## Cleaning Policy for Infected Clinical Areas

<table>
<thead>
<tr>
<th>Author(s) &amp; Designation</th>
<th>Julia Bloomfield, Infection Prevention and Control Nurse</th>
</tr>
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<tbody>
<tr>
<td>Lead Clinician <em>if appropriate</em></td>
<td>Rob Nicolls, Deputy Director of Nursing and Deputy Director of Infection Prevention and Control</td>
</tr>
<tr>
<td>In consultation with</td>
<td>Infection Prevention and Control Forum</td>
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</table>
| To be read in association with | Hand Hygiene Policy  
|  | Isolation Policy  
|  | Diarrhoea and Vomiting Policy  
|  | MRSA Policy  
|  | Clostridium Difficile Policy  
|  | Policy on Standard Precautions for Infection Control  
|  | Cleaning Policy  
|  | Decontamination Policy  
|  | Waste Management Policy  
|  | Linen Policy |
| Ratified by | Infection Prevention and Control Forum |
| Re-issue/Ratification date | April 2016 |
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| Review date | April 2018 |
| This policy supports compliance with the CQC 5 Domains: | Safe  
|  | Well-led  
|  | Caring  
|  | Effective  
|  | Responsive |

If you require this document in a different format, please contact the Governance team on 01275 546831
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<th>Version</th>
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<td>Policy</td>
<td>Cleaning Policy for Infected Clinical Areas</td>
<td>Julia Bloomfield</td>
<td>April 2016</td>
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<td>Cleaning Policy for Infected Clinical Areas</td>
<td>Julia Bloomfield</td>
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1. Introduction

Good infection prevention (including cleanliness) is essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone. Good management and organisational processes are crucial to make sure that high standards of infection prevention (including cleanliness) are developed and maintained (Department of Health (DH) 2015).

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (DH 2015) states in criterion 2 that registered providers must “provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.” The Code of Practice states that in healthcare, the designated lead for cleaning involves directors of nursing, matrons and the infection prevention and control team. Matrons or persons of a similar standing, have personal responsibility and accountability for maintaining a safe and clean care environment. The nurse or other healthcare professional in charge of any patient area has direct responsibility for ensuring that cleanliness standards are maintained throughout that shift and that all parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition.

Current legislation, regulatory frameworks and quality standards provided by the Department of Health, National Institute for Health and Care Excellence (NICE) and the Care Quality Commission emphasise the importance of the healthcare environment and shared clinical equipment being clean, properly decontaminated to minimise the risk of transmission of healthcare associated infection (HCAI) and to maintain public confidence.

Recommendations from the epic3: National Evidence- Based Guidelines for Preventing Healthcare Associated Infections in NHS Hospitals in England (Loveday et al 2013) include

- The hospital environment must be visibly clean; free from non-essential items and equipment, dust and dirt; and acceptable to patients, visitors and staff.

- Levels of cleaning must be increased and disinfectants used in cases of infection and/or colonisation when a suspected or known pathogen can survive in the environment and contamination may contribute to the spread of infection.

- Shared clinical equipment must be cleaned and decontaminated after each use with cleaning agents that are compatible with the piece of equipment being cleaned and recommended by the manufacturer. In outbreak situations, the use of chlorine releasing agents and detergent must be considered.

- All staff must be educated about the importance of maintaining a clean and safe care environment for patients. Each healthcare worker must know their specific responsibilities for cleaning and decontaminating the clinical environment and the equipment used in patient care.
2. Purpose/objective of the document

The purpose of this policy is to provide practical guidance on how to undertake cleaning in an infected clinical area such as a clinic room, minor injuries unit, outpatients department or inpatient hospital environment. The policy will describe enhanced daily cleaning, terminal cleaning, outbreak deep cleaning and an annual deep clean.

The objectives of this policy are

- To reduce the risk of cross infection from the environment and equipment where infected patients have been seen, given treatment or nursed.
- To ensure that all isolation rooms and other inpatients areas used for infected patients are cleaned in the appropriate manner during the patients stay and when the patient vacates the bed space.
- To ensure that the national colour code system for cleaning equipment is adhered to.
- To ensure nursing and housekeeping staff know their responsibilities when carrying out a daily enhanced clean, terminal clean and outbreak deep clean, including which cleaning agent to use.
- To ensure housekeeping and nursing staff know what protective clothing to wear whilst carrying out a daily enhanced, terminal and outbreak deep clean.

3. Responsibilities (individual posts/groups or committees)

All staff have a responsibility for ensuring that the principles outlined within this policy are universally applied.

Key organisational duties are identified as follows:

**CHIEF EXECUTIVE**

- To ensure that infection control is a core part of clinical governance and patient safety programmes
- Promote compliance with infection control policies in order to ensure low levels of health care associated infections
- Awareness of legal responsibilities to identify, assess and control risk of infection
- To appoint a Director of Infection Prevention and Control

**DIRECTOR OF INFECTION PREVENTION AND CONTROL**

- Oversee infection control policies and their implementation
- Responsible for infection prevention and control team
- Report directly to the Chief Executive and Executive Team
- Challenge inappropriate cleaning practice
• Assess impact of plans / policies on infection control
• Member of clinical governance and patient safety structures

THE FACILITIES, HEALTH AND SAFETY MANAGER

• Responsible for ensuring all NSCP premises are fit for purpose, maintained and clean.

INFECTION PREVENTION AND CONTROL TEAM

• Review and update the Cleaning Policy for Infected Clinical Areas
• Give additional advice regarding which clean is required post discharge of an infected patient
• Refer to Microbiologist where appropriate
• Include decontamination guidance of patient environment and equipment in all induction and statutory mandatory update training for clinical staff
• Promote good practice and challenge poor practice
• Report breaches of cleaning through the Datix incident reporting process
• Monitors levels of cleanliness in wards and clinical departments on adhoc inspections and monthly walkabouts

MATRON, CLINICAL LEADS AND OTHER OUTPATIENT DEPARTMENT MANAGERS

• Must establish a culture of cleanliness and promote compliance with infection control guidelines in their clinical working areas
• Responsible for ensuring environmental cleanliness audit results are used to steer departmental action on cleaning.

HOTEL SERVICES MANAGER AT NORTH SOMERSET COMMUNITY HOSPITAL

• Will monitor the training requirements of all housekeeping staff and to ensure that they have completed their training. All training is recorded on the managed learning environment database (MLE).
• Will monitor and audit the hospital environment on a monthly basis, unless audit scores fall below acceptable levels when audits will be performed weekly until improvements are documented.
• Responsible for overseeing enhanced daily cleans, terminal and outbreak deep cleans during their working hours
• Keep records of terminal and outbreak deep cleans for monitoring purposes.

WARD SISTER/CHARGE NURSE AT NORTH SOMERSET COMMUNITY HOSPITAL

• Ensure compliance with infection and control policies and environmental cleanliness
• Responsible for ensuring environmental cleanliness audit results are used to steer departmental action on cleaning
• Responsible for overseeing terminal and outbreak deep cleans to ensure patient safety and privacy and dignity.
• Complete the terminal and outbreak deep clean checklist at the end of that cleaning process.

ALL NSCP HEALTHCARE STAFF

• Responsible for ensuring that all patient equipment is cleaned between patients and that healthcare environments are clean
• Document when decontamination of patient equipment is performed with date and signature on a ‘Clinell’ post it note or tape.
• Must be familiar with and adhere to the relevant infection control policies to reduce the risk of cross infection of patients
• Promote good practice and challenge poor practice
• Refer to the infection control team if unable to follow the policy guidelines
• Inform Ward Sister/ Nurse in Charge or Outpatient Department Manager and Housekeeping Staff when enhanced or terminal cleaning is required.

HOUSEKEEPING STAFF

• Must take individual responsibility to ensure high standards of cleanliness and effective implementation of cleaning procedures
• Must be familiar with and adhere to the relevant infection control policies to reduce the risk of cross infection of patients
• It is the housekeeping staffs’ responsibility to ensure that personal protective equipment (PPE) is worn as directed in this policy. Cleaning equipment must be stored correctly according to infection control policy. Unavailable PPE, defects or damage must be reported to the hotel service manager.
• Complete the terminal and outbreak deep clean checklist at the end of that cleaning process.

4. National Cleaning Guidance

The Infection Prevention and Control Team and North Somerset Community Hospital Clinical Leads will agree the routine cleaning schedule for each clinical area in line with the National Cleaning Standards. Cleaning schedules will be readily available for staff to access. Schedules will state the area, the frequency of cleaning, task colour coded equipment and cleaning product to use.

Colour codes for cleaning equipment can be found in appendix 2.

Different parts of a hospital will require cleaning at different frequencies depending on the level of risk posed from them being inadequately cleaned or not cleaned. National Patient Safety Agency (2007) defines that there are four such risk categories but two are only relevant to North Somerset Community Hospital, these are:
<table>
<thead>
<tr>
<th>Risk level</th>
<th>Clinical areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Wards, Minor Injuries, Outpatients Departments, clinic rooms, and public thorough fares and public toilets</td>
</tr>
<tr>
<td>Low</td>
<td>Administrative areas, non-sterile supply areas, record storage and archives</td>
</tr>
</tbody>
</table>

### 5. Cleaning Definitions

#### Cleaning
The term cleaning is used to describe the physical removal of soil, dirt or dust. Cleaning is a process, which physically removes organic matter but does not necessarily destroy micro-organisms. In order to decontaminate patient equipment effectively all organic debris (for example, blood, tissue and other body fluids) must be removed in order to reduce the risk of transmission of infectious agents.

#### Disinfection
Disinfection is the use of chemical or physical methods to reduce the number of pathogenic microorganisms on surfaces.

#### Decontamination
The term ‘decontamination’ is used for the process that results in the removal of hazardous substances such as microorganisms and chemicals

Disinfection and decontamination cannot take place on an unclean surface as organic matter will interfere with the disinfectant. Therefore all surfaces must be cleaned before they can be disinfected / decontaminated.

#### Chlorine–based disinfectant cleaning product
A chlorine-based disinfectant cleaning product, such as Actichlor plus ® for example, is a cleaning product which has a detergent cleaning effect with chlorine disinfection, typically, of 1,000 parts per million available chlorine. The detergent effect removes organic and oily soiling into the solution, while the chlorine kills microbes by oxidisation.

#### Daily enhanced cleaning of an infected bed space/ room
Enhanced cleaning describes the use of methods in addition to standard cleaning specifications. These may include increased cleaning frequency for all or some surfaces or the use of additional cleaning equipment. Enhanced cleaning is recommended when a bed area being used by a patient is suspected of having an infection, colonised or infected with a HCAI.

#### Definition of terminal clean
This is a cleaning regime requested by healthcare staff when a patient with a known or suspected infection vacates a bed or clinic room.

**Definition of ward outbreak deep clean**
This is a cleaning regime that must take place when a ward reopens after being closed to admissions due to an outbreak of infection such as vomiting and diarrhoea. The clean includes all patients and staff areas, toilets, bathrooms and ancillary rooms such as sluice; treatment rooms and includes the changing of all curtains.

**Definition of deep clean**
This is an annual programme of cleaning wards and selected departments as part of a general cleaning process.

6. **COSHH**

All cleaning chemicals are assessed under the Control of Substances Hazardous to Health Regulations (COSHH). Health and Safety data sheets for all cleaning products must be filed in the Clinical Leads, Hotel Service Managers or Out-Patients Department Managers office and the relevant information will also be found in all cleaning cupboards.

Other considerations are

- Staff must be trained in the use of a cleaning product prior to its use
- Cleaning product COSHH data sheets must be available on the wards/departments for all cleaning materials in case of splash/spillage or ingestion incidents
- Incident forms must be completed if splash occurs to face or eyes of staff using the product and also for any accidental ingestion
- Chlorine-based disinfectant cleaning products (such as Actichlor Plus ®) must be made up according to manufacturer’s instructions. For example, dissolve 1 x 1.7g tablet in 1litre of cold water to make a solution of 1,000ppm. Some individuals can become sensitised to chlorine. A chlorine solution of 1,000 parts per million, available chlorine will produce fumes which are potentially irritant to people who are sensitive. Care must be taken to use the technology only in well ventilated areas. A particular risk is that accidental over-concentration, or the use of warm rather than cold water, will increase the amount of irritant fumes produced.
- Use in a well ventilated area and do not use in contact with urine
- All cleaning products must be stored in a locked cupboard
- Flammable chemicals, such as Actichlor Plus ® should not be used in close proximity to medical gases.
7. **Infection control procedures**

**Hand washing**
Hand washing is one of the most important actions to be taken to prevent cross contamination when performing cleaning tasks. Staff must follow the procedures explained in the hand hygiene policy.

Hands must be washed using the liquid soap and water and dried with disposable paper towels provided by a hand wash sink after all cleaning tasks. Staff must also wash their hands:

- before commencing cleaning duties
- before food contact
- after taking off gloves and aprons
- after using the toilet
- after smoking
- after taking a break
- after each cleaning task
- after contact with bodily fluids
- when your hands are dirty
- after leaving a clinical area that has an outbreak situation e.g. Norovirus
- cleaning an isolation room

Alcohol gel can be used when hand washing facilities are not available and hands are visually clean i.e. when entering and leaving a ward or entering an isolation room, however, alcohol gel must not be used when there are cases of diarrhoea and vomiting on the ward.

**Aprons**
When cleaning any area used for patients with infections, disposable protective clothing must be worn during the cleaning process and disposed of as clinical waste when cleaning has been completed.

Disposable, colour-coded plastic aprons must be worn for all cleaning tasks in which splashes to clothing are likely to occur. They must be worn when cleaning rooms which have been or are occupied by infectious patients (NPSA 2009).

Aprons must be worn for one task only and then disposed of as follows, red, blue and yellow as clinical waste, green as domestic waste. White aprons may be worn by clinical staff during non-infectious clinical care and disposed of in clinical waste.

**Gloves**
Single use gloves must be worn if there is the possibility of coming into contact with any body fluids or for daily enhanced/ terminal cleans or in ward outbreaks of infection. They must only be put on immediately before carrying out the task and must be removed and disposed of immediately the task is completed. Gloves must be disposed of as clinical waste in an orange clinical waste bag. Use of gloves does not reduce the requirement for hand washing (NPSA 2009).
Colour coding
Colour coded equipment is provided to help staff prevent cross contamination by ensuring that they do not use the same equipment in different areas.
See Appendix 2

Cleaning equipment
All cleaning equipment must be left clean and dry and stored in the cleaning cupboard and not left in isolation rooms, toilets, bathrooms, showers etc.

Cleaning cloths
Multiple use cleaning cloths are not recommended in general use, as these can spread infection. Disposable cloths are provided for cleaning tasks on the ward, including damp dusting of patient bed areas, cleaning of sanitary areas, including wash-hand basins, toilets, bathrooms, showers and sluices as well as clean and dirty utility rooms. All disposable cloths used in clinical areas must be disposed of as clinical waste in orange clinical waste bags.

Clean mop heads must be used for one task only i.e. per side room/bay and put in to a sealable clear plastic bag after use and sent for laundry or use disposable mop head.

Uniforms
Hand and wrist jewellery can harbour micro-organisms and can reduce compliance with hand hygiene. Therefore all staff working in a clinical environment must be ‘bear below the elbow’ and remove wristwatches and jewellery at the beginning of the shift. Sleeves on uniforms must either end above the elbow, or must be kept rolled up above the elbow when undertaking cleaning duties.

Staff must change into a clean uniform before each shift. If a member of staff’s uniform becomes visibly contaminated or soiled, they must change uniforms at the earliest practical opportunity (NPSA 2009).

Cardigans and jumpers must not be worn whilst undertaking duties.

8. Daily Enhanced Cleaning in Inpatient Departments

All isolation rooms, bed spaces and/or bays where patients are confirmed or suspected of having an infection or colonized with a pathogenic micro-organism, must have enhanced cleaning undertaken on at least a daily basis. This must be after cleaning non infected areas. Daily cleaning helps prevent cross contamination of areas and also has a beneficial effect on the patients’ psychological well-being. All isolation rooms with infectious patients must have an isolation sign on the door to inform staff of the infection risk.

Refer to Appendix 3 for list of infections requiring a daily enhanced clean.

Equipment required for daily enhanced cleaning

- PPE to include – Yellow apron and disposable gloves
- Yellow damp dusting bucket
- Yellow disposable cloth
• Yellow mop bucket
• Yellow Mop Handle
• Designated Mop Head
• Chlorine-based disinfectant cleaning product e.g. Actichlor Plus®

Procedures for housekeepers
The housekeeper will report daily to the Nurse in Charge BEFORE entering the room /area to ensure that it is convenient for cleaning to be carried out and to receive any special additional instructions.

Use disposable personal protective equipment which includes colour coded aprons and dispose of in orange clinical waste bins when clean completed.

Damp dust all surfaces and mop the floor with a chlorine-based disinfectant cleaning product e.g. Actichlor Plus®.

Best practice is to work from the highest level to lowest level and cleanest to the dirtiest area, i.e. Curtain track to floor. This greatly reduces the risk of cross contamination and increases the efficacy of the cleaning process.

All disposable cloths must be disposed of as clinical waste in an orange clinical waste bag.

Clean mop heads must be used for one task only i.e. per side room / bay and put into a sealable clear plastic bag after use and sent for laundry or use a disposable mop head which must be disposed of as clinical waste in an orange clinical waste bag.

All equipment used for enhanced cleaning must be left clean and dry and must be stored in a suitable secure area and not in the isolation room. Method statements can be found in Appendix 4.

All approved cleaning methods are specified in the hospital cleaning procedures manual. See appendix 4 for method statements

9. Terminal Cleaning in Outpatients Departments

A terminal clean must take place when a patient who is confirmed or suspected of having an infection or colonized with a pathogenic micro-organism has visited the Minor Injuries Unit or Outpatients Department at North Somerset Community Hospital or another NSCP outpatients department.

Refer to Appendix 3 for list of infections requiring terminal clean.

Procedure
Terminal cleans will be requested by outpatient department staff to the cleaning contractor. Outpatient staff will then

• Dispose of all single use and single patient use equipment and place into orange clinical waste bags before the terminal clean takes place.
• Whilst wearing appropriate PPE, any medical/patient equipment must be decontaminated by outpatient staff using a chlorine-based disinfectant cleaning product e.g. Actichlor Plus®. The equipment must be removed from the room to allow adequate environmental cleaning to take place.
• The cleaning contractor must terminally clean all surfaces using a chlorine-based disinfectant cleaning product e.g. Actichlor Plus® which could include a patient trolley, table, chairs, curtain rails and hand hygiene sink.
• Cloth curtains must be removed and sent for laundering or if disposable curtains are being used place them into clinical waste before cleaning commences.
• Remove any portable fans and clean them thoroughly.
• Hang clean curtains after cleaning is complete.

10. Terminal Cleaning in Inpatients Departments

A terminal clean must take place when a patient who is confirmed or suspected of having an infection or colonized with a pathogenic micro-organism, vacates a bed space or room in the inpatients department.

Refer to Appendix 3 for list of infections requiring terminal clean.

Equipment required for terminal cleaning

• PPE to include – Yellow apron and disposable gloves
• Yellow damp dusting bucket
• Yellow disposable cloth
• Yellow mop bucket
• Yellow Mop Handle
• Designated Mop Head
• Chlorine-based disinfectant cleaning product e.g. Actichlor Plus®

Procedure
Terminal cleans will be requested by nursing staff, the nurse in charge, matron, clinical leads or the infection prevention and control team to the housekeeping team.

The terminal clean must include all flat surfaces which could include a bed frame, mattress, pillow, locker, TV, call bell, bedside table, chair, walls, curtain rails, commode and patient equipment and must be undertaken with a chlorine-based disinfectant cleaning product e.g. Actichlor Plus® and colour coded cleaning equipment.
Disposable curtains must be removed carefully before cleaning commences and placed in orange clinical waste bags. All single use and single patient use equipment MUST be removed and placed into orange clinical waste bags before the terminal clean takes place.

Making use of the patient day room, where appropriate, is advised to free the bed as early as possible so that cleaning is not delayed in the inpatients department. The room can be used immediately after the cleaning has been completed.
The room/ bed space/area must be checked and signed off by the healthcare professional in charge prior to admitting another patient to the area.

**Nurse/HCA Responsibilities**

Nurses and domestic teams have allocated responsibilities prior to and during a terminal clean. Housekeeping staff will not carry out a terminal clean unless the area has been cleared by nursing staff.

- Staff must wear protective clothing e.g. disposable gloves and apron.
- Nursing staff will prepare the bed space for cleaning by removing all patient property and any healthcare documentation.
- Remove infected linen and place in an alginate red laundry bag and then in a white plastic bag.
- Discard any disposable equipment not used and dispose of in orange clinical waste, including any sterile paper packed dressings, suction tubing, disposable hoist slings, oxygen tubing and mask.
- Place non disposable patient slide sheets and hoist slings in an alginate red laundry bag and then in a white plastic bag and send for laundering.
- If a pressure relieving air mattress has been used, clean with a chlorine-based disinfectant cleaning product e.g. Actichlor Plus® remove the mattress from bed, place in bag, label and store appropriately until collected.
- Clean patient designated equipment e.g. commodes - dismantle to clean, drip stands, suction holder, monitors, infusion pumps etc. with a chlorine-based disinfectant cleaning product e.g. Actichlor Plus®
- Remove portable fans and clean them thoroughly.

Once this has been completed, the nursing team are to sign the checklist in appendix 1 and inform housekeeping staff.

**Housekeeping Responsibilities**

- Report to the nurse in charge before entering the room/area and ensure all the disposable/patient equipment has been removed from the room.
- Discard disposable paper towels from the dispenser and place in an orange clinical waste bag. The liquid in alcohol gel bottles must be emptied into the sluice and the empty bottle disposed of into clinical waste.
- Follow the terminal cleaning method statement in Appendix 4
- Once this has been completed, the housekeeper must sign the checklist in appendix 1 and inform departmental or nursing staff the cleaning process is complete.

11. **Outbreak Deep Clean**

Outbreak deep cleans are undertaken after an outbreak of infection has occurred in an inpatient ward area e.g. diarrhoea and vomiting/ norovirus.

The outbreak deep clean will be carried out after consultation between the infection prevention and control team and the clinical lead/ matron/ ward sister or nurse in charge when a decision has been made that the outbreak has resolved. The
outbreak clean will be undertaken prior to the inpatient unit re-opening to admissions.

In an outbreak deep clean, the entire ward must be cleaned using a chlorine-based disinfectant cleaning product such as Actichlor Plus®. This includes:

- All patient areas
- Kitchen
- Shower rooms
- Toilets
- Sluices
- Computer on wheels (COW) station
- Corridors
- Clean utility rooms
- Radiators and covers
- Equipment storage areas
- All ward curtains must be changed
- All patient equipment according to manufacturer’s guidance

Nursing staff are to follow procedures set out in the terminal clean section for each bed space. Staff must use cleaning equipment as according to terminal cleaning procedures.

On some occasions it may not be possible to vacate a whole bay for an outbreak clean. In these circumstances measures must be taken to minimise disruption and enable access such as making half the bay empty and requesting visitors to leave. The day room can be used, empty beds or side rooms. If there are patients who are unable to be moved for the duration of the cleaning process, the Hotel Service Manager or nurse in charge must supervise the clean carefully and ensure patients are placed at minimal risk and the patient’s privacy and dignity is maintained.

Other issues which will need to be considered before cleaning commences are patient meal times, staffing numbers, patient’s mobility, resources such as curtains and other cleaning equipment, support from maintenance staff to remove radiator covers and clinical staff to perform decontamination of clinical equipment. Decluttering of the environment, removal of linen and disposable equipment must take place before cleaning commences.

Patients must not be admitted to the ward until the “deep clean” has been completed, in all the above mentioned areas.

All approved cleaning methods are specified in the hospital cleaning procedures manual.

12. Deep Clean Programme

This is an annual programme of cleaning wards and selected departments as part of a general cleaning process. The clean using general cleaning methods and products includes all patients, staff areas and ancillary rooms such as sluice, treatment room and store rooms. Additionally radiator covers will be removed to enable cleaning and
air vents will be cleaned. Each ward will either fully decant to another area or a bay will be emptied to enable full access.

The deep clean programme will be drawn up in consultation with the Director of Operations and Director of Infection Prevention and Control, Hospital Manager, Hospital Matron, Clinical Lead, the Facilities, Health and Safety Manager, the Hotel Services Manager and the Infection Control Team. For more information see NSCP Cleaning Policy.

### 13. Training requirements

All NSCP staff must receive training in infection prevention and control as part of their induction programme and statutory and mandatory training. Infection Prevention and Control must be discussed at staff appraisals and objectives set within personal development plans. Bank and agency staff must receive local induction which includes infection prevention and control.

All staff with responsibility for cleaning must be adequately trained and made aware of the importance of high standards of cleanliness; this is essential to maintain required standards and staff and patient safety. Regular on-the-job training is provided by the Hotel Services Manager at North Somerset Community Hospital to ensure all staff members are aware of current practices and procedures. Contract cleaners will receive training from their employers.

Training should include:

- Statutory and mandatory update training
- Correct cleaning methods and national cleaning standards
- COSHH regulations
- The use of personal protective equipment
- Hand hygiene

### 14. Monitoring of compliance with the policy including frequency

After each terminal or outbreak deep clean, a terminal and deep clean checklist form will be signed by the housekeeper who completed the clean and the healthcare professional in charge of that shift to ensure the appropriate standard has been meet during the terminal/outbreak deep clean. This form will be kept for records by the Hotel Services Manager or Outpatient Department Manager.

Regular audits of cleaning standards must form part of the cleaning services quality assurance programme. Issues raised must be followed up according to their magnitude and location.

Cleaning audits are carried by the Hotel Service Manager with both informal and formal monitoring taking place continuously within North Somerset Community Hospital. The frequency of the cleaning audit is set out in The National Specification for Cleanliness in the NHS: a framework for setting and measuring performance outcomes (NPSA 2007). Cleaning Contractors will provide cleaning audits to Outpatients Department Managers and The Facilities, Health and Safety Manager to monitor standards of cleaning.
The frequency is determined by the level of risk in each area. High risk areas are audited monthly (Minor Injuries Unit, Outpatients Department, Inpatients ward areas, and storage areas containing sterile supplies) and low risk areas are audited twice a year (administration areas and storage areas containing non sterile supplies). Audit targets for high risk areas are 95% and above and low risk are 75% and above. If targets are not achieved, cleaning issues must be immediately resolved and auditing must be undertaken weekly until targets are attained.

Records of audit scores will be kept at North Somerset Community Hospital and reported to the Hospital Clinical Governance Committee and the Infection Prevention and Control Forum.

15. References


## Appendix 1  Terminal and Outbreak Deep Clean Check List

Form to be completed for every terminal/outbreak deep clean and signed off by housekeeper carrying out the tasks and the senior member of ward/department staff. Form to be kept by The Department Manager or The Hotel Services Manager for records.

<table>
<thead>
<tr>
<th>Terminal and Outbreak Deep Clean Check List</th>
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<tr>
<td>Department or ward</td>
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<td>---------------------</td>
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## Nursing Responsibilities

<table>
<thead>
<tr>
<th>Nursing team</th>
<th>Nurse in charge</th>
</tr>
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<tbody>
<tr>
<td>Discard all single use equipment from bed space – e.g. suction equipment, oxygen tubing and mask &amp; hoist slings</td>
<td></td>
</tr>
<tr>
<td>Place all linen into a red alginate bag and then into a white bag.</td>
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## Housekeeper Responsibilities

<table>
<thead>
<tr>
<th>Housekeeper</th>
<th>Nurse in charge</th>
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</thead>
<tbody>
<tr>
<td>Ensure all single use equipment is discarded before cleaning commences</td>
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</tr>
<tr>
<td>Discard remaining paper towels into clinical waste. Empty alcohol gel bottle of contents in to sluice hopper and place bottle in to clinical waste. (where applicable)</td>
<td></td>
</tr>
<tr>
<td>Curtains removed and placed into clinical waste or sent for laundering.</td>
<td></td>
</tr>
<tr>
<td>A fresh solution of Actichlor Plus® solution (made up as per manufactures instructions) has been used where appropriate</td>
<td></td>
</tr>
<tr>
<td>All horizontal surfaces: damp dusted</td>
<td></td>
</tr>
<tr>
<td>Window sills: damp dusted</td>
<td></td>
</tr>
<tr>
<td>02 &amp; suction units behind bed space: damp dusted</td>
<td></td>
</tr>
<tr>
<td>Curtain rails: damp dusted</td>
<td></td>
</tr>
<tr>
<td>Trolley/Bed frame, bed rail and mattress: damp dusted</td>
<td></td>
</tr>
<tr>
<td>Patient entertainment system: damp dusted</td>
<td></td>
</tr>
<tr>
<td>Lockers/tables/chairs: damp dusted</td>
<td></td>
</tr>
<tr>
<td>Floor: damp dusted</td>
<td></td>
</tr>
<tr>
<td>Paper towel holders, soap and alcohol gel dispensers cleaned, replenished and are functioning where applicable.</td>
<td></td>
</tr>
<tr>
<td>Fresh curtains hung where appropriate</td>
<td></td>
</tr>
</tbody>
</table>

Final sign off from Matron/Clinical Lead/Nurse in Charge that cleaning has been undertaken to the required standard

Signed………………………………………… Print Name……………………………………..
**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

Your local contact for hospital cleaning is:
Appendix 3  Infections requiring a terminal / outbreak deep clean

Outpatients departments or inpatients ward areas that have patients diagnosed with any of the infections below must be cleaned terminal cleaned or cleaned daily using a chlorine-based disinfectant cleaning product e.g. Actichlor Plus ® and have a terminal clean completed on transfer or discharge.

This list is not exhaustive; if unsure please contact the Infection Prevention and Control Team

- Antibiotic Resistant Organisms
  - MRSA
  - VRE/GRE
  - CPE
  - Antibiotic resistant ESBL
- Clostridium difficile
- Gastroenteritis - Bacterial
  - Staphylococcus aureus
  - Salmonella
  - Campylobacter
  - Shigella
  - E.Coli 0157
- Gastroenteritis – Viral
  - Norovirus
  - Rotavirus
  - Patients with Vomiting and Diarrhoea
- Giardiasis
- Group A Streptococcal
- Measles
- Tuberculosis
Appendix 4  Method Statements

ENHANCED DAILY CLEANING IN INPATIENT AREAS – USING A HYPOCHLORITE DISINFECTANT CLEANING PRODUCT (NPSA 2009)

Isolation rooms will have a clear sign, prominently displayed. Cleaning staff should report daily to the nurse in charge to receive any new instructions.

Equipment and materials required: YELLOW

- colour-coded bucket;
- colour-coded disposable cloths;
- single-use gloves;
- disposable apron;
- colour-coded mop handle;
- colour-coded mop bucket;
- clean or disposable mop head;
- colour-coded high-duster;
- dust-control tool;
- dust-control head;
- cleaning trolley (if appropriate);
- warning signs;
- disinfectant cleaning product giving sodium hypochlorite solution of strength 1,000 parts per million available chlorine;
- product dilution container.

**Method**

1. Wash hands and put on gloves.

2. Prepare the cleaning solution. The ventilation of the area in which you are working must be thorough; if there is no window, the door should be left open. Make up the solution in the product diluting container, never directly in the bucket. Use cold water only. When prepared, decant carefully into the buckets.

3. Wash hands, put on single-use gloves and other protective wear required and enter room.

4. Display the warning signs.
5. High-dust the room.

6. Dust-control the floor.

7. Using a disposable cloth dampened in the disinfectant cleaning solution, begin cleaning surfaces, changing cloths and solution as they become soiled. Work in the following order: curtain tracks and high ledges; furniture and fittings; patient equipment, such as drip stands; alcohol gel, soap and paper towel dispensers; bed frame; wash hand basin, shower and toilet.

8. Attach the mop head to the mop handle.

9. Submerge the mop into the cleaning solution and remove excess using the wringer so that the mop is fairly dry.

10. Mop the floor in 1-2 metre square sections.

11. Mop edges with straight strokes and use a figure-of-eight pattern on the remainder of the section, turning the mop frequently. The floor should be fairly dry on completion.

12. Move to the next section and repeat the process.

13. Replace the mop head and solution as required throughout the cleaning process.

14. On completion, remove the final mop head and place in the laundry bag or clinical waste bag if disposable, clean and dry all equipment and store safely and tidily in a secure storage area, away from other equipment; segregated according to colour-coding where appropriate.

15. Remove and dispose of single-use gloves, apron and other protective wear. Wash hands.

**TERMINAL CLEANS OF VACATED BEDSPACES/ROOMS OR OTHER CLINICAL AREAS– USING A HYPOCHLORITE DISINFECTANT CLEANING PRODUCT**

Ventilation in the room should be increased during and after cleaning.

Equipment and materials required: YELLOW

colour-coded bucket;

colour-coded disposable cloths;

single-use gloves;

disposable apron;

colour-coded mop handle;

colour-coded mop bucket;
colour-coded mop head;
colour-coded high-duster;
dust-control tool;
dust-control head;
cleaning trolley;
laundry bag;
warning signs;
disinfectant cleaning product giving sodium hypochlorite solution of strength 1000 parts per million available chlorine;
product dilution container.

**Method**

1. Wash hands and put on gloves.

2. Prepare the cleaning solution. The ventilation of the area in which you are working must be thorough; if there is no window, the door should be left open. Make up the solution in the product diluting container, never directly in the bucket. Use cold water only. When prepared, decant carefully into the buckets.

3. Wash hands, put on single-use gloves and other protective wear required and enter room.

4. Display the warning signs.

5. Take down disposable curtains, place in an orange clinical waste bag or laundry bag if cotton curtains.

6. Strip bed and place linen in an alginate bag and then into a white linen laundry bag if nursing staff have not already undertaken.

7. High-dust the room.

8. Dust-control the floor.

9. Using a disposable cloth dampened in the disinfectant cleaning solution, begin cleaning surfaces, changing cloths and solution as they become soiled. Work in the following order: curtain tracks and high ledges; furniture and fittings; patient equipment, such as drip stands; alcohol gel, soap and paper towel dispensers; bed frame; wash hand basin.
10. Place all waste in the clinical waste bag. Remove and dispose of clinical waste bag, damp-dust waste bag holder using the disinfectant cleaning solution, and fit a new bag.

11. Damp-dust walls.

12. Attach the mop head to the mop handle.

13. Submerge the mop into the cleaning solution and remove excess using the wringer so that the mop is fairly dry.

14. Mop the floor in 1-2 metre square sections.

15. Mop edges with straight strokes and use a figure-of-eight pattern on the remainder of the section, turning the mop frequently. The floor should be fairly dry on completion.

16. Move to the next section and repeat the process.

17. Replace the mop head and solution as required throughout the cleaning process.

18. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, away from other equipment, segregated according to colour-coding where appropriate.

19. Remove and dispose of single-use gloves, apron and other protective wear. Wash hands.


(NPSA 2009)

SPILLAGES OF BODILY FLUIDS

Note: The term “bodily fluids” includes blood, urine, faeces, sputum, wound exudate and all other bodily secretions. All spillages should be cleared as soon as possible. The responsibility for performance of this task has been a contentious issue in some healthcare providers, and therefore it is particularly important that this responsibility is clearly defined for each area. The most usual practice is for nursing or departmental staff to perform this task within their respective wards or departments, and for cleaning staff to perform it in public circulation areas.

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- single-use gloves;
- plastic apron;
paper towels;
chlorine-based absorbent granules;
disinfectant product giving sodium hypochlorite solution of strength 10,000 parts per million available chlorine;
clinical waste bags;
warning signs.

**Method**

1. Wash hands and put on gloves.
2. Display warning signs.
3. Clear spillages of urine or faeces with paper towels and place directly into the clinical waste bag. The bag should be next to the spillage in readiness for this. Tie the bag following waste disposal policy and dispose of at the central point as soon as possible.
4. Large spillages of blood should be absorbed using chlorine-based absorbent granules. Allow to remain in contact for 2 minutes then place debris in a clinical waste bag as at point 3.
5. Prepare the disinfectant solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer (i.e. Actichlor plus™).
6. Dampen or rinse a cloth in the cleaning solution.
7. Disinfect thoroughly, changing the cloth as necessary. On completion, dispose of cloths, gloves and other protective wear used as clinical waste, as at point 3.
8. Allow the area to dry.

(NPSA 2009)
# Equality Impact Assessment

## Section 1: Initial Assessment

<table>
<thead>
<tr>
<th>Policy Author</th>
<th>Date of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julia Bloomfield</td>
<td>March 2016</td>
</tr>
</tbody>
</table>

**Title of Policy**
Cleaning Policy for Infected Ward Areas at North Somerset Community Hospital.

**Is this a new or existing policy?**
Existing

### 1. Briefly describe the aims, objectives and purpose of the Policy / Guidance Document:
To give NSCP staff the procedures and guidance required when undertaking enhanced/terminal/outbreak deep clean and annual deep clean in clinical areas.

### 2. Who is intended to benefit from the proposed process and in what way?
This policy will give staff procedural and guidance knowledge in Health and Safety and infection control procedures.

### 3. Who are the main stakeholders in relation to this Policy/Guidance?
NSCP staff

### 4. Are there concerns that the Policy/Guidance does, or could have, a differential impact due to any of the equality areas? (Y/N – delete as appropriate)

<table>
<thead>
<tr>
<th></th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
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</tr>
<tr>
<td>Disability</td>
<td>N</td>
</tr>
<tr>
<td>Gender reassignment</td>
<td>N</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>N</td>
</tr>
<tr>
<td>Pregnancy and Maternity</td>
<td>N</td>
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<tr>
<td>Race</td>
<td>N</td>
</tr>
<tr>
<td>Religion or Belief</td>
<td>N</td>
</tr>
<tr>
<td>Sex</td>
<td>N</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>N</td>
</tr>
</tbody>
</table>

### 5. What existing evidence (either presumed or otherwise) do you have for this?
N/A
6. Based on the answers given in questions 4 & 5 is there potential for an adverse impact in this policy/guidance?

No

7. Can this adverse impact be justified?

N/A

If you have not identified adverse impact or you can justify the adverse impact, finish here.

If you have identified adverse impact that cannot be justified, please continue to Section 2

<table>
<thead>
<tr>
<th>Section 2: Full Impact Assessment</th>
</tr>
</thead>
</table>

8. What experts/relevant groups have you approached to explore their views on the issues? Please list the relevant group/experts, how they were consulted and when.

<table>
<thead>
<tr>
<th>Relevant groups/experts</th>
<th>How were the views of these groups obtained?</th>
<th>Date contacted</th>
</tr>
</thead>
</table>

9. Please explain in detail the views of these groups/experts on the issues involved:


10. Taking into account the views of the groups/experts and the available evidence, what are the risks associated with the policy, weighed against the benefits of the policy if it were to stay as it is:

<table>
<thead>
<tr>
<th>Risks</th>
<th>Benefits</th>
</tr>
</thead>
</table>

If you have found that the risks outweigh the benefits you need to review the policy further and put together an implementation plan which clearly sets out any actions you have identified as a result of undertaking the EIA. These may include actions that need to be carried out before the EIA can be completed or longer-term actions that will be carried out as part of the policy or development.
11. Monitoring arrangements and scheduled date to review the policy and Equality Impact Assessment:

<table>
<thead>
<tr>
<th>Review Date</th>
</tr>
</thead>
</table>