

# CLEAN PATIENT ENVIRONMENT POLICY

**During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Assurance Group.**

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## DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
29 Mar 12	4.0		Janet Tait	Logo and wording updated for new organisation	Approved
Jul 14	5.0		Michael Head	Content reviewed. Job titles updated, references updated.	
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1 October 2020	6		Executive Director of Nursing	Extension to review date approved until the end of Dec 2020	Policy Lead Director

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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## **1 EXECUTIVE SUMMARY**

NHS Trusts need to be able to demonstrate that the hospitals under their authority are clean and that risks to patient safety from inadequate or inappropriate cleaning have been minimised” NPSA 2007.

Environmental cleanliness is an essential component of safe clinical care and is a key requirement, applicable to all patient environments and surroundings.

Criterion 2 of the code of practice levies on providers a specific duty to:

‘Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections’

This policy advises best practice on environmental cleaning carried out to set standards by Cleanliness, Estates and Clinical Teams. The policy also details cleaning schedules, cleaning equipment and chemicals used, together with information on specialist cleans provided following barrier nursing, outbreaks and building works.

The policy ensures 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.

## **2 INTRODUCTION**

The NHS Cleaning Manual states that cleanliness is intrinsically linked to infection prevention & control. A clean, well ordered environment provides the foundation for excellent infection control practice to flourish. This Trust endorses this approach.

## **3 DEFINITIONS**

PLACE assessment – introduced in April 2013 as the new system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. The assessments will apply to hospitals, hospices and day treatment centres providing NHS funded care

## **4 SCOPE**

This policy applies to all patient areas within the Trust and the staff that work within those areas.

## **5 PURPOSE**

This policy sets out best practice on environmental cleaning, through an integrated service delivered by Cleanliness, Estates and Clinical teams. The policy reflects guidance and requirements set out in the following:

- The Health and Social Care Act 2008 1
- Essential Standards of Quality and Care 2

- National Specifications for Cleanliness in the NHS 3
- National Specifications for Cleanliness in the NHS: Ambulance Trusts 4
- Essence of Care, Benchmarks for the Care Environment 5
- Towards cleaner hospitals and lower rates of infection 6
- The NHS Cleaning Manual 2007

This policy also details arrangements for cleaning services, responsibilities for ensuring standards are met and describes arrangements for audit and assurances to monitor effectiveness of cleaning strategies. Mechanisms for liaison between the Infection Prevention & Control team (IPCT) and management leads for Estates and Hotel Services are included.

## **6 ROLES AND RESPONSIBILITIES**

### **6.1 Executive Director of Nursing**

Is responsible for strategic planning and ensuring that a cleanliness service is provided to the Trust, which complies with the NHS Commissioning Board Special Health Authority National specifications, formally NPSA.

Is responsible for ensuring the Infection Prevention & Control Team (IPCT) are involved in decisions regarding cleanliness service provision, new capital schemes and refurbishments at the earliest planning stages.

Is responsible for ensuring Estates environmental standards are maintained to the required level, are fit for purpose and that action is taken to rectify defects.

### **6.2 Hotel Services Manager**

Is responsible for management, development & delivery of cleanliness services in line with current national directives.

Is responsible for ensuring that all new capital schemes and refurbishments address cleanliness and environmental issues to improve the environment, reduce the risk of Healthcare Associated Infection (HCAI) and facilitate cleaning.

Is responsible for ensuring that cleaning specifications and services are provided and delivered to agreed specifications

Is responsible for monitoring cleanliness standards to an agreed programme, identifying and acting on shortfalls

Is responsible for providing monthly reports which are circulated appropriately within the Trust, including to Infection Prevention and Control Operational Group (IPCOG) and, where appropriate, the Trust Board

In conjunction with the Infection Prevention and Control Team are responsible for providing expert and technical advice on cleaning products and methods, advising on current national guidance and will give clear advice on appropriate environmental disinfectant use.

### **6.3 Cleanliness Team Leaders & Supervisors**

Are responsible for carrying out daily visual monitoring of areas to ensure high standards are maintained and for reporting deficits appropriately.

Are responsible for organising and managing workloads including terminal cleans, collating records as required.

Are responsible for carrying out audits using the Quality Monitoring Systems, to an agreed frequency.

Are responsible for practical induction and training in cleaning techniques for new Cleanliness staff and practical cleaning refresher training as required.

### **6.4 Cleanliness Assistants & Caretakers**

Are responsible for carrying out cleaning of the general environment to meet National Specifications for Cleanliness.

Are responsible for ensuring that cleaning schedules for the area in which they work are adhered to.

Are responsible for reporting any problems or deficits to Cleanliness Supervisors.

### **6.5 Infection Prevention & Control Team**

Are responsible for working closely with those delivering cleanliness and Estates services.

In conjunction with the Hotel Services Manager are responsible for providing expert and technical advice on cleaning products and methods, advising on current national guidance and will give clear advice on appropriate environmental disinfectant use.

Are responsible for ensuring appropriate systems for staff training in infection prevention and control are in place, including as part of induction and update education.

Will assist in monitoring this policy as part of a planned audit programme and will collaborate in Patient Lead Assessment Care Environment (PLACE) and other cleanliness inspections.

### **6.6 Modern Matrons or equivalent**

Have overall responsibility for assuring cleanliness standards are maintained in the patient care environment.

Are responsible for ensuring that programmes for audit and inspection are adhered to, reported appropriately and that action is taken to achieve year on year improvement.

### **6.7 Clinical Staff**

Ward and departmental managers are responsible for ensuring that the clinical area is clean and fit for purpose and that schedules for environmental cleaning are on

display; they are also responsible for ensuring regular audits of cleanliness are carried out and for ensuring action is taken to rectify deficits.

Clinical staff are responsible for ensuring areas are tidy, well-organised and that high standards of cleanliness are maintained.

Clinical staff are responsible for cleaning patient equipment and medical devices in accordance with method statements and the Disinfection Policy.

Clinical staff are responsible for undertaking environmental cleaning tasks (e.g. cleaning of sinks, clearing of spillages) in addition to cleaning of equipment in the absence of a Cleanliness Assistant.

A table of core tasks and responsibilities for environmental and patient equipment cleanliness can be found at Appendix A.

## **7 POLICY DETAIL/COURSE OF ACTION**

All clinical and non-clinical areas should have comprehensive, written cleaning schedules. These schedules should:

- 1 Comply with National Specification for cleanliness.
- 2 Specify cleaning frequencies and responsibility for cleaning.
- 3 Utilise guidance in the National Colour Code for Hygiene - Appendix B
- 4 Include a checklist for cleaning of equipment used for cleanliness tasks.
- 5 Be reviewed at least annually and when any change to the operational function of the area occurs.
- 6 Be displayed in a prominent place where they can be accessed by staff, patients and the public.
- 7 The schedules are produced by the Hotel Services Department (current manuals comply with NHS Cleaning Standards 2007) and a copy can be found on every ward and clinical area.
- 8 Cleanliness Supervisors, when carrying out weekly cleanliness audits, will check to make sure a copy of the cleaning schedules is available

### **7.1 Cleaning Equipment**

National colour coding standards apply to cleaning equipment in all areas. The following cleaning equipment should be available in every area;

Disposable cleaning cloths, in colours which comply with the National Colour Code for Hygiene (Appendix B)

Disposable colour-coded plastic aprons as required (colour coded disposable gloves are unavailable at this time but should be adopted if they become available in the future).

Microfibre mop-heads must be laundered in an on-site laundry. Where other re-usable mop-heads are provided, these must be laundered every day using an approved laundry service. Under no circumstances must they be laundered at ward or departmental level.

Disposable mop-heads for use in isolation areas, theatres and for cleaning after spills of blood or body fluid.

Mop buckets which comply with the National Colour Code for Hygiene.

Suitable cleaning cupboard/storage areas with access to a bucket hopper sink and hand hygiene sink.

## **7.2 Detergents and Disinfectants**

Only approved products should be used for cleaning and disinfection. The manufacturer's instructions should be followed when using cleaning and disinfectant products.

Clinical cleaning is routinely undertaken using either a general, neutral detergent and water, or neutral detergent wipes.

A chlorine releasing agent with detergent (Actichlor plus) is used as the disinfection agent for daily cleaning of isolation rooms, or whole ward as advised by the Infection Prevention and Control Team (e.g. case of C.diff or norovirus outbreak) and for identified items of equipment as detailed in method statements.

Chlorine-releasing granules (Actichlor or Presept) must be available for treatment of blood spills.

Further details of approved detergents and disinfectants and their use can be found in the Disinfection Policy.

## **7.3 Terminal ("barrier") Cleaning**

Rooms and bed-spaces used for isolation purposes require a thorough cleaning process using Actichlor plus for environmental cleaning as the general barrier cleaning standard before they are fit for use by other patients in accordance with method statements A54 & A 55.

Where a room has been occupied by a patient with active *Clostridium difficile* infection or colonisation it must be decontaminated using hydrogen peroxide vapourisation (Bioquell). This requires careful planning and the use of specially trained staff in accordance with the Bioquell standard operating procedure (held by cleanliness team)

If an isolation room cannot be terminally cleaned to the agreed standard, i.e. out-of-hours, it will not be fit for use by other patients and must remain closed until cleaning has taken place.

It is the responsibility of the nurse in charge to check that terminal cleaning has been carried out to the required standard and that the check sheet is signed and returned to the Cleanliness Supervisor.

#### **7.4 Deep Clean Programmes**

In conjunction with the Estates team, the Cleanliness Service will carry out a programme of deep cleaning of inpatient wards and clinical departments to an agreed schedule, alongside the everyday cleaning schedules. This programme will be developed annually by the Cleanliness Responsibilities Group and agreed by the Infection Prevention & Control Committee.

#### **7.5 “Specialist” Cleaning and Cleaning After Outbreaks of Infection**

Following outbreaks and as advised by the Infection Prevention & Control Team, it is necessary to undertake full cleaning of affected areas before they are opened for normal activity. This process will be advised upon by the Outbreak Committee, in line with the Outbreak policy.

#### **7.6 Cleaning After Building Works**

Additional cleaning will be required where significant and/or prolonged building or refurbishment work is undertaken in clinical areas. It is the responsibility of the Estates project lead to liaise with the Cleanliness Team during the planning stages. It is a requirement that a risk assessment is undertaken before works commence to ensure cleanliness provision is adequate.

#### **7.7 External Grounds**

The Estates Team are responsible for maintaining cleanliness of external areas, including management of blood/body fluid spills.

### **8 CONSULTATION**

This revision document will be produced by the Infection Prevention and Control team and circulated to Clinical Directors, Matrons, and Clinical staff for consultation and comments prior to approval at Infection Control Committee.

### **9 TRAINING**

The Clean Patient Environment Policy has a mandatory training requirement which is included in the Infection Prevention & Control section of the mandatory training matrix and is reviewed on a yearly basis.

All clinical staff including Estates and Cleanliness personnel are expected to undertake annual compulsory/mandatory update training in infection prevention and control, available as E-learning or taught sessions. The IPCT will ensure that all annual programmes of training include guidance on cleaning, disinfection and spill management.

Cleanliness Assistants will receive practical instruction in cleaning methods as part of a defined local induction programme. This training is planned and monitored by the Hotel Services Manager

It is the responsibility of managers to ensure all staff undertake appropriate annual training and that attendance is routinely monitored.

## 10 MONITORING COMPLIANCE AND EFFECTIVENESS

PLACE assessments will be formally carried out on an annual basis, using the National tools. The assessments will take place every year, and results will be reported publicly to help drive improvements in the care environment. The results will show how hospitals are performing nationally and locally. Outcomes will be reported to the Infection Prevention & Control Committee (IPCC).

Monthly cleanliness audits are carried out by the cleanliness supervisors and reported to the Infection Prevention & Control Committee (IPCC).

An annual audit of environmental cleanliness will be carried out by the Infection Prevention & Control Nurses (IPCNs) in conjunction with the Cleanliness Team. Audit results will initially be fed back to ward/department Managers and Modern Matrons; collated results and recommendations will be reported to the Infection Prevention & Control Committee (IPCC).

Audits are also carried out by the CQC (Care Quality Commission) and the TDA (Trust Development Authority) on an ad-hoc basis, results and findings are reported to the Chief Executive and disseminated as appropriate.

Where failings are identified, areas will be required to produce action plans for improvement and attend Infection Prevention & Control Committee (IPCC) to outline progress. The Cleanliness Team will undertake an agreed programme of cleanliness auditing using the Quality Monitoring System. This will include audits of Ambulance and Mental Health units. Audit reports will be fed back to Infection Prevention & Control Committee (IPCC).

## 11 LINKS TO OTHER ORGANISATIONAL DOCUMENTS

National guidance on cleanliness standards can be found at:

<http://www.npsa.nhs.uk/nrls/improvingpatientsafety/cleaning-and-nutrition/national-specifications-of-cleanliness/>

Read in conjunction with other Infection Control policies including:

Disinfection policy

Isolation policy

C.difficile policy

MRSA policy

Cleaning Schedules

Cleaning Method Statements

Outbreak Policy

## 12 REFERENCES

1. Department of Health (2009) 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. London
2. Essential Standards of Quality & Safety (March 2010) Care Quality Commission
3. National Specifications for Cleanliness in the NHS  
<http://www.nrls.npsa.nhs.uk/resources/?entryid45=59818>
4. National Specifications for Cleanliness in the NHS: Ambulance Trusts  
<http://www.nrls.npsa.nhs.uk/resources/?entryid45=59818>
5. Essence of Care, Benchmarks for the Care Environment  
<http://www.dh.gov.uk/en/AdvanceSearchResult/index.htm?searchTerms=essence+of+care>
6. Towards cleaner hospitals and lower rates of infection  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH\\_4096315](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4096315)
7. The NHS Cleaning Manual  
<http://www.ahcp.co.uk/healthcare-cleaning-manual.html>

## 13 APPENDICES

Appendix A – Method Statements

Appendix B – National Colour Coding Scheme

Appendix C – Financial and Resourcing Impact Assessment on Policy Implementation

Appendix D – Equality Impact Assessment (EIA) Screening Tool

## Method Statements

	Item	Responsibility	Frequency	Method Statement
1	Ambulance vehicles	Cleanliness staff Ambulance crew	According to schedules After each use	A1 A2
2	Baths/showers	Cleanliness staff Nursing/Ward staff	Daily After each patient use	A4
3	Beds – full clean - lower frame - upper frame	Deep-clean team Cleanliness staff Nursing/Ward staff	By request and to schedule Weekly Between patients, weekly and when visibly soiled	A5 A6
4	Bedside lights	Cleanliness staff	Daily	A7
5	Bedside locker	Cleanliness staff Nursing/Ward staff	Daily Between patients and when visibly soiled	A8
6	Bedside table	Cleanliness staff Nursing/ward staff	Daily Between patients and when visibly soiled	A9
7	Blinds	Cleanliness staff	Three-monthly and when visibly soiled	A10
8	Chairs – patient  - visitor - waiting room - office - shower	Cleanliness staff Nursing/Ward staff Cleanliness staff Cleanliness staff Cleanliness staff Cleanliness staff	Weekly Between patients and when visibly soiled Weekly and when visibly soiled Weekly and when visibly soiled Monthly and when visibly soiled Daily	A13
9	Cleaning equipment – bucket - Mop handle & paddle - cleaning trolley	Cleanliness staff	Daily	A11 A39 A58
10	Curtains – disposable - fabric	Cleanliness staff	Three-monthly or when visibly soiled (Disposable – six-monthly or when damaged/soiled)	A14 A15 A16
11	Curtain rails	Cleanliness staff	Weekly	A14 A15 A16
12	Damp dusting	Cleanliness staff	According to schedules	A17 A29
	<b>Item</b>	<b>Responsibility</b>	<b>Frequency</b>	<b>Method Statement</b>

13	Dispensers – Alcohol gel (wall) - Alcohol gel (bed) - Moisturiser - Soap - Towels - Apron/glove - Paper roll	Cleanliness staff Nursing/Ward staff Cleanliness staff Cleanliness staff Cleanliness staff Housekeeper/Ward staff Cleanliness staff	Weekly Weekly Weekly Weekly Weekly Weekly Weekly	A18      A40
14	Door handles	Cleanliness staff	Daily	A19
15	Doors	Cleanliness staff	Daily	A19
16	Electrical switches/sockets/points	Cleanliness staff	Weekly	A21
17	Entertainment systems (Hospedia)	Cleanliness staff Nursing/Ward staff	Weekly Between patients and when visibly soiled	A22
18	Floors – wash - scrub back - polish - carpets - water pick-up - suction cleaning	Cleanliness staff Caretakers Caretakers Cleanliness staff Caretakers Cleanliness staff	Daily According to schedule According to schedule According to schedule By request According to schedule	A20 A23 A24,25,36 A3,42,52 A12 A35 A53 A59
19	Glass - external	Caretaker/Cleanliness staff	According to schedule	A26
20	Glass – internal	Cleanliness staff	Weekly and when visibly dirty	A27
21	Handrails	Cleanliness staff	Daily	A28
22	Isolation rooms – occupied - unoccupied	Cleanliness staff Cleanliness staff	Daily As able and as requested	A30 A31
23	Kitchen floors	Cleanliness staff	Daily	A20
24	Limescale removal	Caretakers	By request and according to schedule	A32 A33 A34
25	Microwaves	Cleanliness staff Nursing/Ward staff	Daily (external surfaces only) After each use (internal surfaces)	A37
26	Mirrors	Cleanliness staff	Daily	A38
27	Pipework	Cleanliness staff	Daily	A41
28	Radiators/heaters	Caretakers/Estates	TBA	A43
29	Refrigerators	Cleanliness staff Nursing/Ward staff	Weekly (external) Weekly	A44

	Item	Responsibility	Frequency	Method Statement
30	Sanitary bins	Cleanliness staff	Daily	A45
31	Sinks – hand and deep	Cleanliness staff	Daily	A46
32	Spillages – wards/departments - corridors/internal public areas - External areas/grounds	Nursing/Ward staff Caretakers  Estates staff	Immediate as required Immediate as required  Immediate as required	
33	Spot cleaning	Cleanliness staff	As required	A47
34	Stain removal	Caretakers	As required	A48
35	Steam cleaning - no longer routinely used	Not applicable	Not applicable	A49 A50
36	Stepladders	Cleanliness staff	As required	A51
37	Terminal cleaning (Barrier cleaning)	Cleanliness staff Nursing/Ward staff	As required As required	A54 A55
38	Toilets/Bidets	Cleanliness staff	Daily	A56
39	Toilet brushes/holders	Cleanliness staff	Weekly and when visibly soiled	A57
40	Ventilation grilles	Cleanliness staff	Weekly and when visibly soiled	A60
41	Walls	Cleanliness staff	TBA	A61
42	Waste bins	Cleanliness staff Caretakers	Weekly Deep clean to agreed programme TBA	A62
43	Window frames, door frames & panels	Cleanliness staff	Weekly	A63

Item	Responsibility	Frequency	Task
Auroscopes/Otoscopes	Nursing/Ward staff	After each use	B1
Bedpan shells	Nursing/Ward staff	After each use	B2
Bedpan washers	Nursing/Ward staff Estates team	Weekly and when visibly soiled Deep clean when maintained/checked	B3
Birthing balls (and other similar equipment)	Nursing/Ward staff	After every use	B4
Birthing pool	Nursing/Ward staff	After every use	B5
Blood gas analysers	Nursing/Ward staff	Daily and when visibly soiled	B6
Blood testing equipment/glucometers	Nursing/Ward staff	Daily and when visibly soiled	B6
Boilers – hot water dispensers - kettles	Estates team Housekeeper/Ward staff	Deep clean/descale when maintained Daily	B7
Bowls – patient washbowl - clinical	Nursing/Ward staff Nursing/Ward staff	After every use; use disposable where possible After every use; use disposable where possible	B8
Breast pumps	Nursing/Ward staff	After every use	B9
Call bells	Nursing/Ward staff	Between patients and when visibly soiled	B10
Cardiac monitors	Nursing/Ward staff	Between patients and when visibly soiled	B11
Catheter bag stands	Nursing/Ward staff	Between patients and when visibly soiled	B12
Cautery equipment	Nursing/ward staff/user	After each use	B64
CCTV equipment	Nursing/Ward staff	Weekly and when visibly dusty	B13
Chair risers	Nursing/Ward staff	Between patients and when visibly soiled	B14
Commodes	Nursing/Ward staff	After each use	B15
Computer equipment	Nursing/Ward staff	Weekly and when visibly dirty	B16
Cookers/hobs	Housekeeper/Ward staff	Daily	B17
Cot-sides	Nursing/Ward staff	Check daily, clean between patients and when visibly soiled	B18
Cots	Nursing/Ward staff	Between patients and when visibly soiled	B19
Crockery - ward based	Housekeeper/Ward staff	After each use	B20
CPM machines (continuous passive movement)	Physiotherapy/Ward staff	Between patients and when visibly soiled (fabric items are single-patient use only)	B4
Crutches	Nursing/Ward/Physiotherapy staff	Between patients and when visibly soiled	B4
Cryotherapy equipment	Nursing/ward staff/users	After each use	B63

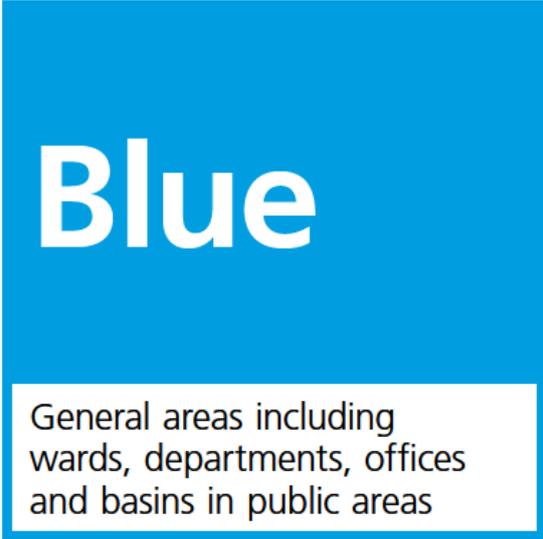
Item	Responsibility	Frequency	Task
Cutlery	Housekeeper/Ward staff	After each use	B20
Dishwashers	Housekeeper/Ward staff	Daily	B21
Drip stands	Nursing/Ward staff	After each use	B22
Drug cupboards	Nursing/Ward staff	Weekly	B23
Drug trolley (see trolleys)	Nursing/Ward staff	Weekly and when visibly soiled	B23
ECG trolleys	Nursing/Ward staff	Between patients and when visibly soiled	B39
Fans	Nursing/Ward staff	Between patients and when visibly soiled (Medical Electronics to clean and check annually)	B24
Food probes	Nursing/Ward staff	After each use	B25
Food/drink trolleys (Catering, hostess: see trolleys)	Housekeeper/Ward staff	Weekly Deep-clean and disinfect tanks six-monthly	B26
Foot-rests	Nursing/Ward staff	Between patients and when visibly soiled	B14
Freezers	Housekeeper/Ward staff	Weekly	B27
Hoists	Nursing/Ward staff	Between patients and when visibly soiled	B28
Ice machines	Housekeeper/Ward staff	Weekly	B29
Incubators	Nursing/Ward staff	Between patients and when visibly soiled	B30
Infusion pumps	Nursing/Ward staff	Between patients and when visibly soiled	B31
Jugs – water	Housekeeper/Ward staff	Daily and when visibly soiled	B32
Jugs – general use	Nursing/Ward staff	After each use; use disposable where possible	B32
Kitchen cupboards	Housekeeper/Ward staff	Weekly	B33
Linen trolley	? Laundry Staff	Daily before refilling	B34
Macerators	Nursing/Ward staff Estates team	Weekly and when visibly soiled Deep-clean/descale during maintenance	B3
Manual handling equipment (see also hoists)	Nursing/Ward staff	Between patients and when visibly soiled (Fabric items must be single-patient use)	B28
Mattresses – Static	Nursing/Ward staff	Between patients and when visibly soiled (check weekly for long-stay patients)	B35
- Dynamic	Nursing/Ward staff	Between patients and when visibly soiled	B36
Medical gases – Cylinders	Estates team/Ward staff	Between patients and when visibly soiled	B37
- Wall regulators	Nursing/Ward staff	Between patients and when visibly soiled	
- Cylinder trolleys	Estates team/ Ward staff	Between patients and when visibly soiled	
Monkey poles	Nursing/Ward staff	Between patients and when visibly soiled	B4

Nebuliser compressors	Nursing/Ward staff	Between patients and when visibly soiled	B38
Nebuliser mask/"acorn"	Nursing/Ward staff	After every use (single-patient use item)	B38
<b>Item</b>	<b>Responsibility</b>	<b>Frequency</b>	<b>Task</b>
Notes trolley	Nursing/Ward staff	Weekly	B40
Observation equipment (patient)	Nursing/Ward staff	Between patients and when visibly soiled	B41
Office/desk equipment	Ward Clerk/Reception staff	Weekly	B42
Peak flow meters			B47
Pillows	Nursing/Ward staff	Between patients and when visibly soiled	B43
Plaster tools	Nursing/Ward staff	After each use	B44
Portable X-ray equipment	Imaging staff	Between patients and when visibly soiled	B45
Propulse (ear syringing)	Nursing/Ward staff	After each use	B46
Physiotherapy equipment	Physiotherapy staff Nursing/Ward staff	Between patients and when visibly soiled	B4
Racks/holders – Leaflets - Patient notes	Housekeeper/Ward staff Nursing/Ward staff	Weekly Between patients and when visibly soiled	B48
Resuscitation trolleys/equipment	Nursing/Ward staff	Daily and after each use	B39
Scales	Nursing/Ward staff	Weekly	B49
Scissors (re-usable)			B44
Sharps bin trays & holders	Nursing/Ward staff	After each session of use	B50
Sigmoidoscope (rigid) light sources			B60
Slings (see also Manual Handling aids)	Nursing/Ward staff	Between patients and when visibly soiled (fabric slings are single-patient use items)	B28
Splints (Donway, Thomas etc)			B4
Stethoscopes	All users	After each use	B51
Storage racks/cabinets	All users	Weekly	B33 B48
Suction units (fixed & Portable)	Nursing/Ward staff	Between patients, after use and when visibly soiled	B52
Supports, blocks, braces, chocks etc.	Nursing/Ward staff		B53
Syringe drivers	Nursing/Ward staff	Between patients and when visibly soiled	B31
Telephones	Housekeeper/Ward staff	Daily/weekly	B42
Patient entertainment systems (Hospedia)	Housekeeper/Ward staff	Weekly or when visibly dusty	B54
Temperature probes	Nursing/Ward staff	Between patients and when visibly soiled; disposable tips are single-use only	B41

Toasters	Housekeeper/Ward staff	Daily	B55
Toilet riser seats	Nursing/Ward staff	After each use and when visibly soiled	B56
Toys	Nursing/Ward staff	Weekly and when visibly soiled	B57
<b>Item</b>	<b>Responsibility</b>	<b>Frequency</b>	<b>Task</b>
Tourniquets			B58
Trolleys - Dressings	Nursing/Ward staff	Weekly	B40
- Equipment	Nursing/Ward staff	Weekly	
- Drugs	Nursing/Ward staff	Weekly	
- Medical notes	Ward Clerk/Reception staff	Weekly	
- Patient movement	Nursing/Ward staff	After each use	
- Resuscitation	Nursing/Ward staff	Daily and after each use	
Ultrasound equipment	Imaging staff/users/ Nursing/Ward staff	Between patients and when visibly soiled	B59
Urine bottles	Nursing/Ward staff	After each use	B2
Urine bottle holders	Nursing/Ward staff	After each use	B12
Urine testing equipment	Nursing/Ward staff	After each use	B6
Ventilator equipment (including NIPPV)	Nursing/Ward staff	Between patients	B61
Walking frames	Nursing/Ward staff	Between patients and when visibly soiled	B4
Washbowls	Nursing/Ward staff	After each use	B8
Water dispensers	Nursing/Ward staff	Weekly and when visibly soiled	B29
Wheelchairs	Nursing/Ward staff Users	After each use	B62
Workstation tables	Nursing/Ward staff	Weekly	B42

## 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.

 <p><b>Red</b></p> <p>Bathrooms, washrooms, showers, toilets, basins and bathroom floors</p>	 <p><b>Blue</b></p> <p>General areas including wards, departments, offices and basins in public areas</p>
 <p><b>Green</b></p> <p>Catering departments, ward kitchen areas and patient food service at ward level</p>	 <p><b>Yellow</b></p> <p>Isolation areas</p>

Your local contact for hospital cleaning is:

## Financial and Resourcing Impact Assessment on Policy Implementation

*NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.*

<b>Document title</b>	
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Totals	WTE	Recurring £	Non Recurring £
Manpower Costs			
Training Staff			
Equipment & Provision of resources			

### Summary of Impact:

### Risk Management Issues:

### Benefits / Savings to the organisation:

### Equality Impact Assessment

- Has this been appropriately carried out? YES/NO
- Are there any reported equality issues? YES/NO

If "YES" please specify:

**Use additional sheets if necessary.**

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

	WTE	Recurring £	Non-Recurring £
<b>1 Manpower</b>			
1.1 Operational running costs			
<b>Totals:</b>			

Staff Training Impact	Recurring £	Non-Recurring £
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<b>Totals:</b>		

	<b>Recurring £ *</b>	<b>Non-Recurring £ *</b>
<b>2 Equipment and Provision of Resources</b>		
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
<b>Totals:</b>		

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

## Equality Impact Assessment (EIA) Screening Tool

Document Title:	Cleaning Environment Policy
Purpose of document	To promote best practice on environmental cleaning.
Target Audience	Patients, All Ward/Clinical Staff, Hotel Services Staff
Person or Committee undertaken the Equality Impact Assessment	Hotel Services Manager

1. To be completed and attached to all procedural/policy documents created within individual services.

The policy has taken into consideration all the groups mentioned and they is no equality impact on any of the groups. This is due to the policy relating to cleaning an empty space i.e. sideroom or bay or patient area. Any patient would have been moved prior by the nursing staff prior to the cleanliness staff arriving.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
<b>Gender</b>	Men	N/A	N/A	
	Women	N/A	N/A	
<b>Race</b>	Asian or Asian British People	N/A	N/A	
	Black or Black British People	N/A	N/A	
	Chinese people	N/A	N/A	
	People of Mixed Race	N/A	N/A	

	White people (including Irish people)	N/A	N/A	
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues			
<b>Sexual Orientation</b>	Transgender	N/A	N/A	
	Lesbian, Gay men and bisexual	N/A	N/A	
<b>Age</b>	Children	N/A	N/A	
	Older People (60+)	N/A	N/A	
	Younger People (17 to 25 yrs)	N/A	N/A	
<b>Faith Group</b>		N/A	N/A	
<b>Pregnancy &amp; Maternity</b>		N/A	N/A	
<b>Equal Opportunities and/or improved relations</b>		N/A	N/A	

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

### 3. Level of Impact

If you have indicated that there is a negative impact, is that impact:		
	YES	NO
<b>Legal</b> (it is not discriminatory under anti-discriminatory law)	N/A	N/A
<b>Intended</b>	N/A	N/A

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:	
N/A	
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:	
N/A	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
N/A	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	