**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 the team at Sheerwater Health Centre who are involved in cleaning standards.

[Regulation 15](https://www.legislation.gov.uk/ukdsi/2014/9780111117613/regulation/15) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires that healthcare premises are clean, secure, suitable and used properly and that a provider maintains standards of hygiene appropriate to the purposes for which they are being used.

It should be noted that throughout this policy, references have been gathered for an English practice. However, it could be suggested that where there are no equivalent standards in those other countries that form the UK, this policy should be used as evidence of best practice.

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) were published in April 2021 and apply to all healthcare settings, including GP surgeries, regardless of the way cleaning services are provided.

This policy is to be read in conjunction with the [Infection Prevention Control Policy](https://practiceindex.co.uk/gp/forum/resources/infection-prevention-control-policy-ipc.700/).

## Status

This document and any procedures contained within it are contractual and therefore form part of your contract of employment. Employees will be consulted regarding any modifications or change to the document’s status.

## KLOE (England only)

The Care Quality Commission would expect any primary care organisation to have a policy to support this process and this should be used as evidence of compliance against CQC Key Lines of Enquiry (KLOE)[[1]](#footnote-1).

Specifically, Sheerwater Health Centre will need to answer the CQC Key Questions on “Safe”, “Responsive” and “Well-Led”

The following is the CQC definition of Safe:

*By safe, we mean people are protected from abuse\* and avoidable harm. \*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse*.

|  |  |
| --- | --- |
| **CQC KLOE S1** | How do systems, processes and practices keep people safe and safeguarded from abuse? |
| **S1.1** | How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? |
| **S1.5** | Do staff receive effective training in safety systems, processes and practices? |
| **S1.8** | How are standards of cleanliness and hygiene maintained? Are there reliable systems in place to prevent and protect people from a healthcare-associated infection? |
| **S1.9** | Does the design, maintenance and use of facilities and premises keep people safe? |
| **S1.10** | Does the maintenance and use of equipment keep people safe? |
| **S1.11** | Do the arrangements for managing waste and clinical specimens keep people safe?  (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.) |

The following is the CQC definition of Responsive

*By responsive, we mean that services meet people’s needs.*

|  |  |
| --- | --- |
| **CQC KLOE R1** | How do people receive personalised care that is responsive to their needs? |
| **R1.3** | Are the facilities and premises appropriate for the services that are delivered? |

The following is the CQC definition of Well-led

*By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation and promotes an open and fair culture.*

|  |  |
| --- | --- |
| **CQC KLOE W6** | Is appropriate and accurate information being effectively processed, challenged and acted on? |
| **W6.3** | Are there clear and robust service performance measures that are reported and monitored? |

## Training and support

The organisation will provide guidance and support to help all within the practice to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

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.

Furthermore, it applies to clinicians who may or may not be employed by the organisation but who are working under the Additional Roles Reimbursement Scheme (ARRS).[[2]](#footnote-2)

## Why and how it applies to them

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/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have with regard to the individual protected characteristics of those to whom it applies.

This policy is intended as a resource for partners and management at Sheerwater Health Centre who have a responsibility for cleanliness and for all staff with responsibilities for cleaning. All should be reminded that cleaning staff are important members of the healthcare team; in fact, cleaning is one of the most important tasks in keeping patients safe from infection.

Additionally, it is the responsibility of all staff to be aware of the need to ensure that the practice remains clean and tidy and to report any shortcomings. All staff are especially responsible for their own untidiness and are required to maintain cleanliness within communal areas such as the staff toilets and kitchen.

This policy, in conjunction with the [National Standards for Healthcare Cleanliness 2021](https://www.england.nhs.uk/wp-content/uploads/2021/04/B0271-national-standards-of-healthcare-cleanliness-2021.pdf), will provide guidance on defining responsibilities, scheduling work, measuring outcomes, reporting and driving improvements.

# 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. The NHS has further pledged that *“services will be provided in a clean and safe environment that is fit for purpose and based on national best practice.”*

Due to this document being very heavily focused towards secondary care, NHS E/I have advised in a meeting with the [Institute of General Practice Management](https://igpm.org.uk/) (IGPM) on 13th October 2021 that following consultation with primary care leaders, a new ‘paired down’ primary care document will be released by December 2021. This will give greater clarity to expected cleaning standards for those working within general practice.

Furthermore, whilst the implementation of these new National Standards is due to be completed by April 2022 for the wider healthcare community, for primary care, NHS E/I also advised that compliance will not be expected until December 2022 at the earliest.

However, it should be noted that confirmation of this is still to be received.

In the meantime, the Care Quality Commission will continue the inspection programme to 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)

Further reading can be sought 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

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 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

Detailed clarification on cleaning standards can be sought at:

* Annex B to the [Infection Prevention Control Policy](https://practiceindex.co.uk/gp/forum/resources/infection-prevention-control-policy-ipc.700/) where an IPC checklist is provided that includes audits on cleaning standards
* Within this policy, [Chapter 6](#_Audit_and_complaince) details the auditing and compliance requirements detailing how cleaning standards are to be continuously monitored throughout the year

## Infection prevention control annual statement

The results of the IPC audit are to form part of the annual IPC Statement[[3]](#footnote-3) which is to be published *“for anyone who wishes to see it, including patients and regulatory authorities”.*

The requirement for the annual IPC statement is detailed at Section 3.3 of the Infection Prevention Control Policy coupled with a template that can be sought at Annex O of that policy.

## 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 infection control lead, Wendy Mayne, 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 which 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

The Health and Safety Executive has produced a guidance leaflet entitled [COSHH: Working with substances hazardous to health - A Brief Guide to COSHH](https://www.hse.gov.uk/pubns/indg136.htm)

For a healthcare cleaning service, the actions arising out of the COSHH risk assessment will include:

1. The maintenance and issue of up-to-date COSHH sheets relating to each product used including the action to be taken in the event of an accident
2. Insistence on the wearing of the appropriate personal protective equipment for each task
3. The labelling of chemical containers
4. The storage of chemical products in a secure area
5. Recorded health and safety training
6. Regular inspection of the use and storage of chemicals

Cleaning products are to have a COSHH assessment using the same process as for general risk assessments. Safety data sheets are to be used on all substances used at Sheerwater Health Centre. When compiling a COSHH assessment, all associated risks are to be identified according to the product.

Detailed guidance regarding safety data sheets can be found on the HSE chemical safety data sheet page [here](https://www.hse.gov.uk/coshh/basics/datasheets.htm). Further guidance on COSHH is available on the HSE website and can be accessed using this [link](http://www.hse.gov.uk/coshh/essentials/index.htm).

For more information, refer to [Risk assessment guidance document](https://practiceindex.co.uk/gp/forum/resources/risk-assessment-guidance-document.1519/) and [COSHH risk assessment guidance document](https://practiceindex.co.uk/gp/forum/resources/coshh-risk-assessment-guidance-document.1529/).

## 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 the [Personal Protective Equipment at Work Regulations 1992](http://www.hse.gov.uk/pubns/indg174.pdf).

Organisations are required to ensure all their staff are appropriately trained in using gloves and other PPE.

PPE is to be supplied and used at work whenever there are risks to health and safety that cannot be adequately controlled in any other way. No charge, not even a refundable deposit, may be made for the supply of PPE.

PPE must be:

1. Properly assessed before use to ensure that it is suitable
2. Maintained and stored properly
3. Provided with instructions on how to use safely
4. Used correctly by employees

All PPE used should bear the “CE” mark.

1. Disposable plastic aprons should be worn for all cleaning tasks where clothing is likely to be splashed.

An organisation can procure colour-coded aprons if it wants to limit the likelihood that the same apron will be worn in different risk areas.

1. Protective domestic gloves should be worn for all cleaning tasks.

These should be sturdy, suitable for purpose and comply with the national colour-coding system. Gloves should be inspected before use to ensure that they are intact. Where the task involves the use of chemicals, the gloves should be certified as suitable for chemical resistance and comply with the PPE Directive (89/686/EEC).

Gloves should be cleaned regularly between cleaning tasks. The use of gloves does not reduce the requirement for hand washing. Latex free gloves should be available to the above specification where a latex allergy has been identified.

1. Hand hygiene is one of the most important steps in reducing the risk of transferring infections in a healthcare environment. The correct hand washing technique should form part of all mandatory training with a programme of ongoing monitoring for all staff.

Good hand hygiene helps stop organisms being transferred from one patient to another, known as cross contamination. It is important to stop the transfer of organisms moving in this way as this can cause infections.

When working in a healthcare environment there are three important questions about hand hygiene:

1. When

When should I clean my hands during work?

The Five Moments approach for hand hygiene defines the key moments when healthcare workers should perform hand hygiene.

The approach was developed by the World Health Organisation and is used by the [cleanyourhands](https://www.who.int/campaigns/world-hand-hygiene-day#:~:text=Each%20year%20the%20SAVE%20LIVES,of%20hand%20hygiene%20improvement%20globally.) campaign to help everyone working in healthcare to decide when to clean their hands.

The Five Moments are:

* Before touching a patient
* Before clean/aseptic procedures
* After body fluid exposure/risk
* After touching a patient
* After touching patients’ surroundings.

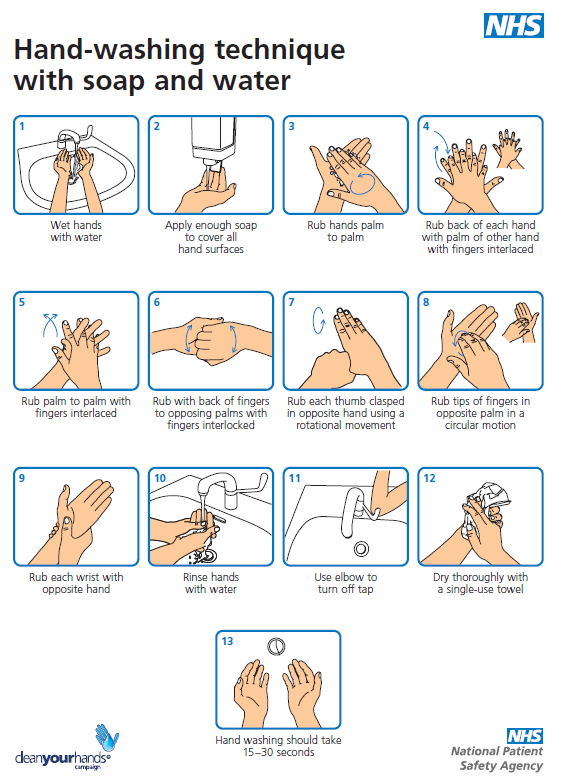
1. What

What should I use to clean my hands and how should I use it?

There are two things you can use to clean your hands: washing with soap and water or you can use alcohol hand rub. Both are acceptable ways to clean your hands. It is important to make sure your hands are cleaned thoroughly to ensure acceptable decontamination is achieved.

1. How

See the cleanyourhands/NPSA poster that describes the technique on how to do this:



It should be noted that although alcohol hand rub is a quick and easy way to clean your hands, especially when a sink is not easily accessible, there are times when you must wash your hands with soap and water:

* Always wash your hands with soap and water when hands are visibly soiled. This is because alcohol hand rub kills germs on clean hands but, because it is not soap, it cannot dissolve grease or oil so if hands are soiled they need to be washed.
* Hands that have come into contact with body fluids. This is because the mechanical action of washing is important in removing any body fluid material that may be on the hands.
* Cleaning in an area where a patient has diarrhoea and/or vomiting. This is because alcohol hand rub does not kill some of the germs that cause diarrhoea and vomiting.

Important notes:

* Gloves can move organisms around just as well as hands. Wearing gloves does not replace the need for hand hygiene.
* Hand and wrist jewellery can harbour micro-organisms and reduce compliance with hand hygiene. Wristwatches and jewellery should be removed prior to commencing cleaning duties.
* NHS handwashing video clip can be found [here](https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/)
* Further reading on PPE can be sought at Chapter 4 of the [Infection prevention control policy](https://practiceindex.co.uk/gp/forum/resources/infection-prevention-control-policy-ipc.700/).

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## 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?

Further information can be sought at:

* Chapter 4 – [Standards](#_Schedule)
* Chapter 5 – [Cleaning Records](#_Cleaner’s_Activity_Records)
* Chapter 6 – [Audit and compliance](#_Audit_and_complaince)

## Cleaning requirements through a pandemic

The cleaning service is always key but never more so than during a pandemic.

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

At Sheerwater Health Centre, the IPC lead will be the conduit for risk-based assessments of this organisation and assist in the interpretation of the 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
* Personal protective equipment (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

To make the best use of resources and meet all the requirements, at Sheerwater Health Centre we differentiate between types of cleaning in our cleaning specifications. This is due to many items not always needing a daily clean, although it is important to validate the intention of when this is to be cleaned and the specifications.

There are five routine cleaning frequency definitions that 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

See [Section 3.11](#_High_frequency_touch) for a further explanation of a touch point.

## 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 Sheerwater Health Centre carpets will be routinely cleaned every [xx months]. However, should any carpet become soiled, then [insert name and role] will liaise with the cleaning manager to request an urgent clean.

## Noticeboards and posters

Whilst there is no mention of noticeboards and their posters within any CQC Mythbuster or within the current national cleanliness standards, best practice has been sought from CQC and in discussion with fellow practice managers/IPC leads.

* 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 be recommended as it becomes sticky when removing and is then harder to clean

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

Further support on managing risks can be sought at the [Risk assessment guidance document](https://practiceindex.co.uk/gp/forum/resources/risk-assessment-guidance-document.1519/).

## 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

Whilst cleaning staff are employed by [insert company name], it is the responsibility of Sheerwater Health Centre to ensure that this training has been completed and that copies of all training records have been provided.

In liaison with Sheerwater Health Centre, the [practice manager] will maintain responsibility for monitoring these records and retain a copy of training records within the HR files as the CQC will require evidence of this.

## Waste management

Waste management is the generic term for a range of waste-associated activities such as its generation, handling, storage and transportation from the point of source (e.g., treatment or consultation room) to the final place of disposal (recycling, alternative treatments and composting or incinerator).

Improper waste management risks staff safety and could affect a wider network of people including patients, visitors and waste contractors.

At Sheerwater Health Centre, we are responsible for ensuring compliance with legislation around the segregation of waste. We have a duty of care for waste from cradle to grave (including incineration) and therefore need to understand the different disposal routes for all the waste we produce.

## Clinical waste bin

[CQC Mythbuster 99](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-99-infection-prevention-control-general-practice) states that:

* Clinical waste bins should be easily accessible to staff at point of use
* Clinical waste bins should be idded and operated by a foot pedal (within clinical areas)
* Waste should be assessed and segregated appropriately
* Within any bin, the waste bags should only ever be a maximum two thirds full then, when being emptied, they are to be securely tied, labelled with the address and date and then stored in a secure, clean designated area while awaiting collection.

## Disposal of clinical and non-clinical waste

Refer to the NHS Property Services [poster](https://www.property.nhs.uk/media/2906/disposing-of-clinical-and-non-clinical-waste.pdf) and useful [webinar](https://attendee.gotowebinar.com/recording/1206784791883571983) that further explains the correct disposal of clinical and non-clinical waste and which advise upon the following:

* Infectious clinical waste including COVID-19 PPE

You should use the ORANGE bags for infectious clinical waste only. This includes COVID-19 waste and other infectious PPE, dressings and bandages etc.

These orange clinical waste bags should not be placed in non-clinical areas such as corridors, entrances, staff rooms, kitchens and offices etc. so please only place them in infectious clinical waste areas.

* Infectious clinical waste that is also contaminated by medicines and/or chemicals

You must only put waste items that are both infectious and chemically contaminated (for example some samples and diagnostic kits) in the YELLOW bags.

* Non-infectious clinical waste, including face masks in non-infectious areas

The YELLOW and BLACK striped bags should be used for non-infectious clinical waste, e.g., PPE, couch roll, dressings, plasters, bandages, nappies, feminine hygiene products etc.

* General waste and recycling

Paper hand towels, packaging, cardboard, plastic bottles, tins and any other waste items that are not clinical or infectious must be disposed of in the BLACK bags (general waste) or CLEAR bags (recycling).

Using the incorrect bag is causing huge issues for the clinical waste industry, resulting in missed collections and costing the NHS substantial amounts of money. Sending waste for incineration is 45% more expensive than sending waste to be recycled.

Further reading on clinical waste can be sought from:

* Healthcare Technical Memorandum (HTM) 07-01 [Safe Management of Healthcare Waste](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf) is a framework for best practice. It makes sure legislation such as Health and Safety at Work regulations is met.
* BMA [Disposing of clinical waste](https://www.bma.org.uk/advice-and-support/gp-practices/gp-premises/disposing-of-clinical-waste)
* NICE [Healthcare-associated infections: prevention and control in primary and community care](https://www.nice.org.uk/guidance/cg139/chapter/1-guidance) dated February 2017

## Disposal of other waste

All staff are to be aware of the different types of waste and where to dispose of this. Other waste types not previous mentioned are to be disposed of as such:

* Medicines waste should be stored in a designated bin and collected regularly by an appropriate waste contractor
* Purple topped bins, including sharps bins, must be available for the disposal of cytotoxic medicines
* Denaturing kits must be available for the disposal of controlled drugs
* Labels, prescriptions and other patient identifiable documents must be treated as confidential waste

Further details can be sought in the waste segregation document from [NHS Property Services](https://www.property.nhs.uk/media/3543/nhsps-waste-segregation-update_summer-2021.pdf) dated summer 2021 and from the poster overleaf.



# Schedule

## All clinical/treatment room and minor surgery areas

For cleaning frequency definitions see [Section 3.10](#_Cleaning_frequency_definitions)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Full** | **Spot** | **Check** | **Period** | **Touch** | **Comments** |
| Clean or damp dust noticeboards and laminated posters |  |  |  |  |  | Fortnightly |
| Clean and disinfect equipment trolley |  |  |  |  |  | Nursing staff only after each use |
| Clean and disinfect inside of refrigerator, defrost as required |  |  |  |  |  | Weekly |
| Clean, sanitise and polish all sinks. Clinical items are not to be moved |  |  |  |  |  | Clinical staff are to ensure that clinical equipment is appropriately cleaned after each use |
| Clean desktops and horizontal surfaces |  |  |  |  |  | Staff are to work to the clear desk policy |
| Clean and disinfect hard floors or vacuum any carpets  Ensure floors around the corners and edges are clean |  |  |  |  |  | Carpet cleaning is normally part of a periodic routine clean unless they become soiled |
| Clean and polish internal windows and mirrors |  |  |  |  |  |  |
| Clean or damp dust ancillary equipment |  |  |  |  |  |  |
| Clean or damp dust examination lights, stands and curtain rails |  |  |  |  |  |  |
| Clean outside of refrigerator |  |  |  |  |  |  |
| Damp dust and disinfect all work surfaces |  |  |  |  |  |  |
| Damp dust all accessible pictures and display items |  |  |  |  |  |  |
| Damp dust and disinfect chairs including legs and backs |  |  |  |  |  |  |
| Damp dust computers, mouse, monitor(s) and keyboard |  |  |  |  |  |  |
| Damp dust printer |  |  |  |  |  |  |
| Damp dust all skirting boards, radiators, doors, door handles and light switches |  |  |  |  |  |  |
| Damp dust telephone, sanitise handheld parts |  |  |  |  |  |  |
| Damp dust window blinds |  |  |  |  |  | Fortnightly |
| Disinfect couch |  |  |  |  |  | Nursing staff only |
| Dispose of sharps containers |  |  |  |  |  | As per IPC Policy |
| Dust all exposed furniture and shelves |  |  |  |  |  |  |
| Empty bins and take to designated area |  |  |  |  |  |  |
| Empty clinical waste into external CW bin  Ensure the bins are locked |  |  |  |  |  | Clinical team to dispose of CW into appropriate bin as required |
| External window clean |  |  |  |  |  | This may be a different contract |
| Internal window clean |  |  |  |  |  |  |
| Polish chrome and stainless-steel fittings |  |  |  |  |  |  |
| Remove dust and cobwebs |  |  |  |  |  |  |
| Replace examination curtains |  |  |  |  |  | [GP Mythbuster 6](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-6-guidance-about-privacy-curtains) |
| Sanitise and refill all dispensers |  |  |  |  |  |  |
| Spot clean marks on walls and paintwork |  |  |  |  |  |  |
| Vacuum clean all non-wipeable noticeboards |  |  |  |  |  | Monthly |
| Vacuum upholstered furniture or damp dust |  |  |  |  |  | Weekly |
| Wipe over footstep |  |  |  |  |  |  |
| Wipe switches, sockets, pull cords and data points |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## Waiting areas, foyers, corridors and other public areas (excluding toilets)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Full** | **Spot** | **Check** | **Period** | **Touch** | **Comments** |
| Children’s play area, damp dust and sanitise |  |  |  |  |  |  |
| Clean or damp dust noticeboards and laminated posters |  |  |  |  |  | Fortnightly |
| Clean and disinfect all handrails and door/lift buttons |  |  |  |  |  |  |
| Clean and disinfect hard floors or vacuum any carpets  Ensure floors around the corners and edges are clean |  |  |  |  |  | Carpet cleaning is normally part of a periodic routine clean unless they become soiled |
| Clean doors, door handles and light switches |  |  |  |  |  |  |
| Clean internal windows |  |  |  |  |  | Monthly |
| Clean skirting boards and electrical sockets |  |  |  |  |  |  |
| Clean touch screens with proprietary VDU cleaner |  |  |  |  |  |  |
| Clean TV screens with proprietary VDU cleaner\* |  |  |  |  |  | \*Dependent on location of TV as to frequency |
| Damp clean and disinfect any hard surface |  |  |  |  |  |  |
| Damp clean and disinfect reception or dispensary hatches |  |  |  |  |  |  |
| Damp dust and disinfect all surfaces |  |  |  |  |  |  |
| Damp dust and disinfect chairs including legs and backs |  |  |  |  |  |  |
| Damp dust and sanitise wheelchair bases |  |  |  |  |  |  |
| Damp dust and sanitise wheelchairs (seats/armrests) |  |  |  |  |  |  |
| Damp dust TV surrounds |  |  |  |  |  |  |
| Damp dust window blinds |  |  |  |  |  | Fortnightly |
| Disinfect and wipe around entrance door |  |  |  |  |  |  |
| Dust all exposed furniture and shelves |  |  |  |  |  |  |
| Dust fire extinguishers. Care is needed around any pins |  |  |  |  |  | Fortnightly |
| Empty bins and take to designated area |  |  |  |  |  |  |
| External window clean |  |  |  |  |  | This may be a different contract |
| Internal window clean |  |  |  |  |  |  |
| Polish chrome and stainless-steel fittings including lift |  |  |  |  |  |  |
| Remove dust and cobwebs |  |  |  |  |  |  |
| Sanitise and refill all dispensers |  |  |  |  |  | As required, do not allow to empty |
| Spot clean marks on walls and paintwork |  |  |  |  |  |  |
| Vacuum clean all non-wipeable noticeboards |  |  |  |  |  | Monthly |
| Vacuum upholstered furniture or damp dust |  |  |  |  |  | Weekly |

## Dispensary areas – N/A

## Patient toilets and baby changing facilities

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Full** | **Spot** | **Check** | **Period** | **Touch** | **Comments** |
| Clean all other metal pipework where accessible |  |  |  |  |  |  |
| Clean or damp dust noticeboards and laminated posters |  |  |  |  |  | Fortnightly |
| Clean and disinfect all ceramic tiles and splash backs above hand-basins |  |  |  |  |  |  |
| Clean and disinfect hard floors  Ensure floors around the corners and edges are clean |  |  |  |  |  |  |
| Clean both sides of WC seats and polish |  |  |  |  |  |  |
| Clean doors, door handles and light switches |  |  |  |  |  |  |
| Clean hand-basins and taps |  |  |  |  |  |  |
| Clean inside/outside of WC pans and leave in a hygienic condition |  |  |  |  |  |  |
| Clean mirror |  |  |  |  |  |  |
| Clean shower tray, glass door, shower head and wall tiles |  |  |  |  |  |  |
| Damp dust window blinds |  |  |  |  |  | Fortnightly |
| Empty bins and take to designated area |  |  |  |  |  |  |
| External window clean |  |  |  |  |  | This may be a different contract |
| Internal window clean |  |  |  |  |  |  |
| Refill and sanitise all soap, toilet tissue, towel dispensers |  |  |  |  |  |  |
| Remove dust and cobwebs |  |  |  |  |  |  |
| Spot clean marks on walls and paintwork |  |  |  |  |  |  |

## Staff toilets, showers and changing facilities

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Full** | **Spot** | **Check** | **Period** | **Touch** | **Comments** |
| Clean all other metal pipework where accessible |  |  |  |  |  |  |
| Clean or damp dust noticeboards and laminated posters |  |  |  |  |  | Fortnightly |
| Clean and disinfect all ceramic tiles and splash backs above hand-basins |  |  |  |  |  |  |
| Clean and disinfect hard floors  Ensure floors around the corners and edges are clean |  |  |  |  |  |  |
| Clean both sides of WC seats and polish |  |  |  |  |  |  |
| Clean doors, door handles and light switches |  |  |  |  |  |  |
| Clean hand-basins and taps |  |  |  |  |  |  |
| Clean inside/outside of WC pans and leave in a hygienic condition |  |  |  |  |  |  |
| Clean mirror |  |  |  |  |  |  |
| Clean shower tray, glass door, shower head and wall tiles |  |  |  |  |  |  |
| Damp dust window blinds |  |  |  |  |  | Fortnightly |
| Descale toilets and hand-basins preventing a built-up of lime scale |  |  |  |  |  | Weekly |
| Empty bins and take to designated area |  |  |  |  |  |  |
| External window clean |  |  |  |  |  | This may be a different contract |
| Internal window clean |  |  |  |  |  |  |
| Refill and sanitise all soap, toilet tissue, towel dispensers |  |  |  |  |  |  |
| Remove dust and cobwebs |  |  |  |  |  |  |
| Spot clean marks on walls and paintwork |  |  |  |  |  |  |
| Vacuum upholstered furniture or damp dust |  |  |  |  |  | Weekly |

## Staffing work areas (offices and meeting rooms)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Full** | **Spot** | **Check** | **Period** | **Touch** | **Comments** |
| Clean or damp dust noticeboards and laminated posters |  |  |  |  |  | Fortnightly |
| Clean and disinfect hard floors or vacuum  Ensure floors around the corners and edges are clean |  |  |  |  |  | Carpet cleaning is normally part of a periodic routine clean unless they become soiled |
| Clean doors, door handles and light switches |  |  |  |  |  |  |
| Clean monitor screens with proprietary VDU cleaner |  |  |  |  |  |  |
| Clean skirting boards and electrical sockets |  |  |  |  |  |  |
| Damp clean and disinfect all work surfaces |  |  |  |  |  |  |
| Damp dust telephone, sanitise handheld parts |  |  |  |  |  |  |
| Damp dust window blinds |  |  |  |  |  | Fortnightly |
| Dust all exposed furniture and shelves |  |  |  |  |  | Weekly |
| Dust all horizontal surfaces |  |  |  |  |  | Weekly |
| Dust computers, monitors and under keyboards |  |  |  |  |  |  |
| Dust printer |  |  |  |  |  |  |
| Empty bins and take to designated area |  |  |  |  |  |  |
| External window clean |  |  |  |  |  | This may be a different contract |
| Internal window clean |  |  |  |  |  |  |
| Polish chrome and stainless-steel fittings |  |  |  |  |  |  |
| Remove dust and cobwebs |  |  |  |  |  |  |
| Return any crockery/cutlery to kitchen  Wash, dry and place away in cupboards or in dishwasher |  |  |  |  |  |  |
| Vacuum clean all non-wipeable noticeboards |  |  |  |  |  | Monthly |
| Vacuum upholstered furniture or damp dust |  |  |  |  |  | Weekly |

## Staffing communal areas (kitchen and staff room)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Full** | **Spot** | **Check** | **Period** | **Touch** | **Comments** |
| Clean or damp dust noticeboards and laminated posters |  |  |  |  |  | Fortnightly |
| Clean and empty bins and take to designated area |  |  |  |  |  |  |
| Clean and disinfect hard floors or vacuum  Ensure floors around the corners and edges are clean |  |  |  |  |  | Carpet cleaning is normally part of a periodic routine clean unless they become soiled |
| Clean and disinfect inside of refrigerator, defrost as required |  |  |  |  |  | Weekly |
| Clean doors, door handles and light switches |  |  |  |  |  |  |
| Clean kitchen appliances |  |  |  |  |  |  |
| Clean skirting boards and electrical sockets |  |  |  |  |  |  |
| Clean TV screens with proprietary VDU cleaner |  |  |  |  |  |  |
| Clean, sanitise and polish all sinks |  |  |  |  |  |  |
| Damp clean and disinfect all worktops |  |  |  |  |  |  |
| Damp dust chairs in entirety |  |  |  |  |  | Weekly |
| Damp dust telephone, sanitise handheld parts |  |  |  |  |  |  |
| Damp dust window blinds |  |  |  |  |  | Fortnightly |
| Damp clean and disinfect all work surfaces |  |  |  |  |  |  |
| Disinfect kitchen cupboard doors |  |  |  |  |  | Weekly |
| Dust all exposed furniture and shelves |  |  |  |  |  | Weekly |
| Dust all horizontal surfaces |  |  |  |  |  | Weekly |
| Empty dishwasher and put crockery in storage |  |  |  |  |  |  |
| Empty, damp wipe, sanitise and refill kitchen cupboards |  |  |  |  |  |  |
| External window clean |  |  |  |  |  | This may be a different contract |
| Internal window clean |  |  |  |  |  |  |
| Place dirty crockery in dishwasher |  |  |  |  |  |  |
| Polish chrome and stainless-steel fittings |  |  |  |  |  |  |
| Remove dust and cobwebs |  |  |  |  |  |  |
| Sanitise and refill all dispensers |  |  |  |  |  |  |
| Vacuum clean all non-wipeable noticeboards |  |  |  |  |  | Monthly |
| Vacuum upholstered furniture or damp dust |  |  |  |  |  | Weekly |

Notes:

* All staff are to ensure that the kitchen area is kept clean and tidy at all times. Cleaning should not be left for another member of the team to attend to.
* Food and drinks left in the fridge are to be disposed of once past the fit for consumption date. Staff are to ensure that their own food and drinks are removed.
* All staff are to either wash, dry and put away any crockery and cutlery that they have used or place in the dishwasher.

**IMPORTANT**

**[Delete this note once confirmed]**

Each organisation should adapt Chapter 4 and 5 to suit. The list of items is not exhaustive and items that require cleaning should be added. Likewise, there may be items that need to be removed due to the layout of the room or additional equipment that requires to be added to the schedule to ensure compliance.

Organisations should be particularly aware that GP Mythbuster 99 advises within the General Requirements section that cleaning policies “*should include responsibilities for cleaning of specific clinical equipment”.*

# Cleaning Activity Records

## All clinical/treatment room and minor surgery areas

For cleaning frequency definitions see [Section 3.10](#_Cleaning_frequency_definitions)

|  |  |  |  |
| --- | --- | --- | --- |
| **Room:** | **[Enter room name]** | **Week commencing:** | **[Enter date]** |

Staff to initial activity according to the frequency of cleaning. The completed form is to be forwarded to [insert name here].

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Type of clean** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| Clean or damp dust noticeboards and laminated posters | Period |  |  |  |  |  |  |  |
| Clean and disinfect equipment trolley | Full |  |  |  |  |  |  |  |
| Clean and disinfect inside of refrigerator, defrost as required | Period |  |  |  |  |  |  |  |
| Clean, sanitise and polish all sinks. Clinical items are not to be moved | Full |  |  |  |  |  |  |  |
| Clean desktops and horizontal surfaces | Full |  |  |  |  |  |  |  |
| Clean and disinfect hard floors or vacuum any carpets  Ensure floors around the corners and edges are clean | Full |  |  |  |  |  |  |  |
| Clean and polish mirrors | Check |  |  |  |  |  |  |  |
| Clean doors, door handles and light switches | Touch |  |  |  |  |  |  |  |
| Clean or damp dust ancillary equipment | Spot |  |  |  |  |  |  |  |
| Clean or damp dust examination lights, stands and curtain rails | Spot |  |  |  |  |  |  |  |
| Clean outside of refrigerator | Spot |  |  |  |  |  |  |  |
| Damp dust and disinfect all work surfaces | Full |  |  |  |  |  |  |  |
| Damp dust all accessible pictures and display items | Spot |  |  |  |  |  |  |  |
| Damp dust and disinfect chairs including legs and backs | Full |  |  |  |  |  |  |  |
| Damp dust computers, mouse, monitor(s) and keyboard | Touch |  |  |  |  |  |  |  |
| Damp dust printer | Check |  |  |  |  |  |  |  |
| Damp dust all skirting boards, radiators, doors, door handles and light switches | Spot |  |  |  |  |  |  |  |
| Damp dust telephone, sanitise handheld parts | Touch |  |  |  |  |  |  |  |
| Damp dust window blinds | Period |  |  |  |  |  |  |  |
| Disinfect couch | Full |  |  |  |  |  |  |  |
| Dispose of sharps containers | Check |  |  |  |  |  |  |  |
| Dust all exposed furniture and shelves | Check |  |  |  |  |  |  |  |
| Empty bins and take to designated area | Full |  |  |  |  |  |  |  |
| Empty clinical waste into external CW bin  Ensure the bins are locked | Check |  |  |  |  |  |  |  |
| External window clean | Period |  |  |  |  |  |  |  |
| Internal window clean | Check |  |  |  |  |  |  |  |
| Polish chrome and stainless-steel fittings | Check |  |  |  |  |  |  |  |
| Remove dust and cobwebs | Check |  |  |  |  |  |  |  |
| Replace examination curtains | Check |  |  |  |  |  |  |  |
| Sanitise and refill all dispensers | Touch |  |  |  |  |  |  |  |
| Spot clean marks on walls and paintwork | Check |  |  |  |  |  |  |  |
| Vacuum clean all non-wipeable noticeboards | Period |  |  |  |  |  |  |  |
| Vacuum upholstered furniture or damp dust | Period |  |  |  |  |  |  |  |
| Wipe over footstep | Full |  |  |  |  |  |  |  |
| Wipe switches, sockets, pull cords and data points | Touch |  |  |  |  |  |  |  |

## Waiting areas, foyers, corridors, and other public areas (excluding toilets)

|  |  |  |  |
| --- | --- | --- | --- |
| **Room:** | **[Enter room name]** | **Week commencing:** | **[Enter date]** |

Staff are to initial upon completing the activity. At the end of each week, this form is to be forwarded to [insert name here].

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Frequency** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| Children’s play area, damp dust and sanitise | Check |  |  |  |  |  |  |  |
| Clean or damp dust noticeboards and laminated poster | Period |  |  |  |  |  |  |  |
| Clean and disinfect all handrails and door/lift buttons | Touch |  |  |  |  |  |  |  |
| Clean and disinfect hard floors or vacuum any carpets  Ensure floors around the corners and edges are clean | Full |  |  |  |  |  |  |  |
| Clean doors, door handles and light switches | Touch |  |  |  |  |  |  |  |
| Clean internal windows | Period |  |  |  |  |  |  |  |
| Clean skirting boards and electrical sockets | Spot |  |  |  |  |  |  |  |
| Clean touch screens with proprietary VDU cleaner | Touch |  |  |  |  |  |  |  |
| Clean TV screens with proprietary VDU cleaner | Check |  |  |  |  |  |  |  |
| Damp clean and disinfect any hard surface | Full |  |  |  |  |  |  |  |
| Damp clean and disinfect reception or dispensary hatches | Full |  |  |  |  |  |  |  |
| Damp dust and disinfect all surfaces | Full |  |  |  |  |  |  |  |
| Damp dust telephone, sanitise handheld parts | Touch |  |  |  |  |  |  |  |
| Damp dust and disinfect chairs including legs and backs | Full |  |  |  |  |  |  |  |
| Damp dust and sanitise wheelchair bases | Check |  |  |  |  |  |  |  |
| Damp dust and sanitise wheelchairs (seats/armrests) | Check |  |  |  |  |  |  |  |
| Damp dust TV surrounds | Check |  |  |  |  |  |  |  |
| Damp dust window blinds | Period |  |  |  |  |  |  |  |
| Disinfect and wipe around entrance door | Spot |  |  |  |  |  |  |  |
| Dust all exposed furniture and shelves | Check |  |  |  |  |  |  |  |
| Dust fire extinguishers. Care is needed around any pins | Period |  |  |  |  |  |  |  |
| Empty bins and take to designated area | Full |  |  |  |  |  |  |  |
| External window clean | Period |  |  |  |  |  |  |  |
| Internal window clean | Check |  |  |  |  |  |  |  |
| Polish chrome and stainless-steel fittings including lift | Check |  |  |  |  |  |  |  |
| Remove dust and cobwebs | Check |  |  |  |  |  |  |  |
| Sanitise and refill all dispensers | Touch |  |  |  |  |  |  |  |
| Spot clean marks on walls and paintwork | Full |  |  |  |  |  |  |  |
| Vacuum clean all non-wipeable noticeboards | Period |  |  |  |  |  |  |  |
| Vacuum upholstered furniture or damp dust | Period |  |  |  |  |  |  |  |

## Treatment rooms and minor surgery areas

|  |  |  |  |
| --- | --- | --- | --- |
| **Room:** | **[Enter room name]** | **Week commencing:** | **[Enter date]** |

Staff are to initial upon completing the activity. At the end of each week, this form is to be forwarded to [insert name here].

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Frequency** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| Clean or damp dust noticeboards and laminated posters | Period |  |  |  |  |  |  |  |
| Clean, sanitise and polish all sinks | Full |  |  |  |  |  |  |  |
| Clean desktops and horizontal surfaces | Full |  |  |  |  |  |  |  |
| Clean and disinfect hard floors or vacuum any carpets  Ensure floors around the corners and edges are clean | Full |  |  |  |  |  |  |  |
| Clean and polish internal windows and mirrors | Check |  |  |  |  |  |  |  |
| Clean or damp dust ancillary equipment | Spot |  |  |  |  |  |  |  |
| Clean outside of refrigerator | Spot |  |  |  |  |  |  |  |
| Damp dust and disinfect all work surfaces | Full |  |  |  |  |  |  |  |
| Damp dust all accessible pictures and display items | Spot |  |  |  |  |  |  |  |
| Damp dust and disinfect chairs including legs and backs | Full |  |  |  |  |  |  |  |
| Damp dust computers, mouse, monitor(s) and keyboard | Touch |  |  |  |  |  |  |  |
| Damp dust printer | Check |  |  |  |  |  |  |  |
| Damp dust all skirting boards, radiators, doors, door handles and light switches | Spot |  |  |  |  |  |  |  |
| Damp dust telephone, sanitise handheld parts | Touch |  |  |  |  |  |  |  |
| Damp dust window blinds | Period |  |  |  |  |  |  |  |
| Dispose of sharps containers | Check |  |  |  |  |  |  |  |
| Dust all exposed furniture and shelves | Check |  |  |  |  |  |  |  |
| Empty bins and take to designated area | Full |  |  |  |  |  |  |  |
| Empty clinical waste into external CW bin  Ensure the bins are locked | Check |  |  |  |  |  |  |  |
| External window clean | Period |  |  |  |  |  |  |  |
| Internal window clean | Check |  |  |  |  |  |  |  |
| Polish chrome and stainless-steel fittings | Check |  |  |  |  |  |  |  |
| Remove dust and cobwebs | Check |  |  |  |  |  |  |  |
| Sanitise and refill all dispensers | Touch |  |  |  |  |  |  |  |
| Spot clean marks on walls and paintwork | Check |  |  |  |  |  |  |  |
| Vacuum clean all non-wipeable noticeboards | Period |  |  |  |  |  |  |  |
| Vacuum upholstered furniture or damp dust | Period |  |  |  |  |  |  |  |
| Wipe switches, sockets, pull cords and data points | Touch |  |  |  |  |  |  |  |

## Patient toilets and baby changing facilities

|  |  |  |  |
| --- | --- | --- | --- |
| **Room:** | **[Enter room name]** | **Week commencing:** | **[Enter date]** |

Staff are to initial upon completing the activity. At the end of each week, this form is to be forwarded to [insert name here].

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Frequency** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| Clean all other metal pipework where accessible | Check |  |  |  |  |  |  |  |
| Clean or damp dust noticeboards and laminated posters | Period |  |  |  |  |  |  |  |
| Clean and disinfect hard floors.  Ensure floors around the corners and edges are clean | Full |  |  |  |  |  |  |  |
| Clean both sides of WC seats and polish | Full |  |  |  |  |  |  |  |
| Clean doors, door handles and light switches | Touch |  |  |  |  |  |  |  |
| Clean hand-basins and taps | Touch |  |  |  |  |  |  |  |
| Clean inside/outside of WC pans and leave in a hygienic condition | Full |  |  |  |  |  |  |  |
| Clean mirror | Full |  |  |  |  |  |  |  |
| Clean shower tray, glass door, shower head and wall tiles | Check |  |  |  |  |  |  |  |
| Damp dust window blinds | Period |  |  |  |  |  |  |  |
| Empty bins and take to designated area | Full |  |  |  |  |  |  |  |
| External window clean | Period |  |  |  |  |  |  |  |
| Internal window clean | Check |  |  |  |  |  |  |  |
| Refill and sanitise all soap, toilet tissue, towel dispensers | Touch |  |  |  |  |  |  |  |
| Remove dust and cobwebs | Check |  |  |  |  |  |  |  |
| Spot clean marks on walls and paintwork | Check |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

## Staff toilets, showers and changing facilities

|  |  |  |  |
| --- | --- | --- | --- |
| **Room:** | **[Enter room name]** | **Week commencing:** | **[Enter date]** |

Staff are to initial upon completing the activity. At the end of each week, this form is to be forwarded to [insert name here].

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Frequency** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| Clean all other metal pipework where accessible | Check |  |  |  |  |  |  |  |
| Clean or damp dust noticeboards and laminated posters | Period |  |  |  |  |  |  |  |
| Clean and disinfect all ceramic tiles and splash backs above hand-basins | Full |  |  |  |  |  |  |  |
| Clean and disinfect hard floors  Ensure floors around the corners and edges are clean | Full |  |  |  |  |  |  |  |
| Clean both sides of WC seats and polish | Full |  |  |  |  |  |  |  |
| Clean doors, door handles and light switches | Touch |  |  |  |  |  |  |  |
| Clean hand-basins and taps | Touch |  |  |  |  |  |  |  |
| Clean inside/outside of WC pans and leave in a hygienic condition | Full |  |  |  |  |  |  |  |
| Clean mirror | Full |  |  |  |  |  |  |  |
| Clean shower tray, glass door, shower head and wall tiles | Check |  |  |  |  |  |  |  |
| Damp dust window blinds | Period |  |  |  |  |  |  |  |
| Descale toilets and hand-basins preventing a build-up of lime scale | Period |  |  |  |  |  |  |  |
| Empty bins and take to designated area | Full |  |  |  |  |  |  |  |
| External window clean | Period |  |  |  |  |  |  |  |
| Internal window clean | Check |  |  |  |  |  |  |  |
| Refill and sanitise all soap, toilet tissue, towel dispensers | Touch |  |  |  |  |  |  |  |
| Remove dust and cobwebs | Check |  |  |  |  |  |  |  |
| Spot clean marks on walls and paintwork | Check |  |  |  |  |  |  |  |
| Vacuum upholstered furniture or damp dust | Period |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

## Staffing work areas (offices and meeting rooms)

|  |  |  |  |
| --- | --- | --- | --- |
| **Room:** | **[Enter room name]** | **Week commencing:** | **[Enter date]** |

Staff are to initial upon completing the activity. At the end of each week, this form is to be forwarded to [insert name here].

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Frequency** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| Clean or damp dust noticeboards and laminated posters | Period |  |  |  |  |  |  |  |
| Clean and disinfect hard floors or vacuum  Ensure floors around the corners and edges are clean | Full |  |  |  |  |  |  |  |
| Clean doors, door handles and light switches | Touch |  |  |  |  |  |  |  |
| Clean monitor screens with proprietary VDU cleaner | Full |  |  |  |  |  |  |  |
| Clean skirting boards and electrical sockets | Spot |  |  |  |  |  |  |  |
| Damp clean and disinfect all work surfaces | Full |  |  |  |  |  |  |  |
| Damp dust telephone, sanitise handheld parts | Touch |  |  |  |  |  |  |  |
| Damp dust window blinds | Period |  |  |  |  |  |  |  |
| Dust all exposed furniture and shelves | Period |  |  |  |  |  |  |  |
| Dust all horizontal surfaces | Period |  |  |  |  |  |  |  |
| Dust computers, monitors and under keyboards | Touch |  |  |  |  |  |  |  |
| Dust printer | Spot |  |  |  |  |  |  |  |
| Empty bins and take to designated area | Full |  |  |  |  |  |  |  |
| External window clean | Period |  |  |  |  |  |  |  |
| Internal window clean | Check |  |  |  |  |  |  |  |
| Polish chrome and stainless-steel fittings | Check |  |  |  |  |  |  |  |
| Remove dust and cobwebs | Check |  |  |  |  |  |  |  |
| Return any crockery/cutlery to kitchen.  Wash, dry and place away in cupboards or in dishwasher | Full |  |  |  |  |  |  |  |
| Sanitise and refill all dispensers | Touch |  |  |  |  |  |  |  |
| Vacuum clean all non-wipeable noticeboards | Period |  |  |  |  |  |  |  |
| Vacuum upholstered furniture or damp dust | Period |  |  |  |  |  |  |  |

## Staffing communal areas (kitchen and staff room)

|  |  |  |  |
| --- | --- | --- | --- |
| **Room:** | **[Enter room name]** | **Week commencing:** | **[Enter date]** |

Staff are to initial upon completing the activity. At the end of each week, this form is to be forwarded to [insert name here].

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Frequency** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| Clean or damp dust noticeboards and laminated posters | Period |  |  |  |  |  |  |  |
| Clean and empty bins and take to designated area | Full |  |  |  |  |  |  |  |
| Clean and disinfect hard floors or vacuum  Ensure floors around the corners and edges are clean | Full |  |  |  |  |  |  |  |
| Clean and disinfect inside of refrigerator, defrost as required | Period |  |  |  |  |  |  |  |
| Clean doors, door handles and light switches | Touch |  |  |  |  |  |  |  |
| Clean kitchen appliances | Full |  |  |  |  |  |  |  |
| Clean skirting boards and electrical sockets | Spot |  |  |  |  |  |  |  |
| Clean TV screens with proprietary VDU cleaner | Full |  |  |  |  |  |  |  |
| Clean, sanitise and polish all sinks | Full |  |  |  |  |  |  |  |
| Damp clean and disinfect all worktops | Full |  |  |  |  |  |  |  |
| Damp dust chairs in entirety | Period |  |  |  |  |  |  |  |
| Damp dust telephone, sanitise handheld parts | Touch |  |  |  |  |  |  |  |
| Damp dust window blinds | Period |  |  |  |  |  |  |  |
| Damp clean and disinfect all work surfaces | Full |  |  |  |  |  |  |  |
| Disinfect kitchen cupboard doors | Period |  |  |  |  |  |  |  |
| Dust all exposed furniture and shelves | Period |  |  |  |  |  |  |  |
| Dust all horizontal surfaces | Period |  |  |  |  |  |  |  |
| Empty dishwasher and put crockery in storage | Full |  |  |  |  |  |  |  |
| Empty, damp wipe, sanitise and refill kitchen cupboards | Full |  |  |  |  |  |  |  |
| External window clean | Period |  |  |  |  |  |  |  |
| Internal window clean | Check |  |  |  |  |  |  |  |
| Place dirty crockery in dishwasher | Full |  |  |  |  |  |  |  |
| Polish chrome and stainless-steel fittings | Check |  |  |  |  |  |  |  |
| Remove dust and cobwebs | Period |  |  |  |  |  |  |  |
| Sanitise and refill all dispensers | Touch |  |  |  |  |  |  |  |
| Vacuum clean all non-wipeable noticeboards | Period |  |  |  |  |  |  |  |
| Vacuum upholstered furniture or damp dust | Period |  |  |  |  |  |  |  |
| Wipe switches, sockets and data points | Touch |  |  |  |  |  |  |  |

Notes:

* All staff are to ensure that the kitchen area is always kept clean and tidy
* Food and drinks left in the fridge are to be disposed of once past the fit for consumption date
* All staff are to either wash, dry and put away any crockery and cutlery that they have used or place in the dishwasher

# 

# Audit and compliance

## Assurance

Not only does having a robust cleaning programme and supporting reporting programme promote good IPC practice, patients and staff alike need to have confidence that safe standards of cleaning are being met safely and responsibly.

Therefore, at Sheerwater Health Centre, we need to:

* Comply to and maintain safe standards of cleanliness
* Provide assurance to all that those standards are being achieved and where they are not, areas for improvement are being detailed and managed

Those responsible for cleaning at Sheerwater Health Centre are to be familiar with the comprehensive [National Standards for Healthcare Cleanliness 2021](https://www.england.nhs.uk/wp-content/uploads/2021/04/B0271-national-standards-of-healthcare-cleanliness-2021.pdf) and understand that the robust processes that define the following are to be achieved:

* Requirements and responsibilities
* Schedules of work
* How the outcomes are required to be measured
* Reporting processes
* Actions required to drive improvement

It is reminded that there is an expectation across all healthcare providers for these standards to be met. This is as detailed within the legislative and regulatory requirements as detailed at [Section 3.1.](#_3.1_General)

## Compliance

Whilst the new standards for healthcare cleanliness provide a robust auditing process at Chapter 8 and 9, this has clearly been considered for secondary care.

During the update of this policy, further clarity has been requested from NHS England and NHS Improvements as to the requirements for primary care. NHS England has acknowledged that further work needs to be conducted and that they are:

*“Working with a number of CCGs and the network of GPs to revise documentation to be more user friendly for primary care and new cleanliness charters have just been uploaded to support this sector.”*

Therefore, and until further guidance is provided, this organisation will provide evidence of compliance in accordance with Chapter 4 (Schedule) and Chapter 5 (Cleaning records) of this policy. Furthermore, Annex B to the [Infection Prevention Control Policy](https://practiceindex.co.uk/gp/forum/resources/infection-prevention-control-policy-ipc.700/) will also be used as evidence of cleaning standards.

## Retention period for IPC audits and cleaning records

Whilst the National Standards for Healthcare Cleanliness do not allude to any retention period, at Sheerwater Health Centre we will retain both infection prevention control (IPC) and cleaning records for a period of five years to align with all other clinical audits.

These records can be used as evidence for any litigious, regulatory or health and safety requests.

## CQC requirements

The CQC advises that its regulations and code of practice provide the expectation for the standards of cleanliness for primary care. Specifically, [GP Mythbuster No 99](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-99-infection-prevention-control-general-practice) Infection prevention and control in general practice details that, when being inspected, practices are to provide the following examples of compliance:

* IPC audit processes
* Waste management
* Cleaning schedules
* Maintenance of equipment

Furthermore, the Mythbuster advises that that a general practice is not required to self-declare nor display any star ratings/logos as per Chapter 8 of the National Standards. Instead, the CQC advises it will continue to regulate using Regulations 12 and 15. It advises the following in relation to cleaning standards:

*“Cleaning contractors should have a schedule of general cleaning. The schedule should include cleaning frequency of specific areas, fixtures and fittings. This includes high frequency touch items such as keyboards, telephones, door handles and light switches.*

*It should be checked regularly for compliance and in line with what the general public would expect in health care premises. The policy should include responsibilities for cleaning of specific clinical equipment”.*

[See Important Note on Page 34 regarding adapting Chapters 4 and 5]

# Summary

Standards for cleanliness within any healthcare setting are paramount. Not only can reputations be lost, the health of our patients can be compromised should the required high levels not be continuously maintained.

Whilst direction for primary care is still awaited from NHS England as to how best to manage the audit process, at Sheerwater Health Centre we will promote and adhere to the exacting requirements as detailed within these latest national healthcare cleaning standards coupled with providing comprehensive records to evidence compliance.

1. [www.cqc.org.uk](https://www.cqc.org.uk/sites/default/files/20180628%20Healthcare%20services%20KLOEs%20prompts%20and%20characteristics%20FINAL.pdf) [↑](#footnote-ref-1)
2. [Network DES Contract specification 2021/22](https://www.england.nhs.uk/wp-content/uploads/2021/03/B0431-network-contract-des-specification-pcn-requirements-and-entitlements-21-22.pdf) [↑](#footnote-ref-2)
3. [Code of Practice on the prevention and control of infections and related guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf) [↑](#footnote-ref-3)