

INFECTION PREVENTION AND CONTROL

Cleaning Policy

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Purpose:	Policy on cleaning carried out by the Facilities department
Consultation:	Infection Prevention Control Committee, BEME Group, Health and Safety Group, Clinical Policy Group
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Impact Assessments:	This Policy has been subjected to an Equality Impact Assessment. This concluded that this policy will not create any adverse effect or discrimination on any individual or particular group and will not negatively impact upon the quality of services provided by the Trust.

Version History

Version	Date	Reason for Change
V1	16.12.14	Base Document
V1.1	24.1.18	3-year review
V2	6.7.22	Updated roles and responsibilities to reflect the current Trust structures plus inclusion of the latest NHS cleanliness standards 2021.

SUMMARY

The Trust has a legal duty to ensure the health and safety of its employees. The Care Quality Commission (CQC) Regulation 15 - Premises and Equipment states that:

All premises and equipment used by the service provider should be;

- a. Clean
- b. Secure
- c. Suitable for purpose
- d. Properly used
- e. Properly maintained
- f. Appropriately located for the purpose they will be used.

Premises and equipment will be kept clean in line with the National Standards of Healthcare Cleanliness 2021 (NSoHC 2021). This is a national framework used throughout the NHS. Cleanliness is essential for the comfort and dignity of patients and to control the spread of infection.

The Trust will;

- Use appropriate cleaning agents and review suitability on an annual basis
- Use the methodology's written in the NHS Cleaning Manual
- Operate cleaning schedules set out in the NSoHC 2021
- Audit and monitor levels of cleanliness
- Act on any shortfalls identified
- Make sure staff with cleaning responsibility are given appropriate training.

All staff have accountability for cleanliness and should;

- Help provide a good patient experience by providing a clean safe environment
- Meet the requirements of CQC Regulation 15
- Ensure that the patient environment is cleaned according to the specified frequencies during the patients stay
- Adhere to that the national colour coding system for cleaning equipment
- Ensure Housekeepers understand their responsibilities for maintaining a clean environment and use appropriate cleaning equipment and materials
- Ensure Housekeepers understand what protective clothing to wear when performing cleaning duties.

TABLE OF CONTENTS

	Section	Page
1	Introduction	3
2	Purpose	3
3	Scope	3
4	Duties	3-5
5	Policy Detail	5-8
6	Definitions	8-9
7	Process for Monitoring Compliance	9-10
8	Training	10
9	References	10
10	Associated Documents	10-11
Appendix 1	National Standards of Healthcare Cleanliness 2021 Cleaning Responsibility Matrix - GHC	12-15
Appendix 2	National Colour Coding Scheme for Hospital Cleaning Materials and Equipment	16
Appendix 3	Disc Notification System/Waste Systems	17

1. INTRODUCTION

This cleaning policy has been written to outline and demonstrate how the organisation will keep GHC premises clean, providing a safe environment for patients, staff and visitors. The document provides guidance and direction to all employees on how to maintain high standards of cleanliness. It outlines the responsibilities for all staff, the monitoring processes used and the method for escalation of concerns.

The document has been written in accordance with the National Standards of Cleanliness 2021 which contain mandatory elements which NHS Healthcare Premises must adhere to. This policy provides the opportunity to outline how GHC implements these Standards.

The policy also supports the Trust compliance with the Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

Maintaining high standards of cleanliness is a key factor in providing safe and high quality services throughout GHC premises and to the people who access its services.

2. PURPOSE

The cleaning policy gives clear direction about cleanliness provided by the Facilities Teams on Trusts sites.

This policy should be read in conjunction with the associated documents, policies and procedures. The objective of this document is to ensure that staff are made aware of and understand the main issues relating to maintaining high cleanliness standards.

3. SCOPE

This policy applies to all staff directly employed by the Trust and any outsourcing or contractor procured for cleaning on Trust premises. The aim of the policy is to ensure adherence to the NSoHC 2021. The policy should be read in conjunction with other Trust Policy's including:

- A–Z of Equipment Decontamination (Infection Control Policy CLP077)
- Hand Decontamination Guidelines (Infection Control Guideline CLP087)
- Infection Control Policy - (CLP243)
- Isolation Policy (Infection Control Policy CLP073)
- Management and Decontamination of Bodily Fluids / Waste Spillage Policy (Infection Control Policy CLP081)
- Control of Substances Hazardous to Health Policy
- Waste Management Policy (012P)

4. DUTIES

Executive Director

The Executive Director responsible for Estates and Facilities will ensure that the premises are fit for purpose, maintained and cleaned. They are responsible for ensuring the department has the adequate resource to achieve standards set in the NSoHC 2021, as agreed with the Estates and Facilities Senior Management Team and Infection Prevention and Control colleagues.

Associated Director of Estates, Facilities and Medical Equipment

The Associate Director of Estates, Facilities and Medical Equipment will be responsible for the day to day management of the policy, professional leadership, the resultant procedures and their implementation.

Head of Facilities – Operations

The responsibility of the Head of Facilities is to:

- Lead and be responsible for cleaning services throughout the Trust
- Provide professional leadership and be a source of advice on cleaning issues
- Ensure compliance with the NSoHC 2021
- Ensure that all areas operate to the specified cleaning frequencies
- Involve Matrons and Infection Control Leads on decision making where applicable
- Ensure all relevant legislation is adhered to
- Establish good working relationships with any 3rd parties associated with Facilities cleaning services
- Continuously review working practices.

Infection Prevention and Control Team

The Infection Prevention and Control Team are responsible for reviewing and updating the Infection Control and Isolation Policies. They will give additional advice regarding the type of clean required in potentially infected areas and refer to the Microbiologist. IPC team will liaise with clinical teams and facilities teams following ward/bay closures due to outbreaks of infection.

Service Directors and Matrons

The responsibility of Heads of Service and Matrons is to:

- Be accountable for cleanliness on the sites for which they either hold responsibility or provide services out of
- Escalate concerns about the standards of cleanliness to their Facilities Manager
- Agree to and have awareness of all cleaning specifications for their sites
- Meet regularly with the site Facilities Manager on cleaning issues
- Support the site Facilities Manager resolve any challenges to achieving cleanliness standards.

Performance and Compliance Manager – Facilities

The responsibility of the Performance and Compliance Manager is to:

- To ensure the Facilities Team adhere to the NSoHC 2021
- To lead on auditing and compliance measured against the NSoHC 2021
- Ensure Facilities compliance with the NHS Cleaning Manual
- To co-ordinate and maintain a central auditing system
- Create performance dashboards and reports on request from the Head of Facilities and key stakeholders.

Facilities Managers

The responsibility of Facilities Managers is to:

- Maintain the required number of cleaning hours and have the correct allocation of staff
- Monitor any staff absence and the impact on cleaning
- Work with the Head of Facilities and the Performance and Compliance Manager to ensure adherence to the NSoHC 2021
- Ensure cleanliness is monitored using the auditing software package
- Ensure that staff are fully inducted and trained with the NHS Cleaning Manual
- Ensure that methodologies followed comply with The Cleaning Manual
- Ensure sites have cleaning equipment in good working order
- Escalate any concerns to the senior Facilities Management Team.

Facilities Staff

Housekeepers have the following responsibilities:

- Ensure that national colour coding rules are followed
- Agreed safe cleaning practices are followed in line with relevant risk assessments
- Completion of documentation in a timely manner
- Ensure that the correct equipment and materials are used in Trust premises
- Report cleaning issues or non-compliance to their Supervisor
- Ensure they keep up to date with their Mandatory training.

All Trust Staff

All Trust staff have the following responsibilities:

- Recognise that cleanliness is everyone's responsibility
- Treat their working environment with respect, keeping it tidy and easy for facilities staff to access
- Participate in any High Touch Point (HTP) cleaning if requested by the Director responsible for Infection and Prevention Control (DIPC)
- Trust staff need to make themselves aware of what items/environments they are responsible for cleaning.

5. POLICY DETAIL

5.1 Cleaning Framework - National Standards of Healthcare Cleanliness 2021 and Risk Categories

The Trust has cleaning schedules that are aligned with the NSoHC 2021. This provides a cleaning framework for all healthcare sites. It details elements, risk categories, responsibilities and auditing compliance. The matrix of risk categories and target scores is listed in the table below.

Functional Risk (FR) Category	Target Score
Functional Risk 1	98%
Functional Risk 2	95%
Functional Risk 3	90%
Functional Risk 4	85%
Functional Risk 5	80%
Functional Risk 6	75%

The risk category will dictate the cleaning and auditing frequencies for each area.

5.2 Cleaning Responsibility Matrix

The Trust cleaning responsibility matrix assigns a cleaning responsibility to all elements present in a clinical area and this document is available on the Trust intranet. The responsibility groups are clinical/departmental, facilities or estates, this document can be found in [Appendix 1](#). This is a live document and will be reviewed and signed off by the Infection Control Committee at least annually. The latest version will always be available on the Facilities Intranet page.

5.3 Types and Methods of Cleaning

Clean Type	Frequency of Clean	Description	Chemicals Used
Routine Clean	Everyday cleaning as per cleaning schedule	The physical removal of contamination and Micro-organisms	Neutral Detergent
Enhanced Clean	On request by IPC or on notification of infection present	A method of cleaning using products that provide a level of disinfection	Chlorine releasing Tablets or Disinfectant wipes
High Touch Point Clean	As part of a routine clean or on additional request during a period of concern	A clean of the frequently touched surfaces of a designated element. E.g. door handle	Routine - Neutral detergent Disinfectant if advised by IPC
Outbreak Clean	An enhanced clean requested following a period of increased infection defined as an outbreak.	A full and thorough clean of the environment, including furniture, furnishings and fittings	Chlorine Tablets and Disinfectant wipes (1000 PPM)
Discharge Clean	A clean requested following the discharge of a patient from a room or bed space.	Completed when any patient is discharged or transferred from the Trust.	Routine - Neutral detergent Unless advised

5.4 The NHS Cleaning Manual

The NHS Cleaning Manual is designed to help the Trust deliver high quality, effective and safe healthcare in clean premises. The aim of the manual is to provide guidance on cleaning techniques, advice on best practice and help drive improvements. The manual is a set of methodology's which instruct on how to clean elements to a high standard. The Trust uses the manual as a training tool and the document is available on the Facilities Intranet page. All Facilities staff will be trained in accordance with the Cleaning Manual.

5.5 Colour Coding of Equipment

Both the NSoHC 2021 and the Cleaning Manual state the Trust must have an appropriate colour coding system in place. The system has the following basic principles:

- To prevent cross contamination from infectious to non-infectious areas. Where possible this applies to all equipment but is essential for anything not classed as single use.
- Designed in a way that isolation areas can be created to separate equipment and reduce risk.

- The system is easy to understand with a clear poster dictating what colour coded item of equipment is used where and when and is part of a staff training.

Colour Coding Golden Rule

Always work from the cleanest area toward the dirtiest area. This reduces the risk of cross-contamination.

A poster detailing the specifics of the Trust colour coding can be found in [Appendix 2](#).

5.6 Trust Approved Equipment and Products

All equipment and products used by facilities staff across the Trust must be agreed by the facilities management team to ensure the product is the most appropriate for the task. Equipment must be purchased from a compliant source and itself be easy to clean and robust. All staff using cleaning equipment must do so in a responsible manner, using the product as trained and for its intended use only and stored safely as directed. Any concerns around the equipment including defects must be reported to the facilities supervisors immediately and the item removed from service.

5.7 Control of Substances Hazardous to Health (COSHH)

All staff are trained to work safely as part of their annual mandatory training. Alongside this, staff involved in the cleaning of the environment will be trained in the relevant aspects of COSHH and the information relevant to the cleaning products they use or may come into contact with. All chemicals are stored securely as per regulations and a folder containing up to date COSHH data will be stored on site.

Chemicals will not be left unattended on trolleys and where necessary lockable trolleys will be provided for storage.

Staff will be provided with the appropriate uniform and personal protective equipment (PPE) for the cleaning tasks carried out including; disposable gloves, aprons and safety goggles. These should be used according to the processes and methods of cleaning stated in the NHS Cleaning Manual.

All authorised cleaning products are assessed and reviewed annually by the department. A folder containing the COSHH assessments and data sheets will be available on every site the department is responsible for cleaning. The department reviews chemical usage regularly and is committed to reducing the use of harmful chemicals as stated in the hierarchy of controls contained in the Health and Safety at Work Act 1974.

5.8 Inpatient Notification System (Disk System)

The inpatient notification system places patient areas in to three different colours, green, blue and orange. The purpose of the system is to inform the Facilities staff what equipment and the type of cleaning products are required for the room (routine or enhanced). The notifications system allows the Trust to create isolation areas for infectious patients so segregated equipment can be used (as stated in the colour coding procedure). The Infection Control Team will lead on colour decision making in consultation with the Microbiologist and notify the care area of what colour is required for the patient. The notification system can be seen in [Appendix 3](#).

5.9 Personal Protective Equipment (PPE)

The Trust is committed to ensuring that the duties enshrined in the Personal Protective Equipment at Work Regulations (PPE) are met. Suitable and sufficient PPE will be made available to employees carrying out operations and activities where the risk assessment has identified a need for this. All users of PPE will be provided with information and instruction as to the correct use, donning and doffing of PPE. PPE must comply with current regulations.

5.9.1 Gloves - Hand Dermatitis Protocol

The Trust is committed to only using PPE when appropriate but also recognises that Housekeeping staff wear gloves for the majority of cleaning tasks they complete. The department is aware of the Prevention and Management of Hand Dermatitis Protocol and as stated in the Protocol carries out hand surveillance and any concerns will be reported to Working Well. Records of all surveillance are kept locally and can be accessed on request.

5.10 Decontamination of Body Fluids

As stated in the Management and Decontamination of Bodily Fluids/Waste Spillage Policy, the primary clean is completed by clinical staff only. The facilities team will then complete a secondary clean of the spillage area with disinfectant - Actichlor Plus (1000 PPM).

5.11 Commitment to Cleanliness Charter

The Commitment to Cleanliness Charter sets out an organisation's commitment to achieve a consistently high standard of cleanliness. Using the functional risk category, cleaning frequencies and cleaning responsibilities for each functional area. The Charter provides this information which will be displayed in all clinical patient facing areas by the Facilities Team.

6. DEFINITIONS

Control of Substances Hazardous to Health (COSHH)

COSHH regulations dictate how we control and manage the chemicals we use in the department. Health surveillance and risk assessments are also covered in the regulations.

Care Quality Commission (CQC)

The CQC are the independent regulator of health and social care. The CQC will routinely audit all care providers registered in England.

National Specifications of Cleanliness 2007 (NSoC 2007)

NSoC 2007 was the national cleaning framework used throughout the NHS prior to the release of the NSoHC 2021.

National Standards of Healthcare Cleanliness 2021 (NSoHC 2021)

The latest cleaning framework. The document recommends what to clean and the frequency elements of cleaning. The framework also provides a template for a robust auditing regime.

Premises Assurance Model (PAM)

PAM is a self-assessment tool related to Estates and Facilities. The framework supports boards, directors of finance, estates and clinical leaders to make more informed decisions about the development of their estates and facilities services and provides assurances that the estate is safe, efficient, effective and of high quality.

Patient Led Assessment of the Care Environment (PLACE)

PLACE assessments are conducted annually and put patient views at the centre of the assessment process, and use information gleaned directly from patient assessors to report how well a hospital is performing in the areas assessed – privacy and dignity, cleanliness, food and general building maintenance.

7. PROCESS FOR MONITORING COMPLIANCE

The cleanliness of the environment will be monitored on a regular basis. The frequency of monitoring will be determined by the NSoHC 2021 and will relate to the risk categorisation of the area.

The Trust will use a monitoring software package to carry out the regular audits of all clinical areas.

7.1 Auditing of the 50 Elements

Audits will be conducted by site supervisors and peer review audits will take place across the Trust by the Facilities departments in order to validate the process.

The audit results will be fed back to the cleaning team responsible for cleaning the area in order to allow rectification of any issues within the timeframe stated in the NSoHC 2021. Department managers, clinical leads or matrons will be copied into the results. Results will be shared at the Facilities Teams meetings and reported to the Infection Prevention Control Committee. Areas of concern will be highlighted or escalated as necessary.

7.2 Adenosine Triphosphate (ATP) Monitoring Swabbing

The cleaning process both environmental and clinical will be validated by use of an ATP swabbing process. The process will be approved by the Infection Control Committee and will provide further assurance through regular validating of inpatient areas and theatres. The results are shared with the relevant departments and managers and the Infection Control Committee via the facilities report. Any concerns will be actioned and escalated to the committee.

7.3 Efficacy Audits

These are environmental audits undertaken by a multi-disciplinary team as written in the NSoHC 2021. The audits are designed to capture all elements of the patient environment including cleanliness.

7.4 Supervision of Staff

Supervision is an important part of verification and compliance. The Facilities Department will adopt the techniques and guidance set out in the GHC Overarching Supervision Policy with the aim of providing the right amount of supervision for verification and also resolving any gaps documented.

7.5 Escalation Process

Any concerns, challenges or areas of non-compliance related to cleaning or this policy must be escalated by colleagues through the Facilities Management Team, Infection Control Team or through the Datix incident reporting system. These issues will then be discussed at the

Facilities Management Team Meeting, Building User Group meetings for escalation to Infection Prevention and Control Committee and Building Environment and Medical Equipment Group.

The Facilities Management Team will also escalate any patient or visitor complaints or concerns through the same channels described above.

8. TRAINING

8.1 Staff Training

All facilities staff will have a local induction and a training plan that explains the NSoHC 2021. The basics of COSHH and Health and Safety will also be explained. Training needs will be checked formally at staff appraisals and will be verified by Efficacy Audits. Training will also be provided for any equipment used by the department.

8.2 Mandatory Infection Control Training

All members of the Facilities team will complete annual Infection Control Training via the Trusts e-learning Portal. Compliance will be tracked centrally by the Learning and Development team. Training requirements will be reviewed with the introduction of any new equipment or new working practices.

8.3 Auditing System Training

The Performance and Compliance Manager will ensure that all Supervisors and Managers are fully trained to complete auditing with both the 50 Element tracking software as well as the swabbing system. Both systems are outsourced and updates will be tracked centrally to make sure training requirements are met for the duration of each contract.

9. REFERENCES

Patient Led Assessment of the Care Environment (PLACE):

<https://digital.nhs.uk/data-and-information/areas-of-interest/estates-and-facilities/patient-led-assessments-of-the-care-environment-place>

Care Quality Commission (CQC):

<https://www.cqc.org.uk/>

RIDDOR Regulations 2013:

<https://www.hse.gov.uk/riddor/>

COSHH Regulations 2002:

https://www.hse.gov.uk/foi/internalops/ocs/200-299/273_20/

10. ASSOCIATED DOCUMENTS

Infection Control Policies:

[Infection Control - Interact \(ghc.nhs.uk\)](https://ghc.nhs.uk/)

Prevention and Management of Dermatitis Protocol:

[Prevention and Management of Dermatitis Protocol - Interact \(ghc.nhs.uk\)](https://ghc.nhs.uk/)

National Specifications of Cleanliness 2007 (NSC2007):
[Cleaning Framework Documents - Interact \(ghc.nhs.uk\)](#)

National Standards of Healthcare Cleanliness 2021:
[NHS England » National Standards of Healthcare Cleanliness 2021](#)

Overarching Supervision Policy: Clinical and Non-Clinical Supervision (CLP116):
[Overarching Supervision Policy: Clinical and Non-Clinical Supervision \(CLP116\) - Interact \(ghc.nhs.uk\)](#)

NHS Cleaning Manual:
[Cleaning Framework Documents - Interact \(ghc.nhs.uk\)](#)

PAM Framework:
[NHS England » NHS Premises Assurance Model](#)

Appendix 1

National Standards of Healthcare Cleanliness 2021

Cleaning Responsibility Matrix - GHC

Cleaning Task	Staff Group Responsible	Other Information
Commodes	Nursing Staff	
Toilet Riser Seats	Nursing Staff	
Patient Hoists	Nursing/Departmental Staff	
Weighing Scales Manual Handling Equipment	Nursing/Departmental Staff	
Drip Stands	Nursing/Departmental Staff	
Medical Equipment e.g. Infusion Pumps	Nursing/Departmental Staff	
Patient Washbowls	Nursing/Departmental Staff	
Medical Gas Equipment	Nursing/Departmental Staff	Cylinder Holders at Ward level cleaned by Nursing/ Departmental Staff
Notes & Drugs Trolley	Nursing/Departmental Staff	
Large Children's Activity Toys in Waiting Areas	Nursing/Departmental Staff	
Milk Fridges	Nursing/Departmental Staff	
Drugs Fridges	Nursing/Departmental Staff	
Isolation Trolleys	Nursing/Departmental Staff	
Bed Pan Washers	Nursing/Departmental Staff	
Drugs Cupboard	Nursing/Departmental Staff	
Desk Accessories – staplers, hole punches, in-trays	Nursing/Departmental Staff	
Weights	Nursing/Departmental Staff	
Monkey Poles	Nursing/Departmental Staff	
Thomas Splints	Nursing/Departmental Staff	
Traction Beams	Nursing/Departmental Staff	
Weighing Scales	Nursing/Departmental Staff	
Scanners	Nursing/Departmental Staff	
Urine Jugs	Nursing/Departmental Staff	
Urine Bottles	Nursing/Departmental Staff	
Slipper Pans	Nursing/Departmental Staff	
Bed Pans	Nursing/Departmental Staff	
Catheter Stands	Nursing/Departmental Staff	
Ventilator Equipment	Nursing/Departmental Staff	Routine wipe clean of exterior by Nursing/Departmental Staff.
Portable Nebulisers	Nursing/Departmental Staff	Routine wipe clean of exterior by Nursing/Departmental Staff.
Wall Humidifiers	Nursing/Departmental Staff	Routine wipe clean of exterior by Nursing/Departmental Staff.
Oxygen/Suction Equipment, Portable	Nursing/Departmental Staff	Routine wipe clean of exterior by Nursing/Departmental Staff.
Oxygen/Suction Equipment, Fixed	Nursing/Departmental Staff	Routine wipe clean of exterior by Nursing/Departmental Staff.

Laying Handles	Nursing/Departmental Staff	
Resuscitation Trolleys	Nursing/Departmental Staff	
Handling Belts	Nursing/Departmental Staff	
Stands Aids	Nursing/Departmental Staff	
Hoist Slings	Nursing/Departmental Staff	
Easy Slides	Nursing/Departmental Staff	
Pat Slides	Nursing/Departmental Staff	
Pressure Relieving Mattresses	Nursing/Departmental Staff	
Wash Bowls	Nursing/Departmental Staff	
Oxygen Sat Probes	Nursing/Departmental Staff	
Cushions	Nursing/Departmental Staff	
Patient Trolley's	Nursing/Departmental Staff	After each use
Patient Trolley's base	Cleaning Staff	
Cot sides/ends	Nursing/Departmental Staff	
Mattresses	Nursing/Departmental Staff	
Bed Frames	Nursing/Departmental Staff	
Bed Base	Cleaning Staff	
Pillows	Nursing/Departmental Staff	
Over bed tables/dining tables	Cleaning Staff	
Blood Pressure Cuffs	Nursing/Departmental Staff	
Sharps Bin Trolleys	Nursing/Departmental Staff	Including wheels
Drugs Trolleys	Nursing/Departmental Staff	Including wheels
Notes Trolleys	Nursing/Departmental Staff	Including wheels
Dressing Trolleys	Nursing/Departmental Staff	Including wheels
Blood Gas Machines	Nursing/Departmental Staff	Routine wipe clean of exterior by Nursing/Departmental Staff.
Cardiac Monitors	Nursing/Departmental Staff	Routine wipe clean of exterior by Nursing/Departmental Staff.
IV Pumps/Syringe Drivers	Nursing/Departmental Staff	Routine wipe clean of exterior by Nursing/Departmental Staff.
IV Stand	Nursing/Departmental Staff	Routine wipe clean of exterior by Nursing/Departmental Staff.
Spillages of Bodily substances	Nursing/Departmental Staff	Primary Clean- Nursing Staff Secondary Clean- Cleaning Staff
Flip Charts	Departmental Staff	
Photocopiers	Departmental Staff	
Faxes	Departmental Staff	
Printers	Departmental Staff	
Computers, Monitors & Keyboards	Departmental Staff	
Fire Blanket & Extinguisher	Cleaning Staff	
Bedside Alcohol Gel container, Clip Boards and Notice Board	Cleaning Staff	
Patient Personal Items, e.g. Cards, Suitcase	Cleaning Staff/Nursing Staff	

Cleaning Task	Staff Group Responsible	Other Information
Linen Trolley	Cleaning Staff	Nursing staff wipe after each use
Switches, sockets and data points	Cleaning Staff	
Walls (hand height)	Cleaning Staff	
Doors	Cleaning Staff	
Internal glass, including partitions & vision panels	Cleaning Staff	
Mirrors	Cleaning Staff	
Bedside Patient TV	Cleaning Staff	
Radiators	Cleaning Staff/ Estates Staff	External surfaces Estates Staff to remove covers for deep cleaning
Floors (hard and soft)	Cleaning Staff	
Electrical Items	Cleaning Staff	
Cleaning Equipment	Cleaning Staff	
Low Surfaces	Cleaning Staff	
Kettles	Cleaning Staff	
Toasters	Cleaning Staff	
Beverage Trolleys (including wheels)	Cleaning Staff	
Macerators	Cleaning Staff	External Surfaces only
General Purpose Ward Trolleys	Cleaning Staff	
High Surfaces	Cleaning Staff	
Chairs	Cleaning Staff	
Lockers	Cleaning Staff	
Tables	Cleaning Staff	
Hand Wash Containers	Cleaning Staff	
Alcohol Gel Dispensers	Cleaning Staff	
Waste Bins	Cleaning Staff	Inside and Out
Dishwashers	Cleaning Staff	
Fridges and Freezers	Cleaning Staff	
Water Boilers	Cleaning Staff	
Kitchen Cupboards	Cleaning Staff	
Showers	Cleaning Staff	
Toilets	Cleaning Staff	
Paper Towel Holders	Cleaning Staff	
Sinks	Cleaning Staff	
Baths	Cleaning Staff	Clinical staff clean after each use
Lifts - internal glass, floors, walls and hand rails	Cleaning Staff	
Magazine Racks and Tables	Cleaning Staff	
Leaflet Holders	Cleaning Staff	
Water Coolers	Cleaning Staff	
Crockery	Cleaning Staff	

Wall-mounted Dispensers	Cleaning Staff	
Televisions	Cleaning Staff	
Meal Service Cutlery and Serving Implements	Cleaning staff	
Patient Fans	Cleaning Staff/Estates Staff	Externally cleaned by Cleaning Staff. Periodic Removal of safety covers and internal clean by Estates Staff.
Ventilation Grilles	Cleaning Staff/Estates Staff	Externally cleaned by Cleaning Staff, Periodic removal of safety covers and internal clean by Estates Staff.
Pest Control Devices	Estates Staff	Performed by Specialist Contractor, Supervised by Estates Service.
Ceiling	Estates Staff	As requested,
External glazing	Estates Staff	Performed by Specialist Contractor, Responsibility of Estates Department
CCTV Equipment	Estates Staff	As requested,
Sprinkler System Heads	Estates Staff	PPM
Tower Balconies	Estates Staff	As requested,
Curtains	Cleaning Staff	Removal and Laundry managed by Trust Linen Team. Ad Hoc supply of curtains available as back up for Cleaning Staff.
Gas Cylinder Holders	Portering Staff	After each use
Workstations on Wheels (WOWs)	Nursing Staff	
Lighting- Overhead, bedside, wall mounted examination lights	Cleaning Staff	

Appendix 2






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 should be colour coded. This also includes those items used to clean catering departments.



Appendix 3 - Disc Notification System/Waste Systems

<p>GREEN</p>  <p>Disc</p>	<p>Non-hazardous/Household waste & Detergent Cleaning</p> <p>All waste considered Non-hazardous/household waste, e.g. used paper towels, flowers etc. is disposed of into black waste bags</p> <p>Offensive waste (continence pads/aids, sanitary waste) as well as aprons and gloves, dressings etc. disposed of in tiger bags (yellow bag with one or more black stripes)</p> <p>Detergent clean only is required</p>
<p>BLUE</p>  <p>Disc</p>	<p>Clinical Waste stream required & Detergent Cleaning</p> <p>An infectious waste orange bag is to be used for any item involved in direct patient care, e.g. aprons and gloves, dressings etc.</p> <p>Non-hazardous/household waste, e.g. used paper towels, flowers etc. that has not been in direct contact with the patient is disposed of into black waste bags</p> <p>Detergent clean only is required</p>
<p>ORANGE</p>  <p>Disc</p>	<p>Clinical Waste stream required & <u>Disinfectant</u> Cleaning</p> <p>An orange disc displayed informs staff that all waste including clinical/infectious waste and items that would normally be disposed of into another waste stream goes into an orange waste bag.</p> <p><u>Disinfectant</u> clean is required</p>