleaning Equipment**

All electrical 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.

5.6 Approved Cleaning Chemicals

All cleaning Chemicals are assessed under the Control of Substances Hazardous to Health Regulations. Health and Safety data sheets for all products should be filed in the Facilities Department and the relevant information should also be kept in all cleaning cupboards

A chlorine releasing agent with detergent (eg. Antichlor Plus) is used as the disinfection agent for daily cleaning of isolation rooms, or the entire ward, as advised by the Infection Prevention and Control Team (e.g. in case of C. diff or Norovirus outbreak). Bodily fluid spill wipes must be available for treatment of blood spills and bodily fluids.

5.7 Transfer/ Discharge Cleaning

After a service user has been discharged or transferred, all surfaces and equipment within the room must be thoroughly cleaned to ensure the room has had microbial contamination reduced to a safe level, ready, for the next patient. This will require the use of a detergent and may involve changing of the curtains. The most important thing is to ensure that all visible dust and dirt is completely removed.

5.8 Daily Cleaning, Enhanced Cleaning and Terminal Cleaning of Rooms, Bays and Wards during and 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 frequencies will be increased. After the patient or patients are free from symptoms for 48 hours, the single room, bay or (in the case of an outbreak) ward will receive a terminal clean.

5.8.1 Enhanced Cleaning

Enhanced cleaning must be carried out during both episodes and outbreaks of infection.

Enhanced cleaning must utilise chlorine – based disinfectants (1000ppm active chlorine) this can be in the form of a separate solution or using a combined detergent and disinfection solution specifically formulated (such as antichlor)

Increased frequency of cleaning for high touch surfaces such as door handles, bed rails and light switches will be required. Toilets, handwash basins and surrounding areas

must also have increased frequency of cleaning during the infectious incident or outbreak.

5.8.2 Cleaning Process for Terminal Clean

- 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.
- c) Decontamination (Cleaning & Disinfection) 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, detergent and high level disinfectant (1000ppm active chlorine), disposable paper roll, clinical waste bag and household waste bag).
- e) Wash and dry hands.
- f) Put on appropriate PPE, gloves, apron and mask if indicated by Nurse in Charge or Infection prevention and control team.
- g) Make up separate detergent and / or 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~~ decontaminate 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 product for approved contact time as per manufacturers instructions
- i) Remove any household waste.
- j) Clean & Disinfect 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 detergent and disinfectant formulation or separate 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~~ dispose of into an 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 or detergent 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 PPE e.g gloves.
- p) Wash and dry hands thoroughly.

6. Walls, Floors and Doors

Floors can be heavily contaminated. General cleaning will remove soiling. Doors can be heavily contaminated and special attention should be paid to the decontamination of areas where hands come into contact with doors.

6.1 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 disinfection is required - i.e. following exposure to known pathogens - clean with a high level disinfectant (1000ppm active chlorine).

6.2 Sinks and Toilets

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

Communal toilets must be cleaned at least once a day and more often if used frequently. They should be checked in between the cleans and if necessary decontaminate when incidents causing soiling or contamination have occurred.

When decontaminating toilets 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 or episode of infection, enhanced cleaning must be introduced by the increasing the frequency of cleaning toilets and sinks using a high level disinfectant.

6.3 Bathrooms and Showers

Site Facilities Managers & Site Managers must ensure that showers and other underused water outlets (as indicated to the FMA by the Ward manager / Nurse in charge on wards) are run for two minutes, twice a week, to prevent build up of legionella bacteria and that this is recorded and retained as per the Management and control of Legionella bacteria in Water Management Policy (SA28). Baths and showers and bath mats should be disinfected daily with a high level disinfectant and allowed to dry.

Baths and showers should be disinfected & cleaned between use, so appropriate cleaning products must be available for ward staff to use and their location must be in line with the Trusts policies, guidelines & COSHH regulations. Bath mats should be single use only. Shower curtains should be laundered or disposed of when dirty / stained or replaced every six months (Whichever is sooner).

6.4 Carpets

As a Trust carpets should be avoided in all clinical areas, but where they are in use, they must be cleaned as per cleaning schedule for that area.

When purchasing-replacement vacuum cleaners they should be of a HEPA filter design.

6.5 Domestic Rooms and Equipment

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

6.6 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). Shelves and cupboards should be of a wipeable design
- Clean dry items such as paper towels, toilet tissue, cleaning cloths and clean mop heads should be stored inside cupboards to prevent contamination from aerosolised pathogens during bucket filling and emptying
- Wet/Dry – separation of clean/dirty and wet/dry;
- Mops – mop poles should be stored in racks
- Facilities –A hand wash basin, hand soap, handtowels, a bin and a utility sink and hopper/bucket sink should be provided in the domestic rooms wherever possible.

6.7 NHS Colour Coding for Cleaning

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

The NPSA NHS colour coding system (Appendix 2) should be adhered to throughout the trust. The adoption of nationally recognised colour coding helps to minimise the risk of cross- infection and extends to all cleaning materials and equipment used. The method used to colour code items should be clear and permanent, and a poster outlining

the system should be displayed in the Cleaning storeroom.

6.8 Body Fluid Spillage

Please refer to the Infection Prevention and Control Policy (1C01).

6.8.1 Large Blood Spillages, Dried Blood and Faecal Smearing (Dirty Protocols)

For large body fluid spillages and extensive faecal smearing the Nurse in Charge must contact the Estates & Facilities department to bring in contractors.

If possible secure 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 Team for advice. 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.

6.9 Annual Deep Clean

All inpatient areas within the trust will receive a deep clean annually arranged as per their specific divisional facilities department's local operating procedures. This is monitored through the IPC Committee.

Deep cleans in out-patient and non clinical areas should be arranged/ authorised through the specific divisional facilities department in line with local operating procedures.

Communication is required between clinical staff and facilities to plan on the removal of items and Service user's personal items before cleaning commences, these items need to be removed by Trust staff.

Requirements for all deep cleans must be discussed with the contractor prior to commencement using the Deep Clean Checklist (Appendix 4 Non exhaustive example list of items to consider)

6.10 Decontamination of Equipment and Medical Devices

Please refer to the Decontamination of Medical Devices Policy

6.11 Cleaning Schedules

All cleaning schedules must adhere to NPSA guidance, Colour coding and risk ratings (Appendix 6 Trust template and example of cleaning schedule)

Details of how staff can request 'additional' cleaning both urgently and routinely, including out of hours arrangements can be obtained by contacting their Site Facility Manager or their division specific facilities team. (Appendix 7 Out of hours arrangements & severe incidents)

Facilities site teams/ External contractor / service level agreement provider will produce detailed cleaning schedules for each clinical area and department.

Each schedule will detail:

- Cleaning task and location
- Responsibility
- Method of cleaning
- Colour Coding adherence
- Personal Protective equipment required
- Frequency of cleaning

All areas must record daily flushing of water outlets as necessary (areas identified as out of use will be subject to enhanced flushing and this will be recorded separately). Please refer to the Trust's Management & Control of Legionella Bacteria in Water Services policy (SA28) for further guidance.

All cleaning schedules should be displayed in a prominent place where they can be accessed by staff. Cleaning schedules should be reviewed 3 monthly and fully updated annually. This is monitored through the IPC Committee.

6.12 Cleaning after Building Works

Additional cleaning will be required where significant and / or prolonged building or refurbishment work is undertaken. It is the responsibility of the Estates project lead to liaise with Facilities managers during the planning stages.

6.13 Personal Protective Equipment

Uniform

Staff should dress in accordance with IC01 Infection Control Policy and guidance from their manager

6.22.1 Gloves

All gloves should be either colour coded (appendix 2) or disposable and should be changed for each patient zone and between tasks (as appropriate) and removed when a task is finished or if a task is interrupted for another reason. The use of gloves does not replace the need for proper hand washing. An adequate stock of various sizes must be available at all times.

6.22.2 Aprons

Aprons must be worn for any task where there is a risk of contamination of clothing or uniforms with bodily fluids or other contaminants. E.g handling soiled linen , emptying mop buckets or as instructed by the Infection Prevention & Control team and in line with risk assessment controls.

6.23 Waste Disposal

Waste must be handled, stored and disposed of in accordance with the Trusts Waste Management Policy (SA22).

6.24 Hand Decontamination

- As per IC01 Infection Prevention and Control Policy

6.25 Identifying Risk Categories

All healthcare environments should pose minimal risk to Service Users, Staff and Visitors; however different functional areas represent different degrees of risk, and therefore require different cleaning frequencies and different levels of monitoring and audit. Consequently all functional areas should be assigned one of four risk categories Low, significant, high or very high.

New or revised areas are assessed by the facilities department to ensure compliance with the National standards of Cleanliness 2009.

6.25.1 Low Risk Functional Areas

In these areas, high standards are required for aesthetic and, to a lesser extent, hygiene reasons. Outcomes should be maintained by regular and frequent cleaning with 'Spot Cleaning' in between. Low risk functional areas may include administrative areas, non – sterile supply areas, record storage and archives. Bathrooms, staff lounges, offices and other areas adjoining low risk functional areas should be treated as having the same risk category and receive the same level of cleaning. e.g within Mersey Care : V7, LIP , Indigo Building (Maghull)

6.25.2 Significant Risk Functional Areas

In these areas, high standards are required for both hygiene and aesthetic reasons.

Outcomes should be maintained by regular and frequent cleaning with 'Spot Cleaning' in between. Significant risk functional areas may include Out Patient Department, Bathrooms, toilets, staff lounges, offices and any other areas adjoining significant risk functional areas should be treated as having the same risk category and receive the same regular levels of cleaning. e.g. within Mersey Care: Baird House and Haigh Road

6.25.3 High Risk Functional Areas

Standards should be maintained by regular and frequent cleaning. High risk functional areas may include general wards (acute, non acute and mental health), Sterile Supplies, Clinical rooms, public thoroughfares and public toilets.

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

e.g. within Mersey Care: All ward areas with MCNFT hospitals and all community service clinic / health clinics.

6.25.1 Very High Risk Functional Areas

Consistently high cleaning standards must be maintained. Required outcomes will only be achieved through intensive and frequent cleaning. Very high risk functional areas may

include departments / rooms where invasive procedures are performed or where immune – compromised Service Users are receiving care.

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

e.g within Mersey Care: Ulcer Care, Dentistry , Minor invasive procedures.

7. TRAINING AND SUPPORT

7.1 Infection Prevention and Control training will be delivered to all employees. For staff whose role includes cleaning the training will include the cleaning process for multi-drug resistant organisms such as C.diff, Carbapenemase Producing Enterobacteriaceae (CPE), Norovirus, and management of body fluid spillages.

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

7.3 All new FMA's will receive a local induction by a member of the Facilities Management Team. The contents of the induction will vary between locations and will be determined by their job specifications. This induction will include use of colour coded equipment, safe use of cleaning chemicals and materials, and training in the use of cleaning equipment and site specific related procedures.

8. MONITORING

9.1 All clinical and non- clinical areas are checked for cleanliness through a comprehensive programme of auditing carried out by Facilities staff. Matrons, Ward Managers and Clinical Leads, all need to play an active part of the process and should partake in joint auditing together with Facilities Managers.

9.2 Audit results are recorded electronically and shared with the relevant Matron, Ward, Clinical Lead and Facilities Manager. Any areas requiring cleaning rectification are communicated to the relevant staff group for rectification.

9.3 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.(Appendix 5)

9.4 The PLACE process and Infection Prevention and Control Audits (based on IPS Quality Improvement tools) occur annually and are reported through the Infection, Prevention and Control Committee to the Quality Assurance Committee.(Appendix 6)

9.5 Where failings are identified at audit, areas will be required to produce action plans to rectify and their compliance will be monitored by the IPCC, through the Facilities Management teams and Clinical leads in the area.

7 CONSULTATION

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
- Environmental Manager

10 EQUALITY AND HUMAN RIGHTS ANALYSIS

Equality and Human Rights Analysis

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

<p>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.</p> <p>Who will be affected? Staff, service users and carers.</p>

Evidence
<p>What evidence have you considered? All documentation within the policy.</p>
<p>Disability (including learning disability) No issues identified</p>
<p>Sex No issues identified</p>
<p>Race No issues identified</p>
<p>Age No issues identified</p>

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:
Joanne Ashley

Date assessment completed: 4.12.18

Name of responsible Director: Elaine Darbyshire

Date assessment was signed: 4.12.18
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11. IMPLEMENTATION PLAN

IMPLEMENTATION PLAN	Issues identified / Action to be taken	Responsible	Time-Scale
<p>Co-ordination of implementation How will the implementation plan be co-ordinated and by whom? <i>Clear co-ordination is essential to monitor and sustain progress against the implementation plan and resolve any further issues that may arise.</i></p>	<p>The implementation plan will be co-ordinated by the Associate Director Director of Estates and Facilities. 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.</p> <p>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.</p> <p>This committee will also be used as the forum for future reviews and subs</p>	<p>Associate Director of Estates and facilities</p> <p>Infection Prevention and Control Committee</p>	<p>By February 2019</p>

<p>Engaging staff Who is affected directly or indirectly by the policy? Are the most influential staff involved in the implementation? <i>Engaging staff and developing strong working relationships will provide a solid foundation for changes to be made.</i></p>	<p>Infection Prevention and Control Link Nurses Modern Matrons Facilities Site Managers PLACE Teams FM Assistants/Ward Managers Consultants and Doctors Nursing staff Admin staff</p> <p>Influential staff are:</p> <p>Infection Prevention and Control Link Professionals Modern Matrons Head of Estates and Facilities Facilities Manager (Operations) Facilities Site Managers Facilities Management Assistants PLACE Team</p>	<p>All trust representatives</p>	<p>Ongoing - Continuous</p>
<p>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? <i>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.</i></p>	<p>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.</p> <p>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.</p>	<p>Facilities Leads</p>	<p>PLACE – January to March each year, on-going</p>

<p>Communicating What are the key messages to communicate to the different stakeholders? How will these messages be communicated? <i>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.</i></p>	<p>Key messages are:</p> <p>This Policy details the principles which underpin the approach to the management of cleanliness and duties under the Health and Social Care Act 2008.</p> <p>Outlines the responsibilities of Managers and staff that keep all areas clean and free from infection.</p> <p>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.</p>	<p>Associate Director of Estates and Facilities/Head of Estates & Facilities/Facilities Leads</p>	<p>Ongoing - Continuous</p>
<p>Training What are the training needs related to this policy? Are people available with the skills to deliver the training? <i>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.</i></p>	<p>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.</p> <p>The training will be delivered in-house by the IPC and Facilities Management Team and all associated staffs will be included.</p>	<p>Facilities Leads/Infection Prevention and Control Team</p>	<p>Ongoing – Continuous</p> <p>Ongoing – Continuous Annually and as required</p>

<p>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? <i>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.</i></p>	<p>No issues identified</p>		
<p>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? <i>Initial barriers to implementation need to be addressed as well as those that may affect the on-going success of the policy</i></p>		<p>Service Managers</p>	<p>Ongoing - Continuous</p>

<p>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? <i>Evaluating and demonstrating the benefits of new policy is essential to promote the achievements of those involved and justifying changes that have been made.</i></p>	<p>The main change should be consistent monitoring and recording for the PLACE Process and ERIC returns.</p> <p>Lessons from this implementation should focus on the correct standards and guidelines now in place for everyone to adhere and refer to.</p> <p>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.</p> <p>An annual report is also submitted to the Quality Assurance Committee.</p>	<p>Associate Director of Estates and Facilities/Head of Estates & Facilities/Facilities Leads</p>	<p>PLACE Periods are: January to May each year.</p> <p>Pre PLACE Periods are: September to December each year.</p> <p>Annual Reporting</p>
<p>Other considerations</p>			

11 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	Clinical/Nursing Staff	Outer case cleaned daily and between patient use	Outer case cleaned weekly
	Contractor	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
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

Community and Mental Health Services

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)
		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	Contractor	Two full cleans annually	One full clean Two full cleans annually
20. Mirrors	FMA	One full clean daily	One full clean daily
21. Bedside patient TV	FMA	One full clean daily	One full clean daily
22. Radiators	FMA	One full clean daily	One full clean daily
23. Ventilation grilles extract and inlets.	Contractor	One full clean-annually	One full clean annually
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
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
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

Community and Mental Health Services

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)
32. Chairs	FMA	One full clean daily and one check clean daily	One full clean daily
33. Beds Frame	FMA	Daily	Daily
		Under weekly	Under weekly
Base	Clinical/Nursing Staff	Whole on discharge	Whole on discharge
		Mattress & Under Mattress – on change of linen	Mattress & Under Mattress – on change of linen
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	One full clean daily	One Full clean daily
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	Windows cleaned, changed or replaced yearly	Windows cleaned changed or replace yearly
	FMA	Bed & Clinic room curtains changed six-monthly	Bed & Clinic room curtains replaced 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	One full clean daily
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

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)
50. Baths	FMA	One full clean daily and one check clean daily	One full clean daily

13. Appendix 2 – NPSA NATIONAL COLOUR CODING SCHEME

National colour coding scheme for hospital cleaning materials and equipment

All NHS organisations should adopt the colour code below for cleaning materials. All cleaning items, for example, cloths (re-usable and disposable), mops, buckets, aprons and gloves, should be colour coded. This also includes those items used to clean catering departments.



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

14. APPENDIX 3 – EXAMPLE OF BODY FLUID SPILL KIT INSTRUCTIONS FOR USE

SPILL WIPES

Clinell Spill Wipes are designed to make dealing with body fluid spills quick and easy. The pack contains one super absorbent, peracetic acid generating pad and two large disinfectant wipes. All within a re-sealable bag for the easy and safe disposal of waste.



SPILL WIPES

The traditional body fluid spills protocol requires the spill to be decontaminated with chlorine before the spill can be safely removed. This involves a lengthy procedure; place a barrier agent around the edges of the spill, pour 10,000ppm of chlorine granules over the spill and leave for a few minutes to neutralise the blood-borne pathogens.

Next, remove the chlorine granules with a squeegee/dustpan and dispose of in a biohazard bag. Wipe the area with additional absorbent towels to remove any residue.

This entire process takes at least 10 minutes and exposes the user to hazardous chemicals as well as

carcinogenic toxic fumes. This may be why compliance is very low with current chlorine blood spill kits. In addition, chlorine spill kits cannot be used on urine - meaning two different spill kits for blood and urine are necessary. With Clinell Spill Wipes you only need one.

Clinell Spill Wipes were created to make the entire process of dealing with body fluid spills easier and safer. They increase compliance in this necessary, yet often neglected, infection control procedure in a cost effective manner.



1. Wear the appropriate PPE.



2. Tear open the pack.



3. Remove wipes.



4. A is the active side and should be placed on the spill.



5. Place the active side (A) face down onto the spill. Leave to absorb for 15 secs.



6. Push down on the plastic backed side (B) and move around until the spill is fully absorbed.



7. Put the soiled wipe back into the pack.



8. Remove a disinfectant wipe from the sachet.



9. Clean the spill area in an 'S' shaped motion, from clean to dirty.



10. Put the soiled wipe and empty sachet back into the pack.



11. If required repeat steps 8-10 with the second wipe and reseat.



12. Dispose of in the appropriate waste stream.

PRODUCT INFORMATION	UNIT OF ISSUE	ORDER CODE	NHSSC
Spill Wipes	Single unit	CSW1	VJT268
Wall Mounted Dispenser	(for CSW1)	CSW1D	-

GAMA Healthcare Ltd., 2 Regal Way, Watford, Hertfordshire, WD24 4YJ.
T: +44 (0)20 7993 0030 E: info@gamahealthcare.com



15. APPENDIX 4 – Deep clean non exhaustive example Deep Clean Specification Checklist

FACILITIES MANAGEMENT SERVICES

DEEP CLEANING SPECIFICATION CHECKLIST

ENVIRONMENT	ITEM/REQUIREMENTS	REQUIRED - YES/NO	COMMENT
ENTRANCE/ FOYER	CHAIRS - FULL CLEAN / SHAMPOO - INC UNDERNEATH AND LEGS		
	TABLES - FULL CLEAN INC UNDERNEATH AND LEGS		
	HARD FLOOR -SWEPT / MOPPED AND SCRUBBED TO REMOVE MARKS		
	CARPETED FLOOR/MATS - VACUUMED AND SHAMPOOED		
	WALLS/ PARTITIONS - WASHED / STEAMED CLEANED, ALL MARKS REMOVED		
	CEILING - DUSTED AND MARKS REMOVED		
	LIGHT FITTINGS AND VENTS - INSIDE & OUT CLEANED		

	DOORS & DOOR FRAMES - WASHED AND ALL MARKS REMOVED		
	RADIATORS- COVERS REMOVED (By Mitie) AND STEAM CLEANED & DUSTED BEHIND RADIATOR		
	HIGH AND LOW LEDGES INCLUDING SKIRTING BOARDS - TO BE WASHED/ STEAM CLEANED AND ALL MARKS REMOVED		
CORRIDOR	CHAIRS		
	TABLES		
	HARD FLOOR		
	CARPETED FLOOR/MATS		
	WALLS		
	CEILING		
	LIGHTS		
	RADIATORS		
	DOORS		
LOUNGE/ SEATED AREAS	CHAIRS		
	TABLES		
	HARD FLOOR		
	CARPETED FLOOR/MATS		
	WALLS		
	CEILING		
	LIGHTS		
	RADIATORS		
	DOORS		

DINING ROOM	CHAIRS - FULL CLEAN / SHAMPOO - INC UNDERNEATH AND LEGS		
	TABLES - FULL CLEAN INC UNDERNEATH AND LEGS		
	HARD FLOOR -SWEPT / MOPPED AND SCRUBBED TO REMOVE MARKS		
	CARPETED FLOOR/MATS - VACUUMED AND SHAMPOOED		
	WALLS/ PARTITIONS - WASHED / STEAMED CLEANED, ALL MARKS REMOVED		
	CEILING - DUSTED AND MARKS REMOVED		
	LIGHT FITTINGS AND VENTS - INSIDE & OUT CLEANED		
	DOORS & DOOR FRAMES - WASHED AND ALL MARKS REMOVED		
	RADIATORS- COVERS REMOVED (By Mitie) AND STEAM CLEANED & DUSTED BEHIND RADIATOR		

WARD KITCHEN	CHAIRS - FULL CLEAN / SHAMPOO - INC UNDERNEATH AND LEGS		
	TABLES - FULL CLEAN INC UNDERNEATH AND LEGS		
	HARD FLOOR -SWEPT / MOPPED AND SCRUBBED TO REMOVE MARKS		
	CARPETED FLOOR/MATS - VACUUMED AND SHAMPOOED		
	WALLS/ PARTITIONS - WASHED / STEAMED CLEANED, ALL MARKS REMOVED		
	CEILING - DUSTED AND MARKS REMOVED		
	LIGHT FITTINGS AND VENTS - INSIDE & OUT CLEANED		
	DOORS & DOOR FRAMES - WASHED AND ALL MARKS REMOVED		
	RADIATORS- COVERS REMOVED (By Mitie) AND STEAM CLEANED & DUSTED BEHIND RADIATOR		



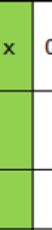
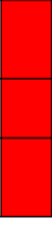


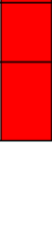





PLACE Local Action Plan

Clinical Areas:- Daisy Ward
Date:- 01.01.18

RED to be completed

AMBER on-going, progress being made

GREEN Completed

	Location Room No	PLACE Issue	Responsibility- Action to be taken	Action Taken - Current status	Put an X in relevant box	Date work Completed	Task Order/Mitie number
1	001 CORRIDOR	FLOOR DIRTY	FACILITIES- FLOOR TO BE CLEANED	COMPLETED	  	02.1.18	N/a
2					  		
3					  		
4					  		

19. APPENDIX 8 – REFERENCES

- *Guidance for Providers: Regulations for Service Providers and Managers*, Care Quality Commission
<http://www.cqc.org.uk/content/regulations-service-providers-and-managers>
- *A Matron's Charter: An Action Plan for Cleaner Hospitals* (2004), Department of Health
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4091507.pdf
- *Standards for Better Health* revised (2006), Department of Health
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4132991.pdf
- *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 National Specifications for Cleanliness in the NHS: Guidance on Setting and Measuring Performance Outcomes in Primary Care Medical and Dental Premises (2010), National Patient Safety Agency

<http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=75245%20>

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

<http://nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=61814>