Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Quality, Risk & Customer Care,
National Hospitals Office

Cleaning Manual – Acute Hospitals

(To provide guidance for cleaning services in acute hospitals, and support the IHSAB Hygiene Assessment Process)

Acknowledgement

This manual has been developed by the National Hospitals Office as part of its remit under quality, risk and customer care. The manual is as a result of the many submissions arising from the consultation process undertaken in developing hygiene services standards. The Quality, Risk & Customer Care Department in the National Hospitals Office would like to extend thanks to all staff who made submissions, Network Managers, Hospital CEOs and Managers, Partnership Facilitators and the National Working Group members for their ongoing cooperation and commitment as we strive for standards of excellence in hygiene.

Contents

Foreword

In February 2005 the National Hospitals Office (NHO), established a working group to evaluate the current status of infection control and cleaning services in acute hospitals. The group identified a need to develop uniform standards, guidelines and audit processes across Irish acute hospitals, and in response to this need, the working group as established under the auspices of the NHO, developed draft hygiene services standards for acute hospitals.

In July and August 2005, the standards were developed by drawing on and evaluating existing infection prevention and control and cleaning standards in both the national and international health sector.

The draft Hygiene Standards were developed as follows:

- An extensive literature search
- A review of available literature and best practice
- Synthesis of findings into a set of draft standards
- Consultation with key stakeholders

In order to ensure the workability of the standards a national consultation process was undertaken on a network by network basis with both clinical and non-clinical staff involved. This consultation process served to reshape the draft standards and established the need for a national assessment process.

In autumn 2005 the Irish Health Services Accreditation Board (IHSAB), following a request from the Department of Health and Children to work with the Health Service Executive (HSE) in developing the standards and a national assessment process, met with the NHO to discuss the process. To this end the draft standards were realigned using feedback from the consultation process already undertaken by the NHO. Further realignment used feedback from the pilot process, from within the NHO, the NHO national working group, two specific working groups within hospitals and a consultation forum with key representatives.

The IHSAB Hygiene Services Standards incorporate the following areas: Environment, Waste Management, Ward Kitchens, Linen, Sharps, Hand Hygiene and the Management of Patient Equipment, and aims to provide staff, visitors and patients with a common understanding when they ask the question "What is the standard of hygiene in this hospital?"

This cleaning manual aims to provide national guidance specifically in the area of the **Environment**, or environmental cleanliness.

To date there has been no national guidance or instruction for hospitals in terms of managing their environment and this was a common theme expressed by staff throughout the consultation process.

The clarity of cleaning standards is of paramount importance. Hospital staff and cleaning contractors need to have the same understanding of the cleaning standard and required tasks to ensure that they are working towards, and assessing, the same cleaning outcomes.

The recommendations of both national hygiene audits highlighted the need for a range of processes and documentation to be in place in hospitals to aid them in attaining standards, and enhance the potential for them to be consistently clean.

This cleaning manual therefore, provides advice and guidance concerning the general cleaning of the hospital environment including all fixtures, fittings and equipment and contains an overview in relation to infection prevention and control issues and the cleaning of patient equipment.

This manual has been designed to support the IHSAB Hygiene Services Standards, and complement existing national policies and procedures. It is not intended to replace key policies relating to cleaning. It is important that where the cleaning manual is adopted that it is clear which policy, procedure or protocol in the hospital should be followed.

Due to the complexities in cleaning services in our acute hospitals it is important to note that this national guidance aims to support a continuous improvement process in all hospitals irrespective of their service type. A number of national policies and guidelines have also been included in the manual, individual hospitals can amend or adapt these for their own use.

This guidance document is for use by staff with responsibility for cleaning services as a resource to assist them in day to day operations as well as in training and in attaining the hygiene services standards to promote high quality, consistent, service levels.

Summary

The IHSAB Hygiene Services Standards cover the areas as audited as part of the national hygiene audits, i.e. Environment, Waste Management, Ward Kitchens, Linen, Sharps, Hand Hygiene and the Management of Patient Equipment.

This cleaning manual has been designed to complement the IHSAB Hygiene Services Standards, and provide support and guidance for staff in attaining high standards of environmental cleanliness.

Staff throughout the consultation process engaged in for the development of the national hygiene services standards highlighted the lack of national guidance and support in this area.

It is readily acknowledged that many hospitals have developed their own policies and guidelines and it is intended that this national guidance will influence hospitals who have not as yet developed their own policies and guidance as well as lead to a standardised approach towards improving hygiene services, with the end result being standards of excellence in hygiene for our patients, our staff and our visitors.

This cleaning manual therefore serves as a reference guide to assist staff with responsibility for, or involvement in, cleaning services in our acute hospitals.
It further serves as a training aid, and as a resource in attaining the hygiene services standards.

This cleaning manual is reflective of the both the first and the second national hygiene audit report recommendations, and reflects requests from staff involved in cleaning services in our acute hospitals for national support and guidance in this area.

Remit and Membership

The National Hospitals Office made hospital hygiene a priority from its inception.

As a starting point a working group was established under the auspices of the National Hospitals Office to establish the present state of infection control and cleaning services in publicly funded acute care facilities, and on discovering that there were no national standards in this area heretofore, to develop a set of hygiene services standards.

Membership of the working group is representative of all staff with a keen interest in, or responsibility for hygiene. This project is an NHO initiative under the remit of Quality, Risk and Customer Care in the National Hospitals Office. The National Hospitals Office is committed to supporting staff as they strive for standards of excellence in Hygiene.

Membership of the Working Group

Name	Title	Organisation
Richard Bruton	Regional Materials Manager	HSE North East Area
Marena Burd	Infection Control Nurse	HSE Midland Area
Breda Corrigan	Infection Control Nurse	Mater Hospital, Dublin
Dr Rob Cunney	Consultant Microbiologist	Health Protection Surveillance Centre
Mary Dockery (Feb-June 2005)	Independent Cleaning Consultant	Dublin
Larry Dunne	Household Services	HSE Midland Area
Marie Liston	Support Services Training & Development Officer	HSE NW Area
Dr Sheila McEvilly (Feb-June 2005)	Medical Coordinator of Services for Older People	HSE East Coast Area
Mary Mulligan	Household Services	Mater Hospital, Dublin
Dr Olive Murphy	Consultant Microbiologist	Bon Secours Hospital, Cork
Lorcan O'Brien	Deputy Chairman, EHOA	HSE Mid-Western Area
Dr Maire O'Connor July 2005	Specialist in Public Health Medicine	HSE Eastern Region
Grace Rothwell (Chair & Project Leader, June 2005)	NHO Directorate	Health Service Executive
Winifred Ryan (Chair & Project Leader, Feb-June 2005)	NHO Directorate	Health Service Executive
Joan Somers-Meaney July 2005	Irish Assoc. of Directors of Nursing & Midwifery	HSE MW Area

Development of Hygiene Services Standards

The development of standards undertaken by the Working Group included:

- An extensive literature search; review of available literature and best practice;
- Synthesis of review findings into a set of draft standards for use in acute facilities;
- Preparation of a consultation paper setting out detailed proposals for hygiene standards for acute care facilities;
- Invitation for comments from all interested parties; consultation period during which workshops were organised with groups of key stakeholders;
- The views which emerged from this consultation process and from the national hygiene audit assisted in revising and developing an agreed set of national hygiene services standards.

A consultative document was circulated to all acute hospitals and relevant stakeholders and feedback was received accordingly.

Organisations/Groups to whom the National Hygiene Services Standards were sent for consultation:

- Irish Society of Clinical Microbiologists
- Infection Control Nurses Association
- Infectious Disease Physicians
- SARI National Committee members
- Hospital Programme Managers/CEOs
- RCPI Faculty of Public Health
- RCPI Faculty of Occupational Health
- Academy of Medical Laboratory Science
- Department of Health and Children
- Cleaning Services Managers in acute hospitals
- Principal Environmental Health Officers
- Health & Safety Authority
- Institute of Occupational Safety and Health
- Catering Managers Association of Ireland
- Other key stakeholders

A series of half-day workshops were held during July and August 2005 in each hospital network with groups of key stakeholders. Over 800 HSE employees attended the sessions and all grades of staff were represented at the workshops.

The workshops were facilitated by the National Partnership Facilitators, whose role was to ensure that information was captured under each of the questions above on templates as supplied and to document burning issues from each of the plenary feedback sessions. Members of the national working group conducted the sessions.

The working group met in early September 2005 to evaluate all collated feedback, i.e. feedback received directly in respect of the draft standards document and feedback collated from the workshops. Amendments to the standards document were agreed.

Partnership with Irish Health Services Accreditation Board (IHSAB)

Following a request from the Department of Health and Children the draft standards documents were forwarded to the Irish Health Services Accreditation Board (IHSAB) in draft format for realignment for assessment purposes.

As part of the development process undertaken by the IHSAB pilot sites were selected by the NHO as follows:

- Roscommon County Hospital
- The Adelaide, Meath & National Children's' Hospital (AMNCH) Tallaght
- Midland Regional Hospital, Tullamore

Piloting was carried out in December 2005 by the IHSAB on behalf of the NHO.

Further Work in March 2006 involved the establishment of working groups in two hospitals and a consultation process with key stakeholders. The final set of standards is reflective of the feedback from the pilots, from within the NHO, the NHO working group and the two hospital working groups.

The Hygiene Services Standards and Assessment Process are expected to be finalised in Autumn 2006.

IHSAB intend to roll out this mandatory assessment scheme by reviewing each hospital once a year. The option of a review visit is available if significant areas of concern are identified which require further follow up and review prior to the next scheduled assessment. The length of time to conduct an assessment will be a day and a half to two days depending on the size of the hospital.

The scheme will involve four distinct phases for each hospital, *self-assessment* lasting two to three months, *peer review* which is an unannounced visit by a team of trained assessors/peers which will take place within two to three months of the self-assessment process, *award* granted or declined with a report outlining strengths and areas for improvement, approximately eight weeks after the peer review, and continuous improvement.

The Irish Healthcare Acute Hospitals Cleaning Manual - Introduction

Introduction

The IHSAB Hygiene Services Standards incorporates the aspects as audited as part of the National Hygiene Audits, i.e. Environment, Waste Management, Ward Kitchens, Linen, Sharps, Hand Hygiene and the Management of Patient Equipment.

This cleaning manual supports the implementation of the IHSAB Hygiene Services Standards by providing guidance and support in the area of environmental cleanliness, and in turn supports the implementation and monitoring of cleaning standards and aims to provide a methodology to ensure our healthcare facilities are clean.

In light of concerns in relation to healthcare associated infection this manual takes cognisance of infection prevention and control issues. It is intended to commence the development of National Infection Prevention and Control standards later this year.

Successful strategies to prevent and control healthcare associated infections in healthcare facilities include the following:

- Ensuring that the organisational and structural arrangements are in place to enable the implementation of effective infection control programmes – see Hygiene Services Standards, and National Infection Prevention and Control Standards will further ensure these organisational and structural arrangements
- Policies and procedures for the management of the patient environment, management of patient equipment, waste management and the handling and disposal of linen and sharps – see Hygiene Services Standards and the Cleaning Manual for Acute Hospitals
- Guidelines on hand hygiene – see SARI Infection Control Subcommittee, Guidelines for Hand Hygiene in Irish Health Care Settings
- Cleaning, disinfection and sterilisation procedures for equipment – see National Cleaning Manual and National Infection Prevention and Control Standards to be developed later this year
- Environmental cleaning – see Hygiene Services Standards and the Cleaning Manual for Acute Hospitals
- Control of antibiotic prescribing – the National Infection Prevention and Control Standards will provide guidance in this area

This manual provides guidance in the area of environmental cleaning. A clean environment also has an important role to play in reducing healthcare associated infection, and is important for efficient and effective healthcare.

Historically there have been no national hygiene services standards in acute care facilities. And, although some hospitals had set guidelines in these areas they were not uniform and had no regulatory substance. This manual supports the implementation of the National Hygiene Services Standards.

Whether provided in-house or by contracted staff the cleaning service is a crucial component of a hospitals quality system to ensure the safety and well-being of patients, staff and visitors alike.

A clean hospital can make a difference to how patients feel about how they have been treated.

In addition to advice and guidance concerning the general cleaning of the premises and equipment, this manual also contains an overview in relation to infection prevention and control issues.

Many hospitals already have some form of cleaning manual although this is not universal. This Cleaning Manual acts as a benchmark against which such instructive material can be compared, and also provides hospitals without a manual, with guidance and advice. Due to the complexities that exist in cleaning services in our acute hospitals it is not possible to be overly prescriptive, but it is deemed far more appropriate and useful to provide guidance which hospitals themselves can amend or adapt as appropriate.

At a strategic level hospitals are encouraged to set out how cleaning services fit with their wider strategic aims and objectives, to recognise the contribution that "cleanliness" can make.

In this way hospitals can ensure that their cleaning services departments are properly focussed, efficiently resourced and that they consistently deliver high quality services that are well regarded by patients.

Hospitals should also have documented arrangements in the form of a specification or service level agreement for cleaning at ward and department level, and a subsequent order of work, tailored to each ward / department. Each service level agreement should detail the range of services to be provided indicating who is responsible, the times and frequencies at which cleaning will take place and who is responsible for making judgements about the quality of services delivered.

At an operational level hospitals should ensure that each staff member with responsibility for cleaning has the right level of training, the appropriate equipment, knows what needs cleaning and how often and is properly supervised to ensure that things are done correctly in accordance with the standard as laid down. It should also be documented as to who has responsibility for cleaning for every item requiring cleaning in the hospital.

Cleaning services staff members are one part of a wider team who have responsibility for cleanliness. Staff who carry out cleaning services are often multidisciplinary, and are members of the overall team that has responsibility for cleanliness.

The Network Manager / C.E.O. / Hospital Manager have strategic responsibilities, the Environmental Services Manager has responsibilities at tactical level and the Cleaning Services Manager and Ward / Departmental Manager ensures that the plans as documented are translated into front-line action.

This manual supports action at all levels of responsibility.

If the hygiene services standards establish the standard of hygiene in a hospital then the manual provides the foundation to issues around "How to clean the hospital?", and in turn meet the Environment standards.

Whilst this manual is aimed more at staff with responsibility for cleaning services it is worth noting that cleaning is everyone's responsibility.

The use of this Manual will help staff provide the following benefits for the hospital and its patients, staff and visitors because its focus is about how to ensure that things are done properly, and consistently.

- A clean, comfortable and safe environment for patients, clients, visitors, staff and members of the general public;
- Increased patient confidence in local healthcare facilities in relation to environmental hygiene and the organisational commitment to reduce the incidence of healthcare associated infection;
- The opportunity to improve cleanliness standards

The context for the Irish Healthcare Acute Hospitals Cleaning Manual

This manual can be applied at a wide range of healthcare facilities and may be implemented in its' entirety or adapted at local level.

Section 1

Section 1 - The Cleaning Function

1.1 Introduction
Cleaning services are being performed and managed in many ways in our acute hospitals. This manual aims to provide defined and measurable outcomes for cleaning irrespective of where the responsibility lies, and to improve the quality of service provision by ensuring that all cleaning related risks are identified and managed appropriately on a consistent and long-term basis.

What is Cleaning ?
Cleaning is the physical removal of foreign material, i.e. bloody and body substances, rust, dust, dirt, debris, spillages etc. Cleaning physically removes rather than kills micro-organisms. It is achieved with water, detergents and mechanical action.

Direct spread of micro-organisms from floors, walls, ceilings, fittings etc. is not likely. Dry clean surfaces away from direct patient contact are of small infection risk. Gram negative bacteria can grow readily in wet and moist areas.

Cleaning by normal housekeeping methods, i.e. water, detergents and mechanical action, is sufficient for general hospital cleaning, and is also a prerequisite for decontamination. If an item is not cleaned, 'dirt' can prevent an item from being decontaminated, i.e. the 'dirt' prevents the action of the disinfectant, making it ineffective

Disinfectants are only necessary to decontaminate when potential infection is suspected and after spillage or organic matter, blood, pus etc.

Equipment used for cleaning should not contribute to dispersal of dust or micro-organisms. Scrubbing machine tanks can be contaminated and require daily emptying and decontamination. Vacuum cleaners should be fitted with filters which will not cause an increase in bacterial air contamination. Damp dusting or wet cleaning will result in less bacterial air contamination. Water used for cleaning should be changed frequently.

1.2 Cleaning Element Standards

Excellence in patient care is dependent on getting the basics right, making sure the food is good, making sure that patients are cared for and that the surroundings are clean, tidy, comfortable and safe.

The IHSAB Hygiene Services Standards specifies standards in the areas of Environment, Waste Management, Ward Kitchens, Linen Sharps, Hand Hygiene and the Management of Patient Equipment.

This manual supports the implementation of the hygiene services standards, specifically the environment standard, by providing support and guidance to staff with responsibility for or involvement in cleaning services.

All healthcare facilities need to be able to demonstrate that their wards and departments are clean and that an acceptable level of cleanliness is maintained at all times. This is best achieved as a multidisciplinary approach between service providers and service users.

A clean environment is fundamental to excellence in patient care and needs to be prescriptive in terms of outcomes. All items to be cleaned need to have documented cleaning arrangements with prescriptive outcomes, hence, cleaning element specifications **(see Appendix 1).** All elements to be cleaned in the typical ward environment have been categorised into 55 elements.

Cleaning element specifications represent the specific outcome to be achieved on completion of cleaning, e.g.

24. Radiators	• Radiators including all component parts should be should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.

The cleaning element specifications are:

- Patient focussed
- Provide clarity for staff responsible for healthcare cleanliness
- Provide quality assurance systems
- Are consistent with infection control standards and requirements
- Set clear outcomes that can be benchmarked with other like facilities
- Have clear objectives that set out a range of issued to be addresses

In turn cleaning element specifications need to be monitored and assessed therefore there needs to be an agreed measuring system. Included in this manual is an audit tool for monitoring and assessing the ongoing outcomes, i.e. Is the radiator, including all component parts clean and well-maintained with no blood or body substances, rust, dust, dirt, debris or spillages. The audit tool together with a separate sheet for recording any details regarding poor outcomes and or maintenance issues etc. in the appendices. **(Appendix 2)**

1.3 Hospital Cleaning - a Priority Issue

The following areas must be addressed:

- It is essential to consider hospital cleaning a priority
- Patients views and concerns must be taken on board
- Infection prevention and control concerns must always be addressed
- It is essential to ensure that staff are adequately trained
- The relationship between the infrastructure and the cleaning function must be recognised and be a proactive one, and maintenance and other facilities management issues must be prioritised
- Quality improvement and accreditation is key to ensuring a high quality service to patients, staff and users alike
- Monitoring must be an integral part of the service

To ensure that hospital cleaning is a priority and that standards of excellence in hygiene and in environmental cleanliness become the norm in our acute hospitals, the following should be adhered to:

- Establishing multidisciplinary groups led by a Senior Manager to take responsibility for the implementation of standards and the monitoring of environmental cleanliness, i.e. the implementation of the hygiene services standards, and the implementation and monitoring of the cleaning element standards as specified in this manual

- Giving authority and responsibility to Ward Managers and Department Heads, and these staff members in turn assuming responsibility for cleanliness and hygiene in their areas of responsibility

- Setting clear local policies, every ward / department should have a documented service level agreement /cleaning specification, which outlines the service to be provided and by whom, the frequency of the service, named persons responsible, rapid response team arrangements for incidents outside of normal routine cleaning duties, the service level agreement should also include details of periodic cleaning.

- This agreement, as is indicated by the title, should be developed and agreed by all persons responsible and it should be reviewed on an ongoing basis to ensure it continually meets the needs of patients, staff and visitors alike and results in a consistently high standard of cleanliness. A template for such a service level agreement has been included in this manual. **(Appendix 3)**

- Keeping hygiene including environmental cleanliness high on everyone's agenda by having a Cleaning Service Plan, which should be part of the overall service plan in the organisation

1.4 Empowering Patients

Listen to patients and ensure that patients receive care in an environment that is clean, safe and welcoming by means of any or all of the following:

- Developing patient user groups
- Developing action plans for improvement
- Maintaining linkages between patients and management
- Patient satisfaction surveys

1.5 Infection Prevention and Control

To ensure the risk of healthcare associated infection is minimised by:

- Developing, implementing and monitoring infection prevention and control policies for each hospital, and to address local issues, e.g. the cleaning of patient spinal boards, legionella protocols etc.
- Establishing multidisciplinary groups to discuss and act on the results of both cleaning and infection prevention and control audits
- A coordinated multidisciplinary approach to hospital hygiene including environmental cleanliness
- Training for all staff

1.6 Staff Education and Training

To ensure that staff with responsibility for cleanliness have the ability and support to carry out the cleaning function, they should be adequately and appropriately trained.

1.7 Infrastructural & Maintenance Aspects

Infrastructural maintenance, technical services and facilities management play an important role in enabling excellence in hygiene standards. As buildings and fixtures age they become more difficult to clean and be maintained in an acceptable condition.

1.8 Associated Departmental Responsibilities

Hospital management, purchasing and finance responsibility for consumables, waste disposal, recycling and other facilities related issues associated with the core cleaning function must be defined.

It is also recommended that issues associated with cleaning and maintenance be considered at the planning stage, i.e. prior to the purchase of new equipment, fixtures and fittings to ensure that equipment purchased will not necessitate additional specialised cleaning or be of an unrealistic life span given the planned usage.

Cleaning Services Managers and Infection Prevention and Control personnel must always be involved in the purchase of fixtures and fittings and should always be consulted on such matters.

The most common challenge is in relation to where exactly the cleaning function ends and the maintenance or technical services function begins. The **service level agreement** / cleaning specification for each ward / department must be clear in this regard.

To avoid such challenges a multidisciplinary baseline audit should be conducted involving all parties to document challenges that may be faced in meeting cleanliness standards, e.g. any floor covering that requires replacement or repair, walls that require painting, ceiling panels that require replacement, carpet staining, responsibility for the cleaning of ventilation units etc.

Agreements should be documented in terms of who is responsible for the cleaning of light fittings, ventilation units etc. A **planned preventative maintenance programme** should then be developed to ensure that these problems do not reoccur, i.e. a documented annual plan which details the maintenance plan for all fixtures, fittings, systems and infrastructural aspects in an organisation. Such agreements should be documented clearly identifying schedules and persons / departments responsible.

1.9 Cleaning During Construction Works

There must also be a collaborative approach to cleaning during and after construction or renovation works. Dust and debris must be kept to a minimum to reduce the risk of healthcare associated infection. A risk assessment should be carried out prior to the commencement of building works to ensure:

- That there is written communication of the requirement for additional cleaning during and after such works
- That the Cleaning Services Manager and Ward / Departmental Manager monitors the provision as well as the standard of the additional cleaning
- The risks associated with Aspergillus are minimised

It is essential that Cleaning Services Managers and Infection Control personnel are involved in the planning of all construction works, be it renovation or new developments, particularly in relation to the following:

- The provision of an adequate cleaning facilities, i.e. sluice and wash hand basin in the cleaning service room or cubby
- The provision of adequate storage for consumables etc.
- All wash hand-basins are of the required standard with elbow operated taps and no overflow etc.
- No exposed pipes in sanitary areas
- The provision of hot and cold running water

1.10 Measurement & Auditing

The Hygiene Services Standards assessment process (which cover the following areas: Environment, Hand Hygiene, Sharps, Linen, Waste Management, Ward Kitchens and Patient Equipment), in conjunction with infection prevention and control audits (using the ICNA Audit Tool or equivalent) and environmental cleaning audits (using the cleaning audit tool included in this manual) will ensure continuous improvement in all aspects of cleaning and hygiene.

The aim of setting standards of cleanliness is to ensure that everyone can determine whether the hospital is sufficiently clean irrespective of the service provider.

- This requires some form of measurement to ensure that standards remain high and that feedback is provided to the key stakeholders to identify "slippage" and ensure that corrective action is immediate and effective. This measurement can be achieved through the following:
  A documented monitoring plan ensuring all functional areas are assessed in accordance with their risk
- An audit process at technical, managerial and external levels
- Timely and effective feedback and performance information provided to key stakeholders
- Targets for achievement
- Outcomes shared within teams to promote, encourage and support continuous improvement
- Ward Managers and Department Heads actively influencing standards at ward / departmental level and having the authority and responsibility to ensure that standards are maintained

1.11 National Risk Categories

The recommendations of the first and second National Hygiene Audits coupled with the essential requirement for patients, staff and visitors to have a clean and safe environment requires the development of and adherence to national policies in all acute hospitals. Feedback submitted throughout the consultation process engaged in for the National Hygiene Standards further supports such national policies. The overwhelming view is that nationally agreed risk categories are desirable.

The attached proposed risk categories are adapted from the Association of Domestic Management (ADM) – Recommended Activity Minimum Cleaning Frequencies, Infection Control Nurses Association Audit Tool and the NHS Standards of Cleanliness. **(Appendix 4)**

The extent of the risk (and subsequent cleaning procedures) is determined by the different functional areas e.g. a theatre would be considered a greater risk area than a physiotherapy department.

The level of risk for each functional area is determined by the following criteria:

- The risk of infection to patients
- Occupational health and safety risk to staff and visitors
- Clinical governance agenda
- Aesthetics, e.g. reception areas, grounds
- Value for money

All functional areas have been assigned one of four risk areas based on the above criteria. The risk category will determine cleaning frequencies and the frequency of audit.

1.12 Minimum Cleaning Frequencies

Fundamentally how often an item or area needs to be cleaned is defined by how often the element gets dirty, or in simple terms how often it is used, by whom it is used and in what risk category does the item belong, i.e. the less it is used the less frequently it needs to be cleaned in order to attain an acceptably high standard bearing in mind the risk category to which it belongs.

It is also worthy noting that 'over-cleaning' is a waste of resources. Daily cleaning routines are an essential requirement but, if a bed-table is evidently clean and has not been used since the previous cleaning there is no requirement to clean it again. However, if a bed-table has not been used since the previous cleaning but is visibly dirty it does need to be cleaned; this is the essence of a daily cleaning routine. Minimum cleaning frequencies operate in tandem with this fundamental principle of cleaning.

In accordance with the national risk categories four levels of frequency have been created to support the four risk categories, these frequencies are then applied to all elements in an acute setting. **(Appendix 5)**

The following terms apply:

Full Clean – is where all aspects of the element are fully cleaned on each occasion in accordance with a documented specification

Check Clean – is where the cleaning operative makes an observational check of all aspects of the element and where they observe aspects of the element that are not up to the required standard they clean those aspects only. The outcome is the same as a full clean, i.e. the element in its entirety is cleaned to the national standard

Please note that cleaning frequencies are intended as a guide, local practices will dictate how they are applied but they are intended as an absolute minimum requirement. Individual hospitals should evaluate their own cleaning frequencies and assess whether or not they are indeed sufficient, or in excess in some areas. All guidance in this manual is to be used in association with and in accordance with local policy; individual hospitals know their individual requirements.

1.13 Auditing Procedures

The aim of setting standards of cleanliness is to ensure that everyone can determine whether the healthcare unit is sufficiently clean. This requires some form of measurement or audit of cleanliness. Three levels are proposed:

- Technical
- Managerial
- External

Technical Audits

Regular audits by front line supervisory staff such as Cleaning Services Managers and Ward / Departmental Managers should form part of the daily management / supervision of cleaning services. The Cleaning Audit tool included in this manual is atypical of a technical audit tool.

Managerial Audits

Regular scheduled multidisciplinary audits should form part of the ongoing management / supervision of cleaning services. Multidisciplinary audit team members should include the following personnel: Cleaning Services Manager, Contract Cleaning Site Manager, Nurse Manager, Technical Services Manager, Infection Control Specialist, Catering Manager, General Services Manager and a patient representative. The Cleaning Audit tool included in this manual is atypical of a technical audit tool.

The I.C.N.A. Audit Tool equally meets the needs of both a technical and managerial audit, and can be used in sections as required, depending on the aspect being focussed on by the auditors.

External Audits

The aim of external audit is to validate the internal audit process and provide an independent objective view of cleanliness. These can be facilitated by hospitals pooling resources and providing external scores or by means of an external consultant or a monitoring unit within acute services.

The National Hygiene Audits are examples of external audits. The IHSAB assessment process is an example of an external assessment process.

Personnel involved in auditing should have a detailed knowledge and understanding of healthcare facilities and hospital cleaning services, be competent to judge what is acceptable in terms of cleanliness, i.e. an element is either 'clean' or 'dirty', take cognisance and be aware and appreciative of infection prevention and control issues and judge whether the frequencies are adequate.

The regularity of technical audits should be in keeping with the risk categories classification, i.e. the Theatre should be audited more frequently than the Physiotherapy Department.

The managerial audit team may decide to review elements across functional areas or room types or one or more functional area. The scale of the review depends on cleanliness levels already achieved, where it is apparent that emphasis should be placed and /or by random selection. The frequency of the review should be appropriate to the risk. **(See figure below)**

Technical

Risk	Minimum Requirement
Very High	**Weekly**
High	**Monthly**
Moderate	**Quarterly**
Low	**Quarterly**

Managerial

Risk	Minimum Requirement
Very High	**Quarterly**
High	**6 Monthly**
Moderate	**6 Monthly**
Low	**Annually**

1.14 The Cleaning Audit Tool (See Appendix 2 & Excel Tool Document)

Scoring

The auditor should decide the cleanliness of each element using the Cleaning Elements Standards, Appendix 1, and record it as either acceptable (score 1) or unacceptable (score 0). Cleaning elements are categorised into four headings and comprise 55 elements.

Each room should be reviewed for those elements not present and discounted as not applicable.

The score sheet also provides an opportunity to assign responsibility to cleaning, nursing and maintenance staff.

The score sheet calculates the percentage score for each functional area as well as score for each room and for each element.

If an element is assigned a score of 0 the reason for failure should be recorded as a comment together with time for remedial action, maintenance issues should also be recorded as comments / findings.

Once all elements in a room have been scored the total number of acceptable scores should be expressed as a percentage of the total number of achievable scores, e.g. if a room had a score of 45 out of a possible 50 the percentage score would be 90%

The functional area score is calculated by taking an average of the individual room scores as follows:

Surgical 1

6 bedded	70
3 bedded	60
Single Room	65
Bathroom 1	70
Corridor	90
Stairs	65
Total Score	430

Overall Score 430/6 x 100 = 71%

1.15 Action

Issues / comments regarding the audit findings must be followed up and actioned in accordance with their risk classification. See Figure 2 below.

Risk	Priority	Time Frame for Corrective Action
Very High	**Constant, cleaning critical**	**Immediately**
High	**Constant, cleaning critical**	**Immediately**
Moderate	**Frequent, cleaning important and requires maintaining**	**0-3 hours**
Low	**Regular, on a less frequent scheduled basis and as required in between cleans**	**0-48 hours**
Maintenance	**Maintenance issues which pose an infection control or health and safety risk**	**Same day where possible**
Maintenance	**Maintenance issues which do not pose an infection control or health and safety risk**	**2-7 days**

A Ward Cleaning Management System

1. Experience shows that cleaning services are best delivered in circumstances where cleaning staff are permanently attached to a ward / department, and where users have a considerable say in setting the standards, making judgements about performance, requiring changes and being able to realistically reflect the needs and expectations of their patients. This means that Ward Managers / Department Heads need to be able to exercise some authority over how cleaning resources are deployed – in association with technical advice from cleaning departments.
2. Service providers argue that they need flexibility with staffing and to be able to deploy them as best fits their circumstances, however, this has led to fragmentation of commitment at ward and departmental level insofar as staff that are routinely moved around do not get time to know the ward team and the patients. There is little opportunity for them to play an active and day-to-day part of ward life and really feel that their contribution counts for something.
3. It is therefore extremely important that cleaning staff are able to identify with the main focus of ward activity – the needs of patients. They need to feel part of the ward team; feel that their voice is heard as part of the team; and know that their contribution makes a difference to patients, visitors and staff. Clearly this is much harder to accomplish when cleaning staff move around frequently since it takes time to build and sustain the good working relations which are crucial to success in this area.
4. It is also the case that – regardless of whether staff work for the HSE or are outsourced - they need to feel valued. Experience again shows where staff work side by side with others undertaking broadly the same – or identical – duties but where different rates of pay and conditions of service apply, this can be at best damaging and at worst destructive to team spirit and levels of personal involvement and commitment. Employing organisations who have this situation existing within their workforce (i.e. in-house and contracted staff carrying out cleaning services) are often referred to as having a two-tier workforce.
5. One of the key starting points for delivering consistently high quality standards of cleanliness is to provide a working environment in which cleaning staff feel inspired, encouraged and supported. This is the role of the Ward Manager / Department Head in conjunction with the Cleaning Services Manager. These are things that can change from day to day depending on the type of ward involved, the type of patient, the type and frequency of 'emergency' or unforeseen circumstances etc. Cleaning staff value having someone close at hand to help direct and supervise their work and to work with them during their shift to make sure they are able to focus at all times their efforts on important things.

6. It is also crucial that Ward Managers and Departmental Heads can direct cleaning services to where they are required as part of a hospital-wide programme concerning infection prevention and control. Whilst there are many aspects that contribute to healthcare acquired infection rates; cleanliness is clearly one component that can have an important effect.
7. Ward Managers and Department Heads should be able to:

a) Influence what and how often things get cleaned
b) Establish a personal relationship with their cleaning team
c) Get the technical support they need form their cleaning service department
d) Get emergency cleaning done quickly
e) Recommend that payments are withheld for poor performance (as appropriate)

8. A Ward / Departmental Management System provides cleaning services with a multidisciplinary management system that focuses on standards, staff allocations, efficiency and outcomes; and allows Ward Managers and Department Heads to set and flex the cleaning resources deployed on their wards and departments.
9. The time to undertake cleaning tasks should be measured using 'standard times' taking into account conditions, fixtures, fittings, equipment, training etc., and using these standard times it is possible to easily calculate the cleaning resources deployed on a ward by ward / department by department basis and assess how effectively and efficiently services are being delivered.
10. As a consequence Ward Managers / Department Heads are provided with a plan of what exactly is currently scheduled, when it is done and by whom. They can also see the **order of work** or order in which tasks should be undertaken, the time taken for each job and the overall total for the ward or department.
11. One of the most important aspects is that it requires those responsible for providing and requiring services to plan what can be delivered within resources available. It also allows an accurate assessment by both provider and recipient to determine whether the right level of resources is being deployed to meet the quality standards as set by the organisation.
12. Once the organisation has the information about the number of cleaning staff available, their hours, the parts of the hospitals to be cleaned, quality standards required and a range of other general information it will be possible to provide Ward Managers and Department Heads with a detailed work plan or **service level agreement**. This forms the basis for Ward Managers and Department Heads being able to flex resources to meet their needs on behalf of their patients.

13. The system will allow Ward Managers and Department Heads to make judgements about the quality standards achieved in conjunction with service providers so that there is general agreement about the quality of performance. At this stage it will be possible for Ward Managers and Department Heads to recommend that approval be withheld for the standard provided and that the work be either redone or some form of penalty invoked.

Section 2

Section 2 - Infection Prevention & Control

2.1 Good Practice Measures for Infection Prevention and Control

The essence of good cleaning is not only that are "aesthetically" clean but that they are "technically" clean. All those using the acute hospital have a right to assume that the environment is one where hazards are adequately controlled and that, where appropriate, they receive any necessary information available to enable them to safeguard themselves and others from infection and disease.

Additionally, all employers and self-employed people have duties under health and safety law to assess risks in the workplace.

The guidance set out in this manual contains basic infection prevention and control measures and practices that should be adopted by staff in order to prevent and control the spread of infection. Hospitals will already have in place detailed infection control policies and procedures along with associated operating manuals / instructions to ensure that risks are minimised, contained and managed properly. In all such cases responsibility for such matters rests with the C.E.O. / Hospital Manager and such local policies take precedence over the contents of this manual.

This chapter in the manual sets out an overview of a range of infection prevention and control measures that are important in managing risks in acute hospitals in terms of the cleaning function.

2.2 Introduction

"Decontamination is the combination of processes used to make an item safe for handling by staff and for further use. The effective decontamination of reusable items is essential in reducing the risk of transmission of infectious agents." Medicines and Healthcare products Regulatory Agency (MHRA) (2003)

The aims of decontamination are to make items safe to be handled by

- Healthcare workers
- Patients
- Maintenance staff

"Decontamination is also important because subsequent users of equipment expect to receive equipment that both looks and is clean". MHRA (2003)

There are three levels of decontamination

- Cleaning
- Cleaning followed by disinfection
- Cleaning followed by sterilisation

2.3 Definitions

Contamination – The soiling of inanimate objects with potentially infectious substances. In the clinical situation, this is most likely to be organic matter but may also include inorganic substances such as dust. Such contamination may be transferred via the inanimate object to a susceptible host.

Decontamination – A process that removes or destroys contamination and therefore prevents micro organisms reaching a susceptible site in sufficient quantities to cause infection.

Cleaning – A process that physically removes contamination but does not necessarily destroy micro-organisms. Cleaning is a pre-requisite for equipment decontamination to ensure effective disinfection or sterilisation.

Disinfection – A process that reduces the number of viable micro-organism but which may not inactivate some bacterial spores.

Disinfectant – A chemical agent which under defined conditions is capable of disinfection.

Sterilisation – A process that renders an object free from viable micro-organisms, including viruses and bacterial spores.

Damp Dusting – A process of cleaning which involves the use of detergent and hot water. Chemical disinfectants are not used in routine damp dusting.

2.4 Classification of Infection Risk / Risk Assessment

It is important to understand the level of risk involved with all cleaning processes so that appropriate measures can be designed into the cleaning protocol.

In addition, the decision about the level of decontamination required depends not only on how the item is used, but also as to the risk of the equipment transmitting infection, or acting as a source of infection.

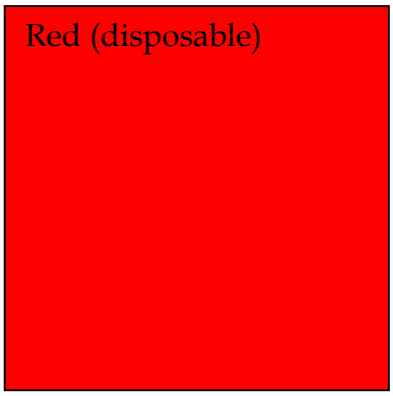
On most occasions the cleaning of equipment is sufficient but disinfection may be required in certain circumstances. Prior to decontamination of equipment a risk assessment must be carried out and from the assessment the method of decontamination can be decided.

Risk Assessment - Decontamination Method		
Risk	**Application of Item**	**Recommendation**
HIGH	• In close contact with a break in the skin or mucous membrane *or* • For introduction into sterile body areas	Sterilisation
INTERMEDIATE	• In contact with mucous membranes *or* • Contaminated with particularly virulent or readily transmissible organisms *or* • Prior to use on immuno-compromised patients	Sterilisation or disinfection required
LOW	• In contact with healthy skin *or* • Not in contact with the patient	Cleaning

2.5 Infection Prevention & Control Measures

a) Colour Coding

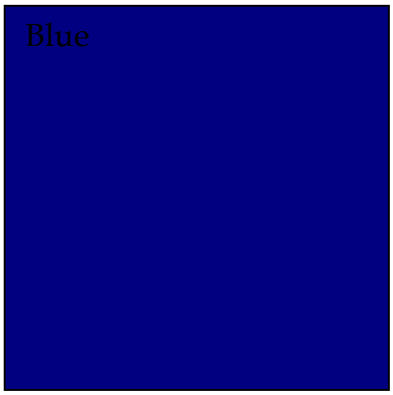
The aim of a colour coding system is to prevent cross contamination. The National Hospitals Office has included a proposed system in this manual. (**Appendix 6)**



Signifies all cloths and equipment for use in sanitary areas, for all sanitary appliances and the washroom floor.

It is essential that two colours be used in the washroom / sanitary area.

Yellow is the nominated colour for hand wash sinks and all other washroom surfaces.



is the colour for all cloths and equipment for all general areas including ward areas, departmental areas, office areas, public areas etc.

Green is the colour for all kitchens, be they at ward level or the main kitchen.

White disposable cloths are required for Isolation Rooms

White disposable cloths are required for Theatres

It is anticipated that there will be costs associated with the introduction of national colour coding but it is further anticipated that with all acute hospitals using the colour coding system cost savings will be effected. Monitoring of the system and control of colour-coded disposable items and items for laundering and re-use against new stock release is very important.

b) Protective Gloves

Gloves should be worn for all cleaning tasks. Gloves must be suitable for the purpose of use and comply with the colour coding policy or be disposable.

Clinical gloves are not suitable for most cleaning processes. Household gloves are recommended. Hospital policies will specify which type of glove should be worn in relation to particular tasks or processes. The use of gloves does not negate the requirement for proper hand-hygiene.

c) Disposable Plastic Aprons

Disposable plastic aprons must be worn as a waterproof barrier if contamination of clothing is likely to occur. The type of protective clothing worn should be based on the assessed risk of exposure to harmful substances, e.g. chemicals or blood and body substances.

Method statements in this manual advise the generic use of protective clothing for most tasks however, hospital policies must be referred to and adhered to at all times.

For most tasks gloves and aprons are sufficient, if there is the potential of a splash to the conjunctiva or mucous membranes face protection should be worn, local policy will advise in individual hospitals.

d) Safety Goggles and Masks / Visors

Safety goggles and masks / visors must be worn to protect the eyes, nose and mouth during any procedure where there is a risk of fluid splashing into the face.

The type of protective clothing worn should be based on the assessed risk of exposure to harmful substances, e.g. chemicals or blood and body substances.

Method statements in this manual advise the generic use of protective clothing for most tasks however, hospital policies must be referred to and adhered to at all times, see guide overleaf for general guidance.

Activity	Aprons/Gowns)	Face, eye/mouth protection	Gloves
Contact with intact skin, no visible blood / body fluids, rashes etc.	N/A	N/A	N/A
Sterile procedures	Yes	Risk Assessment	Yes
Contact with wounds, skin lesions	Yes	Risk Assessment	Yes
Cleaning up incontinence	Yes	Risk Assessment	Yes
Potential exposure to blood / body fluids e.g. spillages	Yes	Risk Assessment	Yes
Applying topical creams	N/A	N/A	Yes
Touching patients with unknown skin rash	Risk Assessment	N/A	Yes
Emptying or changing urinary catheter bags, urinals, bedpans etc.	Yes	Risk Assessment	Yes
Handling specimens	Yes	Risk Assessment	Yes
Handling used instruments	Yes	N/A	Yes
Using disinfectants, cleaning agents	Yes	Risk Assessment	Yes
General cleaning of clinical areas	Risk Assessment	N/A	Risk Assessment
Bed making, dressing patients	Yes	N/A	Risk Assessment
Oral care	Risk Assessment	Risk Assessment	Yes
Feeding patients	Yes	N/A	Risk Assessment
General housework	Risk Assessment	N/A	Risk Assessment
Handling waste	Risk Assessment	Risk Assessment	Yes

Note: Hand hygiene must always be performed on removal of P.P.E., Theatre areas should have clearly defined documented policies regarding P.P.E. for Theatre areas, and as for the manual in general local guidance applies.

e) Accidental Exposure to Bloody or Bloody Substances

Inoculation injuries such as needlestick, other sharp injuries, bites, scratches, and splashes to broken skin require *immediate attention*:

1. Encourage to bleed freely. Do not suck the wound.
2. Wash the area with soap and running water.
3. Apply a waterproof dressing.
4. Report the incident to your line manager / supervisor who will record the incident accordingly.
5. Contact the Occupational Health Department or Accident & Emergency Department for further advice; refer to local policy in this regard.

Mucous Membrane Exposure

- Mouth; wash out with copious amounts of water.
- Eyes; irrigate immediately with water or sterile saline from an eye station.
- Both incidents should be repeated in the same way as an inoculation injury.

f) Safe Disposal of Sharps

Sharps such as small quantities of broken glass, drug vials, used needles, razors, blades etc. must be carefully disposed of into approved sharps containers. If a sharp object is found, protect self, remove item carefully and place into a sharps container. The incident should be recorded accordingly.

Wherever possible do not physically handle the sharp if a dustpan and piece of cardboard or plastic can be used to manipulate the sharp instead. Discard needles and syringes as one unit into the sharps container. Never attempt to re-sheath, bend or break needles or overfill the sharps container.

Seal the container when two-thirds full. Always use the handle when carrying a sharps container, holding it away from the body. Store in the designated disposal area.

Never attempt to decant contents of small sharps containers into larger containers.

g) Spillages

All spillages of blood and body substances must be dealt with immediately by an appropriate member of staff and in accordance with local policy.

Staff must be appropriately trained to deal with spillages safely and have access to the necessary equipment and procedures required for spillage management as detailed in local policy.

Management of Blood and Other Body Fluid Spillages Policy and Procedure

Occupational exposure to blood, other body fluids, secretions and excretions through spillages poses a potential risk of infection, particularly to those who may be exposed while providing health and social care. The safe and effective management of such spillages is, therefore, essential in order to prevent transmission of infection via this route, and for health and safety in general.

It must always be assumed that every person encountered could be carrying potentially harmful micro-organisms that might be transmitted and cause harm to others. As such, safe and effective management of blood and other body fluid spillages, in particular, is a precaution that must be applied as standard.

Why manage blood and other body fluid spillages?

- Exposure to blood and other body fluids, such as faeces, vomit, pus and urine, poses a potential risk for transmission of infection to those providing care.
- Exposure to viruses such as HIV, Hepatitis B and Hepatitis C through blood and other body fluids can be the most consequential of transmissions
- Therefore, quick and effective management of spillages, regardless of the setting, is essential for the health and safety of all

How to deal with a spillage?

1. Gather all necessary equipment to include the following:

- Personal Protective Equipment – gloves are essential, goggles, masks, apron or gown should be worn if there is a risk of splashing to eyes, mouth and/or body
- Waste receptacle – check the correct waste bag is available particularly in clinical/care settings, e.g. yellow for healthcare risk waste
- Items to manage the spillage – disposable paper towel, disinfectant (approved, appropriate solution or granules containing sodium hypochlorite, or sodium dichlorisocyanurate, with a concentration of 10,000ppm available chlorine (av), water and general purpose detergent Note: Many of the items used are often contained within "spillage kits". Spillage kits might also contain "single incident use" disposable scoops.

2. Personal protective equipment to be worn

3. Containment of spillages may be necessary in the first instance; this should be done using disposable towels. If the spillage is large, first use disposable towels to absorb/contain the fluid. Care must be taken to avoid splashing during this time, especially as the spillage has not yet been inactivated with disinfectant.

Hard Surfaces

4. Apply an approved disinfectant to the spillage, ensuring that the spillage is completely covered/towels are completely saturated. Approved disinfectants should be those containing a solution or granules of sodium hypochlorite or sodium dichlorisocyanurate, with a concentration of 10,000ppm available chlorine (av). Manufacturers' instructions should be followed to ensure correct contact time is achieved; this is usually a few minutes.
5. Clean towels/disinfectant up from the area, placing disposable towels immediately into a healthcare risk waste receptacle. This receptacle should be close to hand for doing this immediately and safely. Never leave these contaminated towels on any other surface.
6. The area should then be further cleaned using fresh disposable towels and a solution of water and general purpose detergent.
7. All remaining items used should finally be either disposed of into a healthcare risk waste receptacle, or, if reusable e.g. buckets, mop heads, be cleaned/laundered, dried and stored appropriately.
8. Personal protective equipment worn should then be removed and disposed of into the waste stream
9. Hand hygiene should then be performed

Soft Furnishings

10. Where soft furnishings have been used/in place during delivery of care the steps described for managing hard surfaces can be applied. However, for those items that may become damaged by this process (i.e. use of disinfectants), a solution of detergent and water can be used to clean the area thoroughly
11. Soft furnishings can also be wet vacuumed
12. Following cleaning of soft furnishings, every effort must be made top air the room to allow drying in order that the soft furnishing will be dry before reuse

Note: Chlorine releasing agents, such as those described above inactivate blood borne viruses. The concentration described represents a 1:10 dilution of household bleach, however, strengths of brands can differ and deterioration may occur during storage. Alcohol solutions should not be used to clear spillages.

Good Practice Points

- Spillages should be dealt with immediately
- All necessary equipment to deal with a spillage must first be gathered including personal protective equipment and spillage kits. Appropriate solutions must be used for the safe and effective management of spillages.
- All items used during a spillage must be disposed of /or cleaned appropriately
- Hand hygiene should be performed following management of spillages
- Laboratories may require their own more specific spillage policies, with more detail pertaining to the infectious agents they encounter
- Control of substances hazardous to health (COSHH) and product data sheets should also be referred to so as to ensure safe management of spillages, e.g. disinfectants being used in accordance with manufacturers instructions for storage, contact times and expiry dates
- Responsibilities for the cleaning of blood and body fluid spillages should be clearly documented at local level. It is recommended that all those working in healthcare who may be exposed to spillages of blood or body fluids should receive training in the safe and effective management of blood or other body fluid spillages, training records should be held to reflect this.

h) Waste Disposal

The handling of waste must be undertaken with care and separated into different groups/categories in accordance with national and local policy and guidance. See **Appendix 8** for Categories of Healthcare Waste.

All Healthcare Risk Waste must be disposed of in approved yellow clinical waste bags and tagged in accordance with local policy. Bags must be tied securely and not be overfilled to be stored in the designated disposal area prior to disposal.

Healthcare Non-Risk Waste must be disposed of in clear or black bags, in accordance with local policy.

i) Segregation of Linen

Contaminated linen or linen used by patients with known infections must be segregated to protect staff involved in the transportation or handling and segregation methods / linen bagging guidance will be part of local policy and procedures.

It is the responsibility of the person disposing of the linen to ensure that it is segregated appropriately. All linen can be categorised into the following three groups:

a) Clean / Unused Linen
b) Foul / Infected Linen
c) Dirty / Used Linen

See **Appendix 9** for proposed National Linen Segregation Policy.

j) Decontamination of Patient Equipment

The decontamination process is required to make patient equipment safe for members of staff to handle and safe for patient use.

Local policies will indicate nominated staff groups responsible for the decontamination of clinical equipment.

1. A risk assessment must be undertaken to determine the method of decontamination required. In most cases cleaning with detergent and water will be sufficient.
2. Ensure any electrical equipment to be cleaned is unplugged before commencing the decontamination process (Staff should refer to the safe work practice sheet on the use of workplace equipment contained in the department safety statement).
3. Wear suitable protective clothing.
4. Prepare a fresh solution of cleaning agent or disinfectant required.
5. Clean using lightly moistened disposable cloths.
6. Dry equipment with paper towel.
7. Dispose of solution in the sluice unit in the dirty utility or designated household sink. **Do not discard into wash hand basins**
8. Remove protective clothing and wash hands.

Note: Chlorine-releasing agents may damage metal surfaces. Remove disinfectant solution with detergent and water.

Decontamination should only be carried out in accordance with the manufacturers' instructions as inappropriate use of chemicals may damage equipment and may negate the warranty.

Items that are marked for single use only (see symbol below) must be discarded after use in line with the Medicines and Healthcare Products Regulatory Agency recommendations.

It is recommended that every hospital should devise an alphabetised listing of all patient equipment indicating the item, the method of decontamination and the staff member responsible for same. **Appendix 10** is a sample template for a listing of patient equipment for decontamination, and Section 4 covers the management of patient equipment including decontamination of patient equipment in greater detail.

k) Hand Hygiene and Skin Care

Good hand hygiene remains the most effective method of preventing and controlling the spread of infection. Alcohol gel is preferable to washing for physically clean hands.

Hands must be washed:

- When - Visibly dirty or soiled
- When -Between different types of cleaning procedures
- Before - Starting work, going for a break, and leaving for home
- Before - Any cleaning task
- Before - Preparing or handling food and drinks and/or when handling any other related catering equipment
- Before - Entering and leaving an isolation area
- After – Handling any item that is soiled
- After – Handling linen, bedding and waste
- After – Removing any protective clothing including gloves
- After – Any cleaning task
- After – Using the toilet
- After – Blowing the nose

Hand washing is important for the health and comfort of staff to maintain the integrity of skin. The following measures will help to achieve this:

- Apply soap to wet hands
- Rinse and dry hands thoroughly
- Use hand creams (non-communal)

Staff with extensive exposed lesions such as eczema or psoriasis should seek occupational health advice.

Hand Hygiene Posters, which were distributed as part of the 'Clean Hand Save Lives' campaign are now available centrally for all locations, please contact the National Communications Unit for contact details.

l) Jewellery
In order to comply with National Hand Hygiene Guidelines remove all wrist and hand jewellery at the beginning of each shift, refer to local policy in this regard.

Section 3

Section 3 – The Management of Patient Equipment

3.1 Introduction
This section of the Manual contains guidelines to assist in the management of patient equipment. It seeks to provide staff with a general appreciation of the subject and requirements.

Patient Equipment is sometimes cleaned by a member of the ward team (rather than a member of the cleaning services team); this is why a section has been devoted to the management of patient equipment.

Patient equipment can become contaminated with blood, other body fluids, secretions and excretions during the delivery of care. Therefore, they must be managed appropriately in order to limit the risk of micro-organisms potentially contaminating equipment, which in turn could lead to the potential contamination / infection of patients, staff, visitors or others during subsequent use.

For the purposes of this guidance patient equipment includes non-invasive reusable items such as stethoscopes, drip stands, x-ray machines, thermometers. It is important that the responsibility for cleaning of all patient equipment is clearly agreed and documented accordingly, A-Z lists of patient equipment detailing how they should be managed / decontaminated are useful tools in individual hospitals, and a template for same has been included in this manual. **(Appendix 12)**

3.2 Why manage patient equipment?
Whilst equipment surfaces are not generally implicated in the transmission of infection to patients or staff it must be considered that contamination of the patient environment including patient equipment will occur and poses a risk.

Appropriate decontamination of patient equipment is fundamental to reducing their potential contribution to healthcare associated infection.

The 'state' of patient equipment is equally important in ensuring that micro-organisms do not harbour, and patient equipment, particularly those with many integrated surfaces, whose surfaces are not smooth or intact, or are handled frequently during the delivery of care can potentially harbour bacteria.

The transfer of micro-organisms from surfaces to patients is largely considered to be via hand contact with these surfaces, hand hygiene therefore is paramount in reducing the spread of infection in this way.

A tidy and clutter free environment is important to ensure that patient equipment items can be easily cleaned and that items do not become dust gatherers.

3.3 Responsibilities
All staff should take responsibility for the areas in which they work to ensure that patient equipment is managed and that the potential for infection resulting from contamination is avoided.

Responsibilities for the cleaning of all patient equipment needs to be clearly defined and documented, a detailed A-Z listing is a useful tool in this regard.

3.4 Cleaning of Patient Equipment
Patient equipment should be cleaned as follows:

- On a routine, scheduled basis, as detailed locally. Generally, this will be after use, on a daily basis or based on risk assessment.
- When visibly dirty, e.g. contaminated with dust
- Immediately when spillages or contamination with blood or body fluids has occurred
- On patient departure or discharge, i.e. terminal cleaning

Guidance should be in place at local level to ensure that the patient environment is safe to receive the next patient.

3.5 Preparation and Personal Protective Equipment (PPE)

- The use of P.P.E. to protect those cleaning the patient equipment is important, as is disposal of contaminated P.P.E. after use
- Hand hygiene is important even if gloves are worn during the procedure
- Ensure all necessary cleaning equipment and materials are appropriate and to hand, general purpose detergent and warm water is generally suitable for all equipment and should be used unless otherwise

instructed at local level Hand hygiene antiseptic agents should not be used for the cleaning of patient equipment.
- Alcohol wipes can be used for decontamination of equipment, however some equipment will be damaged if cleaned by alcohol, and alcohol cannot be used where soilage is evident.
- Detergent wipes may be useful for certain items; manufacturer's instructions should be followed.

3.6 Cleaning Patient Equipment
- Damp dusting is the best way to clean equipment that cannot be fully immersed
- Ensure all surfaces are thoroughly cleaned and free from dust, the mechanical action of cleaning is important in this regard
- Air-drying following cleaning of large surfaces is generally acceptable but it is preferable to dry smaller or indeed wetter areas with clean, dry, preferably disposable cloths or paper towel

3.7 Summary of Methods for Decontamination of Patient Equipment

Decontamination is the combination of processes used to make an item safe for handling by staff and for further use. The aims of decontamination are to make items safe for handling by patients and staff.

Important Points
- Managers must ensure that staff performing decontamination duties receive training appropriate to the equipment and practices within individual departments.
- Inadequately trained staff may fail to decontaminate equipment properly, thus placing patients or other staff at risk. They may also risk their own health and safety if they are unaware of safe practice standards.
- All staff involved in the use, maintenance and decontamination of medical devices must be properly supervised and their performance monitored.
- Appropriate risk assessments must be carried out prior to the decontamination of equipment and the use of chemicals.
- The local infection control team should provide specialist advice for the decontamination of equipment prior to purchase and during use.
- The choice of cleaning materials and cleaning chemical products must be discussed with the local infection control team.

The three processes of decontamination commonly used are:

1. **Cleaning:** A process, which physically removes contamination but does not necessarily destroy micro-organisms. The reduction of microbial contamination is not routinely measured and will depend

upon many factors, including the efficiency of the cleaning process and the initial bioburden. Cleaning removes micro-organisms and the organic material on which they thrive.

In order to decontaminate patient equipment effectively all organic debris (for example, blood, tissue and other body fluids) must be removed from the item prior to disinfection and/or sterilization. Effective cleaning of patient equipment prior to disinfection or sterilization is of the utmost importance in reducing the risk of transmission of infectious agents.

2. **Disinfection:** A process used to reduce the number of viable micro-organisms but which may not necessarily inactivate some microbial agents, such as certain viruses and bacterial spores. Disinfection may not achieve the same reduction in microbial contamination levels as sterilization.

3. **Sterilization:** A process used to render an object free from micro-organisms including viruses and bacterial spores. Normal sterilization methods will not destroy prions

Choosing the Method of Decontamination
The choice of decontamination method may be related to the infection risk associated with the intended use of the equipment. Other factors that must be considered include:

1. The nature of the contamination.
2. The time required for processing.
3. The heat, pressure, moisture and chemical tolerance of the object.
4. The availability of the processing equipment.
5. The quality and risks associated with the decontamination method.
6. The manufacturers' guidance.

3.8 Decontamination of Healthcare Equipment

Decontamination should only be carried out in accordance with the manufacturers' instructions as inappropriate use of chemicals may damage equipment and may negate the warranty.

1. A risk assessment must be undertaken to determine the method of decontamination required. In most cases cleaning with detergent and water will be sufficient.

2. Ensure any electrical equipment to be cleaned is unplugged before commencing the decontamination process. Staff should refer to the safe practice sheet on the use of workplace equipment as contained in the department safety statement.
3. Wear appropriate personal protective equipment
4. Prepare a fresh solution of cleaning agent or disinfectant required
5. Clean, using lightly moistened disposable cloth / towel
6. Dry equipment using disposable towel
7. Dispose of solution in the sluice unit in the dirty utility or designated household sink. Do not discard into wash hand basins
8. Remove personal protective equipment and perform hand hygiene

Note: See Appendix 13 A-Z Decontamination of Equipment

3.9 Decontamination of Equipment Prior to Service or Repair

- Anyone who inspects services repairs or transports medical devices and equipment has a right to expect that they have been appropriately treated so as to remove or minimise the risk of infection or other hazards for example, chemical or radiation.
- Wherever possible medical devices should be decontaminated and **all** devices presented for service or repair must be provided with a decontamination certificate according to the local procedure.

Reassembly

- It is essential that following decontamination equipment/device etc are correctly reassembled according to manufacturers' guidance. Staff must be adequately trained to be able to disassemble and reassemble equipment and check that it is operating normally before re-use.

Section 4

Section 4 - Health and Safety

4.1 Legislation
All members of the cleaning services team have responsibilities to conform and respect all aspects of Health and Safety legislation. Managers have a key responsibility to make sure their department functions within the parameters of legislation and that staff are trained and assessed in these issues. Staff have a responsibility to make sure they follow instructions, in accordance with local policy, and not place them selves or others in danger.

Safety, Health and Welfare Act 2005
The Safety, Health and Welfare Act 2005 replaced the provisions of the Safety, Health and Welfare at Work Act 1989 when it came into operation on 1st September 2005. The new Act consolidates and updates existing law. The changes include:

- That employers, as far as reasonably possible, will prevent any improper conduct or behaviour likely to put the safety, health and welfare of employees at risk.
- A duty will be placed on employees not to be under the influence of drink or drugs in the workplace.
- In addition employees will be required undergo any reasonable medical or other assessment if requested to do so by the employer.
- Employers will be required to appoint a competent person as the organisation's Safety Officer.

Under the Safety, Health and Welfare at Work Act 2005 every employer is required to prepare a safety statement for the workplace.

This statement should:

- identify any hazards present in the workplace
- assess the risks arising from such hazards
- identify the steps to be taken to deal with any risks.

The statement should also contain the details of people in the workforce who are responsible for safety issues. Employees should be given access to this statement and employers should review it on a regular basis.

Protective Equipment

The employer should tell employees about any risks that require the wearing of protective equipment. The employer should provide protective equipment (protective clothing, headgear, footwear, eyewear, gloves, etc.,) together with training on how to use it, where necessary.

An employee is under a duty to take reasonable care for his/her own safety and to use any protective equipment supplied.

The protective equipment should be provided free of charge to employees if it is intended for use at the workplace only. Usually, employees should be provided with their own personal equipment.

Reporting of Accidents

All accidents in the workplace should be reported to the employer, who should record the details of the incident.

4.2 Health and Safety Guide

a) Personal Safety

Every employee must accept a degree of responsibility for his or her personal safety. Failure to comply with local policies and procedures may contribute to negligence. Managers must ensure that matters of personal safety are fully explained to staff at interview and during training.

Always ensure to:

- Take reasonable precautions in safeguarding the health, safety ad welfare of yourself and others who may be affected by your work.

You must cooperate with your employer by working safely and efficiently.

- Observe all Health and Safety rules and procedures as laid down by the organisation and use all health and safety equipment provided.
- Not intentionally or recklessly interfere with or misuse anything provided in the interest of health, safety, hygiene and welfare.
- Report any faulty equipment to your manager or supervisor immediately.
- Alert management / supervisor to a potential hazard that you have noticed and report all incidents that may lead to injury, illness or damage.
- Display warning signs when cleaning floors, ensuring all signs are visible.
- Follow manufacturer's instructions when using cleaning products and equipment.
- Not use cleaning equipment and materials unless training has been given.

b) General Health and Safety Rules

Follow specific rules that apply to your work areas

- Wear safety / protective equipment as specified for the designated task in hand
- Report and wipe up any spillage, always display a warning sign
- Walk when in the building, do not run
- Use authorised access and exit routes
- Always stack items safely and place things where they belong
- Lift items correctly
- Disconnect electrical apparatus from the power supply before cleaning machinery
- Check that all equipment is safe before use, a planned preventative maintenance programme should be in place for all equipment, report any defects to management / supervisor immediately, do not use
- Do not misuse equipment
- Keep all work areas as clean as possible, tidy as you go
- Place waste in the appropriate colour waste receptacle and do not allow waste to accumulate
- Observe and adhere to the recommended colour coding policy

c) Protective Clothing

Suitable protective clothing must be provided and it is the responsibility of all staff to wear this clothing whilst at work.

Examples of protective clothing are overalls, disposable aprons, rubber gloves, cotton glove liners etc.

Failure to wear the correct clothing may result in damage to personal clothing, personal injury, spread of infection, skin contact with cleaning agents etc.

Staffs are also encouraged to wear flat, comfortable, closed-toe shoes to protect feet and for personal comfort.

d) Jewellery
In the interest of safety, hygiene and image of the organisation it is advisable not to wear jewellery which could be hazardous and end up getting caught in machinery or equipment.

e) Accidents
Staff must be trained to:

- Report all potential hazards and accidents immediately to a supervisor
- Seek medical advice / attention from Occupational Health, refer to local policy for guidance
- Complete an incident / accident report form in accordance with local policy

f) Personal Hygiene
Proper standards of personal hygiene are essential to prevent the potential risk of cross infection to staff, patients, visitors and vice- versa. Daily bathing and the wearing of clean clothes is essential.

All staff with communicable infections, for example diarrhoea, and vomiting, influenza, chickenpox, must report to your Line Manager / Supervisor and or Occupational Health Department for guidance.

g) Food Hygiene
Food hygiene involves all measures to ensure the safety and wholesomeness of food during preparation, processing, manufacturing, packaging, storage, distribution handling and offering for sale or supply to the consumer.

High standards of personal hygiene must be achieved at all times by those responsible for food and beverage preparation and service.

h) Kitchen Hygiene

Poor hygiene standards in kitchens can lead to food poisoning and other cross-infection risks. Avoid these risks by:

- Keeping all equipment and work surfaces hygienic and clean, using the correct cleaning solutions and water temperatures
- To prevent any injuries whilst washing dishes, be aware that the sink may contain sharp / harmful objects
- Clean as you go
- Store equipment in its appropriate storage area

4.3 Safe Manual Handling

Training must be given in the correct method of lifting.

a) Lifting

General guidelines:

1. Assess the risks and make decisions to act in the interest of Health and Safety
2. Lift within your own capability
3. Stand close to the object, keep feet apart ensuring footing is secure – keep your balance
4. Bend your knees, keep your back straight, get a good grip and keep weight close to your body
5. Lift gradually, straighten knees and stand up using leg muscles, avoid quick and jerky movements

b) Pushing and Pulling

General guidelines:

1. Get a firm grip of the object
2. Keep your back as straight as possible
3. Brace your feet for maximum leg power
4. Bend your knees – best distribution of body weight

c) Carrying

General guidelines:

1) Keep load close to your body
2) Avoid twisting and turning your body, change direction by moving your feet
3) Do not change grip whilst carrying the object
4) Face the spot on which the object is to rest when placed down

4.4 Cleaning Equipment

a) Machinery

There are two main potential hazards when operating machinery:

1. Machine operated by untrained staff
2. Machine is defective or faulty and in use

For safety make sure:

- Never operate a piece of machinery unless you have been trained to do so
- Never operate faulty machinery
- When using electrical equipment, a circuit breaker should be used if appropriate
- Report any machinery defects to your supervisor who will arrange for its' repair
- Untrained or unauthorised staff must not undertake any form of repair

b) Safety Precautions

All machinery is a potential hazard if not used and maintained correctly.

Do not:

- Leave unattended machines connected to the power supply, and switched on
- Leave unattended machines where they could be a source of danger to others
- Use without appropriate warning signs positioned effectively
- Allow excessive lengths of cable to trail across walkways
- Attempt to remove parts of the machine whilst the machine is connected to the power supply and switched on, always switch off and unplug prior to dismantling

c) Kitchen Equipment

Managers and other appropriate staff have a responsibility to:

- Maintain equipment in good working order
- Ensure all equipment is kept clean and hygienic to eliminate the risk of cross infection
- Report all defects and allow repair / replacements to be carried out
- Always put equipment away clean as soon as you are finished with it, never leave it lying around where it could cause an accident

d) Dangerous Kitchen Equipment

- All kitchen equipment is potentially dangerous and should always be handled with care

- All kitchen equipment (electrical) should be included in a planned preventative maintenance programme
- Report all defects and allow repair / replacements to be carried out
- Do not attempt to clean hotplates / trolleys / grills / ovens whilst they are switched on, allow to cool first
- Protect hands whilst removing items from heated equipment
- When operating boilers keep hands well away from water-jet to avoid splashes
- Operate dishwashers in accordance with the manufacturers' instructions and never attempt to open whilst in operation

Please consult with your local health and safety advisor for all health and safety issues.

Section 5

Section 5 - Cleaning Method Statements

5.1 Introduction

This section of the Manual contains detailed Method Statements for the most 'common' cleaning tasks carried out by housekeeping and cleaning services departments.

Minimisation of Environmental Risks

Surfaces (floor, furniture and equipment) are unlikely to present an infection risk if they are maintained clean and dry.

5.2 Best Practice Notes for General Cleaning

a) Refer to local policy for guidance on all cleaning processes, frequencies, colour coding, protective clothing, cleaning solutions etc.
b) See appendices for all associated national policies and guidance.
c) For all cleaning materials and equipment always refer to manufacturers' instructions.
d) Cleaning equipment used must be safe and appropriate for each application.
e) Ensure all equipment is clean and dry before starting procedure.
f) Plan work route and when necessary remove furniture and equipment.
g) Always use clean hazard-warning signs and position at the start of the task where they are most effective and people will know cleaning is in progress. Remove, clean and return to the storage area when the task is completed and the floor is dry.

h) When cleaning or using cleaning equipment, items must be checked for damage or wear which would impair future use or endanger the safety of any individual. If damaged, do not use and report to supervisor.
i) When using electrical equipment a circuit breaker should be used.
j) When operating electrical machinery, always keep the cable behind the machine.
k) Do not adjust or change the fittings on the machine when it's plugged in.
l) Wear goggles when preparing cleaning solutions. Goggles should be worn during processes when there is a likelihood of splashing. For Health and Safety reasons always add the cleaning agent to water, preventing possibility of the cleaning agent being splashed into the eyes.
m) Never mix cleaning agents, as poisonous gases could result, always ventilate any areas where chemicals are used.
n) A general rule of cleaning is to start cleaning at the highest point and work towards the lowest, and from outside to inside, also to work from the cleanest to the dirtiest.

The Method Statements have been designed to meet current Health and Safety, and Infection Prevention and Control requirements and dovetail with recommendations from the British Institute of Cleaning Science.

Each Method Statement comprises four sections:

- Task
- Equipment required
- Health and Safety
- Method

Task 1 - Dust Controlling

Equipment Required
Colour coded dustpan and brush
Colour coded dust control system
Colour coded gloves
Warning signs

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour coding, equipment, protective clothing, fluids and methods
Do not ever use a sweeping brush in a patient area
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Display the warning signs in the area, ensuring all signs are visible
3. Attach the head to the dust control tool
4. Pick up all large items of litter e.g. crisp bags, tissues
5. Use a scraper to remove any chewing gum from the floor area
6. Starting with the edges dust the area using an overlapping figure-of-eight (8) pattern
7. Dust from the furthest point and work towards the door
8. Note: the head should be kept in contact with the floor at all times
9. When the head is full, remove and return for laundering or dispose of accordingly
10. Replace with a new head and continue the process
11. Use a dustpan and brush to remove remaining particles

12. Dispose of or return the head for laundering when the task is completed
13. After use, all equipment should be checked, cleaned, dried and returned to the storage area
14. Remove gloves and wash hands

N.B. – Dry dusting is prohibited

Task 2 – Mopping (Damp / Flat / Spot)

Equipment Required
Colour coded bucket with compatible wringer
Colour coded gloves
Colour coded mop handle
Colour coded mop head
Cleaning trolley
Dust control system
Laundry bag
Vacuum cleaner
Warning signs
Floor cleaner or general purpose detergent

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour coding, equipment, protective clothing, fluids and methods
Work in small sections to prevent over stretching
Ensure the area is first dust controlled or vacuumed
When mopping a corridor, mop half first leaving a clearly identified dry area for patients / visitors to walk on
Do not over-wet the floor
If mopping stairs, ensure the area is cordoned-off and warning signs are displayed
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Display the warning signs in the area, ensuring all signs are visible

3. Dust control the floor or vacuum clean
4. Prepare the cleaning solution in a well-ventilated area
5. Attach head to the mop handle
6. Submerge the mop into the cleaning solution and remove excess solution from the mop in the wringer
7. Mop the floor in 1-2 metre square sections
8. Mop edges of the floor with a straight stroke, use a figure of eight (8) pattern, leaving the floor as dry as is possible after cleaning the rest of the section
9. Avoid splashing other surfaces and remove any splashes that do occur
10. Note: Regularly replace the mop head and replace the water as appropriate
11. On completion, remove mop head and place in a laundry bag for laundering
12. After use, all equipment should be checked, cleaned, dried and returned to the storage area
13. Remove gloves and wash hands

Task 3 - Spray Cleaning / Buffing / Burnishing

Equipment Required
Colour coded gloves
Colour coded labelled spray bottle
Damp mop system
Dust control system
Floor pad and drive disk / board
High speed machine
Laundry bag
Warning signs
Floor cleaner or general purpose detergent

Health & Safety
Refer to local policy for guidance on all cleaning processes, colour coding, equipment, protective clothing, fluids and method
Do not attempt this procedure unless you have been trained and competently assessed
Ensure hands are dry when plugging or unplugging electrical machinery
When plugging a machine into an electric socket, make sure the switch is in the off position
When using electrical equipment, a circuit breaker should be used if appropriate
Always make sure to plug the machine into a free plug socket. If non-available, ask a supervisor before unplugging any other machines
Do not adjust or change the fittings on the machine when it is plugged in

When changing or turning a floor pad, make sure the machine is switched off, the handle raised and the machine laid down
Beware of an initial 'slight kick' in the high speed machine when it is switched on
Always keep cable behind the high speed machine when operating
Check the power supply cables and plug for damage, report and label if necessary, remove and do not use
Do not use a dirty pad, the pad should be turned and washed when it becomes dirty
Ensure the spray bottle is appropriately labelled
Always use a warning sign 'cleaning in progress', position to be effective
Ensure high speed machine is clean prior to use
All equipment should be left clean, dry and tidy in storage area after use

N.B. 'Buffing' is not a necessary requirement for daily cleaning, for 'aesthetic' value it is recommended that it be carried out twice weekly in clinical areas and three times weekly in public areas and thoroughfares, local policy will specify the local arrangements for 'buffing'.

Method

1. Plan work route and when necessary remove furniture and equipment
2. Wash hands and put on gloves
3. Display the warning signs in the area, ensuring all signs are visible
4. Dust control the area
5. Damp mop if necessary ensuring the floor is dry before spray cleaning
6. Attach the floor pad to the high speed machine
7. Prepare the cleaning solution in a well-ventilated area
8. Unwind cable and plug into a mains socket and a circuit breaker if appropriate
9. Adjust handle to a suitable/comfortable height making sure arms are straight
10. Ensure the high speed machine is held firmly in contact with the body and the cable is behind
11. Switch the machine on, beware of initial 'kick'
12. Spray a fine mist of the cleaning solution over the floor area to be cleaned, one spray covers 2-3 square metres of floor
13. Note: do not over-spray the area as this can result in slippery floors and operator should spray more closely to the surface to be cleaned to minimise aerosols
14. Spray clean the floor area by moving the high speed machine in continuous, small side to side movements
15. On completion or if the floor is dirty, remove the floor pad and place in a laundry bag, or dispose of accordingly, refer to local policy
16. With dry hands, remove the plug from the mains socket and re-wind the electricity cable
17. When the area is completely dry, return the furniture to original position
18. After use, all equipment should be checked, cleaned, dried and returned to the storage area

19. Remove gloves and wash hands

Task 4 - Floor Scrubbing

Equipment Required
Colour coded bucket
Colour coded gloves
Colour coded mop handle
Colour coded mop head
Dust control system
Edge cleaning tool and pad
Floor pad and drive disk/board
Laundry bag
Scouring pad
Standard speed rotary machine including tank
Vacuum cleaner
Warning signs
Floor cleaner or general purpose detergent

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour coding, equipment, protective clothing, fluids and methods
Do not attempt this procedure unless you have been trained and properly assessed
Ensure hands are dry when plugging or unplugging electrical machinery
When plugging a machine into an electric socket, make sure the switch is in the off position
When using electrical equipment, a circuit breaker should be used if appropriate
Always make sure to plug the machine into a free plug socket. If non-available, ask a supervisor before unplugging any other machine
When changing or turning a floor pad, make sure the machine is switched off, the handle raised and the machine laid down

Do not adjust or change the fittings on the machine when it is plugged in
Beware of initial 'slight kick' when the rotary scrubbing machine is switched on
Always keep cable behind the rotary scrubbing machine when scrubbing
Check the power supply cables and plug for damage, report and label if necessary, remove and do not use
Always use a warning sign 'cleaning in progress', position to be effective
Ensure the rotary scrubbing machine is clean prior to use
Do not store the rotary scrubbing machine on the base
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Plan work route and when necessary, remove furniture and equipment
2. Wash hands and put on gloves
3. Display the warning signs in the area, ensuring all signs are visible
4. Dust control the floor or vacuum clean
5. Clean and prepare the floor edges using the edge cleaning tool and pad, if necessary
6. Attach the floor pad to the rotary scrubbing machine
7. Prepare the cleaning solution in a well-ventilated area and add to the scrubbing machine tank
8. Unwind the cable and plug into a mains socket
9. Adjust handle to a suitable/comfortable height making sure arms are straight
10. Ensure the standard speed rotary machine is held firmly in contact with the body and the cable is behind
11. Switch the machine on, beware of the initial "kick"
12. Start scrubbing the floor at a point furthest from the door in 5 metre square sections, by releasing a small amount of the floor cleaner solution
13. Remove any excess water residue and splashes from skirting boards and walls
14. When cleaning a large area, always check floor pad regularly
15. Note: Regularly replace the floor pad, for stubborn stains use a scouring pad/abrasive pad
16. On completion, remove the floor pad and place in a laundry bag
17. With dry hands, remove the plug from the mains socket and re-wind the electricity cable
18. Empty the water tank and dry out using paper towel
19. If necessary, mop the floor with clean water

20. When the area is completely dry, return the furniture to original position
21. After use, all equipment should be checked, cleaned, dried and returned to the storage area
22. Remove gloves and wash hands

Task 5 - Floor Stripping

Equipment Required
Colour coded bucket
Colour coded gloves
Colour coded mop handle
Colour coded mop head
Colour coded scraper
Damp mop system
Dust control system
Edge cleaning tool and pad
Floor pad and disk drive/board
Floor stripper
Goggles
Knee pads
Standard speed rotary floor machine
Vacuum cleaner
Warning signs
Wet pick-up machine

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Do not attempt this procedure unless you have been trained and competently assessed
Ensure hands are dry when plugging or unplugging electrical machinery
When plugging a machine into an electric socket, make sure the switch is in the off position

When using electrical equipment, a circuit breaker should be used if appropriate
Always make sure to plug the machine into a free plug socket. If non-available, ask a supervisor before unplugging any other machines
Do not use adjust or change the fittings on the machine when it is plugged in
When changing or turning a floor pad make sure the machine is switched off, the handle raised and the machine laid down
Always keep cable behind the rotary floor machine when operating
Check the power supply cables and plug for damage, report and label if necessary, remove and do not use
Always use a warning sign 'cleaning in progress', position to be effective
Ensure the rotary machine is clean prior to use
Wear goggles when preparing cleaning solutions
If there is a polish build up around the edges use a stronger stripper solution and increase contact time
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Plan work route and when necessary, remove furniture and equipment
2. Wash hands and put on gloves
3. Display warning signs in the area, ensuring all signs are visible
4. Dust control the floor or vacuum clean
5. Remove old polish from floor edges and chewing gum using an edge cleaning tool/scraper
6. Attach the floor pad to the rotary floor machine
7. Put on goggles
8. Prepare the floor stripper solution in a well-ventilated area and add to the rotary machine tank
9. Remove goggles
10. Unwind cable and plug into a mains socket and a circuit breaker if appropriate
11. Adjust handle to a suitable/comfortable height making sure arms are straight
12. Switch the machine on
13. Start stripping the floor at a point furthest from the door in 5-metre square sections by moving the rotary floor machine in small side-to-side, overlapping movements
14. Note: regularly change the floor pad, hard floors can be damaged if the floor stripping solution is too strong and has too long a contact time, refer to manufacturers' instructions, do not let the floor dry whole carrying out stripping
15. Use a wet pick up machine to remove the additional liquid waste
16. Ensure all polish has been removed and if there is any polish remaining, re-apply the process
17. On completion of stripping allow the area to dry
18. With dry hands remove the plug from the mains socket and re-wind the electricity cable
19. Damp mop the floor with clean water to rinse and neutralise
20. Dust control the floor to remove any additional dust

21. When the area is completely dry, return the furniture to original position
22. After use, all equipment should be checked, cleaned, dried and returned to the storage area
23. Remove gloves and wash hands

Task 6 - Applying Floor Polish

Equipment required
Colour coded bucket
Colour coded flat mop head
Colour coded mop handle
Colour coded gloves
Floor stripping system
Laundry bag
Floor polish
Warning signs

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Ensure that different floor polish products are not mixed together in the bucket or on the mop
Do not spray clean for approximately 24 hours
Be aware of a possible waxy effect following a seal being laid
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Display the warning signs in the area, ensuring all signs are visible
3. Remove all furniture and equipment from the room if possible
4. Prepare the floor for polishing
5. Pour a small amount of floor polish into the bucket
6. Attach the mop head to the mop handle

7. Place the mop head into the bucket, so that the floor polish is absorbed onto the mop, do not submerge the mop
8. When taking the mop out of the bucket it should not be dripping
9. The first stroke on the floor should be 15cm (6 inches) from and in line with the wall, leaving a substantial line of polish, the 6 inch – 15cm gap should be left around all the edges
10. Work from the furthest point of the room to the door, keep the mop in contact with the floor at all times, lift only to re-apply polish
11. Using the mop, draw floor polish across the room ensuring a uniform amount is spread across the floor area, with no bare patches, streaks or bubbles, re-working of the polish can be done with the mop up to 30-60 seconds after application to the floor to cover areas missed or ensure a uniform coat, after this period do not touch
12. When the area is completed, allow it to dry, do not walk on the area until it is dry
13. The second coat should be applied in the same manner as before except the floor polish should be laid in the opposite direction to the first coat using a clean bucket and mop head
14. Note: ensure that different floor polish products are not mixed together in the same bucket or on the mop, some polishes may require buffing between coats, refer to manufacturers' instructions
15. If a third coat is required, apply in the same manner as before and in the direction of the first coat
16. On completion, remove the mop head and place in a laundry bag
17. When the area is completely dry, return the furniture to original position
18. After use, all equipment should be checked, cleaned, dried and returned to the storage area
19. Remove gloves and wash hands

N.B. 'Polishing' floors is not recommended in clinical areas, unless in accordance with floor manufacturer's instructions, refer to local guidance in this regard

Task 7 – Floor Sealing

Equipment required
Colour coded bucket
Colour coded gloves
Colour coded mop handle
Colour coded mop head
Dust control system
Floor seal
Floor stripping system
Laundry bag
Warning signs

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Ensure that different floor seal products are not mixed together in the bucket or on the mop
If the floor is worn or porous, discuss with supervisor the use of two coats of floor seal first
Do not spray clean for approximately 24 hours
Be aware of a possible waxy effect following a seal being laid
All equipment should be left clean, dray and tidy in storage after use

Method

1. Wash hands and put on gloves
2. Display the warning signs, ensuring all signs are visible
3. Remove all furniture and equipment from the room
4. Prepare the floor for sealing
5. Pour a small amount of floor seal into the bucket
6. Attach the mop head to the mop handle

7. Place the mop head into the bucket, so that the floor seal is absorbed onto the mop, do not submerge the mop
8. When taking the mop out of the bucket it should not be dripping
9. The first stroke on the floor should be 15cm (6 inches) from and in line with the wall, leaving a substantial line of floor polish
10. Work from the furthest point of the room to the door, keep the mop in contact with the floor at all times, lift only to re-apply seal
11. Using the mop draw floor seal across the room ensuring a uniform amount is spread across the floor area, ensure that all of the floor is covered with no bare patches, streaks or bubbles, re-working of floor seal can be done with the mop up to 30-60 seconds after application to the floor to cover areas missed or ensure a uniform coat, after this period do not touch
12. When the area is completed, allow it to dry, do not walk on the area until it is dry
13. The second coat should then be applied, in the same manner as above except the floor seal should be laid in the opposite direction to the first coat using a clean bucket and mop head
14. Note: ensure that different floor seal products are not mixed together in the bucket or on the mop, some polishes may require buffing between coats, refer to manufacturers' instructions
15. The thirds coat of floor seal should be applied in the same manner as before however this coat should be up to the edge and applied in the direction of the first coat
16. On completion, remove the mop head and dispose in a laundry bag
17. When the area is completely dry, return the furniture to original position
18. After use, all equipment should be checked, cleaned, dried and returned to the storage area
19. Remove gloves and wash hands

N.B. Refer to manufacturers' instructions in this regard

Task 8 – Stain Removal

Equipment Method
Colour coded cloth/paper
Colour coded bucket/container
Colour coded gloves
Colour coded scraper
Laundry bag
Warning signs
General surface cleaner or chewing gum/graffiti/adhesive remover

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Never mix cleaning agents, as poisonous gases could result
Always use a warning sign 'cleaning in progress' position to be effective
Try to remove stain before cleaning takes place
Check fabric for colour fastness, test in a less obvious patch
Always use the mildest treatment first
All equipment should be left clean, dry and tidy in storage area after use

Types of stain include:

- Chewing gum
- Oil and water based stains

There are two types of stain removal:

- Physical method
- Chemical method

Physical method - *Absorption water based stains*

1. Wash hands and put on gloves
2. Use a cloth or paper towel to absorb the liquid
3. Display the warning sign over the stained area, until area has dried
4. Always start from the outer edge of the stain and work towards the middle, this prevents the spreading of the stain
5. Dispose of the cloth or paper towel when the task is completed
6. After use, all equipment should be checked, cleaned, dried and returned to the storage area
7. Remove gloves and wash hands

Physical Method - *Friction removal water staining*

1. Wash hands and put on gloves
2. This involves scraping, brushing, rubbing or scrubbing to remove dried-on stains
3. It is important to rub gently to avoid damage to the surface
4. Always start from the outer edge of the stain and work towards the middle
5. Display the warning sign over the stained area, until area has dried
6. After use, all equipment should be checked, cleaned, dried and returned to the storage area
7. Remove gloves and wash hands
8. Note: never rub the stain into the carpet/fabric
9. Should the friction method not work use the chemical method

Chemical method

1. Wash hands and put on gloves
2. Display the warning sign over the stained area, until the area has dried
3. Prepare the cleaning solution in a well-ventilated area
4. Pour a small amount of the chosen cleaning solution onto the stain
5. Allow the cleaning solution to have contact time with the stain
6. Using a scraper and cloth, start from the outer edge of the stain and work towards the middle until the stain is removed
7. Dispose of the cloth when the task is completed
8. After use, all equipment should be checked, cleaned, dried and returned to the storage area
9. Remove gloves and wash hands

Task 9 - Vacuum Cleaning

Equipment required
Colour coded gloves
Vacuum cleaner
Vacuum cleaner attachment
Warning signs

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Check the power supply cables and plug for damage, report and label if necessary, remove and do not use
Ensure hands are dry when plugging or unplugging electrical machinery
When plugging a machine into an electric socket, make sure the switch is in the off position
Always make sure to plug the machine into a free plug socket, if non-available, ask a supervisor before unplugging any other machines
Do not adjust or change the fittings on the machine when it is plugged in
Before starting, carefully check the internal dust bag is not full and does not contain potentially dangerous items, e.g. sharps, if it is full, replace it with a new dust bag and check the internal filters are clean and free from debris
Always keep cable behind the machines when vacuum cleaning and do not place cable over the shoulder at any time
Place a safety sign over the lead/cable
Report any issues with work area and/or equipment
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Display the warning signs in the area, ensuring all signs are visible

3. Move furniture so the area to be cleaned is freely available, manually pick up large items, e.g. crisp bags, tissues etc.
4. Attach the appropriate tool onto the vacuum cleaner

Unwind cable and plug into a mains socket and a circuit breaker if appropriate

5. For floor cleaning, adjust the floor tool so that the bristles are: a) hard floor – bristles down , b) soft floor – bristles up
6. Switch the vacuum cleaner on
7. Start vacuuming the floor at a point furthest from the door, paying particular attention to edges and corners in busy areas
8. Vacuum clean the floor in parallel, overlapping lanes all the floor area, several passes may be needed
9. Always finish in the same direction that the carpet pile runs
10. On completion, re-wind the electricity cable
11. After use, all equipment should be checked, cleaned, dried and returned to the storage area after use
12. Remove gloves and wash hands

Task 10 – Water Extraction

Equipment required

Colour coded bucket
Colour coded gloves
Colour coded mop handle
Colour coded mop head
Attachment hose
Warning signs
Wet pick up machine with circuit breaker

Health and Safety

Refer to local policy for guidance on all cleaning processes, colour coding, equipment, protective clothing, fluids and methods
Check the power cables and plug for damage, report and label if necessary, remove and do not use
Ensure hands are dry when plugging or unplugging electrical machinery
When plugging a machine into an electric socket, make sure the switch is in the off position
When using electrical equipment, a circuit breaker should be used if appropriate
Always make sure to plug the machine into a free plug socket, if non-available ask a supervisor before unplugging any other machines
Do not adjust or change fittings on the machine when it is plugged in
Check motor cut-out valve is free and moveable
Ensure the wet pick up machine is clean before use
Identify area and method of disposal of dirty water prior to starting
Always stand on dry floor areas if possible, great care must be taken if the floor is wet
All equipment should be left clean, dry and tidy in storage after use

Method

1. Plan work route, when necessary remove furniture and equipment

2. Wash hands and put on gloves
3. Display the warning signs in the area, ensuring all signs are visible
4. Unwind cable and plug into a mains socket and a circuit breaker if appropriate
5. Switch the machine on and ensure the cable is behind
6. Move the wet pick up machine slowly over the liquid to remove it from the floor
7. Use the attachment hose to pick up liquid to remove it from the floor
8. Use the attachment hose to pick up liquid under restricted areas
9. On completion, or if the machine is full, switch the wet pick up machine off and empty the water in an identified disposal area
10. With dry hands remove the plug from the mains socket and re-wind the electricity cable
11. Mop all small liquid patches remaining
12. When the area is completely dry, return the furniture to its' original position
13. After use, all equipment should be checked, cleaned, dried and returned to the storage area. Make sure the lid of the water extraction machine is left open or taken off as appropriate to allow air to circulate and avoid smells
14. Remove gloves and wash hands

Task 11 - Carpet Shampoo

Equipment required
Colour coded cloth
Colour coded gloves
Colour coded labelled spray bottle
Carpet shampoo machine
Carpet stain remover
Vacuum cleaner with crevice tool
Warning signs
Carpet deodoriser
Carpet shampoo or chewing gum/graffiti/adhesive remover

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour coding, equipment, protective clothing, fluids and methods
Never mix cleaning agents, as poisonous gases could result
Always keep cable behind the machine when carpet shampooing
Ensure hands are dry when plugging or unplugging electrical machinery
When plugging a machine into an electric socket, make sure the switch is in the off position
When using electrical equipment, a circuit breaker should be used if appropriate
Always make sure to plug the machine into a free plug socket, if non-available, ask a supervisor before unplugging any other machines
Do not adjust or change the fittings on the machine when it is plugged in
Check the power supply cables and plug for damage, report and label if necessary, remove and do not use
Always use a warning sign 'cleaning in progress', position to be effective
Should the machine switch off automatically, refer to supervisor
Ensure the carpet shampoo machine is clean before use
Protect any furniture which cannot be moved

All equipment should be left clean, dry and tidy in storage area after use

Method

1. Plan work route, when necessary, remove furniture and equipment
2. Wash hands and put on gloves
3. Display the warning signs in the area, ensuring all signs are visible
4. Vacuum clean the floor
5. Test an area of carpet first for colour fastness, by spraying a small amount of the carpet stain remover in an area not usually visible, then wiping over with a cloth to see of colour comes out of the carpet
6. Prepare the carpet shampoo solution in a well-ventilated area and add to the carpet shampooing machine tank
7. Note: if there is an odour in the carpet, carpet deodoriser can be added to the carpet shampoo solution, pre-spray traffic lanes or heavy traffic areas
8. Unwind cable and plug into a mains socket and a circuit breaker if appropriate
9. Turn on the water and extraction switches of the carpet shampooing machine
10. Start shampooing the carpet from the furthest edge, moving the carpet shampooing machine slowly forwards and backwards in a straight line on the area to be cleaned
11. Move the carpet shampooing machine across the carpet in parallel overlapping movements
12. Carry out 1 or 2 further passes over the same section using suction only
13. For areas inaccessible to the carpet machine, use the crevice tool attachment
14. When the area has been shampooed, or if the dirty water tank of the carpet shampooing machine is full, empty the dirty water tank in to a sluice
15. On completion of shampooing, allow the area to dry
16. With dry hands, remove the plug from the mains socket and re-wind the electricity cable
17. Vacuum clean the carpet
18. When the area is completely dry, return the furniture to its' original position
19. After use, all equipment should be checked, cleaned, dried and returned to the storage area
20. Remove gloves and wash hands

N.B. Carpets are not recommended in clinical areas

Task 12 – Damp Dusting

Equipment required
Colour coded bucket
Colour coded cloth
Colour coded gloves
Cleaning Trolley
General purpose detergent or general surface cleaner

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Never mix cleaning agents, as poisonous gases could result
Do not climb on furniture or overreach
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Prepare the cleaning solution in a well-ventilated area
3. Place the bucket onto a cleaning trolley
4. Dampen or rinse a cloth in the cleaning solution
5. Remove items from the surface to be cleaned
6. To damp dust flat surfaces, wipe in straight lines cleaning the edges first
7. If cleaning a bedside table, extend it and wipe underneath
8. Wipe the main surfaces in a figures of eight (8) pattern
9. Note: frequently turn the cloth and rinse in the cleaning solution, change the cleaning solution when it becomes soiled
10. Use the chosen cleaning solution to remove any grease marks or stubborn stains
11. Replace items on to the clean surface, after use all equipment should be checked, cleaned, dried and returned to the storage area, dispose of cloth or return for laundering as appropriate
12. Remove gloves and wash hands

Task 13 – Radiator Cleaning

Equipment required
Colour coded bucket
Colour coded cloth
Colour coded gloves
Cleaning trolley
Radiator tool
General purpose detergent or general surface cleaner

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Never mix cleaning agents, as poisonous gases could result
Radiator covers should be removed prior to cleaning as required
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Prepare the cleaning solution in a well-ventilated area
3. Place the bucket onto a cleaning trolley
4. Dampen or rinse a cloth in the cleaning solution
5. To damp dust flat surfaces wipe in straight lines cleaning edges first
6. Wipe main surfaces in a figures of eight (8) pattern
7. Use a radiator tool to clean behind the radiator
8. Note: frequently turn the cloth and rinse in the cleaning solution, change the cleaning solution when it is dirty
9. Use the chosen cleaning solution to remove any grease marks or stubborn stains
10. Dispose of the cloth or return for laundering when task is complete

11. After use, all equipment should be checked, cleaned and returned to the storage area
12. Remove hands and wash gloves

Task 14 – Bed / Patient Trolley Cleaning

Equipment required
Colour coded bucket
Colour coded cloth
Colour coded gloves
Cleaning trolley
Knee pads
General purpose detergent or general surface cleaner

Health and safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Never mix cleaning agents, as poisonous gases could result
Use knee pads if required to kneel on the floor when cleaning under the bed/trolley
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Prepare the cleaning solution in a well-ventilated area
3. Place the bucket onto a cleaning trolley
4. Raise / lower the bed/trolley to a convenient cleaning height
5. Dampen or rinse a cloth in the cleaning solution
6. Wipe the bed/trolley framework in its' entirety, starting from the top working downwards to the base and to the castors/wheels, ensure all surfaces are cleaned
7. Note: frequently turn the cloth and rinse in the cleaning solution, change the cleaning solution when it becomes dirty
8. Use the chosen cleaning solution to remove any grease marks, adhesive residue or stubborn stains
9. Leave to dry
10. Lower/raise the bed/trolley to the original position

11. Dispose of the cloth or return for laundering accordingly when the task is complete
12. After use, all equipment should be checked, cleaned, dried and returned to the storage area
13. Remove gloves and wash hands

Task 15 – Glass Cleaning

Equipment required
Colour coded cloths / paper towels
Colour coded gloves
Colour coded labelled spray bottle
Glass cleaner
General purpose detergent or general surface cleaner

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Never mix cleaning agents, as poisonous gases could result
Report any defects to your supervisor
If cleaning an electric-movable door, then switch it off
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Prepare the cleaning solution in a well ventilated area
3. Spray the glass cleaner or cleaning solution onto the cloth
4. Wipe the glass surface, staring from the top and working down in a figure-of-eight pattern covering all of the surface
5. Buff to a shine with a second cloth or paper towel to remove smears
6. Dispose of the cloth or return for laundering accordingly when the task is completed
7. After use, all equipment should be checked, cleaned, dried and returned to the storage area
8. Remove gloves and wash hands

Task 16 - External Glass Cleaning

Equipment required
Colour coded bucket
Colour coded cloth or applicator
Colour coded gloves
Colour coded scraper or non-abrasive pad
Extension pole
Squeegee blade
Ladder / Steps
Warning signs
Glass cleaner or general purpose cleaner

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Never mix cleaning agents, as poisonous gases could result
Consult local health and safety policy for guidance re use of ladders and/or steps
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Plan work route
2. Wash hands and put on gloves
3. Display warning signs in the area, ensuring all signs are visible
4. Assemble the equipment and check for safety
5. Prepare the cleaning solution in a well-ventilated area
6. Using the cloth or applicator apply the cleaning solution
7. Using a squeegee blade, wipe the glass surface, staring from the top and working down in a figure-of-eight (8) pattern, use an extension pole for windows beyond reach

8. The squeegee blade should be wiped after each completed stroke or if it is lifted from the glass
9. Use a scraper or non-abrasive pad to remove stubborn stains
10. Wipe the window frames with a clean colour coded cloth
11. Dispose of the cloth or return for laundering accordingly when the task is completed
12. After use, all equipment should be checked, cleaned, dried and returned to the storage area
13. Remove gloves and wash hands

Task 17 - High Dusting

Equipment required
Colour coded Cloth Roll / Static Head
Colour coded gloves
Laundry bag
Telescopic pole

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Check pictures, hangings etc. are secure
Do not over-stretch when using the telescopic facility
Do not climb on chairs
All equipment should be left clean, dry and tidy in storage area after use

Method

Wash hands and put on gloves
Place the cloth or static head on the High Dusting tool and adjust to the correct height
Hold the telescopic tool and draw the cloth roll/static head along top surfaces, pipes, ledges around light fittings and window ledges ensuring no dust falls down
Replace the cloths/static heads when they become dirty
Dispose of or launder the cloths, refer to local policy in this regard, when the task is completed
After use, all equipment should be checked, cleaned, dried and returned to the storage area
Remove gloves and wash hands

Task 18 - Furniture Polishing

Equipment required
Colour coded cloths x 2
Colour coded gloves
Damp dust system
Furniture polish

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Report any defects to your supervisor
All equipment should be clean and dry and tidy before use

Method

1. Plan work route, when necessary, remove furniture and equipment
2. Wash hands and put on gloves
3. Remove items from the surface to be cleaned
4. Damp dust all surfaces
5. Apply the furniture polish on to the cloth
6. Polish the furniture, wiping in overlapping straight lines
7. Buff to a shine with a second cloth
8. Dispose of or return cloth for laundering when the task is completed
9. Replace items on to the clean surface
10. When the area is completely dry, return the furniture to original position
11. After use, all equipment should be checked, cleaned, dried and returned to the storage area
12. Remove gloves and wash hands

Task 19 – Wall Washing

Equipment Required
Colour coded bucket
Colour coded cloth
Colour coded gloves
Colour coded goggles
Colour coded labelled spray bottle
Abrasive pad
Access equipment, e.g. Platform
High dusting equipment
Masking tape (to cover electrical sockets)
Plastic sheeting
Warning signs
General surface cleaner or general purpose detergent

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Always use a warning sign 'cleaning in progress', position to be effective
If possible, work from ground level rather than use access equipment
Check access equipment carefully before use and when moving from one area to another
Cover electric sockets with masking tape
Check the condition of the wall, paint or finish to ensure suitability of cleaning agent
Avoid splashes of general surface cleaner on furniture, curtains or floor
Report any damages to your supervisor
Do not over-stretch
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves

2. Put on goggles
3. Display the warning signs in the area, ensuring all signs are visible
4. Assemble the equipment and check for safety
5. Cover the electric sockets with masking tape
6. Place dust sheets or plastic sheeting on floors, to protect from spillages
7. Remove furniture or cover with dust sheets
8. Prepare the cleaning solution in a well-ventilated area
9. Ventilate the area
10. High dust to loosen dust and dirt
11. Apply the cleaning solution to the wall wiping from bottom to top, allowing a short time for the cleaning agent to work, then rinse-wipe the wall from top to bottom, to leave the wall as dry as possible
12. Insert a circuit breaker into a power socket keeping the cable behind, plug in a wall washing machine, then apply cleaning solution to the wall working from bottom to top, allow a short time for cleaning solution to work, then rinse-wipe the wall from top to bottom, to leave the wall as dry as possible
13. Remove drips and runs as they occur
14. After use all equipment should be checked, cleaned, dried and returned to the storage area
15. Remove gloves and wash hands

Wall Spot Cleaning

1. Rinse and wring out a cloth in the cleaning solution
2. Wipe the soiled area from the outside of the mark towards the centre
3. Rinse with water
4. Remove drips and runs as they occur
5. Dispose of or return cloth for laundering accordingly when the task is completed
6. When the area is completely dry, return furniture to original position
7. After use, all equipment should be checked, cleaned, dried and returned to the storage area
8. Remove gloves and wash hands

Task 20 - Kitchen Cleaning - Ice-Making Machine

Equipment Required
Colour coded bucket
Colour coded cloths
Colour coded gloves
Non-abrasive pad
General purpose detergent

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Ensure hands are dry when plugging or unplugging electrical machinery
Clean areas contaminated by your cleaning
Report any malfunction or damage of equipment to supervisor/manager
Mop up any spillages on floor
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Disconnect the Ice-Making machine from the mains socket
3. Empty the ice bin and dispose of the ice
4. Transfer the ice to a freezer if necessary
5. Remove all detachable parts
6. Prepare the cleaning solution in a well-ventilated area
7. Dampen or rinse a cloth in the cleaning solution and wring out well
8. Clean all surfaces of the bin including the dispensing area and drainage area
9. Note: frequently rinse the cloth in the cleaning solution, change the cleaning solution when it becomes soiled
10. Rinse with clear water

11. Pour some of the cleaning solution down the drain of the Ice-Making machine to clean
12. Clean the overflow of the Ice-Making machine
13. Re-assemble the detachable parts correctly
14. Plug the Ice-Making machine into the mains socket and test for correct operation
15. After use, all equipment should be checked, cleaned, dried and returned to the storage area, dispose of or return the cloth for laundering when the task is completed
16. Remove gloves and wash hands

Task 21 – Kitchen Cleaning - Mechanical Waste Disposal Unit (gobbler)

Note: WDU's are being phased out to allow for 're-cycling' of all food waste

Equipment Required
Colour coded bucket
Colour coded cloths
Colour coded gloves
Non-abrasive pad
Warning signs
General purpose detergent, general surface cleaner or degreaser

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Ensure hands are dry when plugging or unplugging electrical machinery
When plugging a machine into an electrical socket, make sure the switch is in the off position
Do not adjust or change the fittings on the machine when it is plugged in
Check the power cable supply cables and plug for damage, report and label if necessary, remove and do not use
Always use a warning sign 'cleaning in progress', position to be effective
Ensure the floor cleaning machine is clean prior to use
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Operate the waste unit to dispose of any residual waste.
3. Disconnect equipment form the mains socket.
4. Dismantle the waste disposal unit, (follow manufacturers' instructions or supervisors instructions)

5. Prepare the cleaning solution in a well-ventilated area (refer to manufacturers' instructions).
6. Dampen or rinse a cloth in the cleaning solution and wring out well
7. Thoroughly wipe clean all detachable parts, fines and dry.
8. Clean all the outer casing, pipes and cable thoroughly.
9. Clean the surrounding area and avoid further contamination.
10. Re-assemble the Waste Unit
11. Plug the Waste Unite into the mains socket and test for correct operation.
12. After use, all equipment should be checked, cleaned, dried and returned to the storage area.
13. Dispose of the cloth (refer to local policy) when the task is completed
14. Remove gloves and wash hands

NOTE:
Frequently rinse the cloth in the cleaning solution. Change the cleaning solution when it becomes soiled.

Task 22 – Kitchen Cleaning – Microwaves

Equipment Required
Colour-coded receptacle
Colour-coded cloth
Colour-coded gloves
Paper towel roll
General purpose detergent
General surface cleaner or degreaser

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Never mix cleaning agents, as poisonous gases could result (refer to manufacturers' instructions)
Ensure hands are dry when plugging or unplugging electrical machinery.
Ensure all areas contaminated by cleaning are thoroughly cleaned
Report any malfunction or damage of equipment to supervisor/manager.
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Disconnect the microwave from the mains socket
3. Remove all detachable parts to a safe cleaning area
4. Prepare the cleaning solution in a well-ventilated area (refer to manufacturers' instructions).
5. Thoroughly clean all detachable parts, rinse and dry.
6. Remove excess soil and food debris from the interior of the microwave
7. Dampen or rinse a cloth in the cleaning solution and wring out well
8. Clean all internal and external surfaces of the microwave, paying particular attention to the corners and top
9. Rinse with clear water and dry with a paper towel roll.
10. Re-assemble the detachable parts correctly

11. Plug the microwave into the mains socket
12. After use, all equipment should be checked, cleaned, dried and returned to the storage area.
13. Dispose of the cloth (refer to local policy) when the task is completed.
14. Remove gloves and wash hands

NOTE: Frequently rinse the cloth in the cleaning solution. Change the cleaning solution when it becomes soiled.

Task 23 – Kitchen Cleaning – Refrigerators

Equipment Required
Colour coded bucket
Colour coded cloths
Colour coded gloves
Non-abrasive pad
General purpose detergent

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Report any items of damage, heavy soiling and disrepair
Report any signs of infestation
Clean areas contaminated by your cleaning
Mop up any spillages on floor
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Remove food to another suitable storage area (discard any out-of-date or unlabelled food)
3. Remove all loose debris and excess soiling
4. Prepare the cleaning solution in a well-ventilated area (refer to manufacturers' instructions).
5. Dampen or rinse a cloth in the cleaning solution and wring out well
6. Remove and clean all shelves, hanging rails and drip trays and take to a cleaning area to dry.
7. Clean accessible fan parts, door seals and handles
8. Return the shelves, hanging rails and drip trays to the correct position
9. Replace food in the correct order (but only when the correct refrigerator temperature has been reached)

10. Check the refrigerator temperature is correct. If it is not, report to a supervisor.
11. After use, all equipment should be checked, cleaned, dried and returned to the storage area.
12. Dispose of the cloth (refer to local policy) when the task is completed.
13. Remove gloves and wash hands

NOTE: Frequently rinse the cloth in the cleaning solution. Change the cleaning solution when it becomes soiled

Task 24 – Kitchen Cleaning – Sinks

Equipment Required
Colour coded bucket
Colour coded gloves
Colour coded scraper
Abrasive pad
General purpose detergent

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Mop up any spillages on floor
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Empty the sink and remove debris
3. Thoroughly rinse the sink and drainer before cleaning.
4. Prepare the cleaning solution in a well-ventilated area (refer to manufacturers' instructions).
5. Dampen or rinse a cloth in the cleaning solution and wring out well
6. Wipe clean the framework of the sink and pipework
7. Clean the sink, drainer and taps.
8. Replenish soap dispenser / change single use soap cartridge (refer to the Soap Dispenser method statement)
9. Clean any splash back and surrounding areas
10. Rinse the sink and drainer with clean water
11. After use, all equipment should be checked, cleaned, dried and returned to the storage area
12. Dispose of the cloth, refer to local policy for correct disposal
13. Remove gloves and wash hands

NOTE: Frequently rinse the cloth in the cleaning solution. Change the cleaning solution when it becomes soiled

Task 25 - Washroom Cleaning - Bath

Equipment Required
Colour coded bucket or colour coded labelled spray bottle
Colour coded cloth
Colour coded gloves
Bottle brush
Non-abrasive pad/cloth
Pair of tweezers
Supply of soaps, paper towels and waste bags (to replenish stock)
Warning signs
General purpose detergent, general surface cleaner or bath/washbasin/shower/bidet cleaner

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Never mix cleaning agents, as poisonous gases could result (refer to manufacturers' instructions).
Throughout the cleaning, regularly clean the cloth and rinse in cleaning solution.
Do not scratch with abrasive items as scratches may harbour harmful bacteria.
Report faults for example, cracked or broken items or any build up of scale to your supervisor
Display warning signs and ensure they are clearly visible.
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Display the warning signs in the area, ensuring all signs are visible
3. Ventilate the area (for example, open a window) and prepare the cleaning solution in a well-ventilated area (refer to manufacturers' instructions).
4. Remove any objects from the bath (for example, soap)
5. Remove any hair or other items from the plug, plug-hole and plug chain with the tweezers.

6. Dampen or rinse a cloth in the cleaning solution and wring out well, start cleaning from outside and work towards the inside
7. Wipe the surrounding surfaces of the bath, including wall tiles, ledges, pipes, underneath the bath, paper towel dispenser, soap dispenser
8. Polish stainless steel or chrome with the cloth
9. Wipe the inside of the bath, including the plug, plug chain, taps and overflow.
10. With running tap water, rinse the bath thoroughly, directing water into the overflow. Clean the overflow with a bottlebrush.
11. To remove any build-up of soap and grease, apply the cleaning solution and use a non abrasive pad.
12. Remove any splashes or marks from the walls and wipe door handles.
13. Dispose of the cloth (refer to local policy) when the task is completed
14. After use, all equipment should be checked, cleaned, dried and returned to the storage area
15. Remove gloves and wash hands

Task 26 – Washroom Cleaning – Wash Hand Basins

Equipment Required
Colour coded bucket or colour coded labelled spray bottle
Colour coded cloth
Colour coded gloves
Bottle brush
Non-abrasive pad
Pair of tweezers
Supply of soaps, paper towel and waste bags (to replenish stock)
Warning signs
General purpose detergent, general surface cleaner or bath/washbasin/shower/bidet cleaner

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Never mix cleaning agents, as poisonous gases could result (refer to manufacturers' instructions).
Throughout the cleaning, regularly clean the cloth and rinse in cleaning solution**.**
Do not scratch with abrasive items as scratches may harbour harmful bacteria.
Report faults for example, cracked or broken items or any build up of scale to your supervisor.
Display warning signs and ensure they are clearly visible.
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Display the warning signs in the area, ensuring all signs are visible
3. Ventilate the area (for example, open a window), and prepare the cleaning solution in a well-ventilated area (refer to manufacturers' instructions).
4. Remove any objects from the basin, (for example, patient personal items)

5. Remove any hair or other items from the plug, plug-hole and plug chain with the tweezers.
6. Dampen or rinse a cloth in the cleaning solution and wring out well
7. Start cleaning from outside and work towards the inside
8. Wipe the surrounding surfaces of the bowl, including wall tiles, ledges, pipes, underneath the basin, paper towel dispenser, soap dispenser
9. Wipe the inside of the bowl, including the plug, plug chain, and taps with a cloth rinsed and wrung out in the cleaning solution
10. With running tap water, rinse the basin thoroughly, directing water into the overflow.
11. To remove any build-up of soap and grease, repeat steps I and J applying the cleaning solution and using a non abrasive pad.
12. Polish stainless steal or chrome
13. Replace items removed to original position, replenish soap and paper towels (refer to the Replenishing Consumables method statement)
14. Dispose of the cloth (refer to local policy) when the task is completed
15. After use, all equipment should be checked, cleaned, dried and returned to the storage area
16. Remove gloves and wash hands

Task 27 – Washroom Cleaning - Replenishing Soap Dispensers

Equipment Required
Colour coded bucket
Colour coded cloth
Colour coded gloves
Damp dusting (refer to the Damp Dusting method statement)
Dispenser Key (if required)
Consumables as appropriate
General purpose detergent or general surface cleaner

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Never mix cleaning agents, as poisonous gases could result (refer to manufacturers' instructions)
All equipment should be left clean, dry and tidy in storage area after use

Soap Dispenser Method

1. Wash hands and put on gloves
2. Check if soap dispenser is empty
3. If the soap dispenser needs refilling, open the dispenser and remove the contents (refer to manufacturers' instructions)
4. Damp dust and clean all surfaces of the soap dispenser including nozzle, pump and bracket to remove any grease marks or stubborn stains (refer to the damp dusting method statement)
5. Dispose of the cloth (refer to local policy) when the task is completed
6. Refill or replace (check with local policy), then close the dispenser
7. After use, all equipment should be checked, cleaned, dried and returned to the storage area
8. Remove gloves and wash hands

Task 28 – Washroom Cleaning – Replenishing Paper Towel

Equipment Required
Colour coded bucket
Colour coded cloth
Colour coded gloves
Damp dusting (refer to the Damp Dusting Method Statement)
Dispenser Key (if required)
Hand towels
General purpose detergent or general surface cleaner

Health and Safety
Refer to trust policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Never mix cleaning agents, as poisonous gases could result (refer to manufacturers' instructions).
Do not overfill or supply any not dispense correctly
Do not open new pockets of paper towels until required and do not place on the floor or on the shelf
Beware of foreign objects inside units
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Check if the hand towel dispenser is empty
3. If the hand towel dispenser needs refilling, open the dispenser and remove the contents (refer to manufacturers' instructions)
4. Damp dust and clean all surfaces of the hand towel dispenser to remove any grease marks or stubborn stains (refer to the Damp Dusting method statement)
5. Dispose of the cloth (refer to local policy) when the task is completed
6. Refill, and close the dispenser

7. After use, all equipment should be checked, cleaned, dried and returned to the storage area
8. Remove gloves and wash hands

Task 29 – Washroom Cleaning – Replenishing Toilet Rolls / Tissue

Equipment Required
Colour coded bucket
Colour coded cloth
Colour coded gloves
Damp dusting (refer to the Damp Dusting Method Statement)
Dispenser Key (if required)
Toilet roll/tissue
General purpose detergent or general surface cleaner

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Never mix cleaning agents, as poisonous gases could result (refer to manufacturers' instructions).
Do not overfill dispenser or supply any not dispense correctly
Do not open new pockets of toilet roll until required and do not place on the floor or on the shelf
Beware of foreign objects inside units
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Check if the toilet tissue/roll dispenser is empty.
3. If toilet tissue/roll dispenser needs refilling, open the dispenser and remove the contents (refer to manufacturers; instructions)
4. Damp dust and clean all surfaces of the toilet tissue/roll dispenser to remove any grease marks or stubborn stains (refer to the Damp Dusting method statement)
5. Dispose of the cloth (refer to local policy) when the task is completed

6. Refill, then close the dispenser
7. After use, all equipment should be checked, cleaned, dried and returned to the storage area
8. Remove gloves and wash hands

NOTE: Disposable plastic aprons are recommended for sanitary cleaning because of the risk of splashing uniform.

Task 30 – Washroom Cleaning – Shower Room

Equipment Required
Colour coded bucket or colour-coded labelled spray bottle
Colour coded cloth
Colour coded gloves
Bottle brush
Non-abrasive pad
Pair of tweezers
Warning signs
General purpose detergent
General surface cleaner or bath/washbasin/shower/bidet cleaner

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Never mix cleaning agents, as poisonous gases could result (refer to manufacturers' instructions).
Throughout cleaning operation regularly clean cloth and rinse in cleaning solution.
Do not scratch with abrasive items as scratches may harbour harmful bacteria.
Report faults for example, cracked or broken items or any build up of scale to your supervisor
Display warning signs and ensure they are clearly visible.
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Display the warning signs in the area, ensuring all signs are visible
3. Ventilate the area (for example, open a window)
4. Prepare the cleaning solution in a well-ventilated area (refer to manufacturers' instructions).

5. Empty waste bins
6. Remove any hair or other items from the plug, plug-hole and plug chain with the tweezers.
7. Dampen or rinse a cloth in the cleaning solution and wring out well
8. Start cleaning at the highest point and work towards the lowest, from outside to the inside and from clean to dirty
9. Clean the curtain rail, then starting at the highest point of the shower; wipe the wall tiles from clean to dirty areas.
10. Check the shower curtain; wipe clean and dry; change if necessary.
11. Wipe the showerhead, hose, taps and soap tray.
12. If a shower tray is present, clean the inside with a wrung out cloth.
13. Wipe around the inside of the shower cubicle
14. Clean the overflow with a bottlebrush.
15. To remove any build-up of soap and grease, apply cleaning solution and use a non abrasive pad.
16. Rinse the shower cubicle thoroughly with clean water, swilling the water into the overflow
17. Where rubber mats are present, thoroughly clean and dry (for example, by airing)
18. Polish stainless steel or chrome
19. Dispose of the cloth (refer to local policy) when the task is completed
20. After use, all equipment should be checked, cleaned, dried and returned to the storage area
21. Remove gloves and wash hands

NOTES:

- **Frequently rinse the cloth in the cleaning solution. Change the cleaning solution when it becomes soiled.**
- **Adhere to Decontamination of Showerheads and Flushing requirements as per National Legionella Guidelines**

Task 31 – Sanitary Cleaning - Sluice

Equipment Required
Colour coded bucket
Colour coded cloths
Colour coded gloves
Colour coded labelled spray bottle
Abrasive pad
Warning signs
Bottle brush
Toilet brush
Tweezers
General purpose detergent/General surface cleaner

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Never mix cleaning agents, as poisonous gases could result (refer to manufacturers' instructions)
Do not splash walls and fixtures
Do not scratch with abrasive items as scratches may harbour harmful bacteria.
Report faults and damages to your supervisor
Display warning signs and ensure they are clearly visible.
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Assemble the equipment and check for safety.
3. Display the warning signs in the area, ensuring all signs are visible
4. Ventilate the area (for example, open a window), and prepare the cleaning solution in a well-ventilated area (refer to manufacturers' instructions).
5. Fill a spray bottle with the cleaning solution and spray internal surfaces.
6. Remove any hair or other items from the plug, plug hole and plug chain with the tweezers.
7. Dampen or rinse a cloth in the cleaning solution and wring out well

8. Start cleaning at the highest point and work towards the lowest, from outside to the inside and from clean to dirty
9. Wipe the surrounding areas including external surfaces and pipe work
10. Rinse the cloth in the cleaning solution and wipe internal surfaces, pay particular attention to water marks and drains.
11. Rinse the sluice with clear water
12. Channelled urinal splash backs should be sprayed with the cleaning solution and wiped clean with clear water.
13. Dispose of the cloth (refer to local policy) when the task is completed
14. After use, all equipment should be checked, cleaned, dried and returned to the storage area
15. Remove gloves and wash hands

NOTE: Frequently rinse the cloth in the cleaning solution. Change the cleaning solution when it becomes soiled.

Task 32 – Sanitary Cleaning - Toilet

Equipment Required
Colour coded bucket
Colour coded cloths
Colour coded gloves
Colour coded labelled spray bottle
Non-abrasive pad
Supply of toilet paper (to replace used items)
Toilet brush
Warning signs
General surface cleaner /toilet cleaner

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Never mix cleaning agents, as poisonous gases could result (refer to manufacturers' instructions)
Do not splash walls and fixtures
Do not scratch with abrasive items as scratches may harbour harmful bacteria.
Report faults and damages to your supervisor
Ensure warning signs are displayed
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Assemble the equipment and check for safety
3. Display the warning signs in the area, ensuring all signs are visible
4. Ventilate the area (for example, open a window), and prepare the cleaning solution in a well-ventilated area (refer to manufacturers' instructions)
5. Flush the toilet with the seat lid down
6. Lower the water level using the toilet brush by pushing the water back down the U-bend to expose the water line

7. Apply the cleaning agent to the inside of bowl, including under the rims and allow to soak (leave the toilet brush in the bowl)
8. Remove any splashes or marks from the wall
9. Dampen or rinse a cloth in the cleaning solution and wring out well
10. Start cleaning at the highest point and work towards the lowest, from outside to the inside and from clean to dirty
11. Wipe outside and around the toilet bowl, pipe work, cistern, and toilet seat lid, top and underneath and hinges, (including sanitary bins).
12. Scrub the toilet bowl with a toilet brush, particularly any stains, and water lines and under rims.
13. Flush the toilet, rinsing the brush in flushing water.
14. Wipe the brush holder and replace the brush
15. Wipe the toilet seat and flush handle with the cloth, and then close the lid.
16. Check and replenish toilet paper, if necessary.
17. Dispose of the cloth (refer to local policy) when the task is completed
18. After use, all equipment should be checked, cleaned, dried and returned to the storage area
19. Remove gloves and wash hands

Note: Do not pour disinfectant into the toilet

Task 33 – Sanitary Cleaning - Urinal

Equipment Required
Colour coded bucket
Colour coded cloths
Colour coded gloves
Colour coded labelled spray bottle
Bottle brush
Non-abrasive pad
Supply of toilet paper (to replace used items)
Toilet brush
Tweezers
Warning signs
General purpose detergent

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Do not splash walls and fixtures
Never mix cleaning agents, as poisonous gases could result (refer to manufacturers' instructions)
Do not scratch with abrasive items as scratches may harbour harmful bacteria.
Report faults and damages to your supervisor immediately
Ensure warning signs are displayed
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Assemble the equipment and check for safety.
3. Display the warning signs in the area, ensuring all signs are visible
4. Ventilate the area (for example, open a window), and prepare the cleaning solution in a well-ventilated area (refer to manufacturers' instructions).
5. Fill a spray bottle with a cleaning solution and spray internal surfaces.
6. Remove any hair or items from the plug, plug hole and plug chain with the tweezers

7. Dampen or rinse a cloth in the cleaning solution and wring out well
8. Start cleaning at the highest point and work towards the lowest, from outside to the inside and from clean to dirty
9. Wipe the surrounding area including external surfaces and pipe work
10. Rinse the cloth and wipe internal surfaces, pay particular attention to water marks and drains.
11. To remove any build-up of soap and grease, apply the cleaning solution and use a non abrasive pad.
12. Rinse the urinal with clear water.
13. Channelled urinal splash backs should be carefully sprayed with the cleaning solution and wiped clean with clear water.
14. Dispose of the cloth (refer to local policy) when the task is completed
15. Remove gloves and wash hands

Task 34 - Specialist Cleaning – Curtain Changing

Frequency
Curtains should be cleaned as per local policy or when there is visible contamination, ensure curtains are suitable for laundering. Infection prevention and control should be consulted following discharge of a patient with infection.

Equipment Required
Colour coded bucket
Colour coded cloths
Colour coded gloves
Apron (disposable)
Damp dust system (refer to the Damp Dusting Method Statement)
Laundry Bag
Spare curtain hooks
Step ladder
General purpose detergent or general surface cleaner

Health and Safety
Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
Wear flat, firm, soled shoes
Check that the step ladder is locked in the correct position
Always have both feet on the ladder
Never stand on the top handrail to gain extra height
Do not lean step ladder against window and do not over stretch
Make sure the correct curtains are hung in the right ward
Display the warning signs in the area, ensuring all signs are visible
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Wash hands and put on gloves
2. Prepare cleaning solution (refer to manufacturers' instructions)

Assemble the equipment and check for safety

3. Remove curtain hooks from the curtain
4. Fold and place the curtains in a laundry bag
5. Damp dust curtain rails (refer to the Damp Dusting method statement)
6. Remove gloves and wash hands
7. Replace the curtain hooks onto a clean curtain, space evenly
8. Place the curtain over shoulder when ascending the step ladder.
9. Re-hang the curtains starting from one end, ensuring the curtain is on the correct way round
10. Remove gloves and wash hand when the task has been completed

Task 35 - Specialist Cleaning – Steam Cleaning **(where 'steam cleaning' has been recommended for use at local level)**

Equipment Required

Colour coded cloths
Colour coded gauntlet gloves or safety gloves
Safety glasses
Steam cleaner with accessories
Warning signs

Health and Safety

Refer to local policy for guidance on all cleaning processes, colour-coding, equipment, protective clothing, fluids and methods
This procedure should not be attempted until training is completed and competency is tested
Ensure hands are dry when plugging or unplugging electrical machinery
When plugging a machine into an electric socket, make sure the switch is in the off position
Do not adjust or change the fittings on the machine when it is plugged in
Check the power supply cables and plug for damage, report the label if necessary, remove and do not use
When using the Steam Cleaner, safety glasses and safety gloves must be worn.
Avoid placing open skin near the steam pressure nozzle.
All equipment should be clean and dry before use
Always use a warning sign 'cleaning in progress', position to be effective
Be aware that excess steam may activate fire/smoke detectors
Avoid steam cleaning any electrical equipment
If wall cleaning, cover electrical plug sockets
All equipment should be left clean, dry and tidy in storage area after use

Method

1. Plan work route, when necessary, remove furniture and equipment

2. Wash hands and put on gloves and safety glasses
3. Display the warning signs in the area, insuring all signs are visible
4. Fill the Steam Cleaner with water (refer to Manufacturers' instructions)
5. Attach the appropriate accessories onto the Steam Cleaner, dependent on the item to be cleaned.
6. Unwind cable and plug into a mains socket and a circuit breaker if appropriate and switch on. (refer to manufacturers' instruction)
7. Wait for the water to warm up (refer to manufacturers' instructions)
8. The steam cleaner is now ready for use
9. To operate the steam cleaner, refer to manufacturers' instructions
10. If necessary, use maximum steam power
11. Use the suction cleaner accessory to remove water if necessary
12. Empty the dirty water tank
13. Wipe and clean all surfaces of the steam cleaner, remove and wash all accessories
14. Collect all accessories and place them back on the trolley
15. Re-wind electricity cable around the connector on the handle
16. When the area is completely dry, return the furniture to original position
17. After use, all equipment should be checked, cleaned, dried and returned to the storage area
18. Wash hands and remove gloves

Microfibre Cleaning System – Method Statement

(for use where micro-fibre has been approved for use by local Infection Prevention and Control Teams)

Equipment Needed

Gloves
Warning signs
Cleaning trolley
Dust control mop and handle
Damp mopping mop and handle
Labelled net bag containing microfibre flat mops
Labelled net bag containing microfibre cloths
Adjustable high dusting tool
Sleeve for adjustable high dusting tool
Dust pan and brush
Laundry bag for cloths
Laundry bag for mops
Colour coded bag for waste
Spray bottle containing cleaning product (general detergent)
Spray bottle containing water for general cleaning purposes
Note: Net bags should be labelled to identify the area in which they will be used. All equipment should be colour-coded

Method

1. Assemble equipment
2. Place clean cloths in the appropriate containers on the cleaning trolley
3. Place clean mops (Velcro side up) in the mop container
4. Place net bags over laundry bags to receive dirty cloths / mops
5. Put on gloves
6. Impregnate mops with correct amount of water, depending on quantity of mops to be used
7. Display warning signs

8. Plan work route, removing furniture and equipment as necessary

Damp Dusting

9. Spray area with water
10. Use the figure of eight method to clean each surface with a clean cloth, eliminating any cross infection risk, use one clean cloth per room/area
11. Work through each area cleaning from high areas to low areas

Dust Control

12. Attach dust control cloth to tool head
13. Starting at a point furthest from the door, dust control the floor area. Do not allow the mop to lose contact with the floor at any point as this will force dust up into the air and not remove it
14. Collect any debris on the floor with a dustpan and brush and place in a waste bag

Damp Mop

15. Display warning signs
16. Attach mop head to frame using Velcro. Take a clean mop head per room / area
17. Damp mop floor area. Use clean mop head for each room / area and replace as required (if it becomes too dry)
18. Use spray bottle to loosen any stubborn stains
19. Remove warning signs

Environment Check

20. Report any maintenance issues observed
21. Record any inaccessible areas to ensure area is not neglected for more than one day

Performance Check

22. Measure performance and effectiveness of the cleaning system by checking for dust

Laundering & Drying

An on-site laundry is recommended. Manufacturers recommend that cleaning products made using microfibre technology should be heated to 65° for ten minutes or 71° for four minutes. As most laundries wash at 80°, for infection prevention and control purposes, they should therefore be suitable for laundering these products. However, the laundering system required for these products is more robust than for conventional cloths and mops.

Cleaning products made using microfibre technology should undergo a standard pre-wash, main wash and two rinses. Other laundering requirements are as follows:

- Mops and cloths should be laundered separately
- Softener and Bleach should not be used
- Only ph neutral detergent should be used
- Recycled water systems should not be used

A maximum drying temperature of 90° is recommended for products made using microfibre. Drying times for individual products made using microfibre technology may vary. Damp mops may be left damp but must be used within 12 hours. And this is difficult to monitor damp mops should be dried after use. Dry mops made using microfibre should also be dried as these can take up to two hours to dry and the net bags used to keep them together when washing can constrict the mops making drying taken even longer.

Section 6

Section 6 – Guidance on Contracting for Cleaning Services

Introduction
Providing excellence in hygiene is a key component in the provision of quality, effective healthcare. Cleanliness is of paramount importance to patients, visitors and staff alike, and everyone has a role to play in the prevention and control of infections.

The purpose of this guidance is to provide guidance to those seeking to outsource by showing how price is not the main determinant in contractor selection and to ensure that quality is always a key consideration.

Readers should note that the HSE has a procurement policy in relation to the procurement of goods and services and all procurement should be carried out is association with the local Materials Management Service.

In order to meet that undertaking this manual provides the following:

- Guidance on evaluating and awarding cleaning contracts to ensure that quality is considered alongside price
- National Cleaning Element Specifications which set out clearly the standards which hospitals should provide as a minimum
- National Risk Categories which determine the extent of risk and the subsequent cleaning procedures for acute hospitals
- Minimum Cleaning Frequencies which set out the minimum cleaning to be provided in accordance with the national risk categories
- A National Cleaning Audit Tool which ensures consistency in monitoring cleaning standards in acute hospitals
- Guidance for all acute hospitals to ensure a quality cleaning service

6.1 National Cleaning Specifications and a Guide to Measuring Cleanliness in Hospitals

Hospitals need to be able to demonstrate that their wards and departments are clean, and are kept clean consistently. This evaluation is best done as a multidisciplinary exercise between those who provide the service and those on the receiving end, i.e. ward / departmental staff and patients / public. It means that quality standards should be set and an agreed way of measuring them put in place. Additionally hospitals need to be able to compare their performance and outcomes against others of a similar size and type. The importance of this kind of benchmarking cannot be underestimated in relation to continuous improvement and making sure that enough progress is being made against others who represent excellence in hygiene.

The following steps are outline the methodology to establish the cleanliness of all equipment, fixtures, fittings and buildings and enable a hospital wide score, it also enables scores for the same piece of equipment or for groupings of wards etc.

1. Identification of risk categories – ref. National Risk Categories
2. Identification of cleaning frequencies – ref. National Minimum Cleaning Frequencies
3. Appropriate, comprehensive and accurate auditing processes – ref. Recommended audit frequency
4. Timeframe for rectifying problems
5. Cleaning Element Specifications – ref. National Cleaning Element Specifications
5. National Cleaning Audit Tool – Ref. National Cleaning Audit Tool

6.2 Selecting Best Value for Cleaning Contracts

It has been acknowledged that competitive tendering during a period of reduced overall expenditure has the effect of lowering quality standards. The requirement to reduce the cost of providing services too often results is contractor selection determined largely by price. Often, too little consideration is given to the ability of service providers to be able to consistently deliver high quality services from a reduced cost base.

An additional consequence of competitive tendering is to lower the morale of those providing the service as they battle against the expectations of both patients and ward / departmental staff who wanted more than is possible to deliver. It is also the case that monitoring of contracts is not always undertaken in an objective way, and even where monitoring does take place results are not always shared and agreed between those involved, and results are not used as a basis for improving or tacking problems.

Quality and Price

It is important that both quality and price are taken into consideration along with the competency of service providers to actually deliver what is agreed. Too much emphasis on price can lead to a combination of poor standards, variation orders and a downward spiralling of relations between service provider and service recipient. The following should be considered:

- Ensuring that the service provider has the skills and resources to do the job
- Clearly setting out the expectations and goals in relation to cleanliness and infection prevention and control
- Clearly setting out the methods by which performance will be judged
- Providing ample opportunity for the initial specification and final contract for changes to be made whilst the contract is in place

This guidance sets out:

- What to look for in establishing the credentials of prospective service providers
- How to set out a tender for cleaning services that will be driven by quality
- How to evaluate a tender on the basis of both price and quality

This guidance is aimed at contracting organisations who are keen to ensure that they are selecting a service provider to deliver cleaning services who can combine quality with an equitable price. The guidance aims to provide contracting organisations with a user friendly tool designed to assist them in defining their needs for cleaning services more clearly in relation to different areas and different cleaning tasks. A detailed specification of their own requirements will subsequently allow them to select a contractor who offers a competitive price and also demonstrates the skills and capabilities to provide a high quality, reliable service. Finally, and most significantly, this guide also contains an easy to use framework for scoring tenders, capable of being adapted to the requirements of each tendering organisation and cleaning contract.

All of this guidance is in support of local Materials Management Guidance.

The aim of this framework is to provide contracting organisations with maximum autonomy in defining the service criteria, which are of particular relevance to them, and to the cleaning service being delivered. It allows them to apply different weightings to their quality criteria and enables them to define their preferred balance between the technical merit and price elements when scoring tenders.

For organisations which already benefit from tendering guidelines this tool can be helpful as it allows them to check their own systems against the method

proposed enabling a judgement of the quality and objectivity of their present system.

6.3 Selecting Best Value – why it matters

The increasing market share of competitive tendering means that quality standards set by contracting organisations in terms of the price paid for cleaning services have a significant impact on employment, pay rates, working conditions in the sector and company infrastructure.

A report by the European Federation of Cleaning Industries (EFCI) argues that a decrease in process results in heavy pressure on employment, as labour costs in this sector amount to more than 75% of turnover.

Selecting best value makes good business sense for hospitals issuing tenders for cleaning services, contract cleaning firms and patients, staff and visitors alike as it ensures higher quality standards. A three stage tendering process is proposed.

At the first stage the multidisciplinary hospital team clearly defines their own requirements in relation to the surface area and types to be cleaned, the frequency of service, the nature of materials to be used and the level of quality to be attained. The importance of allowing sufficient time for site visits and the preparation of tenders is emphasised.

At the second stage, weightings are attributed to the importance of different contract award criteria in order to set out the priorities of the hospital. It should be remembered that price need not always be the first consideration, but attention should be paid to technical merit (including human resources, technical infrastructure, proposed work plan and organisation, internal quality control mechanisms, method for achieving the desired quality standard)

At the third stage a detailed evaluation of offers received is carried out by the multidisciplinary hospital team and abnormally low tenders are detected. In the case of abnormally low tenders it is recommended that written clarification be sought from the contractor. Should replies to request for further information prove inadequate and/or show an inability to provide the

technical and quality standard required it is suggested that such tenders be eliminated.

Public and private sector organisations are becoming increasingly aware of the business cases for selecting the best value rather than the cheapest tender and are awarding contracts to the "most economically advantageous tender", an option provided for in European public tendering legislation.

6.4 Criteria for the Award of Tenders

Award criteria assess the merit of individual tenderers on the basis of how well they meet the tender specifications.

The hospital must establish whether tenders should reflect an activity-based or quality-based cleaning system.

Activity based Cleaning System

An activity based cleaning system exclusively states what cleaning operations must be carried out, on what surfaces and how often. Such systems do not provide the opportunity of establishing actual descriptions/quality goals on the individual surface or room to be cleaned, rather, it is expected that each cleaning operation is carried out with the most professionalism and skills possible.

One example of an activity based cleaning system is Programmed Cleaning. Under such a system, each individual room is assigned a cleaning programme, usually expressed in a three-digit-number code. This code expresses the frequencies with which a room needs to be cleaned per week, how often the floor and all other elements need to be cleaned thoroughly (full clean) and how many times superficial cleaning (spot check) of the floor and all other elements needs to be carried out. A list needs to be developed defining the terms "thorough" (full clean) and "superficial" (spot check) cleaning.

Quality based Cleaning System

Quality based cleaning systems are characterised by mainly or exclusively stating the level of quality to be delivered. It is the contracting organisation who specifies the level of quality to be attained but it is the supplier who determines how this level of quality is to be achieved. These systems can specify minimum parameters in which the supplier should operate, i.e. minimum frequencies, but more often no method or frequency is specified.

In a quality based system, it is therefore acceptable not to clean a surface that is already clean if the established quality is maintained in a regularly used room. Such quality standards include visual quality goals and evaluations, but can also involve measurement with specifically designed tools of levels of hygiene.

It is strongly recommended that the contracting organisation chooses to award the service on the most economically advantageous tender. By doing so the following tender specifications shall be specified in the contract documents or in the tender notice in order to receive the best value:

- Contractual conditions relating to the contract period covered by the term of notice, payment schedule and annual review, including a code of conduct for work carried out by third parties
- The cleaning programme with the activities and frequencies of the cleaning work per room category
- Floor plans of the premises to be cleaned
- Room list indicating which cleaning programme is to be employed where
- Times of the day when work can be carried out
- Times of the day when cleaning cannot be carried out, or number of days that work can be done
- The quality evaluation system for cleaning work, or the way in which quality is defined and guaranteed, and the consequences if cleaning quality is inadequate
- Specifications of other supplies and products to be provided, services and prices
- Date of award and work commencement time and date

Applicants will also be invited to carry out a site visit during which a detailed explanation of the cleaning specification will be given and made available to all potential contractors.

It is important at this stage that the description of the services to be provided is as precise as is possible. It may emerge that there are certain jobs which are difficult to define or assess in advance, it is possible for such services to be listed as "extra" or "periodic" cleaning to allow them to be contracted at a previously agreed, and included price, from time to time, e.g. decontamination of showerheads

When the description of services is set, in principle no changes can be made. If changes are being made in the scope of the work it should be noted that changes in quality standards as a result of change in the specification is not attributable to the contractor.

6.5 Final Selection of the Company

Once all tenders have been received based on the cleaning specification as specified, tenders are evaluated and compared. The selection of the successful company is made on the basis of the award criteria set out in the tender documentation.
According to the European Services Directive, criteria for the award of contracts can be the following:

"Without prejudice to national laws, regulations or administrative provisions on the remuneration of certain services, the criteria on which the contracting authority shall base the award of contracts may be:

a) Where the award is made to the economically most economically most advantageous tender, various criteria relating to the contract: for example, quality, technical merit, aesthetic and functional characteristics, technical assistance and after-sales service, delivery date, delivery period or period of completion, price or
b) The lowest price only

Where the contract is to be awarded to the economically most advantageous tender, the contracting authority shall state in the contract documents or in the tender notice the award criteria which it intends to apply, where possible in descending order of importance"

The provisions of the Services Directive do not limit contracting organisations' freedom to decide whether they wish to award a contract to the lowest price provider or to the most economically advantageous tender.

However, it is considered that in order to avoid the disadvantages of competition driven solely by the criterion of the lowest price, the award of contracts on the basis of the economically most advantageous tender is to be preferred.

In order to encourage the submission of high quality tenders, which closely match the requirements of the contracting organisation and to prevent the challenges of the contract award process by unsuccessful tenderers, it is important that clear selection and award criteria are set down in the tender specification.

6.6 Defining Best Value in Contract Cleaning Services

The quality of the service delivered depends on a number of key factors. Of all of these factors, the capabilities, skills and motivations of front line staff is clearly the most important, as they are responsible for the day-to-day performance of the work.

In addition, the operational planning and management of front line staff and services needs to ensure that the service is performed to the highest possible quality standard. Of similar importance is the technical/product, operational and human resource infrastructure available to front line staff and the contract management team.

Finally, it is crucial that all operations are backed up by a company infrastructure that not only has the relevant track record to perform a quality service, but also displays a quality of service philosophy, which meets the requirements of the contracting organisation or client.

The three key areas in which quality and the technical merit of a proposal for the supply of cleaning services should therefore be assessed are as follows:

- Cleaning personnel
- Contract management / operations
- Contract infrastructure

Cleaning Personnel

The most important asset of any cleaning company is its cleaning personnel. It is with their diligence, motivation, skills and experience that the daily performance of the service stands or falls. It is therefore crucial that a bidding company can provide assurance that the personnel selected to perform the work have the necessary experience and capabilities to provide a high standard of service. In the case of highly specialised locations such as hospitals, the contracting organisation should look for proof that the assigned staff has experience of working in this or a similar environment and that the

staff has received relevant, and if available, accredited training. This information can be obtained through staff CV's and staff training records.

It is clear that in a significant number of locations, cleaning personnel are recruited from amongst the staff already employed at the site. It still remains crucial that a bidding company is able to provide evidence of their capacity to recruit suitable staff, retrain existing staff and provide ongoing training both to up-skill existing staff and meet the requirements of new staff as a result of staff turnover. Information about the levels of staff turnover and absenteeism can provide an indication of company stability and the quality of the working environment.

Contracting organisations should specify in their tender documentation any additional, technical or activity specific training which they require of staff that will be assigned to highly specialised areas.

It is generally recognised that cleaning personnel who receive continuous training are more likely to show greater motivation and commitment to the industry. The availability of employer funded training should be linked to a transparent career structure enabling vertical and horizontal promotion. This equally ensures higher levels of motivation and ultimately a better quality service. Where nationally accredited training is available, it is important that any training provided is certified in this manner.

Career Opportunities

There is recognition that the availability of career opportunities contributes to higher retention rates of skilled staff.

Selection, Recruitment and Vetting

Even where a contract requires that existing staff on site be taken over, it is important that companies can provide details of a structured staff selection and recruitment procedure. A dedicated and suitably trained personnel team on the basis of an established human resource policy, which incorporates the principles of equality of opportunity and shows a commitment of effective human resource management, should ideally implement procedures.

This can provide peace of mind that all staff provided by the contractor meets the quality standards that the contracting organisations themselves would wish to apply.

Suitable checks on employment track records can provide some assurance of the reliability, efficiency and effectiveness of potential staff.

Contracting organisations may wish to seek evidence that a potential contractor's recruitment literature encourages equality of opportunity and avoids racial bias, and is therefore in line with their own equal opportunities policies. Insistence on such principles can send a strong signal to potential contractors and therefore raise the profile and potential for success of equality policies. Where guidelines or codes for ethical recruitment exist, they should be applied.

Employment conditions and health and safety of workers on site

It is widely recognised that the existence of a fair and transparent reward structure has a positive impact on the retention of experienced staff, their motivation and job satisfaction, and therefore the quality of their performance. Evidence of such systems include respect for any collective agreements which may be in place; a company trade union policy; the existence of additional performance related reward structures and staff grading and assessment systems. A framework should be in place for the regular review of salaries and training requirements. Evidence of the existence and of effective channels of staff-employer communications through any structure enabling dialogue can also provide additional assurance of a higher quality working environment.

In order to avoid awarding contracts to disreputable companies, contracting organisations should seek evidence that working conditions applied to the company's cleaning staff are in compliance with national legislation and/or collective agreements. Where no collective agreements are in place, rostering schedules should provide information on working hours and length of shifts. This is important as excessively long working hours can lead to accidents and affect performance.

Good quality providers should also be able to give information about the health and safety policies and procedures, which apply to workers on site. These should conform to European framework regulations and national legislation. A good health and safety track record indicates a company, which rates its personnel as its highest asset. Such companies are likely to offer a higher quality-working environment and should therefore have lower rates of absenteeism and more motivated staff.

Well regulated working conditions and the availability of employee information and consultation systems lower the potential for disputes and reduce risks relating to the health and safety of staff, clients and their property as well as the general public.

Quality Criteria Relating to Cleaning Personnel

Cleaning Personnel	
Experience	**Experience in the industry** **Activity specific experience** **Staff turnover and absenteeism**
Skills and Capabilities	**Basic training** **Additional training and qualifications** **Activity specific training** **Recurring training** **Other skills** **Career opportunities**
Selection and Recruitment	**Recruitment and selection methodology**
Employment Conditions and Health and Safety	**Salary and benefit levels** **Staff employer relations** **Working conditions** **Health and Safety provisions**
Other Criteria	**Criteria as defined by the customer, these criteria must be justified**

Contract Management/Operations - The Management Team / the Contract Manager

When contracting out cleaning functions, contracting organisations are generally keen to ensure that a minimum supervisory effort will be required on their part in ensuring the contractual performance of the work. The competence and organisation of the external contract management team is therefore highly significant. The client must feel satisfied that all members of the external management team have the necessary skills to meet the client's requirements. Channels of responsibility must be clearly laid out and rapid response times and adequate back-up capacity must be demonstrable. The bid must therefore provide information about the skills and experience of each member of the management team and their

responsibility within the framework of the contract. Quality standards should be set in relation to how quickly a client's queries are dealt with and who has ultimate responsibility. In relation to sites requiring more specialised cleaning skills or where a premium is being placed on the immediate smooth functioning of the service, evidence of contract specific experience may be required.

From the point of view of the client, the contract manager is the most important part in all matters relating to the performance of the contract. It is therefore crucial that the client is satisfied with the skills and capabilities of this individual. Bidders must therefore provide detailed information on the identity, skills and experience of the contract manager.

In certain cases specific, in-depth contract specific knowledge may be required to avoid the need for a long "warm-up" period and the emergence of potential complaints or health and hygiene risks. In these cases, the contract manager should be able to demonstrate a comprehensive understanding of the client's requirements.

Availability and response time

The operational plan should ensure that the contract manager can be contacted quickly and that s/he has the capacity to make decisions effectively within a clear chain of responsibility and a prompt response time.

Operational planning

The operational plan presented in the bid must satisfy the client that the contractor has necessary knowledge of the requirements of a particular site to draw up a rostering methodology. This has to meet client requirements in terms of expected quality standards of service provision and can act as the basis of contractually agreed levels of provision.

The operational plan must also demonstrate that the contractor has sufficient organisational capacity in terms of delivery, and qualified and experienced manpower to ensure that equipment and members of staff can be replaced or supported at short notice.

The bidder should demonstrate that procedures are, or can be put in place, which can guarantee a quick and smooth start-up and operation of the contract. Assurance must be given that any procedures specifically agreed with the client will always be met and clients will always be consulted and informed in advance of any necessary modifications.

The information given in the operational plan must satisfy the client that the contract manager can monitor the performance of the contract on a regular basis and at specified times/dates. The proposal put forward by

the bidder should therefore outline a comprehensive reporting structure, which ensures that:

- reporting is always done and is done within a set timeframe;
- reporting provides responses to relevant questions;
- reporting is objective;
- reporting is more than just an administrative task;
- reporting is tailored to the needs of individual clients;
- reports are collated and analysed;

In order to ensure that a minimum of time input is required from the client, the operational proposal should set out how communication regarding contract, site and customer is to be managed and the frequency and organisation of meetings.

Support services

The provision of effective contract support services from the company's headquarters assists in ensuring the smooth running of the contract. The operational proposal should contain information about the support services made available by the company's headquarters (such as administration, invoicing and personnel).

Quality assurance

In order to ensure a stable and satisfactory contract it is important that both the contracting organisation and the contractor are clear about the quality standards to be achieved and how these are to be assured. Information on the contracting organisation's quality philosophy should be readily available and should be compliant with those things that the contracting organisation itself wishes to apply. Agreement on quality assurance should therefore be an important part of contractual negotiations and should involve the formulation of a well-defined system of quality assurance and inspection. It should be clearly set out by whom, how often and how different elements of quality control are to be carried out. Evidence of relevant quality certification should be provided.

Quality can be assured by assessing objective and subjective quality (or preferably a mixture of both methods). The objective quality of the provision of services is generally measured with reference to established service activities and/or qualities. This allows quality assurance and monitoring procedures to be carried out, which can be compared to the contract, documented and reproduced. The objective quality of cleaning services is most

often built on a set of evaluations as defined which are measured objectively with the help of measuring tools designed for this purpose.

The subjective quality of the provision of services is an expression of the overall impression, measured for example through user/patient surveys. These must be comparable to a previously established degree of user satisfaction. If a contractual agreement has been reached on the delivery of a service according to an activity based cleaning system, estimation needs to be made based on trade knowledge on the nature and frequency of activities required attaining the desired standard of cleanliness. Quality assurance is then generally carried out on the basis of monitoring compliance with the agreed frequencies with which certain operations are to be carried out.

Quality assurance systems in quality based cleaning systems are based both on visual quality assessment and on objective measurements, as set out above.

All personnel involved must receive sufficient training to ensure that quality standards set down in the contract are understood and achievable. Staff responsible for carrying out quality assurance must have received detailed and contract specific instructions.

Inspections

The frequency of internal and external inspections should be set out in the work specifications included in the contract. Internal inspections are generally carried out with the use of specially prepared charts, which should tie in with the requirements of the contract. Systems must be in place to rectify any downward deviation in quality standards as quickly as possible. In addition, a running evaluation must be carried out to assess whether purchases or investments need to be made to achieve an optimum of tools, machinery, cleaning products and so on to achieve the required quality standards.

Quality criteria relating to contract management and operations
Contract management/operations

Contract Management / Operations	
The Management Team / The Contract Manager	**Structure, organisation and skills of the contract manager and management team** **Contract specific know-how of the contract manager and management** **Availability** **Response time** **Promptness of intervention**
Operational Planning	**Operational planning methodology** • **Start-up of cleaning process** • **Terms of delivery** • **Back-up capacity** • **General and client-specific procedures** **Reporting** **Communication related to site and customer** **Response to clients' special requirements**
Support Services	**HQ support services in** • **Administration** • **Invoicing** • **Personnel**
Quality Assurance / Inspections	**Quality assurance** • **Frequency of control** • **Documentation of quality** • **System of quality improvement** • **Way and frequency the contractor evaluates the fulfilment of the contract**
Other Criteria	**Criteria as defined by the customer, these**

	criteria must be justified

Contract infrastructure

The term "contract infrastructure" is used here to refer to any equipment and products to be used in delivering contracts. Bidders must be able to show that any such tools are safe and suitable to the environment in which they are to be used. In relation to specialist tools or products it should be ensured that staffs have received adequate training in their application.

Equipment

All cleaning equipment to be used must be appropriate to the location and surface on which it is to be used. The safety of both the individual using it and the area where it is to be used needs to be ensured through providing adequate training on suitable and safe use and adequate maintenance.

Where specialist equipment is required, the technical proposal must stipulate whether the company has access to this equipment or whether it will be purchased specifically for the contract. Information should be included on how staff will be trained in its use.

The tenderers need to demonstrate that they can make available appropriate uniforms and safety equipment as required in the use of different cleaning equipment and products.

Products

The technical proposal should demonstrate that tenderers are aware of the requirement for different cleaning methods and products to treat different surfaces and that this material will be provided. The contract staff need to be trained in the application of different products. The use of products should follow appropriate environmental considerations and be carried out in consideration of the health, hygiene and safety of patients, staff and the public.

Quality criteria relating to contract infrastructure

Contract Infrastructure	
Equipment	• **Maintenance and use of machines and materials** • **Cleaning adapted to the characteristics of the building** • **Uniforms and safety equipment**
Products	• **Methods and products used** • **Environmental, health and hygiene considerations**

Evaluation guidelines

Every tender award should follow a three-stage process, in which tenders are assessed according to specified exclusion, selection and award criteria. A logical distinction should be made between exclusion, selection and award criteria. Exclusion and selection criteria are merely designed to eliminate from the tendering process companies which:

a) have not met their statutory requirements in relation to tax or PRSI payments and are not considered financially stable;

b) do not meet the selection criteria in terms of their size or expertise and in relation
to their capacity of providing a quality service.

The final detailed evaluation of the technical and operational proposals contained in the bid is subject to the relevant award criteria and an assessment of price proposals.

STEP 1 – The importance of selecting companies able to provide a quality service

To determine the proposals, which represent the best value according to their capacity of providing a qualitative service, the following tables are used:

Selection CRITERIA:

Financial and economic capacity

- Balance sheets and profit and loss statements for the past three financial years if their publication is compulsory under the legislation or practice in the country in which the applicant is registered

Technical capacity

- The organisational structure and capacity of the company
- The professional experience and relevant training of the persons proposed to carry out the work
- A proven track record of the organisation, provision and support of services which are the subject of this contract
- Availability of the necessary infrastructure to meet the requirements set out in the tender
- Average annual manpower and managerial staff over the last three years

Cleaning personnel

Category	Establishment of priorities for the different categories of criteria
Cleaning Personnel	**A high number of points allocated to the "cleaning staff" category indicates that the skills and professional qualifications and qualities of the cleaning personnel to be used are of paramount importance**

At this stage, it is recommended that the contracting organisation should:

a) either fix in advance a maximum number of tenderers who they wish to be selected and keep the best scored (restricted procedure); or

b) in the case of an open procedure, determine a minimum score to be reached, in order to be selected.

Both possibilities should be clearly indicated in the tender.

STEP 2 - The importance of price over technical merit and quality of the service

To determine the proposal, which represents the best value according to the technical and price criteria, the following formula is used to arrive at the overall proposal score:

Offers proposal score = Technical score + Price score

It is up to the contracting organisation to determine its own priorities in relation to the weight to be given to the technical score and the price score.

STEP 3 - Defining the importance of different categories of technical merit criteria relating to the tasks to be performed

This step allows contracting organisations to define which categories of criteria are most important to them in their technical evaluation, by allocating a differing proportion of the points allowed for the technical merit score in STEP 2.

STEP 4 – Prioritising technical merit award criteria

This step allows contracting authorities to prioritise the detailed award criteria, which it considered to be important allocating points out of the total assigned to the two award categories in STEP 3.

STEP 5 - Announce chosen selection and award criteria in tender notice

Contracting organisations seeking to award a contract to the economically most advantageous tender must state the selection and award.

CONTRACT AWARD PROCESS

EXCLUSION CRITERIA ***Applicants must provide the following:***

- Entry in the professional register if required by the legislation of the Member State in which the company is registered
- Certificate to the effect that the applicant is up to date with the payment of PRSI contributions
- Certificate from social security authorities to the effect that the applicant has met all his tax obligations in accordance with the legal provisions of the country in which he is registered
- Profit and loss accounts if publication is compulsory under the legislation or practice in the country in which the applicant is registered
- If relevant, certification that any technical equipment to be used in pursuance of the contract conforms with European standards and/or their national implementation

SELECTION CRITERIA

Applicants must provide the following:

Financial and economic capacity

- Balance sheets and profit and loss statements for the past three financial years if their publication is compulsory under the legislation or practice in the country in which the applicant is registered
- Total turnover and turnover relating to services similar to those covered by this call for tenders for the past three financial years

Technical capacity is assessed on the basis of the following:

- The organisational structure and capacity of the company
- The general skills of the manager/management team
- A proven track record of the organisation, provision and support of services which are the subject of this contract over the last three years
- Availability of the necessary infrastructure to meet the requirements set out in the tender
- Average annual staff turnover over the last three years
- Proof of quality control systems in relation to the company's security philosophy, HRM philosophy and practice and operational back-up

Quality criteria related to cleaning personnel:

- Experience in the industry; activity specific experience; turnover and absenteeism
- Basic skills; additional training and qualifications; activity specific training; recurring training; other relevant skills; career opportunities
- Recruitment and selection methodology, vetting
- Salary and benefit levels; staff employer relations; working conditions; health and safety measures; other criteria

AWARD CRITERIA

***Award is on the basis of the economically most advantageous tender, Assessment is based on the following*:**

• Price
• A detailed description of how the service will be organised, provided and supported in terms of quantity and quality of manpower, back-up capacity and the use of technology
• Compatibility with the objectives of the contract

The assessment breaks down into the following quality criteria:

Contract management/operations
• Structure, organisation, contract specific know-how of the contract Manager/management team
• Skills and experience of operational and management staff to be assigned to the contract
• Availability; response time; promptness of intervention
• Rostering methodology; start-up of cleaning in the company; terms of delivery; back-up capacity; general and client specific procedures
• Reporting; communication related to site and customer; response to special requirements
• Head Quarter support
• Quality assurance; frequency of control; documentation of quality, system of quality improvement; way and frequency the company evaluates the fulfilment of the contract
• Other criteria

Contract infrastructure
• Maintenance and use of equipment and materials; cleaning adapted to the characteristics of the building; uniforms and safety equipment

• Products and methods used; environmental, health and hygiene considerations

STEP 6 – Determining the "best value" provider

In the generally applied open procedure the contracting organisation can carry out an evaluation of the prices quoted in the remaining bids after the elimination of the tenders who were disregarded because of their failure to meet the selection criteria. This evaluation is based on the number of points that have been allocated to the price, as stated in the tender award notice.

Price evaluation

The firm offering the lowest price is awarded the full number of points available for price. All higher price offers are assessed against the lowest price bidder. Points for price are deducted in relation to the percentage that the price offer is above that of the lowest bidder.
In the example below, where a total of 40 points are available for the price score, a 10% increase in price leads to a deduction in points of 10% off 40 points and so on.

EXAMPLE

Company	Price	Points
A	**€100.00**	**40**
B	**€110.00**	**36**
C	**€120.00**	**32**

Assessing technical merit

After the contracting organisation has defined its priorities in terms of technical merit by awarding points to categories and quality criteria as set out in STEPS 1, 2 and 3, it is crucial that an objective assessment is made of extent to which bids meet these requirements. In order to ensure this objectivity, the following scoring parameters are being used:

- not applicable
- bad
- medium
- good
- excellent

The table overleaf provides definitions for each of our scoring parameters. "Not applicable" used in the scoring tables for criteria, which are not deemed relevant to the contract.

Clearly, a company that scores "excellent" in relation to one of the quality criteria should be awarded a higher proportion of the points available than a company that is merely deemed "medium". Different weightings are therefore applied to the points awarded to each criterion.

These are as follows:

Parameter	**Weighting**
Bad	0%
Medium	50%
Good	80%
Excellent	100%

The company with the highest number of "excellent" scores for key criteria (those criteria allocated the highest number of points by the contracting organisation) will therefore obtain the highest score in the quality and technical merit evaluation.

The points from the technical merit evaluation are added to the points awarded in the price evaluation to establish the "best value" provider.

The examples below show how this system is used.

Definition of scoring criteria

Not Applicable	This takes account of the fact that not every item is applicable to every client. The criterion is not applicable to the award of this tender and is therefore not scored. The assessment "not applicable" should not be used randomly, but needs to be justified in relation to the requirements of the tender
Bad	The information provided does not allow satisfying the quality level expected by client

Medium	The information provided does not allow a full assessment whether the item proposed meets with the requirements
Good	The information provided meets the requirement outlined in the tender notice and meets the tenderers expectations
Excellent	The information provided meets completely the requirements and expectations and demonstrates an exceptionally high quality service based on successful performance in operation

Step 6.1 - Selection criteria

Out of overall 60 points for the selection criteria, 24 points have been allocated to the "cleaning personnel" category: (Further details should be given respectively for "financial capacity" and "technical capacity")

Quality Criterion "Cleaning Personnel"	**Points available**	**Not Applicable**	**Medium (50%)**	**Good (80%)**	**Excellent (100%)**	**Weighted points allocated**
Experience in industry	4		√			3.2
Activity specific experience	2				√	2
Turnover and absenteeism	0	√				
Basic training	4				√	4
Additional training and qualifications	1		√			0.5
Activity specific training	2			√		1.6
Ongoing training	2		√			1
Other skills	0	√				
Career opportunities	2		√			1
Recruitment and selection, vetting	2			√		1.4
Salary and benefit levels	1		√			0.5
Staff-	0	√				

employer relations						
Working conditions	1		√			0.5
Health and safety	3				√	3
Other criteria	0	√				
Total	**24**					**18.7**

TOTAL SCORE FOR QUALITY OF CLEANING PERSONNEL: 18.7 POINTS OUT OF 24

Step 6.2 Award Criteria

The contracting organisation has decided to allocate the available 100 points as follows:

Price 50 points

Technical Merit 50 points (contract management 25 points and contract infrastructure 25 points)

Quality Criterion "Contract Management"	**Points available**	**Not applicable**	**Medium (50%)**	**Good (80%)**	**Excellent (100%)**	**Weighted points allocated**
Contract specific know-how of the contract manager and the management team	3				√	3
Availability	1			√		0.8
Response time	2			√		1.6
Operational planning	1			√		0.8
Terms of delivery and back-up capacity	2		√			1
General and client specific procedures	0	√				
Reporting, communication and response to special	6		√			3

requirements						
HQ support	0	√				
Quality assurance / frequency, documentation and evaluation	10		√			5
Total	**25**					**15.2**

Quality Criterion "Contract Infrastructure"	**Points available**	**Not applicable**	**Medium (50%)**	**Good (80%)**	**Excellent (100%)**	**Weighted points allocated**
Equipment maintenance and use	6				√	6
Cleaning adapted to the building's characteristics	3				√	3
Uniforms and safety equipment	5		√			2.5
Products / methods used	2				√	2
Environmental, health and hygiene considerations	7				√	7
Other criteria	2		√			1
Total	**25**					**21.5**

TOTAL SCORE FOR TECHNICAL MERIT 36.7 POINTS OUT OF 50

EVALUATION TABLES - **ASSESSMENT SHEETS**

Company

1 EXCLUSION CRITERIA

Applicants must provide the following

Applicants must provide the following	**Not applicable**	**Applicable**	**Remarks**
Entry in the professional register if required by the legislation or practice of the Member State in which the company is registered			
Certificate to the effect that the applicant is up to date with the payment of PRSI contributions			
Certificate to the effect that the applicant has met all its tax obligations in accordance with the legal provisions of the country in which he is registered			
Respect of the profit and loss accounts if publication is compulsory under the legislation or practice in the country in which the applicant is registered			
If relevant, certification that any technical equipment to be used in pursuance of the contract conforms with European standards and/or their national implementation			

2 SELECTION CRITERIA

Financial and economic capacity

Applicants must provide the following	**Not applicable**	**Applicable**	**Remarks**
Balance sheets and profit and loss statements for the past three financial years if their publication is compulsory under the legislation or practice in the country in which the applicant is registered			
Financial turnover realised for similar services			

Technical capacity

Applicants must provide information on the following	**Not applicable**	**Applicable**	**Remarks**
The organisational structure and capacity of the company			
The professional experience and relevant training of the persons proposed to carry out the work			
A proven track record of the organisation, provision and support of services similar to this contract			
Availability of the necessary infrastructure to meet the requirements set out in the tender			
Average manpower and managerial staff over the last three years			

Cleaning personnel

	Points available	Not applicable	Bad 0%	Medium 50%	Good 80%	Excellent 100%	Weighted points allocated
1.1 Experience Experience in the industry Activity specific experience Staff turnover and absenteeism							
1.2 Skills and capabilities Basic training Additional training Activity specific training Ongoing training Other skills Career Opportunities							
1.3 Recruitment, selection and vetting							
1.4 Employment conditions Salary and benefit levels Staff-employer relations Working conditions / health and safety							
Other criteria							
Total							

A "not-applicable" or "bad" score in any of the categories will lead to the exclusion of the tenderers from the further selection/awarding process. If the score of a company is "medium", further information may be requested.

3. AWARD CRITERIA

The contract will be awarded to the organisation presenting the economically most advantageous tender, assessed on the following criteria:

- Price
- A detailed description of how the service is to be organised, provided and supported in terms of quantity and quality of manpower, back-up capacity and the use of technology
- Compatibility with the objectives of the contract

SUMMARY

	Number of points available	**Points awarded**	**Remarks**
a) Contract management			
b) Contract infrastructure			

TOTAL TECHNICAL MERIT:
PRICE:
TOTAL POINTS:

a) Contract management / operations

	Points available	Not applicable	Bad 0%	Medium 50%	Good 80%	Excellent 100%	Weighted points allocated
2.1 The management team Contract specific know-how of the contract manager and the management team Availability Response Time							
2.2 Operational Planning Terms of Delivery Back-up capacity General and client-specific procedures Reporting, communication and response to special requirements							
2.3 Support Service HQ Support Quality assurance / frequency, documentation and evaluation							
Other criteria							

Total							

b) Contract infrastructure

	Points available	**Not applicable**	**Bad 0%**	**Medium 50%**	**Good 80%**	**Excellent 100%**	**Weighted points allocated**
3.1 Equipment Equipment use and maintenance Cleaning adapted to the building's characteristics Uniforms and safety equipment							
3.2 Products and methods used Environmental, health and hygiene considerations							
Other criteria							
TOTAL							

Section 7

Section 7 - References & Submissions Listing

Cleaning Manual References and Submissions

- The NHS Healthcare Cleaning Manual
- Standards of Cleanliness in the NHS, NHS Estates, 2003
- National Standards of Cleanliness for NHS Trusts in Wales, Performance Assessment (Toolkit) produced in association with the All Wales Facilities Group, July 2003
- A Monitoring Framework for NHS Scotland National Cleaning Services Specification, Property and Environment Forum, Version 1, October 2005
- The NHS Scotland National Cleaning Services Specification, Draft Consultation Document, Healthcare Associated Infection Task Force
- Review of Implementation and Monitoring of Patient Environment Cleaning Standards, Frequencies and Audit Procedures, North Western Area Health Board (2005)
- Proposal for Implementation of Cleaning Standards, NWHB, 2002
- A Clean Bill of Health, Auditor General, Audit Scotland, 2000
- Cleaning Standards for Victorian Public Hospitals, 2005
- Protecting Patients and Staff, Department of Health, Social Services and Public Safety, Northern Ireland, 2005
- Winning Ways, Department of Health, UK, 2003
- A Matron's Charter: An Action Plan for Hospitals, NHS, 2004
- Towards Cleaner Hospitals and Lower Rates of Infection, Department of Health, UK, 2004
- Revised Guidance on Contracting for Cleaning, NHS Estates, 2004

- Segregation, Packaging and Storage Guidelines for Healthcare Risk Waste, Department of Health and Children, 3rd Edition April 2004
- Standards for Healthcare Associated Infection (HAI) – Cleaning Services, Scotland
- The NHSScotland Code of Practice for the Local Management of Hygiene and Healthcare Associated Infection, 2004
- Infection Control Department Guidelines, HSE Midland Area
- Standards Guidelines and Policy for NSW Public Hospital Cleaning Services
- Best Practices for Cleaning, Disinfection and Sterilization – In All Health Care Settings, Ontario April 2006
- NHSScotland Property and Environment Forum Model Infection Control Policies, February 2006
- Infection Control in the Built Environment, NHS Estates, 2002
- Guidelines for Hand Hygiene in Irish Health Care Settings, SARI Infection Control Subcommittee 2005
- Audit Tools for Monitoring Infection Control Standards, Infection Control Nurses Association, 2004
- Cleaning Specification Waterford Regional Hospital, 2004
- South Eastern Hospitals Group
- Southern Hospitals Group
- North Eastern Hospitals Group
- West/North Western Hospitals Group
- Mid Western Hospitals Group
- Dublin South Hospitals Group
- Dublin Midlands Hospital Group
- Dublin North East Hospital Group
- National Partnership Forum
- South Eastern Area Infection Control Team – Decontamination Policy November 2005
- Wexford General Hospital
- Irish Health Services Accreditation Board, Hygiene Services Standards Assessment Process
- National Working Group, Hygiene Services Standards
- National Hospitals Office
- Cork University Hospital
- Our Lady of Lourdes Hospital, Drogheda
- Our Lady's Hospital, Navan
- Cavan General Hospital
- Monaghan General Hospital
- University College Hospital Galway
- Mayo General Hospital
- Portiuncula Hospital
- HSE Mid Western Hospital Group
- Beaumont Hospital, Dublin

- Waterford Regional Hospital
- Mater Misericordiae Hospital
- Adelaide, Meath and National Childrens' Hospital, Tallaght, Dublin
- Institution of Occupational Safety and Health (IOSH)
- Rotunda Hospital
- Connolly Hospital, Blanchardstown, Dublin
- St. Luke's General Hospital, Kilkenny
- Kerry General Hospital, Tralee, Kerry
- Bantry General Hospital, Cork
- Mercy University Hospital, Cork
- South Infirmary Victoria University Hospital, Cork
- Community Infection Control Manager Donegal Community Services, HSE North West
- Naas General Hospital
- Infection Control Nurses' Association
- Kilcreene Orthopaedic Hospital, Kilkenny
- Risk Management, Kilcreene Office Complex, Kilkenny

Cleaning Manual Appendices References and Submissions

National Cleaning Audit Tool References

- National Standards of Cleanliness for NHS Trusts in Wales, Performance Assessment (Toolkit) produced in association with the All Wales Facilities Group, July 2003
- A Monitoring Framework for NHS Scotland National Cleaning Services Specification, Property and Environment Forum, Version 1, October 2005
- The NHS Scotland National Cleaning Services Specification, Draft Consultation Document, Healthcare Associated Infection Task Force
- National Standards of Cleanliness for the NHS, April 2001
- Cleaning Standards for Victorian public hospitals, 2000, Revised February 2005
- Proposal for Implementation of Cleaning Standards, NWHB, 2002

National Risk Categories & Draft Minimum Cleaning Frequencies Policy References

- Association of Domestic Management, Recommended "Activity" Minimum Cleaning Frequencies – a best practice document (2005)
- Review of Implementation and Monitoring of Patient Environment Cleaning Standards, Frequencies and Audit Procedures, North Western Area Health Board (2005)
- Cleaning Specification Waterford Regional Hospital (2004)
- The NHS Scotland National Cleaning Services Specification, Draft Consultation Document, Healthcare Associated Infection Task Force
- National Standards of Cleanliness for the NHS, April 2001

National Colour Coding System Policy References

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The Manual has been developed by the National Working Group – Hygiene Services Standards, having reviewed submissions from staff throughout the system, and is based on policies and guidance in the UK, Scotland and Australia, we are indebted to all sources and contributors.

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