**Cleaning Standards and Schedule Policy**

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# Introduction

## Policy statement

This policy establishes cleaning standards and a schedule of cleaning requirements and is intended to provide direction for both cleaning staff and any other members of staff at this organisation who are involved in cleaning standards. This policy has been written in conjunction with the [NHS National Standards for Healthcare Cleanliness](https://www.england.nhs.uk/wp-content/uploads/2021/04/B0271-national-standards-of-healthcare-cleanliness-2021.pdf) and should be read alongside the organisation’s Infection Prevention Control Policy Handbook.

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

# Requirements

## General

The cleanliness of healthcare premises is an important component in the provision of clean, safe care. The [NHS Constitution](https://www.gov.uk/government/publications/the-nhs-constitution-for-england) clearly sets out that patients have a right to be treated in an organisation that meets the required levels of safety and quality.

When the Care Quality Commission (CQC) inspects providers, it will ensure that healthcare providers are meeting the requirements of:

1. [Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-15-premises-equipment)

b. [Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance](https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance)

Additional guidance can be found in [GP Mythbuster 99: Infection prevention control within primary care](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-99-infection-prevention-control-general-practice).

## Maintaining standards

Cleaning in the healthcare environment is both complex and demanding, the overall aim being to ensure cleaning risks are appropriately managed on a long-term basis and that cleaning is undertaken to a consistently high standard.

It is essential that this organisation has a strategic cleaning plan in place which details cleaning schedules and frequencies that meet the requirements of the referenced legislation, and also meet patient expectations.

An extract of the NHS National Standards for Healthcare Cleanliness suggests that effective healthcare cleaning should:

* Be patient and customer-focused
* Provide clarity for all personnel responsible for ensuring the healthcare environment is clean and safe
* Enhance quality assurance systems
* Address governance and risk assessment
* Be consistent with infection prevention control (IPC) standards and requirements
* Meet the requirements of the CQC outcome standard Regulation 15 key criteria (1 and 2) in the Health and Social Care Act Code of Practice 2015 in terms of legal responsibilities for a cleaning lead, personal responsibilities and the need for audit, governance and reporting
* Set clear outcome statements that can be used as benchmarks and output indicators
* Have clear objectives that provide a foundation for service improvements
* Be flexible to meet the needs of specific healthcare environments, circumstances and priorities
* Have well documented cleanliness policies and procedures
* Provide for a culture of continuous improvement
* Be flexible to meet the ongoing needs of operational service delivery
* Consider the health, safety and wellbeing of patients, staff and the public
* Be efficiently delivered

## Continuous improvement

Following any audit or concern that standards are not appropriate, a continuous improvement cycle occurs to identify needs and opportunities. This could be accompanied by a significant event analysis.

## Reporting deficiencies

Should any shortcoming be identified, the IPC lead is to be informed who will liaise with the Practice Manager to implement an improvement plan. All actions are to be logged.

## Health, safety and COSHH

Cleaning in a healthcare environment requires the use of chemical agents and this is potentially dangerous. Employers are therefore required to protect employees and others who may be exposed to them by complying with the [Control of Substances Hazardous to Health Regulations 2002 (COSHH)](https://www.legislation.gov.uk/uksi/2002/2677/regulation/7/made).

COSHH sets out eight basic measures that employers must take. These are:

1. Assess the risks
2. Decide what precautions are necessary
3. Prevent or adequately control exposure
4. Ensure that control measures are used and maintained
5. Monitor the exposure
6. Carry out appropriate health surveillance
7. Prepare plans and procedures to deal with accidents, incidents and emergencies
8. Ensure that employees are properly informed, trained and supervised

Cleaning products are to have a COSHH assessment using the same process as for general risk assessments. [Safety data sheets](https://www.hse.gov.uk/coshh/basics/datasheets.htm) are to be used on all substances used at this organisation. When compiling a COSHH assessment, all associated risks are to be identified according to the product.

For additional information, refer to the organisation’s Risk Assessment Guidance Document and the COSHH risk assessment guidance document.

## Personal Protective Equipment (PPE)

Under the [Health and Safety at Work Act 1974](https://www.legislation.gov.uk/ukpga/1974/37/contents), an employer has a legal duty to protect employees and others (agency workers, contractors) from workplace injuries and ill-health, including work-related dermatitis. The issue and use of personal protective equipment is governed by [L25: Personal protective equipment at work (hse.gov.uk)](https://www.hse.gov.uk/pubns/priced/l25.pdf)

This organisation will ensure that the required PPE is supplied to all staff and that staff are appropriately trained in the use of PPE.

For detailed information, see the organisation’s Infection Prevention Control (IPC) Handbook.

## Cleaning requirements

The schedule demonstrates all cleaning actions required to all areas of the practice to enable auditable actions. In preparing these standards, consideration has included the following:

1. Do they accurately reflect cleaning responsibilities?
2. Are they detailed and specific to each functional area?
3. Are they displayed prominently in each functional area?
4. Are they used by staff as a guide to the daily schedule of work?
5. Are they reviewed?
6. Are they audited?

## Cleaning requirements through a pandemic

Many local protocols cease during a pandemic and guidance from governing bodies such as Public Health England, NHS England and NHS Improvement is issued nationally.

The IPC lead will be the conduit for risk-based assessments of this organisation and assist in the interpretation of national guidance to maximise cleaning services locally.

The specific advice will depend on the organism causing the pandemic but generally organisations should:

* Follow all issued operational guidance such as standard operating procedures (SOPs), methodologies, etc.
* Ensure staff are trained in all new procedures and guidance and that all staff have appropriate risk assessments to monitor personal risk factors
* PPE must be available and suitable for the guidance issued
* Where possible, dedicate staff to the areas of the building that are affected by the pandemic
* Review with the management team whether the frequency of cleaning is appropriate to the organism
* By utilising this policy, review the auditing frequency and consider minimising activity within the affected areas. This may require an enhanced cleaning standards monitoring protocol for use during the pandemic
* Promote consistency

## Cleaning frequency definitions

At this organisation, five routine cleaning frequency definitions are used:

* **Full clean**

Cleaning all elements using an appropriate method to remove all visible dust, dirt, marks and contamination, leaving the item in accordance with the required performance parameters

* **Spot clean**

Cleaning specific elements using an appropriate method to remove all visible dust, dirt, marks and contamination, leaving the item in accordance with the required performance parameters

* **Check clean**

A check to assess if an element meets the performance parameters and, if it does not, a full or a spot clean should be undertaken (in line with the above) to bring the element up to the performance parameter level

* **Periodic clean**

Full clean of an item at a set interval as part of routine environmental maintenance where daily or weekly activity is not required. This becomes periodic; fortnightly, monthly (four weeks), quarterly (12 weeks), six-monthly or annually.

Periodic cleaning of items less frequently than fortnightly or monthly (e.g., carpet washing, floor stripping/polish/sealing and external window cleaning) is not considered routine and should form part of a planned and documented annual programme

* **Touch point clean**

A full clean of items that are frequently touched using an appropriate method to remove contamination

## High frequency touch points

Hand-mediated transmission is a major contributor to the spread of infection in healthcare environments. Cleaning plans must recognise the importance of keeping frequently touched surfaces clean in minimising organism transfer between individuals and surfaces.

Organisations should give elements that are high frequency touch points consideration when developing their cleaning specifications.

## Carpet cleaning

At this organisation, carpets will be routinely cleaned every 3 months. However, should any carpet become soiled, then the IPC lead will liaise with the cleaning manager to request an urgent clean.

## Noticeboards and posters

The CQC recommends the following:

* Any noticeboard should be able to either be wipeable or, if cloth, to be cleaned as part of the cleaning schedule
* Where possible, laminate any posters. Any non-laminated posters should be regularly replaced
* Drawing pins are allowed, although using Velcro© hook and loops to secure is better. Sellotape© is not recommended as it becomes sticky when removing and is then harder to clean

It should be noted that the CQC would expect that the above has been considered with a risk assessment being conducted and any risks being minimised.

## Training

All cleaning staff are to have been appropriately inducted and received training in the following areas:

1. Control of infection
2. Cleaning methods
3. Use of equipment
4. The use of chemicals
5. Health and safety
6. Manual handling

While cleaning staff are employed by an outside company, it is the responsibility of this organisation to ensure that this training has been completed and that copies of all training records have been provided.

## Waste management

At this organisation, all staff are responsible for ensuring waste is segregated appropriately. Staff are to refer to the NHS Property Services [poster](https://www.property.nhs.uk/media/2906/disposing-of-clinical-and-non-clinical-waste.pdf) which illustrates the disposing of clinical and non-clinical waste.

Further detailed information can be found in the following guidance documents:

* [CQC GP Mythbuster 99: Infection prevention and control in General Practice](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-99-infection-prevention-control-general-practice)
* [Healthcare Technical Memorandum (HTM) 07-01 Safe Management of Healthcare Waste](https://www.england.nhs.uk/wp-content/uploads/2021/05/B2159iii-health-technical-memorandum-07-01.pdf)
* [BMA Disposing of clinical waste](https://www.bma.org.uk/advice-and-support/gp-practices/gp-premises/disposing-of-clinical-waste)

Additional guidance on the disposal of medicines and cytotoxic waste can be found in the organisation’s IPC Handbook.

# Schedule

**DAILY Cleaning Schedule for the Cleaners**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date 2021** |  |  |  |  |  |
| **Day** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| **Areas - items** |  |  |  |  |  |
| **Reception, Admin Offices, Corridors & Patient waiting areas:** |  |  |  |  |  |
| Empty bins and clean inside lids |  |  |  |  |  |
| Wipe door handles with Sani-Cloth Wipes |  |  |  |  |  |
| Reception doors and windows –use glass cleaner |  |  |  |  |  |
| **Toilets – patient and staff:** |  |  |  |  |  |
| Clean toilets once daily. Keep toilet brush in a suspended holder to allow to dry between use and renew as required |  |  |  |  |  |
| Clean toilet seats (including underside) using anti-bacterial spray |  |  |  |  |  |
| Damp wipe over flush handle and other sanitary areas using anti-bacterial spray |  |  |  |  |  |
| Clean and polish mirrors |  |  |  |  |  |
| Check supplies of hand wash soap, paper towels and toilet paper. Do not overfill paper towel dispensers.  Clean ceramic tiles and splash backs above hand basins |  |  |  |  |  |
| **Reception & Admin room:** |  |  |  |  |  |
| Empty bins and clean inside lids |  |  |  |  |  |
| Clean sinks, taps and all horizontal surfaces |  |  |  |  |  |
| Damp wipe all telephone handsets |  |  |  |  |  |
|  |  |  |  |  |  |
| **Consultation and Clinical areas:** |  |  |  |  |  |
| Empty domestic/paper waste bins and clean inside lids |  |  |  |  |  |
| Damp wipe door handles with Sani-Cloth wipes |  |  |  |  |  |
| Damp wipe all worktops, desktops and chairs |  |  |  |  |  |
| Damp wipe telephone handsets |  |  |  |  |  |
| Dust computers, monitors and keyboards |  |  |  |  |  |
| Clean sinks and taps |  |  |  |  |  |
| Clean splash backs behind & around hand basins |  |  |  |  |  |
| Check and refill soap and paper towel dispensers |  |  |  |  |  |
| Clean and polish mirrors |  |  |  |  |  |
|  |  |  |  |  |  |
| **Floor Cleaning – ALL areas** |  |  |  |  |  |
| Mop all vinyl floors using disinfectant solution |  |  |  |  |  |
| Vacuum all floors and ensure the corners and edges are clean |  |  |  |  |  |
|  |  |  |  |  |  |
| **Kitchen** |  |  |  |  |  |
| Clean sink and taps |  |  |  |  |  |
| Spot clean unit doors and clean work surfaces |  |  |  |  |  |
| Clean splash back behind sink |  |  |  |  |  |
|  |  |  |  |  |  |
| **SIGNATURE OF THE CLEANER:** |  |  |  |  |  |

**WEEKLY Cleaning Schedule for the cleaners**

**2021**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Week commencing** |  |  |  |  |  |  |  |  |
| **Areas - items** |  |  |  |  |  |  |  |  |
| **Reception, Admin Offices, Corridors & Patient waiting areas:** |  |  |  |  |  |  |  |  |
| FRIDAYS - Dust & Damp wipe desk surfaces (where left clear) and all hard surfaces and floor skirtings |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Toilets – patient and staff:** |  |  |  |  |  |  |  |  |
| Use lime scale remover in toilet and around taps |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Consultation and Clinical areas:** |  |  |  |  |  |  |  |  |
| Lime scale remover around taps |  |  |  |  |  |  |  |  |
| Damp wipe all wipeable furniture/chairs with Sani-cloth wipes |  |  |  |  |  |  |  |  |
| Damp wipe fronts of cupboards and drawers with Sani-cloth wipes |  |  |  |  |  |  |  |  |
| Wipe over Couches with Sani-cloth wipes |  |  |  |  |  |  |  |  |
| Empty Clinical Waste Bins (MONDAYS) |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Kitchen/ Staff Room:** |  |  |  |  |  |  |  |  |
| Empty fridge and clean inside |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **SIGNATURE OF THE CLEANER:** |  |  |  |  |  |  |  |  |

**MONTHLY Cleaning Schedule for the cleaners - 2021**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Month** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| **Areas - items** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Reception, Admin Offices, Corridors & Patient waiting areas:** |  |  |  |  |  |  |  |  |  |  |  |  |
| Damp wipe all chairs (including underneath, where possible to turn over) |  |  |  |  |  |  |  |  |  |  |  |  |
| Dust and Damp wipe all wipeable window blinds |  |  |  |  |  |  |  |  |  |  |  |  |
| High cleaning and cobweb removal |  |  |  |  |  |  |  |  |  |  |  |  |
| Damp wipe window ledges, couch frame, skirting |  |  |  |  |  |  |  |  |  |  |  |  |
| **SIGNATURE OF THE CLEANER:** |  |  |  |  |  |  |  |  |  |  |  |  |

# Audit and compliance

## Audit

An audit will provide evidence that the required standards are being met and that there is an effective cleaning schedule in place. It is essential to provide assurance to service users that the standards are being met and therefore this organisation will display an annual IPC statement.

For detailed information, see the organisation’s IPC Handbook.

## Compliance

This organisation will provide evidence of compliance in accordance with Chapter 4 (Schedule) and Chapter 5 (Cleaning records) of this policy.

## Retention period for IPC audits and cleaning records

Whilst the National Standards for Healthcare Cleanliness do not allude to any retention period, this organisation will retain both IPC audit and cleaning records for a period of five years to align with all other clinical audits as detailed in the [Records Management Code of Practice - NHS Transformation Directorate (england.nhs.uk)](https://transform.england.nhs.uk/information-governance/guidance/records-management-code/records-management-code-of-practice/)