Torbay and South Devon NHS
NHS Foundation Trust

Cleaning Policy

This is a controlled document. It should not be altered in any way without the express permission of the author or their representative. On receipt of a new version, please destroy all previous versions.

Date of Issue:	May 2024	**Next Review Date:**	April 2028
Version:	1.1	**Last Review Date:**	April 2021
Author:	Tony Hopkins Head of Facilities Operations		
Directorate:	Workplace		
Approval Route:			
Approved By:		**Date Approved:**	
SMT		4th March 2024	
Environment Group		2nd Apr 2024	
Infection Control Committee		29th Apr 2024	
Relevant Standards. (e.g. HSE, Health and Social Care Act) Links or overlaps with other policies:			
PAS 5748: The Publicly Available Specification for the planning, application and measurement of cleanliness services in hospitals (British Standards Institute, 2011, as amended 2014);			
The Revised Healthcare Cleaning Manual (NRLS, 2019);			
The National Specifications for Cleanliness in the NHS: A Framework for Setting and Measuring Performance Outcomes (DH, April 2007);			
The NHS Constitution for England (DH 2015);			
Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (DH);			
Health & Social Care Act 2008: The Code of Practice for the NHS on the Prevention and Control of Healthcare Associated Infections and Related Guidance (DH, 2010, as updated July 2015);			
Saving Lives: Reducing Infections, Delivering Clean and Safe Care (DH, April 2007);			
Patient-Led Assessments of the Care Environment (PLACE): Guidance on the Organisation and Conduct of Assessments (DH, 2015);			
Colour Coding Hospital Cleaning Materials and Equipment: Safer Practice Notice 15 (National Patient Safety Agency, January 2007).			
HTM 04-01 Part C Safe water in healthcare premises: part C - Pseudomonas aeruginosa			
Management of Waste Policy			
Infection Control Policy			
Hydrogen Peroxide Vapor Decontamination Policy			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Draft	March 2024	Update to Policy	
2				
3				
4				

Contents

1 INTRODUCTION 6
2 Purpose 6
3 EQUALITY IMPACT ASSESSMENT 6
3.1 Scope 6
3.2 Application 7
4 Responsibilities 7
4.1 Chief Executive 7
4.2 Executive Directors 7
4.3 Workplace Director 8
4.4 Associate Director of Facilities Operations and Service Development 8
4.5 Matrons, Ward Managers and Heads of Departments 8
4.6 Ward and Department Managers 9
4.7 Head of Facilities 9
4.8 Cleaning & Facilities Ops Leads 10
4.9 Deputy Cleaning & Facilities Ops Managers 10
4.10 Lead Nurse for Infection Prevention and Control 10
4.11 Estates Managers 11
4.12 Facilities Supervisors 11
4.13 Trust Staff 11
4.14 Third Party Users 12
4.15 Cleaning Contractor 12
5 Board and Committee Responsibilities 12
5.1 Environment Group 12
5.2 Infection Control Taskforce 12
5.3 CIEG 12
6. MANAGING RISK 12
6.1 Definitions of Risk 13
6.2 Compliance with National Specifications 13
6.3 Color Coding Scheme 13
6.4 Cleaning Equipment 13
6.5 Approved Cleaning Chemicals 13
6.6 Personal Protective Equipment 14
6.6.1 Uniform 14
6.6.2 Gloves 14
6.6.3 Aprons 14
6.6.4 Goggles, masks and visors 14
6.6.5 Linen segregation 14
6.6.6 Waste disposal 14
6.6.7 Sharps 15

6.7 Staff issues 15
6.7.1 Exposure to blood or body fluids 15
6.7.2 Hand hygiene 16
7. CLEANING SCHEDULES 16
7.1 Cleaning Schedules 16
7.2 Definition of Routine Cleaning 17
7.3 Specialist Cleaning 17
7.4 Terminal Cleaning 17
7.5 Enhanced Cleaning 17
7.6 Building Cleaning 18
7.7 Sewage Cleaning 18
8. TRAINING & AWARENESS 18
8.1 Refresher Training 18
8.2 Trust Induction 18
8.3 Local Cleaning Induction 19
8.4 Workplace Training 19
8.5 Food Hygiene Certificate 19
8.6 Refresher Training 19
9. Procedure/course of action required 19
9.1 Identification of Cleaning Responsibilities by Task and Location 19
9.2 Allocation of Risk Category to Functional Areas 20
9.3 Enhanced Cleaning During Infection Outbreaks 22
9.4 Cleaning of Patient Areas on Departure of Patient 22
10. Cleanliness Monitoring 23
10.1 Overview 23
10.2 Levels of Audit 23
10.3 Frequency of Audit 23
10.4 Roles & Competences 23
10.5 Audit Methodology 24
10.6 Fault Reporting & Rectification 24
10.7 Sampling 25
10.8 Target Scores 25
10.9 Star Ratings 25
10.10 Star-Rating Rectification Escalation Flowchart 27
10.11 Automatically under review 27
10.11 Managerial Audit 28
10.12 IPC Audits & Red Flags 28
10.13 External Audit 29
11. Cleaning Requests 29
11.1 Ad-hoc Requests 29

11.2 Emergency Requests 29
11.3 Contact Numbers 29
12. Training in Performance of Cleaning Tasks 29
12.1 Overview 29
12.2 Risk Assessment 30
12.3 Method Statement 30
12.4 Colour Coding 30
13. Capital Planning – Cleaning & Infection Control Standards 30
13.1 Continuous Improvement 30
14. Reporting 31
14.1 Monthly Reporting 31
15. Hydrogen Peroxide Decontamination Operational Protocol 31
15.1 Introduction 31
15.2 What is hydrogen peroxide vapour (HPV)? 31
15.3 Overview of the use of hydrogen peroxide vapour decontamination 31
15.4 Reactively 31
16. Responsibilities 31
16.1 Infection Prevention and Control Team 31
16.2 Operational Team 32
16.3 Matron/Ward Manager 32
16.4 Facilities Management 32
16.5 Cleaning Process for Hydrogen Peroxide Vapour Decontamination 33
16.6 Monitoring and Reporting HPV Room/Bay Completion 33
16.7 HPV Humidity and maximum temperature constraints. 34
17. References 34
Appendix A. 35
Appendix B. RVAG 38
Appendix C. 39
Appendix D. 42
Appendix E. 43
Appendix F. RISK CATEGORISATION OF FUNCTIONAL AREAS 44
Appendix G. 57
Appendix H. Rapid Equality Impact Assessment *(For Use When Writing Policies)* 58

1 INTRODUCTION

The provision of a clean and safe environment is a key priority for Torbay and South Devon NHS Foundation Trust. Cleanliness provides the basic prerequisite for effective infection prevention and control. Moreover, cleanliness is important for inspiring confidence in patients, visitors and staff.

The absolute requirement to provide clean, safe healthcare is now written into a range of key legal processes and documents governing the delivery of NHS-funded care.

In particular, *The NHS Constitution for England (DH, revised 2015),* pledges that "You have the right to be cared for in a clean, safe, secure and suitable environment", and *The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (DH)* Regulation 12 specifies requirements for cleanliness.

The maintenance of a current Cleaning Policy is of obvious importance in demonstrating the Trust's commitment to maintaining a clean and safe environment. The Cleaning Policy records the measures taken to ensure that:

- The accountabilities and responsibilities of Trust officers and service partners are defined and understood;
- All relevant parties are aware of the responsibilities for performance of cleaning tasks in each area;
- Cleaning tasks are performed in a safe, efficient and consistent manner, in compliance with safety legislation;
- Cleanliness outcomes are closely and routinely monitored;
- Faults are rectified in a timely fashion;
- Steps are taken to ensure continuing improvement of cleanliness;
- Cleanliness outcomes are reported at Board level.

2 PURPOSE

The purpose of this policy is to explain the principles of cleaning within hospital environments and to define the responsibility and accountability of each member of staff in ensuring that those principles are adhered to, so that the Trust can be assured that its environmental cleaning measures are robust and appropriate.

3 EQUALITY IMPACT ASSESSMENT

The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No employee will receive less favourable treatment on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation, or on the grounds of trade union membership.

3.1 Scope

The Policy covers cleaning performed in wards, departments and public areas of the Trust's Premises. It excludes:

- Decontamination of Medical Equipment;
- Specialist Cleaning performed in Kitchens;

The policy applies to all Trust staff whose positions require them to perform cleaning tasks, and to companies appointed by the Trust to perform cleaning tasks.

3.2 Application

The Cleaning Policy will be used as the assurance tool ensuring that the Trust Board is aware and in control of the measures in place to provide a clean environment, in accordance with the NHS Constitution.

The Cleaning Policy will further be used to provide assurance of the Trust's commitment to providing a clean environment to commissioning bodies, the Care Quality Commission, and local stakeholders.

4 RESPONSIBILITIES

4.1 Chief Executive

The Chief Executive is the officer ultimately responsible within the Trust for maintaining and achieving the required standards of cleanliness and will. A Director of Infection Prevention and Control has been appointed by the Trust to ensure that infection control in the Trust meet the required standards:

- Delegate responsibility for cleaning management to an Executive Director;
- Provide adequate resources to improve and maintain standards in the form of the commitment of time and financial resources;
- Ensure that employees receive training appropriate to their position and responsibilities;
- Ensure all employees of the Trust are aware of their responsibilities for performance and assessment of cleaning tasks;
- Promote a positive culture in which the achievement of cleanliness is seen as everyone's responsibility;
- Promote an organizational culture which demands identification of areas for improvement in regard to cleanliness, and urgent rectification of these.

4.2 Executive Directors

Directors will have delegated responsibility for the dissemination and operation of the Trust's Cleaning Policy within their directorate and will:

- Ensure all members of the Trust are aware of the Trust Board's expectations for the management of cleaning;
- Ensure all members of the Trust are aware of their individual responsibilities in regard to cleaning;
- Provide adequate resources to achieve the required cleanliness standards in the form of the commitment of time and financial resources;
- Ensure appropriate monitoring systems are in place to determine the effectiveness of cleaning;
- Share lessons learnt with colleagues.

One Executive Board Member will be the Director of Infection Prevention and Control (DIPC), who will have responsibility for assessing and ensuring the efficacy of cleaning as it relates to the prevention and control of infection. The DIPC shall manage the Lead Nurse for Infection Prevention and Control and the IPC Team. The DIPC shall liaise

closely with the Director of Environment and with the Head of Facilities on the management of cleaning services.

4.3 Workplace Director

The Workplace Director has lead responsibility for cleanliness in the built environment and will:

- Ensure provision of adequate resources to ensure that compliance with Best Practice is achieved and maintained;
- Ensure cleaning requirements and additional resources are factored into business cases for new builds or refurbishments of the Estate;
- Ensure that instructions for cleaning items in new builds, including flooring, are included in O and M manuals and are used to inform and/or modify cleaning method statements;
- Inform the Chief Executive of significant risks in relation to cleaning standards;
- Provide information to the Chief Executive and the Trust Board on cleaning standards and issues in the form of the Environment Group Summary Report;
- Champion cleaning at board level and work collaboratively with the Director of Nursing in ensuring a seamless level of cleanliness across the whole clinical environment.

4.4 Associate Director of Facilities Operations and Service Development

Ensure that the premises are fit for purpose, maintained and clean. The Associate Director of Facilities Operations and Service Development will ensure that there is regular monitoring of standards of cleanliness, reported at ward, departmental and board level with actions to improve in areas of developing risk.

5 Ensure provision of adequate resources to ensure that legislative compliance is achieved and maintained;

6 Ensure provision of adequate resources to ensure that compliance with Best Practice is achieved and maintained;

7 Ensure cleaning requirements and additional resources are factored into business cases for new builds or refurbishments of the Estate;

8 Ensure that instructions for cleaning items in new builds, including flooring, are included in O and M manuals and are used to inform and/or modify cleaning method statements;

- Inform the Workplace Director of significant risks in relation to cleaning standards;

9 Ensure the Trust has adequate resources to meet required levels of cleanliness;

10 Delegate responsibility for the management of the performance of cleaning to the Head of Facilities.

4.5 Matrons, Ward Managers and Heads of Departments

Clinical Leads, Matrons and Lead Nurses will:

- Actively promote the importance of maintaining a clean and safe environment for patients, visitors and staff

- Ensure that appropriate resources are provided in terms of time and financial resources within their area of responsibility;
- Ensure that cleaning tasks falling within the responsibility of Nursing staff are performed consistently and in such a way as to produce the required cleanliness outcome;
- Ensure that actions, including remedy of unsatisfactory cleanliness outcomes, arising from audits, are completed by Nursing staff.
- Determine, in liaison with the Infection Prevention and Control Team, the method of cleaning required in vacated rooms depending upon type of discharged patient, using the “Red Amber Green” system.

4.6 Ward and Department Managers

Ward and Department Managers have day to day responsibility for the operational activities within their areas of control and will:

- Perform day-to-day informal monitoring of cleanliness and where necessary issue instructions for variation to usual cleaning practice in order to maintain high standards of environmental cleanliness in their ward or department;
- Ensure that work schedules are adhered to;
- Ensure that Contractor’s cleaning staff are made to feel part of the ward/department team;
- Ensure that all cleaning tasks that should be performed by Nursing Staff in accordance with the Cleaning Responsibilities Matrix are carried out consistently and effectively;
- To participate in cleaning audits conducted by Contractors or Facilities staff where possible, and in all cases to sign-off such audits or give written explanation of the grounds for not so signing off;
- Ensure actions from audits are follow up within required timescales and defects are reported to Estates;
- As part of the department local induction program, ensure that new employees receive instruction on their roles and responsibilities with regard to cleaning;
- Request confirmation from Estates contractors that they have received authorization from the relevant Estates Office to work in the area and are carrying out works appropriately and not comprising cleaning or infection control standards;
- Decide, in liaison with the Infection Prevention and Control Team, the method of cleaning required in each vacated bed.

4.7 Head of Facilities

The Head of Facilities has responsibility for promoting understanding of and compliance with the Cleaning Policy and will put in place an organizational management framework which shall include the monitoring of cleaning service provision. The management framework will include:

- Assessment by audit of cleanliness outcomes by staff suitably qualified to conduct such audits, who may be direct Trust employees or employees of an outsourced cleaning contractor working to the specified requirement;

- Verification of remedial cleaning undertaken as a result of audit. Remedial cleaning will be undertaken by the staff group responsible for the performance of the specific task at fault in accordance with the Cleaning Responsibilities Matrix;
- Assessment of response to requests for ad-hoc cleaning task performance;
- Reporting of cleaning service performance via a formal Monthly Report to the Trust Board, based on the report provided to the Environment Group.
- Management of performance of the cleaning service;
- Liaison with the Estates Manager and with Matrons on performance of the cleaning service where the responsibility for performance of tasks lies with the Estates Service and Nursing staff, respectively;
- Support the Facilities Manager on each site in the provision of cleaning services;
- Liaison with the Estates Manager in maintaining a safe, clean and well-maintained environment which can be cleaned;
- Liaison with the Lead Nurse for Infection Prevention and Control on cleaning elements of the overall response to outbreaks of infection, choice of disinfectant/cleaning products, and methods of barrier and terminal cleaning.
- Direct cleaning input into preparations for PLACE (Patient-Led Assessment of the Care Environment).
- Liaison with and expert advice to Capital Planning.
- Act as a key member of the Environment Group, and in particular to play a key role in that Group's determination of Cleaning Responsibilities, specification of any outsourced cleaning services, and evaluation of tenders from Contractors.

4.8 Cleaning & Facilities Ops Leads

Monitoring compliance of this policy and investigating failures to comply, ensuring that corrective action is taken to prevent recurrence;
Coordinating audits throughout the organisation and for coordinating their dissemination, including providing regular reports on cleaning standards and associated actions to the Environment Group.

4.9 Deputy Cleaning & Facilities Ops Managers

Providing expert advice on cleaning, consumables, equipment and methodology of cleaning, working closely with Infection Prevention and Control and Health and Safety; Developing cleaning schedules for all areas of the Trust, ensuring sufficient staff and resources are available to deliver the cleaning service, including delivering specialist and enhanced cleaning requirements in line with Trust Policy; Making sure that in-house Service Level Agreements are adhered to; Delivering high standards of cleanliness and value for money; Regular liaison with the Facilities manager and Infection Prevention and Control Team. Ensuring there are enough staff, with the right skills to do the job. Establishing a spirit of collaborative team working with service users.

4.10 Lead Nurse for Infection Prevention and Control

The Lead Nurse for Infection Prevention and Control will:

- Lead the Infection Prevention and Control Team;
- Advise the Head of Facilities of any need to vary delivery of cleaning services in response to outbreaks of infection;
- Determine, in liaison with the Head of Facilities, the methods to be used for barrier and terminal cleaning of rooms;
- Decide, in liaison with the Head of Facilities, the disinfectant/cleaner products to be used in the Trust;
- Act as a key member of the Environment Group, and in particular to play a key role in that Group's determination of Cleaning Responsibilities, specification of cleaning services, and evaluation of tenders from Contractors.

4.11 Estates Managers

The Estates Manager will:

- Liaise with the Head of Facilities in maintaining a safe, clean and well-maintained environment;
- Ensure that site Estates teams complete repairs and actions arising from environmental cleaning audits and other inspections.
- Ensure that all Estates jobs conclude with a "making good" of any uncleanliness caused, such as handprints, excess material, and debris;
- Ensures that cleaning tasks falling within the responsibility of Estates in accordance with the Cleaning Responsibility Matrix are performed consistently and effectively in order to achieve the required cleanliness outcomes;

Ensure works are carried out without comprising cleaning and infection control standards.

4.12 Facilities Supervisors

Operational supervision of cleaning staff in line with this and other relevant Trust policies; Coordinating and supervising specialist cleaning services, including enhanced cleaning and cleaning with hydrogen peroxide; Ensuring that the National Colour Coding is adhered to at all times; Auditing of cleaning standards and ensuring any remedial actions are undertaken; Providing day-to-day advice in relation to cleaning requirements.

4.13 Trust Staff

All Trust employees have a personal responsibility for contributing effectively to the achievement of the required cleanliness outcomes throughout the Trust. In relation to this responsibility, employees must:

- Perform cleaning tasks that they are required to do effectively and in accordance with their training and with the frequency required;
- Attend all relevant training sessions;
- Note and either remedy or report any failure of cleaning;
- Ensure that they are aware of health and safety precautions for their work activities;
- Promote a culture whereby cleaning is seen as everyone's responsibility.

4.14 Third Party Users

Third Part Users of Trust-owned premises will:

- Take all reasonable steps to ensure that the required cleanliness standards are achieved in their areas;
- Observe the terms of their leases or other terms of occupation in regard to cleaning.

4.15 Cleaning Contractor

Contractors responsible for the performance of cleaning tasks shall act at all times in strict accordance with the requirements and terms of their contracts.

5 BOARD AND COMMITTEE RESPONSIBILITIES

5.1 Environment Group

The Environment Group is chaired by the Head of Facilities, and has a membership which shall include:

- The Hotel Services Lead
- Infection Prevention and Control
- Facilities Managers from Domestics, Catering & Waste
- A Matron or Senior Nurses
- Estates Manager
- A Senior Procurement Manager

The Group shall have responsibility for:

- Agreeing the responsibility for the cleaning of each item present on the Trust's premises, and publishing its decision in the form of a Cleaning Responsibility Matrix in this present Cleaning Policy and in the Cleaning specification;
- Allocating Risk Categories to Functional Areas;
- Agreeing the content of the Cleaning including required cleanliness outcomes, Key Performance Indicators, Cleaning Red Flags, Reporting Requirements including IPS Audits, Estates issues and waste. Any issues deemed essential to the Environment Group which needs discussing.

5.2 Infection Control Taskforce

The Infection Control Taskforce shall review and determine changes to cleaning practice and frequency appropriate to types of infection outbreak, and to specific problems identified.

5.3 CIEG

The Capitol Infrastructure & Environment Group will receive the Monthly Environment Group minutes from the Head of Facilities.

6. MANAGING RISK

6.1 Definitions of Risk

Section 12.4 summaries the risk categories established and the minimum frequency of monitoring cleaning standards.

6.2 Compliance with National Specifications

Healthcare cleaning standards are undertaken in line with the Revised Healthcare Cleaning Manual June 2019, which categorize the service and auditing levels required in order to maintain cleanliness. The national specification has been adopted across the Trust (see Appendix 2).

6.3 Color Coding Scheme

The Trust must adhere to the mandatory National Patient Safety Agency Color Coding scheme (see Appendix 3). The adoption of nationally recognized color coding helps to minimize the risk of cross-infection and extends to all cleaning materials and equipment used. The method used to color code items should be clear and permanent.
Cleaning products do not need to be color coded. Similarly, the color code does not extend to catering equipment used within the catering department where this is already a well-recognized procedure to ensure food hygiene and food separation issues are addressed.

6.4 Cleaning Equipment

Prior to using any cleaning equipment, all cleaning staff will be trained in the correct use of that equipment. All electrical devices must be PAT tested and it is the responsibility of the Facilities Managers to ensure all electrical equipment is safe to use. Cleaning staff have a responsibility to regularly check all equipment and report any faults.
All equipment must be checked to make sure that it is clean before being used, and is cleaned and stored correctly after use.

6.5 Approved Cleaning Chemicals

The Trust will only use cleaning chemicals that have been agreed for use by the Infection Prevention and Control Team and ratified by the Environment Group. Cleaning staff will be trained in the use and dilution of approved cleaning chemicals during their local induction and as part of a planned change in product use.
All cleaning chemicals are assessed under the Control of Substances Hazardous to Health Regulations. Health and Safety data sheets for all products are filed in the Facilities Department and relevant information will also be found in all cleaning cupboards.
Risks assessments are completed for the use of all cleaning chemicals identifying personal protective equipment and storage requirements. Each ward or department will have a separate lockable cupboard for the storage of all cleaning chemicals. Only approved chemicals may be stored in these cupboards and they must be in their correct container with correct usage instructions and with tightly fitting lids to prevent spillage.

6.6 Personal Protective Equipment

6.6.1 Uniform

Staff should dress in accordance with the Trust Uniform policy.

6.6.2 Gloves

Disposable gloves must be worn for infectious patients when cleaning side rooms and cleaning of sanitary ware as per the **Isolation Policy.** To help prevent infection, injury and cross-contamination gloves should be worn for cleaning tasks within all sanitary or infected areas. Gloves should also be worn when using Hypochlorite solution. All gloves should be either color-coded or disposable and should be changed for each patient bed space and between tasks (as appropriate) and removed when a task is finished or if task is interrupted for another reason. The use of gloves does not replace the need for proper hand washing.

6.6.3 Aprons

Aprons must be changed between cleaning areas occupied by an infectious patient and side rooms as per the **Isolation Policy**. Staff who are at risk of clothing contamination should wear color coded disposable plastic aprons to create a waterproof barrier. If contamination by large amounts of fluid is anticipated, overalls or waterproof footwear may be appropriate. This should be established by a COSHH/risk assessment. Aprons should be changed for each patient zone and between tasks (as appropriate) and removed when a task is finished or if task is interrupted for another reason.

6.6.4 Goggles, masks and visors

During procedures where fluid may splash in their face, staff should wear safety protection such as goggles, masks or visors to protect their eyes, nose and mouth. Goggles must be worn when diluting cleaning chemicals, including using Hypochlorite solution.
Masks must be worn for airborne precaution isolation.
Protective clothing may also be required for procedures where there is risk of exposure to harmful substances such as chemicals, blood or body substances.

6.6.5 Linen segregation

Linen used by patients with an infection and other contaminated linen must be segregated in accordance with the Trust's Linen and Laundry Policy.

6.6.6 Waste disposal

Waste must be handled with care and separated in accordance with the Trust's Waste Management policy.

Waste should be disposed of in the following manner:

Orange sacks should be used for the disposal of infectious and potentially infectious waste, e.g. dressings from known infected wounds and other items that have been in contact with infectious body fluids.

Tiger sacks (yellow and black stripped) should be used for the disposal of offensive waste, e.g. gloves, aprons, feminine hygiene products, nappies and dressings from non-infected wounds etc.

All Clinical waste bags must be tied securely with an identity tag, not overfilled and only stored in a clinical waste bin or designated disposal area prior to disposal.

Blue rigid containers are provided for the disposal of pharmaceutical waste including all giving sets and blister packs.

Yellow rigid containers are provided for the disposal of pharmaceutically contaminated infectious waste.

It is a mandatory requirement that clinical waste bins are kept locked at all times.

Recyclable products such as paper, hand towels, metal, plastics and card should be disposed of in clear plastic sacks.

Non-clinical, or domestic, waste must be disposed of in black bags. Examples of domestic waste include flowers, crisp packs and polystyrene.

6.6.7 Sharps

Sharps, such as drug vials, used needles and razor blades must be carefully disposed of into the appropriate sharps container as per Trust policy.
Needles and syringes should be discarded as one unit and never re-sheathed, bent or broken. Sharps containers should be sealed, labelled and disposed of when two thirds full. Containers should be carried by the handle and held away from the body. Containers should be stored in a designated disposal area. Never attempt to decant contents of sharps containers into larger containers.
If found by a Domestic Assistant, discarded sharps should not be touched by hand but moved using forceps, tweezers or a dustpan and piece of cardboard or plastic. The incident should be reported in accordance with the Trust Incident Reporting and Investigation Procedure.
Any sharps injuries should be reported in accordance with the Trust's Inoculation Injury Policy.

6.7 Staff issues

6.7.1 Exposure to blood or body fluids

All staff should follow the recommendations given in the Trust's Standard Infection Control Precautions Policy.
In Wards or Departments, the member of staff caring for the patient at the time of the spill is responsible for arranging the prompt decontamination and clearing of that spill using a body fluid spillage kit.
In the event of a spill being discovered, the person in charge must be informed and assumes responsibility for arranging prompt decontamination and clearing of the spill.

Where required a secondary clean will then be undertaken by a member of the Facilities staff.
The Facilities department (via the Helpdesk) must be informed for any spillage noticed in public areas. The duty supervisor will assume responsibility for the decontamination and clearing of the spill.
All body fluid exposures should be reported using the Inoculation Injury Policy. Staff may be required to attend occupational health or Emergency departments and further advise sought on the provision of post-exposure prophylaxis.

6.7.2 Hand hygiene

Hand washing is one of the most important actions to be taken to prevent cross contamination when performing cleaning tasks and should be undertaken in line with the 'Five moments for hand hygiene' guidance.
Hands must be washed using the liquid soap and water provided in a hand wash sink. All cleaning staff must wash their hands frequently and this will include the following:

- Before commencing duties
- Before collecting food
- Before putting on gloves
- After taking off gloves and aprons
- After using the toilet
- After taking a break
- After each cleaning task
- After contact with body fluids
- When hands are dirty

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 should not be used when there are cases of diarrhoea and vomiting on the ward. Full guidance and the Hand Hygiene Policy can be found on the Trust Intranet (Infection Control Policies).

7. CLEANING SCHEDULES

7.1 Cleaning Schedules

Cleaning schedules are produced for each ward and clinical department and will be signed off by the ward manager and hotel services manager. They are detailed breakdowns of times each day that each cleaning task will be undertaken. High risk tasks are identified on the cleaning schedules to ensure that they are always completed even in times of reduced staffing levels. Cleaning schedules are located in the cleaner's cupboard and a summary is displayed in each ward or clinical area.
The cleaning frequencies and responsibilities for cleaning all elements potentially present within a ward or clinical environment are described in Appendix 4.
In times of reduced cleaning staff levels, cleaning staff from low risk areas will be transferred to higher risk areas to ensure that the requirements of the service level agreements are met. Staff and public toilets will continue to be cleaned and the

Facilities team will put in place a recovery plan to ensure that low risk areas are not left without routine cleaning for lengthy periods.

7.2 Definition of Routine Cleaning

The patient's bedframe, locker, bed table and chair must be cleaned with an approved product each day and used waste bags must be removed and replenished. This includes isolation rooms and areas where patients with infectious conditions are cared for. Other areas such as bathrooms and ancillary spaces are cleaned at least in with the frequencies set out in Appendix 4. Floors are cleaned with a mop and damp mopped with detergent. It is the responsibility of ward cleaners/domestics to carry out the daily clean and the Facilities supervisors and ward manager to monitor.

7.3 Specialist Cleaning

Specialist cleaning takes place regularly but less frequently than routine cleaning. It may include the use of hypochlorite or hydrogen peroxide vapor (HPV) treatment (see Appendix 6 for the HPV Decontamination Protocol).
Specialist period cleaning is an annual programmed clean of wards and selected departments which will be undertaken by a dedicated deep clean team. Each ward will either fully decant to another area or a bay will be emptied to enable full access. The clean includes all patient areas and ancillary rooms such as sluices and preparation rooms. Additionally, walls, ceilings, ducting and air vents will be cleaned. The specialist periodic cleaning program will be drawn up in consultation with matrons, the facilities team, Operations Manager and the infection control team. Where possible, cleans will be planned to fit in with estates maintenance so as to reduce clinical downtime.

7.4 Terminal Cleaning

Terminal cleaning is a term used to describe the cleaning of a room in which a patient has been isolated with an infection. After the patient has been discharged all surfaces and equipment must be thoroughly cleaned to ensure the room is free of microorganisms for the next patient. This may require the use of disinfectant and involve changing the curtains.
Depending on the type of infection present, terminal cleaning may require the use of Hydrogen Peroxide Vapor devices which must be used only in unoccupied rooms/bays and by staff specifically trained to use them.
Hydrogen Peroxide Vapor is a highly effective environmental decontaminant and is used for decontamination of areas that may have been contaminated with microbiological organisms which may present a risk of infection to susceptible patients, e.g. Clostridium difficile, MRSA, and resistant gram-negative organisms. A chart showing what mode of cleaning should be requested is shown at Appendix 5. Such cleaning is carried out at the request of the Ward Manager or Infection Control Team and requires close liaison between the Trust's control office, facilities team and ward team.

7.5 Enhanced Cleaning

Enhanced cleaning is carried out when there is a greater risk of infection outbreak and at the request of the Infection Control Team. This intensive clean involves

cleaning all touch surfaces in an in-patient area on a two-hourly basis and normally requires additional resources to maintain the level of cleaning required.

7.6 Building Cleaning

The Estates Department will be responsible for routine cleaning during and after minor repairs/building works and will leave the working area clean and free of any debris. During major construction works the Estates project lead will liaise with the Hotel Services Manager to agree what level of additional resource is required to keep areas adjoining the construction site, clean and dust free. Advice may also be sought from the Infection Control Team on appropriate measures.
In response to leaks, flooding and other estates issues that may affect Trust premises, the estates manager will liaise with the facilities manager to arrange cleaning support to ensure that once the problem is resolved (or as an interim control measure) appropriate decontamination and cleaning regimes are deployed.

7.7 Sewage Cleaning

A SOP has been written to help with the process for any of the above clean up. The SOP takes you through the communication process to the clean up and opening of the area. The SOP has been put in place to help Workplace, the Clinical Teams and IPC have the assurance of the process to make sure any areas where we have a sewage issue that are process help protect the staff dealing with the issue.
The SOP is a separate document and will be continually updated to meet the needs and changing circumstances for cleaning of this specific issue.

8. TRAINING & AWARENESS

Training shall be delivered only by a person competent by experience and qualification. Competence shall be recorded in writing. As a minimum, trainers should be in possession of a relevant British Institute of Cleaning Science qualification.

Training shall be delivered by:

- Explanation of method statement by the trainer;
- Demonstration of correct performance by the trainer;
- Observation by the trainer of performance by the trainee, repeated until correct performance is achieved.
- Infection Control. Training should be sort with regard to Pseudomonas & the risks associated with this element.

Both the trainer and trainee shall sign a dated record of training delivery.

8.1 Refresher Training

All training in performance of cleaning tasks shall be re-performed by competency check at least once per year, and more often if indicated by observation of actual performance. Training record cards should be updated upon training being completed and kept with employee files.

8.2 Trust Induction

Prior to commencing any cleaning duties new staff will complete their Mandatory Trust Induction.

8.3 Local Cleaning Induction

All new cleaning staff will receive a local induction by a member of the Facilities Management Supervision Team. The contents of the induction will vary between individuals and will be determined by their job specifications. This induction will include use of color-coded equipment, safe use of cleaning chemicals and materials and training in the use of cleaning equipment. Manual handling training is also provided, as necessary. The local induction will stress the legal as well as the moral responsibilities of cleaners. Cleaners will be made aware of the importance of adopting hygienic working practices.

All training will refer to relevant legislation, NHS guidelines and Trust policies.

Each new member of staff will receive a Cleaning Manual, which will act as both a training tool and a record of training and competence checking, during their induction.

8.4 Workplace Training

All new cleaning staff will work alongside a cleaning mentor who will explain and demonstrate the cleaning routine of a ward/department and will instill in them good practice. This workplace training will continue until the Facilities Supervisor is confident of an individuals' ability to work alone.

8.5 Food Hygiene Certificate

All cleaning staff that hold a management or supervisory position will be expected to obtain the NVQ Level 3 Certificate of Food Hygiene, within 6 months of starting their supervisory position, unless they already have an equivalent qualification.
All cleaning staff undertaking food services at ward level are required to obtain an NVQ Level 2 Certificate of Food Hygiene.

8.6 Refresher Training

All training in performance of cleaning tasks shall be re-performed by competency check at least once per year, and more often if indicated by observation of actual performance. Training record cards should be updated upon training being completed and kept with employee files.

9. PROCEDURE/COURSE OF ACTION REQUIRED

This forms the main body of the document and describes the policy / course of actions required.

9.1 Identification of Cleaning Responsibilities by Task and Location

The Environment Group with Facilities & Infection Prevention & Control (IPC) shall determine the responsibility for the performance of each cleaning task in each Functional Area. An exhaustive list of cleaning tasks (The Cleaning Responsibility Matrix) shall be produced, and the Staff Group responsibility for each will be listed. The main Staff Groups will be:

- Cleaning Staff (e.g. for cleaning floors, sinks, waste receptacles. The majority of cleaning tasks will fall into this category);

- Estates Staff (e.g. for cleaning in plant rooms, internal areas of ventilation piping.);
- Nursing Staff (e.g. for cleaning of medical equipment attached to a patient, commodes).

In a smaller number of cases, cleaning tasks in all areas may be the responsibility of a specialist department, such as Medical Equipment. In other cases, cleaning tasks in a particular area, such as Mortuary and Pharmacy, may be the responsibility of Departmental Staff. In all cases this shall be recorded in the Cleaning Responsibility Matrix.

The current Cleaning Responsibility Matrix is as shown in Appendix A of this Policy.

All in-patient areas are the responsibility of the Trust which are:

- Torbay Hospital & Annexe Site
- Brixham Hospital
- Newton Abbot Hospital
- Totnes Hospital

Outpatient Clinics include:

- Paignton Hospital
- Teignmouth Hospital
- Ashburton Hospital

Sodexho under a contract for the five years from April 2019, are responsible for the cleaning at the following Trust-owned site:

- Dawlish Hospital

Norse Cleaning Services under a contract for the Three years from April 2019, are responsible for the cleaning at the following Trust-owned site:

- Albany Street Clinic
- Bay House
- Brunel Dental Clinic
- Castle Circus
- Dartmouth Clinic
- Hollacombe CRC
- Kings Ash House
- St Edmunds
- Union House

Other premises used by the Trust as partial occupiers should be subject to Cleaning Policies maintained by the owners of the premises, such as NHS Property Services.

The Cleaning Policy shall be updated whenever there is a change of supplier.

9.2 Allocation of Risk Category to Functional Areas

Facilities in conjunction with IPC shall produce a list of Functional Areas in which cleaning services are required. For the purposes of this Cleaning Policy, the term “Functional Area” is defined in Section 3.

Facilities & IPC shall professionally assess the Risk Category appropriate to each Functional Area, taking into account:

- Infection Risk;
- Risk to Public, Patient and Staff Confidence ("Confidence Risk").

The Trust currently has an agreed list of Functional Areas with a Risk Category for Cleaning assigned to each element of the National Cleaning Standards in Appendix A to the Cleaning Specification.

Facilities, IPC and the Environment Group shall review risk allocation as it deems necessary, and certainly before the creation of a new specification for outsourcing purposes. When this is done, the methodology shall be as follows:

Infection Risk	**Infection Risk Score**	**Confidence Risk**	**Confidence Risk Score**
Functional Areas in which patients do not normally receive treatment	1	Functional Areas which are not usually seen by patients, public or staff, or which, if seen in an unclean condition are unlikely to lead to a loss of confidence in the Trust's ability to provide a clean, safe environment for care.	1
Functional Areas in which patients receive treatment other than procedures which carry a high risk of infection. Also, Functional Areas in which patients are critically ill.	2	Functional Areas which are regularly seen by patients, public or staff, and which, if seen in an unclean condition are likely to lead to a significant loss of confidence in the Trust's ability to provide a clean, safe environment for care.	2
Functional Areas in which high infection risk procedures are conducted, or which house critically ill patients.	3	Functional Areas which are regularly seen by patients, public or staff, and which, if seen in an unclean condition are likely to lead to a serious loss of confidence in the Trust's ability to provide a clean, safe environment for care.	3

In all cases where Infection Risk scores 3, the Functional Area shall be classified as Very High Risk, irrespective of Confidence Risk. In all other cases, the Risk Category will be determined in accordance with the table below:

Infection Risk Score	**Confidence Risk Score**	**Risk Category**
3	3	Very High Risk
3	2	Very High Risk
3	1	Very High Risk
2	3	High Risk
2	2	High Risk
2	1	Significant Risk
1	3	Significant Risk
1	2	Low Risk

1	1	Low Risk

9.3 Enhanced Cleaning During Infection Outbreaks

At the direction of the Lead Nurse for Infection Prevention and Control, an enhanced cleaning regime shall be used in response to an outbreak of infection.

The Lead Nurse for Infection Prevention and Control shall ensure that the area to receive enhanced cleaning is clearly defined, by reference to the list of Functional Areas.

The Lead Nurse shall ensure that the enhanced cleaning regime shall cease once the incident has passed, and shall clearly communicate the closure of the incident to all parties involved in providing the enhanced cleaning regime.

The precise nature of the enhanced cleaning regimes may vary from incident to incident, and will be determined on a case-by-case basis by the Lead Nurse for Infection Prevention and Control, but all will include:

- More frequent performance of cleaning tasks;
- Use of disposable cleaning equipment, which shall be disposed of in compliance with the Trust's Waste Policy;
- Routine use of a disinfectant/cleaning product, such as Antichlor or Tristal;
- Use of protective disposable clothing, which shall be disposed of in compliance with the Trust's Waste Policy.

9.4 Cleaning of Patient Areas on Departure of Patient

In accordance with the Trust Infection Prevention and Control Policy, a defined set of cleaning and decontamination tasks shall be conducted on the departure of patients from inpatient beds where a route of transmissible infection is known or suspected.

For the purposes of the Cleaning Policy, it is noted that there are three types of cleaning and decontamination tasks which are used:

- Red Cleans;
- Amber Cleans;
- Green Cleans.

The exact clinical protocols for assessment of the type of clean needed shall be as stated in the Trust Infection Prevention and Control Policy. The IPC Team, or the nurse in charge of a ward, shall make a clinical judgement on the type of clean needed on a case-by-case basis.

A detailed procedure for the performance of each type of clean shall be held and maintained by the Cleaning Contractor, and shall be subject to approval by the General Manager for Facilities and by the Lead Nurse for Infection Prevention and Control.

The detailed procedure shall always contain the following basic elements:

- Red Clean: Full physical clean using a disinfectant cleaning product approved by the IPC Team (e.g. Actichlor Plus), plus disinfection treatment using HPV
- Amber Clean: Full physical clean using a disinfectant cleaning product approved by the IPC Team (e.g. Actichlor Plus)
- Green Clean: Full physical clean using the routine cleaning product approved by the IPC Team.

NB All types of clean are available at all times, 24/7, 365/6 days per year.

More detail can be found in Appendix B.

10. CLEANLINESS MONITORING

10.1 Overview

The Cleanliness of all areas falling within the scope of this Cleaning Policy shall be monitored regularly by suitably-qualified persons, against the key cleanliness outcome standards described in The National Specifications for Cleanliness in the NHS: A Framework for Setting and Measuring Performance Outcomes ("NSC") - DH April 2019.

Technical Cleanliness Monitoring conducted in accordance with the terms of the Cleaning Contract shall be used as the official measure of cleaning service performance.

For the sites falling within the scope of the Cleaning Contract, Technical Cleanliness Monitoring will be conducted by the Cleaning Contractor, and verified by the General Manager for Facilities, using sample auditing conducted by the Trust's Monitoring Officer. For sites within the scope of this Cleaning Policy but outside the scope of the Cleaning Contract, Technical Cleaning Monitoring will be conducted by the General Manager for Facilities, using auditing conducted by the Trust's Monitoring Officer.

10.2 Levels of Audit

Three levels of audit will be employed:

- Technical;
- Managerial; and
- External audits.

The Technical Audit only shall be used for the purposes of adjudging performance against the Service Levels.

10.3 Frequency of Audit

The regularity of audit of functional areas and rooms will be as follows:

Functional risk category	Audit target score	Audit frequency*
FR1	98% and above	Weekly
FR2	95% and above	Monthly
FR3	90% and above	Every two months
FR4	85% and above	Every three months
FR5	80% and above	Every six months
FR6	75% and above	Every twelve months

10.4 Roles & Competences

The Trust will nominate staff to undertake Technical Audits who:

- are professionally competent to judge what is 'acceptable' in terms of cleanliness and infection prevention and control;
- have a detailed knowledge and experience of healthcare facilities;

- have full knowledge of the Responsibility Matrix and Cleaning Policy.

In order to demonstrate this, each member of staff permitted to undertake auditing shall have recorded training which demonstrates their ability to accurately perform Technical Audits.

10.5 Audit Methodology

Audits shall be conducted using the NSC 50-element process, and shall record the cleanliness of all elements. Audits shall where possible be conducted in the presence of the person in charge of the Functional Area, and shall always be signed off by that person at the conclusion of the audit, even where that person has not been able to physically take part in the audit.

Technical Audits will involve three interrelated levels of score:

- a room score;
- a functional area score; and
- an overall score monthly for each Risk Category.

The following methodology will be followed in establishing scores for these levels:

- the auditor shall assign a score to each individual room in the functional area (the room score);
- the total elements passing shall be calculated against the total elements checked in each functional area to produce the functional area score;
- the scores of all the functional areas audited within the reporting month period, within each risk category, will then be averaged to give the overall score for each Risk Category.

The auditor shall determine the cleanliness of each element in a room using the Element Standard Criteria, acceptable (score 1) or unacceptable (score 0).

Once all elements in the room have been scored, the total number of acceptable scores should be expressed as a percentage of the total possible number of ‘acceptable’ scores in that room. For example, if the sanitary area had 12 elements, and 10 were acceptable, the overall percentage would be calculated as 10/12 or 83 per cent.

The score for the functional area shall be calculated by calculating the number of elements scored as “acceptable” as a percentage of the total number of elements audited.

The Risk Category Score shall be calculated by averaging the scores achieved in each functional area audit falling within each Risk Category, A separate score for each of the four Risk Categories, shall be produced for each month.

Although all elements should be assessed, a separate reported score should be produced which relates only to those elements for which the cleaning responsibility lies with the Contractor, as per the Responsibility Matrix in the Cleaning Policy.

10.6 Fault Reporting & Rectification

Where an element is assigned a score of 0 (unacceptable) then the reason for failure and an appropriate time for remedial action to be taken should be entered in the record.

Where the responsibility for rectification lies with the Cleaning Contractor, a Task Request for rectification of the fault shall be created. Rectification of the fault shall be recorded.

Where the responsibility for rectification lies elsewhere (for example Estates or Nursing), the auditor shall communicate the fault in writing to the person responsible (for example the Estates Manager or the relevant Ward Manager).

10.7 Sampling

With the agreement of the General Manager for Facilities, Technical Audits of larger functional areas may be designed to monitor only a sample of rooms rather than all rooms. If this is permitted in named functional areas, there must be a software system in place which memorises randomised sampling to ensure that all rooms are monitored in the course of 2 (or exceptionally 3) audits.

10.8 Target Scores

Target scores for Functional Areas vary in accordance with their risk category, as follows:

Functional risk category	Audit target score
FR1	98% and above
FR2	95% and above
FR3	90% and above
FR4	85% and above
FR5	80% and above
FR6	75% and above

10.9 Star Ratings

Star ratings are a simple and effective means of providing meaningful information about quality (see Figure 3 on page 40). The star-rating system is intended to provide patients, public and staff with an easily understandable visual score of the safe standard of cleanliness for each functional area.
The star-rating system aims to provide reassurance to patients. We recommend they are only displayed in patient-facing areas; it is not necessary to display star ratings in functional risk areas where patients do not have access.
There may be instances where organisations deem it impractical to use the star ratings, for example, in ambulances or in community settings with numerous outbuildings.
When agreeing where to display the star ratings, consider disparate sites, type of healthcare setting and the logistics of managing the administration associated with this process. When implemented and used in the correct way, star ratings will reassure patients, the public, departmental and clinical leads.
The star rating must be the actual first-time percentage score achieved converted into a star rating using the recommended guidance detailed below

The star-rating categories are:

The star-rating posters have been designed to allow for an expiry date to be set locally to ensure the administration of the system is not burdensome to the organisation, for example, an area that consistently achieves 5 stars at every audit can have a longer expiry date set, possibly up to 12 months. It is also recommended that the star ratings are laminated so that the expiry date can be changed in-situ rather than posters being reprinted and re-sited.

However, if a long expiry date is set for an area and the score drops within the expiry period, the star rating poster will need to be updated and the expiry period re-set, for example, if an area that usually scores 5-stars suddenly drops to 3 stars, the star rating poster must be revised immediately to show 3 stars. As soon as the area has been rectified, re-audited and brought back up to 5-stars, the star rating poster can be updated again to reflect 5-stars.

Functional areas achieving a 5 star-rating, or 4 star-rating are also likely to generate remedial actions to improve (unless they score 100%). In these instances, the activity generated through rectification will serve to enhance the focus on the functional area and provide assurance

Where a functional area has scored 3 stars or less it will be necessary to undertake a re-audit to provide assurance that the area has now achieved the safe standard. Once the standard has been achieved a revised star rating can be displayed.

The star ratings must be displayed in accessible areas for visibility, for example, in or near ward and department entrances, outside lift areas for public and circulation areas, or in waiting rooms etc. as appropriate. We recommend wherever possible that the star ratings are displayed in the same location as the Commitment to Cleanliness Charter.

If a functional area has been categorised as a *blended functional risk area* (FRB), the audit frequency will be determined locally, which will inform the frequency of star-rating updates.

This approach is intended to encourage staff engagement, improve recognition and enhance the profile of cleaning because all areas can achieve five stars, assuring patients, public and staff that safe standards are being achieved.

It is essential that every audit that falls below standard is rectified in an appropriate timeframe. Any star-rating score below 4 stars must be subject to an improvement plan with agreed timescales appropriate to the functional area and the score achieved.
The following star-rating rectification escalation flow-chart details the actions that must be taken following each audit of a functional area.

10.10 Star-Rating Rectification Escalation Flowchart

5	• • Area has achieved its target score or above • • Rectification of failures is signed off and records retained for a minimum of 3 years (or as per local policy if longer)

4	• 1% to 3% below target score • • Rectification of failures is signed off and records retained for a minimum of 3 years (or as per local policy if longer)

3	• • 4% to 6% below target score • • Rectification of failures is signed off and records retained for a minimum of 3 years (or as per local policy if longer)

10.11 Automatically under review

2	• 7% to 9% below target score • Rectification of failures is signed off and records retained for a minimum of 3 years (or as per local policy if longer) • Area placed under review and audit frequency reviewed • Improvement plan produced, actioned and signed off • Follow guidance below

1	• 10% or more below target score • Rectification of failures is signed off and records retained for a minimum of 3 years (or as per local policy if longer) • Area placed under investigation and audit frequency reviewed • Immediate action taken as appropriate • Improvement plan produced, actioned and signed off

All areas under automatic review are subject to an extensive improvement plan within a timescale appropriate to the issues identified. It is critical to understand the cause of the poor result and that those responsible are accountable and involved in the rectification. All areas scoring 2 stars or below must be reported to the board representative/s. An improvement plan should consider the following:

- An analysis of the failed elements

- Have audits been undertaken at the correct frequency and did they indicate an issue?
- A review of the cleaning input hours to determine if the resources are adequate or if there have been staff shortages
- A review of cleaning times to determine if the service is being delivered at the right time
- A review of the area to understand if there is a significant change in use
- A review of the cleaning times to ensure they reflect the service required
- A review of the cleaning frequencies to determine if they are appropriate
- Is the equipment, materials and consumables suitable, of adequate supply etc.
- Has appropriate training been undertaken?
- Is there a staff competency issue?
- Is there an access issue?
- Has an efficacy audit been undertaken in the last 12 months?
- Has the area risk rating been reviewed and checked?
- Has a temporary increase in monitoring been considered until standards have been consistently met and maintained?

In the event of failure by the ward to achieve these targets in a given month, a remedial action plan will be required.

10.11 Managerial Audit

Managerial Audits shall be ad hoc audits designed to verify cleaning outcomes of Technical Audits and identify areas for improvement. The audit team will consist of senior Trust management, and nurses and modern matrons with responsibility for cleaning and infection control. In addition, there may be a board representative, and a patient or service user representative.

The managerial audit review team will validate a sample of audit information arising from the Technical Audits on a quarterly basis. For example, each quarter, the managerial audit team may decide to review:

- some elements across all functional areas;
- some room types; or
- one or more functional areas.

The decision will be based on:

- the standards already being achieved;
- where Trust managers feel emphasis should be placed; and
- randomly chosen elements, rooms or functional areas.

The ward will be informed of the dates of the Managerial Audits and shall participate in them if so invited by the Hotel Services Lead.

The scores arising from Managerial Audit results will play no direct part in the Performance Management System.

10.12 IPC Audits & Red Flags

Infection, Prevention & Control will independently audit trust wards and departments independently from the normal national cleaning standards. These audits and red flags will be

shared and discussed through the Environment Group monthly to agree an action plan to find a solution to a serious or a persistent cleaning issue. This will then be fed up through CIEG to give assurance issues are being dealt with.

10.13 External Audit

An External auditor may be used to undertake an audit at least once a year if required to:

- validate the results generated by the Technical and Managerial Audits;
- provide peer review and opportunities for the sharing of best practice.

The Trust shall appoint an independent cleaning expert, with demonstrable experience of setting healthcare cleaning standards, to perform the external audits.

The External Auditor will adjudge whether the most recent quarterly summary score provided by the Trust matches with the general standards seen on the day of the external review. Where the score provided by the Trust differs to that provided by the External Auditor, assessment feedback will be provided to the Trust.

The External Auditor will be given the opportunity to determine what they wish to review, and the extent to which it should be reviewed. External auditors will be entitled to access the outcomes from the past four quarterly summary score calculations and outcome information from the Technical Audits.

11. CLEANING REQUESTS

11.1 Ad-hoc Requests

Requests for ad-hoc cleaning tasks, which may include response to spillages, notification of an observed unsatisfactory cleanliness incident, or requests for cleans upon patient departure, will be made via the Facilities Helpdesk, ext. 55331.

11.2 Emergency Requests

In a very small number of circumstances, where an emergency occurs out of office hours, the Trust's designated officer in charge (for example the Site Manager), may authorise additional works, informing the Facilities Manager at the first reasonable opportunity.

11.3 Contact Numbers

Facilities Helpdesk – extension 55331
Facilities Supervisor on Duty – Bleep 67-313
Facilities Managers Office – extensions 54443, 54350, 56859, 54364
Facilities On-call Manager – 07827 369550

12. TRAINING IN PERFORMANCE OF CLEANING TASKS

12.1 Overview

Every person required to perform any cleaning task within the scope of this Cleaning Policy shall have received documented training in the correct method of performing each task that they are required to perform. Updated records of such training are to be held by the managers of all such persons. The training module delivered shall also be recorded, and should include the Task Risk Assessment and the Task Method Statement (see below).

The training records and modules shall be available to the Head of Facilities for inspection at any time.

12.2 Risk Assessment

The manager of the person required to perform any cleaning task shall ensure that there is a written risk assessment for that task, which shall clearly describe risks and note mitigating actions such as performance method and use of Personal Protective Equipment. For staff employed by a Cleaning Contractor, the employer shall have this responsibility.

12.3 Method Statement

A written method statement will be produced for each cleaning task, which shall incorporate the mitigating actions of the risk assessment into a description of a safe method of performing the task. The method statement shall be used for the training of staff.

The Revised Healthcare Cleaning Manual (NRLS, 2019) includes model method statements for all cleaning tasks likely to occur in a healthcare setting, and may be used as a basis for the creation of local method statements.

12.4 Colour Coding

All materials and equipment used in the performance of cleaning tasks shall be colour coded in strict accordance with *Colour Coding Hospital Cleaning Materials and Equipment: Safer Practice Notice 15 (National Patient Safety Agency, January 2007)* as restated for use in method statements in *The Revised Healthcare Cleaning Manual (NRLS, 2009).*

All training modules shall include reference to this colour coding requirement.

13. CAPITAL PLANNING – CLEANING & INFECTION CONTROL STANDARDS

All capital projects which include the provision of new elements requiring an ongoing cleaning service shall seek the written or recorded input of the Head of Facilities or a nominated deputy, either acting as a member of a project team (for larger projects) or being formally consulted (for smaller projects).

The Head of Facilities shall be responsible for:

- Decision on cleaning method, with reference to the O & M Manuals for relevant elements;
- Calculation of the recurring ongoing cleaning cost;
- Agreement of costs and timetabling for Builders' Cleans and Pre-Occupation Cleans.

13.1 Continuous Improvement

The Trust will operate a system designed to ensure continuous improvement of service delivery. This will include:

- Operation of a recognised Quality Assurance System, such as CCW or Micad
- Supervisory observation of performance of cleaning tasks and re-training of staff as necessary;
- Continuing review of cleanliness audit results to identify areas and elements for improvement;
- Maintenance of knowledge of new cleaning technologies and methods.

14. REPORTING

14.1 Monthly Reporting

Each month, the Cleaning KPI'S will be reported at the following:

- Environment Group
- Estates & Facilities monthly Dashboard

15. HYDROGEN PEROXIDE DECONTAMINATION OPERATIONAL PROTOCOL

15.1 Introduction

As part of the Trust's Infection Prevention and Control strategy for Healthcare Associated Infection (HCAI) reduction, hydrogen peroxide vapor decontamination was introduced throughout the Trust in 2013

15.2 What is hydrogen peroxide vapour (HPV)?

Hydrogen peroxide vapor is a highly effective environmental decontaminant. hydrogen peroxide vapor is used for decontamination of areas that may have been contaminated with microbiological organisms which may present a risk of infection to susceptible patients, e.g. *Clostridium difficile*, MRSA, and resistant Gram-negative organisms.
All hydrogen peroxide vapor decontamination procedures are carried out by trained personnel from the Trust's Deep Cleaning Team.

15.3 Overview of the use of hydrogen peroxide vapour decontamination

Hydrogen peroxide vapor will be used proactively and reactively to decontaminate equipment, side rooms, bays, toilets and any other rooms (max. 250m^3) as instructed by the TSDFT Infection Control Team

15.4 Reactively

Clostridium difficile toxin positive or PCR positive where the patient has been or is symptomatic during admission.

This will take priority over other hydrogen peroxide vapor requests.

Any areas within the Trust that has been occupied by a patient/who has had suspected or confirmed Norovirus, diarrhea and/or vomiting will be risk assessed by the IP&C Team as to whether HPV is required.

16. RESPONSIBILITIES

16.1 Infection Prevention and Control Team

The Infection Prevention and Control team will identify and risk assess areas that require a hydrogen peroxide vapor treatment.
Where there is a Swift plus system the Infection Prevention and Control Team will identify with a yellow background.
The Infection Prevention and Control team will advise of the requirement to undertake hydrogen peroxide vapor decontamination at the Daily control meetings.

Alongside the Facilities Managers, the Facilities Supervisors will coordinate and priorities the hydrogen peroxide vapor decontamination requirements.
A log of all hydrogen peroxide vapor decontamination carried out will be recorded by the Infection Prevention and Control Team and reported to the Trust's Infection Prevention and Control Committee.
The Infection Prevention and Control Team and the Facilities Supervisors will keep a record of any area that was unable to be achieved and ensure hydrogen peroxide decontamination is carried out when the area is next made available.
Where a request for hydrogen peroxide vapor decontamination cannot be undertaken for any reason, an incident form will be completed by the Infection Prevention and Control Team and escalated to the Director of Infection Prevention and Control.
Matrons and ward managers will be requested to attend the 10.00 am control meeting to coordinate how the HPV clean can be achieved with the operational team. The IP&CT will escalate in the first instance to the Deputy Director of Nursing Professional Practice when access to undertake HPV treatment has not been achieved within 5 days of the initial request.
When there is a delay of hydrogen peroxide vapor treatment of 14 days, the Director of Infection Prevention and Control will request an action plan from the Head of Operations or deputy.

16.2 Operational Team

Hydrogen peroxide vapor decontamination requirements will be discussed as a standard agenda item at the daily control meetings.
Where a bay requires hydrogen peroxide vapor decontamination, the operational manager will arrange a meeting with the ward manager/matron of that area and Facilities Supervisor to co-ordinate the decant of patients to facilitate the HPV decontamination.

16.3 Matron/Ward Manager

The matron/ward manager will identify how a bay can be vacated by either decanting appropriate patients to Elizabeth ward for the duration of the hydrogen peroxide vapor decontamination treatment or identifying patients who can be discharged.
The nurse in charge of the ward will inform the Facilities Management Help Desk when a side room becomes available for hydrogen peroxide vapor decontamination

16.4 Facilities Management

Facilities Management will ensure there is adequate staffing to deliver a 24-hour service and that staff are trained to deliver a safe and effective service.
If there are any issues with equipment or staffing this must be raised initially with the

Facilities Manager Hotel Services and escalated to the daily control meeting.
The duty on call Facilities manager will attend the daily control meetings and assist with the coordination of the hydrogen peroxide vapour decontamination requirements.

16.5 Cleaning Process for Hydrogen Peroxide Vapour Decontamination

The process when undertaking HPV decontamination is as follows:

- Timings: Pre-clean side room 30–60 minutes; Pre-clean multi-occupancy bay 90-150 minutes
- HPV cycle 210 minutes
- Hydrogen peroxide vapor decontamination does not replace cleaning and the area and equipment must be pre-cleaned using a cleaning detergent.
- All surfaces that require hydrogen peroxide vapor decontamination must be exposed (i.e. cupboard drawers opened, radiator covers removed equipment off work surfaces/shelves, waste bins empty and left open etc.). Hand hygiene dispensers should be left empty.
- Any clinical folders that have been in side rooms to be placed in the room.

Check area for points of escape. This includes:

- HVAC vents and grills.
- Damaged / missing ceiling tiles.
- Damaged walls, windows and doors.
- Ceiling voids where there is no fire dampener
- Vents should be sealed with either a vent sealer or tape. For areas that do not have hydrogen peroxide vapor decontamination regularly (for example outpatient clinics/toilets) must be risk assessed by the fire officer and Facilities Supervisor prior to HPV treatment taking place
- Fire detection sensors must be covered with the supplied capping kit.
- Damage to ceilings, walls, windows or doors should be immediately reported to the Estates Department for repair.
- Room access doors must be taped and sealed.
- A ‘No Entry’ warning sign must be posted to advise gassing in progress, restricted access and trip hazards (as appropriate).
- All safety equipment required must be in place outside of the area
- Any electrical equipment within the room which may be contaminated should be left running within the room.

16.6 Monitoring and Reporting HPV Room/Bay Completion

To ensure that there is a robust system for monitoring the compliance of HPV procedures in a timely manner, the following steps will be undertaken:

- Any patient identified with CDT, PCR positive, or/ CDT previously CDT positive and symptomatic will have an HPV of their room requested on discharge. Areas post Norovirus may require a HPV.
- The IP&CT will mark with a yellow background on swift plus and email to the generic email-box for infection control and deep cleaning teams. The ward manager and the matron for that ward area will also be included in that email.
- Facilities Supervisor will add to the board in their offices and in the control room.
- Completed or awaiting HPV will be in the shared calendar.
- Each Wednesday an email of outstanding HPVs and pending will be sent to the areas involved cc deep clean team, operational manager, DIPC and others as

required. This information will also include how many patients have used the bed since initial case discharged.

- Where an HPV has not been undertaken the Hotel Services Manager will notify the IPCT so that an incident form is completed.

16.7 HPV Humidity and maximum temperature constraints.

The Bio-quell & HPV machines can operate in a room with a temperature between 5 and 60 degrees. During the process when the decontamination process commences the room temperature reduces to an operating maximum temperature of 26 degrees. The machine is more likely to fail if the rooms humidity or temperature is above 26.

With agreement through IPC and a failure of the HPV process due to humidity or temperature within that area, the room can be deep cleaned and then HPV'd once the humidity and temperature has fallen below 26 degrees.

A process chart for HPV is shown in Appendix D.

17. REFERENCES

PAS 5748: The Publicly Available Specification for the planning, application and measurement of cleanliness services in hospitals (British Standards Institute, 2011, as amended 2014);

The Revised Healthcare Cleaning Manual (NRLS, 2009);

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (DH);

The National Specifications for Cleanliness in the NHS: A Framework for Setting and Measuring Performance Outcomes (DH, April 2007);

Health & Social Care Act 2008: The Code of Practice for the NHS on the Prevention and Control of Healthcare Associated Infections and Related Guidance (DH, 2010, as updated July 2015);

Saving Lives: Reducing Infections, Delivering Clean and Safe Care (DH, April 2007);

Patient-Led Assessments of the Care Environment (PLACE): Guidance on the Organisation and Conduct of Assessments (DH, 2015).

APPENDIX A.

Element 2019 (with new number)	2019 Cleaning Frequency
1.Bed pan (reusable), bed pan holder, patient wash bowls.	Full clean daily and after each use including touch points and remove any visible soiling.
2. Bed pan washer / macerator.	Full clean daily and after each use including touch points and remove any visible soiling.
3. Other sluice equipment including sluice sink and equipment holders.	Full clean daily and after each use including touch points and remove any visible soiling.
4. Commodes.	Full clean daily and after each use including touch points and remove any visible soiling.
5. Patients hoists.	Full clean daily and after each use to remove any visible soiling.
6. Weighing scales including neonatal, seated and standing scales.	Full clean daily and after each use to remove any visible soiling.
7. Medical equipment e.g. intravenous infusion pumps drip stand and pulse oximeters, medical gas bottles and stands, walking aids. Refer to local protocol for medical equipment connected to and not connected to a patient.	Full clean weekly regardless of use including those in storage. Check clean before use. Clean after each use.
8. Wheelchairs (organisation owned). Refer to local protocol.	Full clean weekly. After each use carry out touch point clean and remove any visible soiling.
9. Patient fans – with accessible blade. Refer to local risk assessment and protocol.	Frequency determined by local risk assessment and protocol.
10. Patient TV and bedside entertainment systems including head pieces.	Full clean after discharge 1 check clean daily
11. Notes and drugs trolleys and patient clipboards	Full clean weekly and following discharge.
12. All chairs and couches (soft furniture).	Full clean daily + 1 check clean daily of touch points (chair arms and seat).
13. Patient beds – frame, wheels, castors, head, foot, cot sides, nurse call and control panels, including carers beds in the clinical area. Non-patient beds, including on-call beds - clean as per local protocol including on call beds.	Full clean frame top daily including touch points (bed rails and nurse call button).
14. Patient bed and trolley mattresses. Refer to local protocol for inspection of mattress integrity and ingression.	Clean in line with local protocol.
15. Patient trolleys and treatment couches. Trolleys with x-ray storage and oxygen cylinders clean according to local protocol.	Full clean daily. + full clean between patient use.
16. Patient toys (premises owned). Refer to local protocol and risk assessment.	Recommend cleaning weekly using an appropriate cleaning solution and following local protocol.

17. Switches, sockets and data points, trunking, handrails and wall fixtures.	Full clean daily including touch points (light switches/ pulls, handrails, lift buttons/ plates and hand dryer buttons).
18. Walls – accessible up to 2 meters.	1 check daily (leading to a clean of soiled areas only).
19. Ceilings and walls – not accessible above 2 meters and ceiling lights.	Full clean annually + check clean as required (leading to a clean of soiled areas only).
20. Floor – hard including skirtings.	Full clean daily. + 2 check cleans daily.
21. Floor – soft including skirtings.	Full clean daily + 2 check cleans.
22. All doors including ventilation grilles.	Full clean daily, including handles and touch points.
23. All windows, including frames where accessible.	Full clean every 6 months.
24. All internal glazing including partitions (excluding mirrors and windows).	Full clean daily.
25. Mirrors.	Full clean daily. 1 check clean daily.
26. Dispenser cleaning - hand wash, hand sanitizers, paper towel holders, toilet roll holders, all alcohol dispensers, and hand dryers, including glove and apron dispensers. Replenish as required.	Full clean external surfaces daily.
27. All elements of showers.	Full clean daily including touch points (tap/ shower handles). + 1 check clean daily including touch points (tap/ shower handles).
28. Toilets, bidets, urinals and toilet brushes.	Full clean daily including touch points (flush handles). + 2 check cleans daily including touch points (flush handles).
29. Sinks and taps.	Full clean daily including touch points (tap handles). + 2 check cleans daily including touch points (tap handles).
30. Baths and taps.	Full clean daily including touch points (tap handles). + 1 check clean daily.
31. Radiators including cover.	Full clean daily external only.
32. Low surfaces - low level pipes and, low level trunking.	Full clean daily.
33. Middle surfaces - window sills, non-patient furniture, tables, desks, shelves and ledges, work surfaces and cupboard exteriors. This does not include items covered by other elements in this list, i.e. switches & sockets.	Full clean daily including touch points. Patient dining tables full clean after each meal service.

34. High surfaces including curtain rails, staff locker tops that are accessible, and high surfaces around patient bed areas.	Full clean daily.
35. Bedside lockers.	Full exterior clean daily including touch points (locker handles) + 1 check clean daily.
36. Over bed tables and dining tables.	Full clean daily including touch points.
37. All waste receptacles (does not include euro/wheelie bin).	Full clean daily of external surfaces + 1 check clean daily.
38. Linen and general-purpose trolleys.	Touch points daily. Full clean weekly to include wheels.
39. Replenishment of consumables.	Check and replenish 3 times daily.
40. Ventilation grilles extracts and inlets.	Full clean weekly.
41. Lighting including overhead, bedside, wall mounted examination lights both fixed and portable.	Full clean daily.
42. Electrical items in multi-use areas – specifically computers and phones for example at nurses' station, computers on wheels (COWs) and workstations on wheels (WOWs), computer casing only.	Full clean daily of touch points. Weekly clean of COW's and WOW's.
43. Curtains and blinds (disposable and fabric).	As per local curtain changing program or change/clean when visibly soiled.
44. Dishwashers. Descale as per local protocol.	Full clean weekly. Check clean after each use.
45. Fridges and freezers (patient and staff areas).	1 check clean daily including touch points (handles).
46.Fridges and freezers clinical (including but not limited to bloods fridges, medicine fridges, freezers for ice for physio departments).	1 check clean daily including touch points (handles).
47. Ice machines, hot water boilers and cold-water machines including drip trays. Follow local Infection Prevention and Control guidelines. Follow local protocol for descaling.	1 check clean daily of external areas including drip trays and touch points (buttons and levers).
48. Kitchen cupboards.	Full clean monthly to include internal.
49. Microwaves and traditional cookers/ovens.	Full clean daily including touch points (handles and buttons). Check clean following each mealtime.
50. All cleaning equipment including cleaning trolley.	Full clean after each use.

APPENDIX B. RVAG

Which clean do you require on discharge and transfer?

RED CLEAN	VIOLET CLEAN	AMBER CLEAN	GREEN CLEAN
ProXcide® HPV	**Ultra-V™ (UV-C)**	**5000PPM Deep Clean**	**1000PPM Normal Clean**
Required following discharge of patient infected with: • C. difficile • Carbapenemase-producing Enterobacteriaceae (CPE) • Carbapenem-Resistant Acinetobacter baumannii (CRAB) • Vancomycin Resistant Enterococcus (VRE) • Candida auris • Viral Haemorrhagic fever (VHF) • Escherichia coli (E. coli) • Mpox (monkeypox) • Tuberculosis (TB) • Norovirus • Any diarrhoea and/or vomiting, suspected viral cause* **Any other infectious areas as requested by Infection Control**	**Required following discharge of patient infected with:** • Influenza • ESBL +ve • PVL +ve • Pseudomonas – multidrug resistant • S. aureus • Group A Strep • MRSA • RSV • SARS-CoV-2 (COVID-19) – single rooms • Infected skin conditions i.e. Eczema & Psoriasis **Any other infectious areas as requested by Infection Control**	**Required following discharge of patient infected with:** • Blood born viruses i.e. Hepatitis B & C; HIV • Chicken pox/Shingles • Hand, foot & mouth **All other infections should be discussed with the Infection Control Team as required.**	**Required following discharge of all patients with no known infections**
PPE REQUIRED			
Gloves, apron and FFP2 Mask	Gloves, apron and FFP2 Mask	Gloves, apron and FFP2 Mask	Normal PPE
NURSING STAFF RESPONSIBILITIES			
Pre-Process/before clean • Strip bed and remove dirty linen from room • Dispose of any unused patient consumables • Remove Sharps Bins • Clean all patient equipment (e.g. drip stand, commodes) • Clean both sides of mattress with Clorox wipes. • Unzip and check for strike-through • Place green label on clean equipment.	**Pre-Process/before clean** • Strip bed and remove dirty linen from room • Dispose of any unused patient consumables • Remove Sharps Bins • Clean all patient equipment (e.g. drip stand, commodes) • Clean both sides of mattress with Clorox wipes. • Unzip and check for strike-through • Place green label on clean equipment.	**Pre-Process/before clean** • Strip bed and remove dirty linen from room • Dispose of any unused patient consumables. • Remove Sharps Bins • Clean all patient equipment (e.g. drip stand, commodes)with Clorox Wipes. • Clean both sides of mattress with Clorox wipes. • Unzip and check for strike-through. • Place green label on clean equipment.	**Pre-Process/before clean** • Strip bed and remove dirty linen from room • Dispose of any unused patient consumables • Remove Sharps Bins • Clean all patient equipment (e.g. drip stand, commodes) with Clorox Wipes • Clean both sides of mattress with Clorox wipes. • Unzip and check for strike-through • Place green label on clean equipment.
DEEP CLEAN TRAINED STAFF			**DOMESTIC WARD STAFF**
• Remove bed/shower curtains • Remove Waste, Clean waste bin inside & out • Remove Radiator covers and clean inside and out. • Remove IPS panels including handles and clean • Clean High & Low surfaces, Switches, Sockets in the room including en-suite • Clean both sides of mattress. Unzip and Check for Strick Though if not done by Nursing Staff. • Clean equipment in the room including bed frame, Chairs, Tables & Doors • Clean patient call bell and suction unit • Include any additional pre-cleaned patient equipment • Clean air vents • Clean floors under and around bed • Set up contents of room for HPV process • Position the HPV machine • Seal Doors. Place sign about HPV Use • Hang New Curtains	• Remove bed/shower curtains • Remove Waste, Clean waste bin inside & out • Remove Radiator covers and clean inside and out. • Remove IPS panels including handles and clean • Clean High & Low surfaces, Switches, Sockets in the room including en-suite • Clean both sides of mattress. Unzip and Check for Strick Though if not done by Nursing Staff. • Clean equipment in the room including bed frame, Chairs, Tables & Doors • Clean patient call bell and suction unit • Include any additional pre-cleaned patient equipment • Clean air vents • Clean floors under and around bed • Set up contents of room for UV-C process • Position the UV-C machine • Seal Doors. Place sign about UV-C Use • Hang New Curtains	• Remove curtains/blinds • Clean room as red clean but without using HPV machine	• Check curtains and change if required. • Remove waste & clean bin inside and out • Clean full vertical and horizontal surfaces in the room include socket, switches and handles & air vents • Clean equipment in the room including bed frame, table,chair & locker • Clean patient call bell and suction unit • Clean floors under and around bed • Hang New Curtains if Required
POST PROCESS / AFTER CLEAN			
Nursing Staff: Make bed with Fresh Linen	**Nursing Staff:** Make bed with Fresh Linen	**Nursing Staff:** Make bed with Fresh Linen	**Nursing Staff:** Make bed with Fresh Linen
AVERAGE CLEANING TIMESCALES (ON WARD)			
Side Room: 4 Hours **Bed Bay:**	**Side Room:** **Bed Bay:**	**Side Room:** 50 – 60 minutes **Bed Bay:** 30 – 45 minutes	**Side Room:** 45 – 50 minutes **Bed Bay:** 20 – 25 minutes

IMPORTANT: ANY DE-ESCALATION OF A CLEAN MUST BE AUTHORISED BY THE CLINICAL SITE MANAGER

TO REQUEST A RVAG CLEAN: For Green Clean: Continue as above. Any infectious clean needs to be pre-determined by IPC before patient discharge using the above as reference. The agreed request can then be given to the Facilities helpdesk on 55331 upon discharge for the deep clean team to respond. For Cleans with * please contact IPC or the clinical Site Team out of hours first.

Inivos®

Your Partner in Infection Prevention and Control

inivos.com

© 2026. This poster and its contents remain the property and copyright of Inivos UK Ltd and must only be used in conjunction with the ProXcide® and Ultra-V™ system.

NHS
Torbay and South Devon
NHS Foundation Trust

APPENDIX C.

Trust Enhanced, Deep Clean & HPV Communication Process – Escalation Plan.

General Information

The Deep Cleaning Escalation plan has two components. First is the communication process for all RAG cleans up to the HPV process. The below process also gives us the confidence to be able to track every clean and to have correct reporting within monthly KPI's

The RAG poster in each area can be used as a guide to deciding the clean that will be required. This poster has been agreed with infection Prevention.

Once you have defined the broad and specific escalation events, you must determine the appropriate level of escalation. First and second line managers can likely handle ninety percent of escalations at the first level but higher risk events must be elevated to upper management. A sample escalation table format is provided below:

As a matter of principle, the below needs to be followed before a decontamination clean can commence -

- Has the RAG poster been used to determine the clean required.
- Has the below process for each clean been followed?
- Has IPC been informed if HPV is required
- Has communication with the correct level below been followed
- Has the request been added to Back-Trac?
- Has sign off sheets been allocated to the domestic carrying out the task
- Has communication been sent to IPC when HPV clean is complete
- All HPV Cleans will be Calculated monthly through the E&F KPI'S which will be reported through CIEG.

Enhanced Cleaning Process.

Type	Type of Clean	Infectious or Non-Infectious	1st Action Process	2nd Action Process	3rd Action Process
Enhanced	**2hr Touch Surface Cleans**	**During and After potential virus on ward**	Contact the Facilities helpdesk on 55331 to request enhanced cleaning. This will then be processed on Back trac and Domestic Supervisor will be informed to allocate a member of the domestic team	Either through the 10am Control meeting or Contact On-Call Manager on: 07827369550 who will then organise through the Supervisors to allocate Domestic team to the task.	Out of hours Contact the site clinical manager who will then escalate through switchboard to the cleaning team or the Facilities On-Call Manager

Please look at RVAG poster before following process below to reduce delays

Level 1 GREEN	Type of Clean	Infectious or Non-Infectious	1st Action Process	2nd Action Process	3rd Action Process
(Green)	**Discharge**	**Non-Infectious**	Contact the domestic staff on the ward first who will be able to do this clean. Otherwise contact the Domestic Supervisor on (54115) will be able to carry out this clean	Contact the Facilities helpdesk on 55331 to request a discharge clean. This will then be processed to be done	Out of hours Contact the site clinical manager who will then escalate through switchboard to the cleaning team or the Facilities On-Call Manager

Level 2 AMBER	Type of Clean	Infectious or Non-Infectious	1st Action Process	2nd Action Process	3rd Action Process
Amber	**Decontamination with Actichlor**	**Infectious**	Contact the domestic staff on the ward first who will be able to do this clean. If no time or staff not trained follow 2nd process	Contact the Facilities helpdesk on 55331 to request a discharge clean. Or contact the Domestic Supervisor on (54115) will be able to carry out this clean This will then be processed to be done.	Out of hours Contact the site clinical manager who will then escalate through switchboard to the cleaning team or the Facilities On-Call Manager

Level 3 UVC	Type of Clean	Infectious or Non-Infectious	1st Action Process	2nd Action Process	3rd Action Process
Violet	**UVC**	**Infectious**	Contact the IPC team to organise with Facilities to do the UVC clean.	The IPC team will contact the Facilities helpdesk on 55331 to request the clean. The request will then be put on Back-trac and a Supervisor or manager will be contacted to organise the clean. With the Deep Cleaning Team.	Out of hours Contact the site clinical manager who will then escalate through switchboard to the cleaning team or the Facilities On-Call Manager If in emergency call the On-Call Facilities Manager on 07827369550 who will deal with the request

Level 3 RED	Type of Clean	Infectious or Non-Infectious	1st Action Process	2nd Action Process	3rd Action Process
Red	**Decontamination with Actichlor and HPV**	**Infectious**	Contact the IPC team to organise with Facilities to do the HPV clean.	The IPC team will contact the Facilities helpdesk on 55331 to request the clean. The request will then be put on Back-trac and a Supervisor or manager will be contacted to organise the clean. With the Deep Cleaning Team.	Out of hours Contact the site clinical manager who will then escalate through switchboard to the cleaning team or the Facilities On-Call Manager If in emergency call the On-Call Facilities Manager on 07827369550 who will deal with the request

Process for Hotel Services to follow.

Helpdesk.

- All HPV Cleans should be requested by IPC or Clinical Site Manager.
- All requests need to be put onto Back-Trac.
- HPV requests then need to be relayed to the Supervisor to put on the board with the ward & date.
- For enhanced, Green & Amber requests forward onto supervisor to organise

Facilities Manager/Supervisor

- All HPV Cleans should be requested by IPC or Clinical Site Manager.
- If asked direct for HPV from ward revert to the above and to go through helpdesk.
- Look at Look at Facilities email to process any HPV request from IPC onto the diary.
- For enhanced, Green, Amber & Red requests, organise and make sure sign sheets are used by staff.
- Always keep signed sheets and scan for audit trail.

Domestic Ward Staff.

- All HPV requests need to go through IPC and helpdesk first.
- Before any clean commences, contact Facilities Manager of supervisor so they can make sure clean is registered and sign sheet for task is issued.

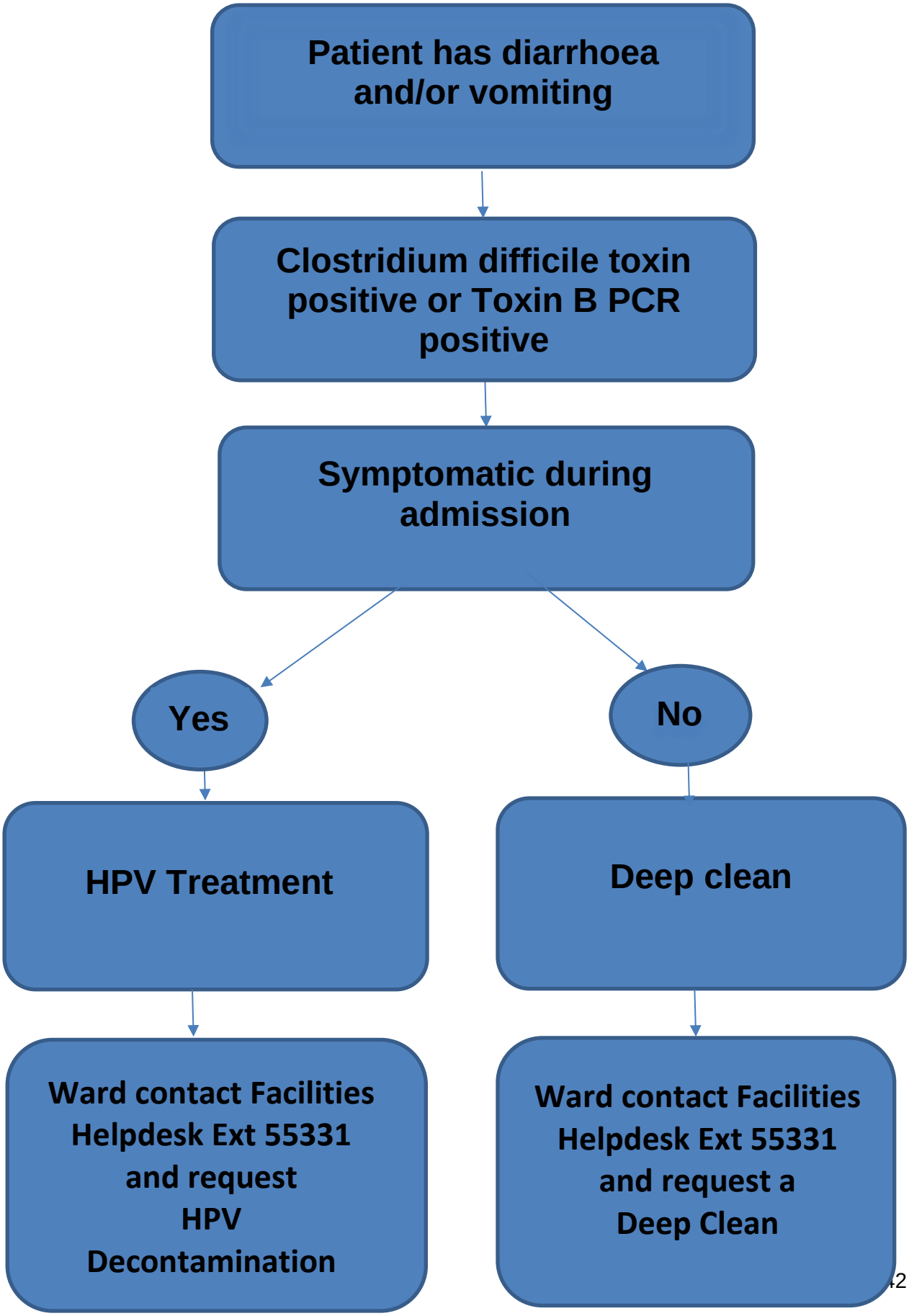
HPV Failure Process.

The Bio-quell & HPV machines can operate in a room with a temperature between 5 and 60 degrees. During the process when the decontamination process commences the room temperature reduces to an operating maximum temperature of 26 degrees. The machine is more likely to fail if the rooms humidity or temperature is above 26.

With agreement through IPC and a failure of the HPV process due to humidity or temperature within that area, the room can be **double deep cleaned** and then HPV'd once the humidity and temperature has fallen below 26 degrees.

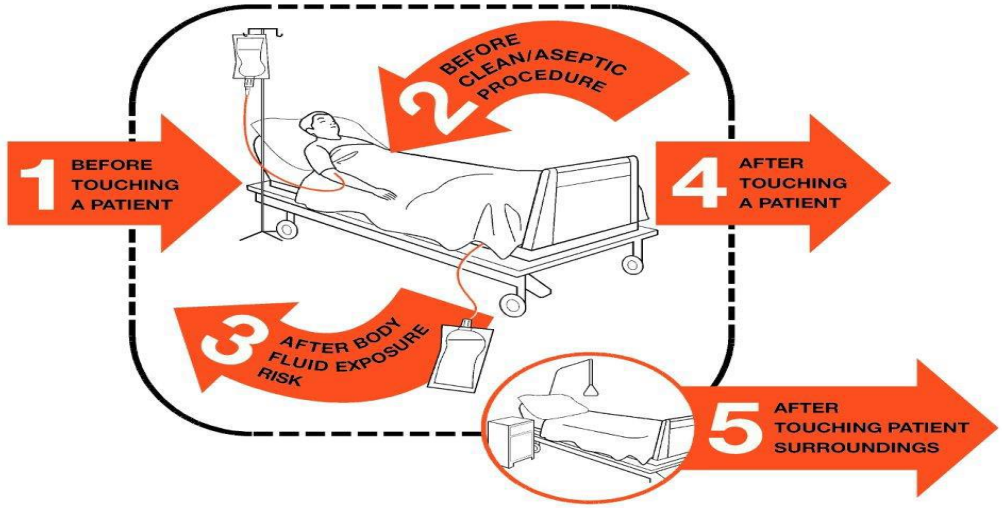
APPENDIX D.

Hydrogen Peroxide Decontamination Process



APPENDIX E.

Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.

World Health Organization | Patient Safety — A World Alliance for Safer Health Care | SAVE LIVES Clean Your Hands

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this document. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.
WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009

APPENDIX F. RISK CATEGORISATION OF FUNCTIONAL AREAS

Functional Area	Cleanliness Risk Category	Notes
Torbay Hospital		
Accident & Emergency	Very High Risk	
Cath Lab	Very High Risk	
Day Surgery	Very High Risk	
Delivery Suite	Very High Risk	
Endoscopy	Very High Risk	
Eye Clinic	Very High Risk	
HSDU	Very High Risk	
ICU	Very High Risk	
Main Theatres	Very High Risk	
Orthopaedic Theatres	Very High Risk	
Ricky Grant	Very High Risk	
SCBU	Very High Risk	

Functional Area	Cleanliness Risk Category	Notes
Special Theatres	Very High Risk	
Theatre 10	Very High Risk	
Turner Ward	Very High Risk	
Public Area (Hetherington)	Very High Risk	
Public Area Old Side	Very High Risk	
Public Area Maternity	Very High Risk	
Public Area Tower Block	Very High Risk	
AMU Level 2	High Risk	
Adolescent Unit	High Risk	
Ainslie Ward	High Risk	
Allerton Ward	High Risk	
Cheetham Hill	High Risk	
Cromie	High Risk	
Day Surgery	High Risk	

Functional Area	Cleanliness Risk Category	Notes
Dermatology	High Risk	
Dunlop	High Risk	
EAU 3	High Risk	
EAU 4	High Risk	
Ella Rowcroft	High Risk	
Forrest	High Risk	
George Earle	High Risk	
John McPherson	High Risk	
Louisa Cary	High Risk	
Midgley	High Risk	
Public Area Old Building	High Risk	
Public Area Tower L1	High Risk	
Public Area Tower L2	High Risk	

Functional Area	Cleanliness Risk Category	Notes
Public Area Tower L3	High Risk	
Public Area Tower L4	High Risk	
Public Area Tower L5	High Risk	
Public Area Tower L6	High Risk	
Public Area Tower L7	High Risk	
Public Area Tower L8	High Risk	
Public Areas Hetherington	High Risk	
Public Area Maternity	High Risk	
Public Area Old Side L4	High Risk	
Public Area Old Side L5	High Risk	
Public Areas Old Side L6	High Risk	
Simpson	High Risk	
TAIRU (McMullum)	High Risk	
TCCU	High Risk	
Warrington	High Risk	

Functional Area	Cleanliness Risk Category	Notes
Ainslie/Warrington Shared Area	Significant Risk	
Antenatal/Gynae	Significant Risk	
Blood Bank	Significant Risk	
Breast Care L1	Significant Risk	
Breast Care L2	Significant Risk	
Breast Care	Significant Risk	
Crowthorne	Significant Risk	
Elizabeth	Significant Risk	
Eye Clinic	Significant Risk	
Fracture Clinic	Significant Risk	
GP Streaming	Significant Risk	
Gynae Clinic	Significant Risk	
Heart & Lung	Significant Risk	
Histathology	Significant Risk	

Functional Area	Cleanliness Risk Category	Notes
Hutchings	Significant Risk	
Hydrotherapy	Significant Risk	
John Parkes	Significant Risk	
Mortuary	Significant Risk	
Eye Clinic	Significant Risk	
OPD ENT NO2	Significant Risk	
OPD NO6	Significant Risk	
OPD NO3	Significant Risk	
OPD Pead's	Significant Risk	
OPD Dentistry	Significant Risk	
OPD L2	Significant Risk	
Pathology	Significant Risk	
Pharmacy	Significant Risk	
Physiotherapy	Significant Risk	

Functional Area	Cleanliness Risk Category	Notes
Radiology	Significant Risk	
Radiotherapy	Significant Risk	
Rainbow Nursery	Significant Risk	
Rainbow Portakabin	Significant Risk	
The Lodge	Significant Risk	
Winnicott	Significant Risk	
Violet Wills	Significant Risk	
Chapel	Low Risk	
Child Guidance	Low Risk	
Pain Management	Low Risk	Excluding Health Records and SDU
Porters	Low Risk	
Other Locations		
Albany Clinic		

Functional Area	Cleanliness Risk Category	Notes
Ground Floor	Significant Risk	
1ST Floor	Significant Risk	
Ashburton Clinic		
Ground Floor	Significant Risk	
Brixham		
Ward Area	High Risk	
Entrance	High Risk	
Kitchen	High Risk	
X-ray	Significant Risk	
Physio Waiting	Significant Risk	
Physio	Significant Risk	
Child	Significant Risk	
Admin	Low Risk	
Training Rm	Low Risk	

Functional Area	Cleanliness Risk Category	Notes
Office	Low Risk	
Dartmouth Clinic		
First Floor	Significant Risk	
Ground Floor	Significant Risk	
Dawlish		
Entrance	High Risk	
Ward	High Risk	
MIU	High Risk	
OPD	Significant Risk	
Kings Ash House		
First Floor	Low Risk	
Ground Floor	Low Risk	
Newton Abbot		
Maternity	Very High Risk	

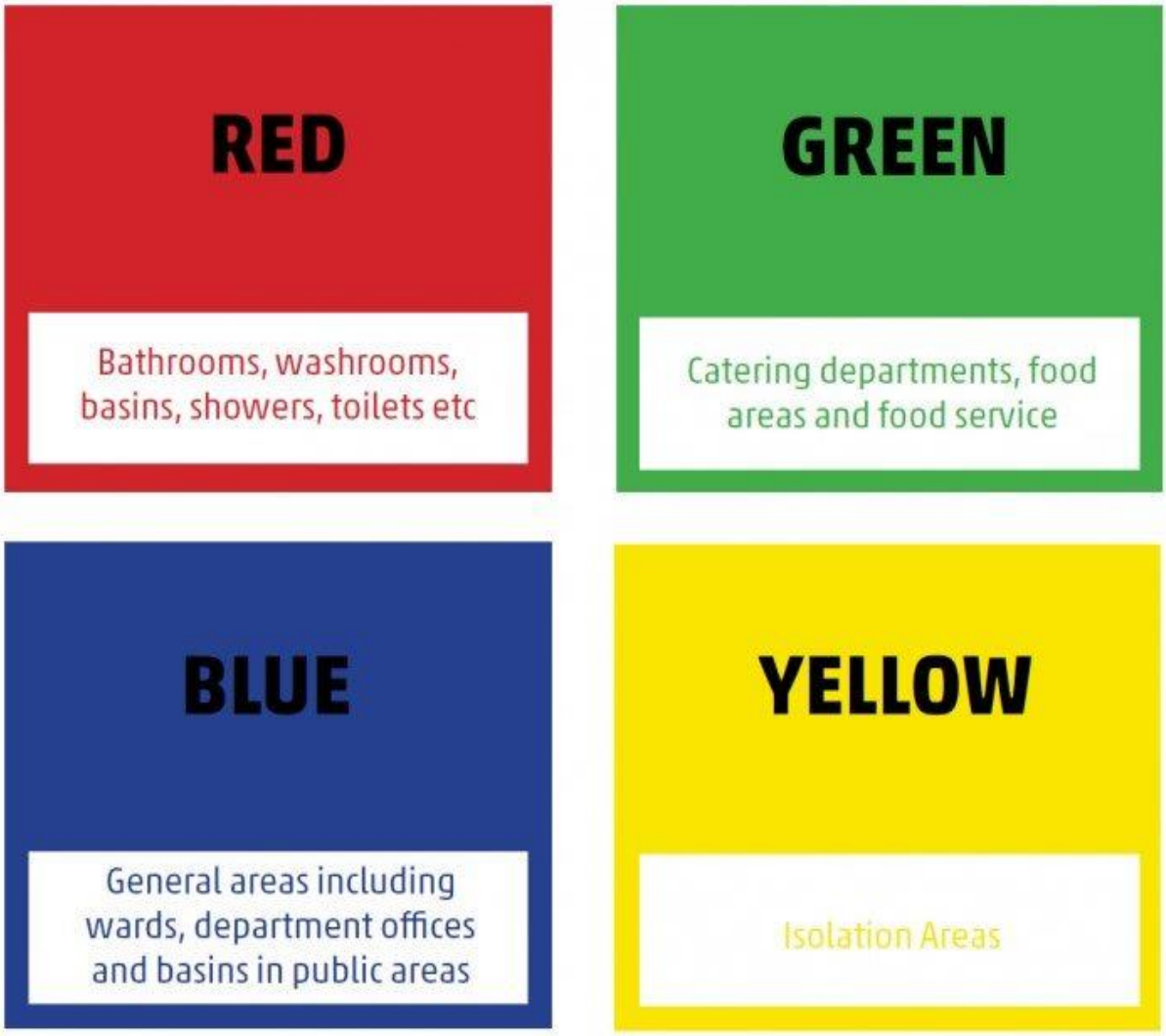
Functional Area	Cleanliness Risk Category	Notes
Entrance	High Risk	
MIU	High Risk	
Catering	High Risk	
Teign	High Risk	
Templar	High Risk	
Ward Foyer	High Risk	
Imaging Suite	Significant Risk	
Ophthalmology	Significant Risk	
OPD	Significant Risk	
Physiotherapy	Significant Risk	
Re-enablement Suite	Significant Risk	
Paignton		
MIU	High Risk	
Physio	Significant Risk	

Functional Area	Cleanliness Risk Category	Notes
OPD	Significant Risk	
Well Being Clinic	Significant Risk	
Kitchen	Low Risk	
Teignmouth		
Theatres	Very High Risk	
Physio	Significant Risk	
Ground Floor	Significant Risk	
Sure Start	Significant Risk	
Totnes		
Entrance	High Risk	
MIU	High Risk	
Lift Area	High Risk	
Ward Entrance	High Risk	

Functional Area	Cleanliness Risk Category	Notes
Dart Ward	High Risk	
Kitchen	High Risk	
Shared Area	High Risk	
OPD	Significant Risk	
X-ray	Significant Risk	
Physio	Significant Risk	
Shared Annexe	Significant Risk	
Harborne	Low Risk	
Dr Room	Low Risk	
First Floor	Low Risk	
Ground Floor	Low Risk	
Unit 7		
First Floor	Low Risk	

Functional Area	Cleanliness Risk Category	Notes
GROUND Floor	Low Risk	

APPENDIX G.


RED
Bathrooms, washrooms, basins, showers, toilets etc
GREEN
Catering departments, food areas and food service
BLUE
General areas including wards, department offices and basins in public areas
YELLOW
Isolation Areas

APPENDIX H. RAPID EQUALITY IMPACT ASSESSMENT *(For Use When Writing Policies)*

Policy Title (and number)	***Cleaning Policy***	**Version and Date**	***V1.1 8th May 2024***
Policy Author	***Tony Hopkins***		

An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.

EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)

Age	Yes ☐ No☒	Disability	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Gender	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender Reassignment	Yes ☐ No☒	Pregnancy/ Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒

Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☒

Please provide details for each protected group where you have indicated 'Yes'.

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☒ No☐
Are the services outlined in the policy/procedure fully accessible[6]?	Yes ☒ No☐
Does the policy/procedure encourage individualised and person-centered care?	Yes ☒ No☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☒

If 'Yes', how will you mitigate this risk to ensure fair and equal access?

EXTERNAL FACTORS

Is the policy/procedure a result of national legislation which cannot be modified in any way?	Yes ☒ No☐

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

The Linen and Laundry policy is required as part of regulations concerning dirty linen that is removed from site. This policy specifies what the Trust needs to do to maintain national compliance.

Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?

ACTION PLAN: Please list all actions identified to address any impacts			
Action		**Person responsible**	**Completion date**
AUTHORISATION: By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form	Tony Hopkins	**Signature**	
Validated by (line manager)	Karen Robertson	**Signature**	