

# National Hospital Office – National Cleaning Manual Appendices

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## Appendix 1 - National Cleaning Element Specifications

### ENVIRONMENT

| Element                      | Specification   |
|------------------------------|---|
| <b>1. Overall appearance</b> | <ul style="list-style-type: none"> <li>All areas should be clean, tidy and well-maintained, be free of rust, with no blood or body substances, dust, dirt, debris and spillages and be uncluttered with only appropriate, cleanable, well-maintained furniture, fixtures and fittings used.</li> <li>Fire exit and entrance doors are clear and unhindered.</li> <li>No inappropriate storage of goods or equipment in rooms and corridors</li> </ul> |
| <b>2. Odour control</b>      | <ul style="list-style-type: none"> <li>The environment and equipment should be clean and free from offensive odours</li> <li>Areas should be adequately ventilated with ventilation units cleaned and serviced accordingly</li> <li>Any deodorisers (wall mounted) should be clean, functional and regularly checked, the use of deodorisers and aerosols should be avoided where possible</li> </ul>   |

### PATIENT EQUIPMENT - Patient equipment - direct contact

| Element  | Specification  |
|--|--|
| <b>3. Commodes, weighing scales, manual handling equipment</b>   | <ul style="list-style-type: none"> <li>Direct contact patient equipment, including all component parts, should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul> |
| <b>4. Medical equipment including intravenous infusion pumps drip stands and pulse oximeters NOT CONNECTED</b> | <ul style="list-style-type: none"> <li>Direct contact patient equipment, including all component parts, should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul> |

|   |  |
|---|--|
| <p><b>5. Medical equipment including intravenous infusion pumps drip stands and pulse oximeters CONNECTED</b></p> | <ul style="list-style-type: none"> <li>• Direct contact patient equipment, including all component parts, should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul>   |
| <p><b>6. Patient washbowls</b></p>  | <ul style="list-style-type: none"> <li>• Direct contact patient equipment, including all component parts, should be should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> <li>• Patient washbowls should be decontaminated appropriately between patients and should be stored clean, dry and inverted.</li> <li>• Badly scratched bowls should be replaced; stainless steel is preferable in the acute setting.</li> </ul> |
| <p><b>7. Bedside oxygen and suction connectors, earpieces for radios (single use earpieces preferable)</b></p>    | <ul style="list-style-type: none"> <li>• Direct contact patient equipment, including all component parts should be should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul>  |
| <p><b>8. Patient fans</b></p>   | <ul style="list-style-type: none"> <li>• Direct / Close contact patient equipment, including all component parts should be should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> <li>• Fans not recommended in clinical areas, if used a documented cleaning schedule to include 'blades' must be in place.</li> </ul>  |

Patient equipment - Close contact

| Element   | Specification   |
|---|---|
| <p><b>9. Bedside Alcohol Hand Gel/ Soap Containers/ Dispensers /Brackets</b></p>          | <ul style="list-style-type: none"> <li>• Dispensers / hand-wash containers / brackets including all component parts should be clean and well-maintained with no blood or body substances, dust, dirt, debris and spillages, and available at appropriate locations.</li> <li>• Hand-wash dispensers should be free of product build-up around the nozzle.</li> <li>• Containers should be replaced when empty; containers that facilitate topping-up should not be used.</li> <li>• To avoid splashes on surfaces splash-backs should be provided.</li> </ul>   |
| <p><b>10. Chart trolley / Drugs trolley</b></p>   | <ul style="list-style-type: none"> <li>• Close contact patient equipment, including all component parts should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul>  |
| <p><b>11. Patient personal items including cards, personal items, ornaments, etc.</b></p> | <ul style="list-style-type: none"> <li>• Patient personal items, including all component parts should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> <li>• Loose items, such as clothing, should be stored away either in the locker or property bag.</li> <li>• Flower vases where present should be clean with water changed minimum daily.</li> <li>• Wilted flowers where present should be removed and disposed of accordingly. (Note: flowers not recommended in high risk areas)</li> <li>• Personal food items, including fruit should preferably be stored in an airtight container.</li> </ul> |

|                                 |   |
|---------------------------------|---|
| <p><b>12. Linen trolley</b></p> | <ul style="list-style-type: none"> <li>• Close contact patient equipment, including all component parts should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages</li> </ul> |
|---------------------------------|---|

**BUILDING - External and internal features**

| <p><b>Element</b></p>                            | <p><b>Specification</b></p>   |
|--|---|
| <p><b>13. Entrance/Exit</b></p>                  | <ul style="list-style-type: none"> <li>• All entrance/exit areas (including fire exits) including all component parts should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> <li>• Entrance matting and mat well if present, should be clean and in good repair</li> <li>• Internal signage should be clean, updated, well maintained and laminated to enable cleaning.</li> <li>• If there is a designated smoking area, it must comply with national and local policies accordingly, a cigarette bin should be available, and the floor area should be free of cigarette ends, matches, etc.</li> </ul> |
| <p><b>14. Stairs (internal and external)</b></p> | <ul style="list-style-type: none"> <li>• Stairs, steps and lifts, internal and external, including all component parts, should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> <li>• External stairs and steps where appropriate should be salted during the winter months.</li> </ul>  |

|                                  |  |
|----------------------------------|--|
| <p><b>15. External areas</b></p> | <ul style="list-style-type: none"> <li>• All external areas including grounds, gardens, footpaths, ramps and car parks should be clean and well-maintained.</li> <li>• Waste bins where available should be clean, in good repair and covered as appropriate.</li> <li>• Cigarette bins should be available in appropriate areas.</li> <li>• All signage should be clean, updated, well maintained and laminated to enable cleaning and should be secured accordingly with due regard for surfaces.</li> </ul> |
|----------------------------------|--|

**Fixed Assets**

| Element  | Specification  |
|--|--|
| <p><b>16. Switches, sockets and data points</b></p>                    | <ul style="list-style-type: none"> <li>• All wall fixtures such as switches, sockets or data points should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul> |
| <p><b>17. Walls</b></p>  | <ul style="list-style-type: none"> <li>• All wall surfaces (including skirting) should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul>                     |
| <p><b>18. Ceiling</b></p>  | <ul style="list-style-type: none"> <li>• All ceiling surfaces/tiles should be clean and well-maintained with no blood or body substances, dust, dirt, debris and spillages.</li> </ul>                                       |
| <p><b>19. All doors</b></p>  | <ul style="list-style-type: none"> <li>• Doors including all component parts should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul>                        |
| <p><b>20. All internal glass and glazing, including partitions</b></p> | <ul style="list-style-type: none"> <li>• All internal glass should be clean and well-maintained with no blood or body substances, dust, dirt, debris and spillages.</li> </ul>   |
| <p><b>21. All external glass and glazing</b></p>                       | <ul style="list-style-type: none"> <li>• All external glass should be clean and well-maintained with no blood or body substances, dust, dirt, debris and spillages.</li> </ul>   |

|   |  |
|---|--|
| <p><b>22. Mirrors</b></p>   | <ul style="list-style-type: none"> <li>All mirrors should be clean and well-maintained with no blood or body substances, dust, dirt, debris and spillages.</li> </ul>  |
| <p><b>23. Bedside patient TV</b></p>  | <ul style="list-style-type: none"> <li>TV's/radio's and controls, including all component parts should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul> |
| <p><b>24. Radiators</b></p>   | <ul style="list-style-type: none"> <li>Radiators including all component parts should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul>                  |
| <p><b>25. Ventilation grilles extract and inlets</b><br/>(Note: Cleaning and Maintenance schedules essential)</p> | <ul style="list-style-type: none"> <li>Ventilation units, including all component parts, should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul>        |

**Hard Floors**

| Element                            | Specification  |
|------------------------------------|--|
| <p><b>26. Floor - polished</b></p> | <ul style="list-style-type: none"> <li>The complete floor should be clean and well-maintained with no blood or body substances, dust, dirt, debris and spillages.</li> </ul> |
| <p><b>27. Floor - non slip</b></p> | <ul style="list-style-type: none"> <li>The complete floor should be clean and well-maintained with no blood or body substances, dust, dirt, debris and spillages.</li> </ul> |

**Soft Floors**

| Element                               | Specification  |
|---------------------------------------|--|
| <p><b>28. Soft Floor (carpet)</b></p> | <ul style="list-style-type: none"> <li>The complete floor should be clean and well-maintained with no blood or body substances, dust, dirt, debris and spillages.</li> <li>Carpet is not recommended in clinical areas.</li> </ul> |



**FIXTURES - Electrical fixtures and appliances**

| Element  | Specification   |
|--|---|
| <p><b>29. Pest control devices</b><br/>(Note: Devices should not be handled or visible, service contracts to include standards required)</p> | <ul style="list-style-type: none"> <li>• Pest control devices should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul>  |
| <p><b>30. Electrical items e.g. overhead lights.</b></p>   | <ul style="list-style-type: none"> <li>• Electrical items, including all component parts should be should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul>   |
| <p><b>31. Cleaning equipment</b></p>   | <ul style="list-style-type: none"> <li>• Cleaning equipment including all component parts should be clean and well-maintained with no blood or body substances, dust, dirt, debris and spillages, on risk assessment HEPA filters should be used in high risk areas, HEPA filters to be used in accordance with manufacturers' instruction and local infection control recommendations</li> </ul> |

**Furnishings, fixtures and fittings**

| Element  | Specifications   |
|--|--|
| <p><b>32. High surfaces</b></p>                                  | <ul style="list-style-type: none"> <li>• All surfaces should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul> |
| <p><b>33. Low surfaces</b></p>                                   | <ul style="list-style-type: none"> <li>• All surfaces should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul> |
| <p><b>34. Chairs</b></p>   | <ul style="list-style-type: none"> <li>• All surfaces should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul> |
| <p><b>35. Beds / Patient Couches / Trolleys / Mattresses</b></p> | <ul style="list-style-type: none"> <li>• All surfaces should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul> |

|   |  |
|---|--|
| <p><b>36. Lockers /wardrobes/drawers</b></p>  | <ul style="list-style-type: none"> <li>• All surfaces should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul>   |
| <p><b>37. Tables / Bed tables</b></p>   | <ul style="list-style-type: none"> <li>• All surfaces should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul>   |
| <p><b>38. All dispensers and holders</b></p>  | <ul style="list-style-type: none"> <li>• Dispensers, holders, wall brackets including all component parts should be clean and well-maintained with no blood or body substances, dust, dirt, debris and spillages</li> <li>• Dispensers should be free of product build-up around the nozzle.</li> <li>• Containers should be replaced when empty; containers that facilitate topping-up should not be used, to avoid splashes on surfaces splash-backs should be provided.</li> </ul>  |
| <p><b>39. Waste receptacles, Sani-bins &amp; Nappy Bins<br/>(Note: service contracts to include standards required)</b></p> | <ul style="list-style-type: none"> <li>• The waste receptacle including all component parts should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> <li>• Bins should be emptied as appropriate, with fresh liners fitted in accordance with local and national policy. Bags should be removed and labelled/tagged when no more than <math>\frac{3}{4}</math> full and stored appropriately in a secure location.</li> <li>• There should be an agreed schedule in operation for replacement of sani-bins in place.</li> <li>• The sani-bin/nappy bin, including all component parts should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul> |

|  |  |
|--|--|
| <p><b>40. Curtains (window and cubicle) and blinds</b></p> | <ul style="list-style-type: none"> <li>• Curtains, blinds, and associated fittings and attachments should be clean and well-maintained, with no blood or body substances, rust, dust, dirt, debris and spillages.</li> <li>• A curtain and blinds cleaning schedule should be in place with records maintained accordingly.</li> <li>• When curtains are changed after infected cases records should be kept.</li> </ul> |
|--|--|

**Kitchen fixtures and appliances**

| Element  | Specification  |
|--|--|
| <p><b>41. Dishwasher/ microwave (kitchen use only)</b></p> | <ul style="list-style-type: none"> <li>• Dishwashers &amp; all other appliances, including all component parts should be clean, and well-maintained, with no blood or body substances, rust, dust, dirt, debris, stains, spillages and food debris.</li> <li>• Dishwashers should be emptied after each use.</li> <li>• The minimum temperature for the disinfecting cycle should be greater than or equal to 82 degrees Celsius with temperature monitored accordingly.</li> </ul>  |
| <p><b>42. Fridge and/or freezer</b></p>                    | <ul style="list-style-type: none"> <li>• The fridge and/or freezer should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages, with no build-up of ice.</li> <li>• There should be no storage of blood, medicines or laboratory specimens, kitchen/pantry fridges/freezers are strictly for use of storage of patient foods as supplied and/or approved by hospital staff, food items should only be stored in appropriate food contact materials.</li> <li>• Fridge temperatures should be less than or equal to +5 degrees Celsius, with at least daily monitoring accordingly.</li> </ul> |

|   |  |
|---|--|
|   | <ul style="list-style-type: none"> <li>All food handling and ward kitchens must be compliant with food safety legislation and standards IS 340 and 343</li> </ul>  |
| <p><b>43. Ice machine / hot water boiler/ drinking water fountain / drinking water cooler</b><br/>(Note: service contracts to include standards required)</p> | <ul style="list-style-type: none"> <li>Ice Machines/Boilers/Milk Dispensers/Water Dispensers/Fountains, including all component parts should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> <li>If ice machines are in use they should be self-dispensing.</li> </ul> |
| <p><b>44. Kitchen cupboards</b></p>   | <ul style="list-style-type: none"> <li>Kitchen cupboards and shelving, including all component parts should be clean and well-maintained, with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul>   |
| <p><b>45. Cleaning equipment catering</b></p>   | <ul style="list-style-type: none"> <li>All cleaning equipment, including all component parts should be clean and well-maintained with no blood or body substances, dust, dirt, debris and spillages and comply with colour coding policy</li> </ul>  |

**Toilets, sinks, hand-wash basins and bathroom fixtures**

| Element   | Specification - (Flushing frequencies to be agreed, all water outlets should be flushed appropriately and at a temperature of greater than or equal to 50 degrees celsius, as per National Legionella guidelines )   |
|---|--|
| <p><b>46. 47. &amp; 48. Bathrooms/ Showers /Wash Hand Basins.</b></p> | <ul style="list-style-type: none"> <li>Bathrooms, Showers and Wash Hand Basins should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> <li>All bathroom fittings including component parts, and all associated fittings, e.g. tiles, taps, showerheads, dispensers, toilet brushes etc. should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages, and polished accordingly</li> </ul> |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• Shower curtains if present should be clean and in good repair, with a schedule in place for laundering and replacement.</li> <li>• Only designated store rooms should be used for storage purposes.</li> </ul>  |
| <p><b>49. &amp; 50. Toilets / Urinals / Bidets / Slop Hoppers / Sluices etc.</b></p> | <ul style="list-style-type: none"> <li>• Toilets, slop hoppers, bidets, urinals etc. should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> <li>• All bathroom fittings including component parts, and all associated fittings, e.g. tiles, taps, showerheads, dispensers, toilet brushes etc. should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages, and polished accordingly</li> <li>• Only designated store rooms should be used for storage purposes.</li> </ul> |
| <p><b>51. Sanitary accommodation &amp; Sanitary ware-overall appearance</b></p>      | <ul style="list-style-type: none"> <li>• All sanitary accommodation and sanitary ware should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul>   |
| <p><b>52. Replenishment of Consumables</b></p>                                       | <ul style="list-style-type: none"> <li>• Adequate and approved consumables such as liquid soap, paper towels and toilet paper should be readily available and stored appropriately.</li> <li>• Appropriate dispensers should be available with dispensers and all component parts clean and well-maintained accordingly.</li> </ul>  |
| <p><b>53. Computers / Telephones / Office Equipment</b></p>                          | <ul style="list-style-type: none"> <li>• Telephones, computers, fax machines and associated office equipment, including all component parts should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul>   |
| <p><b>54. Dirty Utility / Sluice room</b></p>  | <ul style="list-style-type: none"> <li>• Dirty utility and sluice rooms including all sanitary ware should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.</li> </ul>   |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• These areas must be kept clean and tidy at all times, be free from clutter, with no linen or waste build-up.</li> <li>• Hand washing facilities must be available.</li> </ul>   |
| <p><b>55. Cleaning Store / Cleaning Services Room / Cleaning Cubby</b></p> | <ul style="list-style-type: none"> <li>• All cleaning equipment including component parts should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages. All cleaning equipment should be cleaned daily in accordance with cleaning specification and used in accordance with the cleaning manual and stored inverted and dry as appropriate</li> <li>• Equipment with water reservoirs should be stored empty and dry</li> <li>• All cleaning equipment and products should be of adequate supply and be approved for use by Infection Control Personnel and/or appropriate expert groups.</li> <li>• Storage facilities should be provided in each work area with adequate ventilation, a hot and cold water supply, and sluice and hand-wash facilities.</li> <li>• Storage facilities should be adequate, clean and well maintained.</li> <li>• All cleaning products and consumables should be stored on shelves in locked cupboards and all cleaning products and equipment should comply with colour coding policy.</li> </ul> |

National Cleaning Elements Specifications - Comments Record

|                          |  |
|--------------------------|--|
| Ward / Departmental Area |  |
| Risk Classification      |  |
| Audited by (signatures)  |  |
| Date                     |  |

| Room No. | Problem Identified | To Nursing | To Cleaning | To Portering | To Catering | To Maintenance | Action Req'd. | Action Taken |
|----------|--------------------|------------|-------------|--------------|-------------|----------------|---------------|--------------|
|          |                    |            |             |              |             |                |               |              |
|          |                    |            |             |              |             |                |               |              |
|          |                    |            |             |              |             |                |               |              |

## **Appendix 2 - National Cleaning Audit Tool Information (to accompany the audit tool)**

### **1. Introduction**

The National Hospitals Office (NHO) has made hygiene a priority since its inception. To this end the first ever National Hygiene Audit was conducted together with the development of a set of National Hygiene Services Standards for Acute Hospitals.

In partnership with the Irish Health Services Accreditation Board (IHSAB), draft hygiene services standards were realigned for accreditation purposes and the IHSAB will be rolling-out the standards later this year. The IHSAB will be assessing each hospital once a year with a review visit within six months of the initial assessment.

To assist hospitals in implementing the national hygiene standards and as recommended in the National Hygiene Audit Report supporting documentation is being developed by the national working group. A significant document is a multidisciplinary cleaning audit tool which aims to ensure continuous internal local monitoring of standards in acute hospitals.

### **2. Objectives**

The aim of setting standards is to ensure that everyone can determine whether the hospital is sufficiently clean, this requires some form of measurement or audit of cleanliness.

The main objectives of undertaking audits are for quality improvement purposes and the audit results should be made available to relevant staff as soon as possible after the audit has been completed, agreement must be reached on corrective action accordingly.



### 3. Responsibilities

Internal audit will be a continuous process as part of the monitoring of standards and / or management of a cleaning contract. The frequency of monitoring is dependent on the risk classification, findings should be prioritised accordingly, an area classified as high risk e.g. theatre suites, should be audited more frequently than an area classified as low risk, e.g. office. In addition a problem in a high risk area will need to be resolved immediately, whereas a timescale can be agreed for a low risk area.

Internal audits may only address a small sample of the hospital each week and may be element based, e.g. Floors or based on functional areas, e.g. a number of rooms in several wards.

In addition to regular internal audits it is essential to carry out more comprehensive internal audits on an agreed regular basis to provide Hospital Management with an overall picture; this tool can be used for both types of internal audit. These audits should be carried out by a multidisciplinary team representing all key stakeholders.

### 4. How to use the Audit Tool?

1. A separate audit sheet should be used for each area
2. There are 55 elements which apply to each area
3. The auditor should score each element as listed as acceptable or unacceptable in accordance with the cleaning elements specifications, see comment sheet attached to the elements listing, acceptable is indicated by a score of 1 and unacceptable is indicated as a score of 0
4. Some of the elements may be deemed not applicable and as such should be excluded from the marking
5. The audit will be evidence based, if an element is deemed unacceptable the auditor must make a comment as to why it is not acceptable and indicate the corrective action needed including a timeframe
6. The auditor should also take the opportunity to record a comment where there are particularly good findings
7. The scoring is subjective and the auditor should exercise some discretion in judging the acceptability of an element, i.e. one or two scuffmarks on a floor do not indicate the element to be unacceptable
8. The physical condition must also be taken into account, it may not be possible to remove some stains from a wall that needs painting, however, poor standards of maintenance does not justify poor standards of cleanliness
9. The total number of acceptable scores should be expressed as both a percentage of the total score available in that element
10. An average score for the functional area can be reached by adding all the total element scores and dividing by the applicable number of elements

11. The audit should:

- Clearly identify anything that impacts on “cleanability”, i.e. maintenance, infrastructural deficits etc.
- Identify tidiness issues that impact on the capability to clean, i.e. items for disposal on back landings and corridors, clutter etc.
- Identify anything on the standards that doesn’t come within the remit of cleaning services staff, identify who is responsible, and charge them with being responsible for same
- Document the gaps in the present standards with the national standards
- Identify gaps that need to be addressed and include same in the annual cleaning services plan and use to inform the operational cleaning plan for each area / unit

### Proposed Audit Frequencies Guidance

The following table seeks to outline the minimum audit requirements for internal audits.

|   | <b>Risk Category</b> | <b>Minimum Audit Requirement</b> |
|---|----------------------|----------------------------------|
| 1 | Very High Risk       | Monthly                          |
| 2 | High Risk            | 3 monthly                        |
| 3 | Moderate Risk        | 6 monthly                        |
| 4 | Low Risk             | Annually                         |

## Appendix 3 - National Hospitals Office - Service Level Specification (Template)

### 1. Definitions

1.1 Any reference to this Service Level Specification or SLA shall be a reference to this Cleaning Service Level Specification.

1.2 In this Service Level Specification (SLA) the following words and phrases shall have the following meaning unless the context otherwise requires:

**Access Times** means times as set out Table 1- Access Times of this Service Level Specification during which the provider (be it a contract or in-house service) shall be required to undertake the Cleaning Service;

**Cleaning Services** means the cleaning to be provided by in accordance with this Service Level Specification;

**Cleaning Staff** means those persons engaged or employed to carry out the Cleaning Services; be they in-house or contract staff

**Clinical Areas** means those areas on the site used to deliver clinical care to patients where the need for high standards of hygiene is paramount on a day-to-day basis;

**Deep Cleaning** means the periodic cleaning of wall and ceiling surfaces in laboratories, theatres, specialist areas, wards and kitchens excluding the routine day to day cleaning of sanitary fittings and floors, and spot cleaning of walls and doors in such areas;

**Elements** means items to be cleaned within the hospital as defined in Appendix A.

**Functional Areas** as defined in Table 3: Functional Area Categorisation in Appendix B.

**Hygiene Services** means any additional services to be provided in tandem with cleaning services, e.g. waste management services

**Materials** mean those products necessary for the provision of Cleaning Services;

**Non-Clinical Areas** means all areas on site not included under the category of Clinical Areas;

**Provider** means whoever provides the cleaning service, irrespective of whether the service is provided in-house or contracted in

**Scheduled Times** means those times specified by the hospital as being appropriate to ensure that specified quality standards and service levels are achieved at all times;

**Service Standards** means the standards set out at Appendix A.

**Waste Removal** means the removal of all waste as detailed in the Service Level Specification for Waste Management

## 2. Key Objectives

The Provider is required to achieve a high level of environmental cleanliness throughout the facilities on the site. The key objectives are:

- Provide a cost efficient, quality driven Cleaning Service which achieves an optimum standard of cleaning for all buildings and areas of the hospital complex appropriate for their use; and is held in high regard by patients, staff and visitors alike;
- Provide a standard of Service that helps to provide a positive image of the hospital and a level of cleanliness which provides a clinical and socially acceptable environment for patients, visitors and staff, 365 (6) days of the year, 24 hours per day.
- Staff encouraged to develop quality routines and to identify opportunities to improve service delivery. Every member of staff to share a common objective and subscribe to the process of change and quality improvement. The Provider must develop staff through training for the mutual benefit of both individuals and the hospitals and to develop staff relationships between the different departments involved in the cleaning process.
- Maintain a safe environment and safe working practices including the use of a recognised risk assessment/management system to ensure that standards of comfort and cleanliness stay high, and that any reduction in the quality of Service is recognised and corrected.

## 3. Key Customers

The key customers for this service are:

- (a) Patients;
- (b) Infection Prevention and Control Teams;
- (c) Staff;
- (d) Visitors;
- (e) Service Providers.

## 4. Process

### 4.1 Scope

4.1.1 The Provider shall comply with all requirements set out in the General Service Specification relevant to the delivery of the Cleaning Services.

4.1.2 In addition to the applicable provisions set in the General Service Specification, the Provider shall comply with the Service Standards and Service Requirements of this Service Specific Specification.

4.1.3 The Provider shall provide the Cleaning and Hygiene Service 24 hours per day 365(6) days per year on a scheduled and reactive basis as maybe required to meet the Service Standards of this Service Level Specification described in Appendix A of this Service Level Specification.

4.1.4 This Service Level Specification consists of two main sub-Services:

a) **Cleaning Service** including:

- i) Scheduled and Reactive cleaning;
- ii) Planned Cleaning;
- iii) Barrier Cleaning;

b) **Hygiene Services** including:

- i) Waste management;
- ii) Accommodation services; (and any other as specified by the hospital)

4.1.5 The Provider shall be responsible for the cleaning of all functional areas, as defined in this Service Level Specification including:

- a) Very High Risk;
- b) High Risk Areas;
- c) Moderate Risk;
- d) Low Risk;

4.1.6 Within each of these areas, the Provider shall be responsible for cleaning to agreed standards the following elements, except where specifically excluded by the hospital:

- a) All internal and external glass surfaces; (to what height)
- b) All floors, walls, and ceilings including skirtings and architrave's, pipes and ducting; (including lifts and stairways)
- c) All sanitary ware, including replenishments of consumables;
- d) All furniture, fixtures and fittings, including doors, except where specifically excluded;
- e) All external features, fire exits stairwells, and entrance and exits;
- f) Patient equipment, except where specifically excluded;
- g) Electrical fixtures and appliances, except medical equipment;
- h) All soft furnishings
- i) Kitchen/pantry; fixtures, fittings and appliances; internally and externally
- j) Odour control and general tidiness
- k) Ducts, grills and vents

### 1) Emptying of waste bins

4.1.7 The Provider shall be responsible for the cleaning of clinical items as identified in Appendix C and should be cleaned to the standard as per local Infection Prevention and Control Policy.

4.1.8 For the avoidance of doubt the Provider shall not clean, or move to enable general cleaning, items of equipment so identified by the hospitals unless in agreement with the hospital representative, e.g. equipment in Theatre, equipment in the Laboratory, equipment in C.S.S.D. (hospital to specify own requirements)

## 4.2 Minimum Service Requirements

### *Scheduled Cleaning*

The Provider shall provide a scheduled Cleaning and Hygiene Service on a 24 hours a day 365(6) days per year basis to meet the requirements of the hospital in all areas. The Provider shall provide the Service in accordance with risk categories as specified in Appendix B and to comply with:

#### a) This Service Level Specification including:

- The Quality Standards set out in Appendix A;
- The Access Times described in Table 1 – Access Times;
- The Response Times in Table 4 of Appendix B.

#### b) Local Infection Prevention and Control Policy

### Table 1- Access Times

Theatres [ ] to [ ]  
A & E [ ] to [ ]  
Radiology [ ] to [ ]  
Intensive Care Unit [ ] to [ ]  
Neonatal Unit [ ] to [ ]  
Wards [ ] to [ ]  
Outpatient Departments [ ] to [ ]  
Physiotherapy Department [ ] to [ ]  
Nurse Education Centre [ ] to [ ]  
Main Concourse [ ] to [ ]  
Other Areas (e.g. offices) [ ] to [ ]

**Note: Hospital to list all areas requiring services and specify access times, individual ward/ departmental specifications should highlight the access times**

In the event that a Functional Unit is in use by the hospital during the Access Times detailed in Table 1- Access Times the hospital may inform the Provider that the Cleaning and /or Hygiene Service shall not be carried out due to the disruption to hospital operations.

The Provider shall liaise with the hospital representative to agree an alternative time to carry out the Service.

Where the Provider carries out the service at the agreed alternative time, the Provider will be deemed to have complied with carrying out the Service as if it had been carried out at the times included in Table 1- Access Times.

### *Reactive Cleaning*

The Provider shall provide a Reactive Cleaning Service on a 24 hours per day 365(6) days per year basis to address ad hoc emergency, urgent and or routine cleaning requests.

The Provider shall respond to such service requests within the Service Response Times set out in Table 4 and shall return the affected element(s) to the required quality standard within the allotted rectification time.

Reactive cleaning tasks include but are not be limited to:

- a) Spillages /spoiling (internal and external) of bodily fluids and other substances;
- b) Replenishment of consumables;
- c) Terminal cleans;
- a) Cleans following clinical contamination;
- b) Cleans associated with building works (e.g. following maintenance work);
- c) Full and routine cleaning in residential and on-call accommodation.
- d) Untoward incidents such as flooding;
- e) Other requests received by the Site Office

### *Planned Cleaning*

The Provider shall be responsible for providing a number of cleaning duties that are neither scheduled nor reactive but are services where it is possible to provide notice of the need and or have a degree of flexibility in their completion. Such tasks are described in Table 2 Planned Cleaning.



### Table 2 Planned Cleanings

#### Cleaning Type Element/ Area Frequency

Soft Floors [ ] monthly

Soft Furnishings [ ]

Deep Cleans

Kitchens/Cafeteria [ ] monthly

Theatres [ ]

Specialist Wards [ ]

Laboratories [ ]

Specialist Cleans [ ]

Periodic Cleans [ ] [ ]

**Note: Hospital to list all planned cleaning and specify frequencies in accordance with risk categories, individual ward / departmental specifications should highlight the planned cleaning service**

### *Barrier Cleaning*

When instructed by the hospital representative, the Provider shall implement and carry out Special Barrier Cleaning procedures, to include Isolation and Terminal Cleaning, agreed as part of the hospital's policies. The procedures to be adopted will be as agreed with the hospital representative.

### *Materials & Equipment*

- The Provider shall provide, maintain, clean, store and replace all cleaning equipment in compliance with the local Infection Prevention and Control Policy.
- This shall include but not be limited to ensuring equipment is:
  - a) Designated for specific use in specific areas and used only in these designated areas;
  - b) Noise-restricted and has high quality dust filters to reduce environmental nuisance when using such equipment, particularly in sensitive areas of the hospital;
  - c) Compliant with all applicable legislation and any other regulations and shall be individually marked and shall not be used beyond the portable appliance testing test date.
- The Provider shall be responsible for the procurement, safe storage and use of materials required for the provision of the service and for all costs incurred in their procurement, safe storage and use in line with hospital policies and safety data sheets.

### *Pest Reporting*

The Provider shall report all evidence that indicates the presence of vermin or pests, identified while the service is being provided, to the hospital representative. For the avoidance of doubt, the service shall not be deemed to include any measures or procedures required to manage any occurrence of pests in the hospital, as this will be provided through the Technical Services Department by means of a Pest Control Service Level Specification. The provider shall be responsible for clearing, cleaning and disinfecting areas contaminated by pest including their excreta or deceased bodies.

### *Accommodation Duties*

*[These duties are primarily for non-ward areas such as Residential Accommodation.]*

The Provider shall be responsible for providing accommodation services to Residential Accommodation over above the Service Standards in Appendix A of this Service Level Specification.

The Provider shall carry out the following tasks as a minimum:

- a) Segregate bag securely and store waste in accordance with hospital policies and the Waste Management Service Level Specification, in the appropriate receptacle in the designated area prior to collection;
- b) Provide and carry out a daily change of linen to all on-call and relative rooms where rooms have been or are occupied;
- c) Segregate and bag foul and infected linen (as defined in the Linen Service Level Specification) from the hospital in accordance with hospital policy and arrange for collection and replenishment by the appropriate service.

## Appendix A - Quality Standards

### 1.1 Building

| Element                              | Requirement  |
|--------------------------------------|--|
| <b>External features</b>             | <ul style="list-style-type: none"> <li>• Fire-exits and stairwells, landings, ramps, stairwells, fire exits, steps, entrances, porches, patios, balconies, eaves, external light fittings are: free of dust, grit, dirt, chewing gum, leaves, cobwebs, rubbish, graffiti, cigarette butts and bird excreta</li> <li>• Handrails are clean and free of stains</li> <li>• Garden furniture is clean and operational</li> </ul>   |
| <b>Walls, skirtings and ceilings</b> | <ul style="list-style-type: none"> <li>• Internal and external walls and ceilings are free of dust, grit, lint, soil, film, graffiti and cobwebs.</li> <li>• Walls and ceilings are free of marks caused by furniture, equipment or hospital users</li> <li>• Light switches are free of fingerprints, scuffs and any other marks</li> <li>• Light fittings are free of dust, grit, lint and cobwebs</li> <li>• Polished surfaces are of a uniform lustre</li> </ul>   |
| <b>Windows</b>                       | <ul style="list-style-type: none"> <li>• External and internal surfaces of glass are clear of all streaks, chewing gum, spots and marks, including fingerprints and smudges</li> <li>• Window frames, tracks and ledges are clear and free of dust, grit, marks and spots</li> </ul>   |
| <b>Doors</b>                         | <ul style="list-style-type: none"> <li>• Internal and external doors and doorframes are free of dust, grit, lint, chewing gum, soil, film, fingerprints and cobwebs</li> <li>• Doors and doorframes are free of marks caused by furniture, equipment or staff</li> <li>• Air vents, grilles and other ventilation outlets are kept unblocked and free of dust, grit, soil, film, cobwebs, scuffs and any other marks</li> <li>• Door tracks and door jambs are free of grit and other debris</li> <li>• Polished surfaces are of a uniform lustre</li> </ul>   |
| <b>Hard floors</b>                   | <ul style="list-style-type: none"> <li>• Free of dust, grit, litter, chewing gum, marks and spots,</li> <li>• water or other liquids</li> <li>• The floor is free of polish or other build-up at the edges and corners, or in traffic lanes</li> <li>• The floor is free of spots, scuffs or scratches on traffic lanes, around furniture and at pivot points</li> <li>• Inaccessible areas (edges, corners and around furniture) are free of dust, grit, lint and spots</li> <li>• Polished or buffed floors are of a uniform lustre</li> <li>• Appropriate signage and precautions are taken regarding pedestrian safety on newly cleaned or wet floors</li> <li>• Dust control mats are free from ingrained dust, dirt, stains, and the edges and reverse side are free from dust and dirt</li> </ul> |

|                                 |   |
|---------------------------------|---|
| <b>Soft floors</b>              | <ul style="list-style-type: none"> <li>• Free of dust, grit, litter, chewing gum, marks and spots,</li> <li>• water or other liquids</li> <li>• The floor is free of stains, spots, scuffs or scratches on traffic lanes, around furniture and at pivot points</li> <li>• Inaccessible areas (edges, corners and around furniture) are free of dust, grit, lint and spots</li> <li>• Carpets are of an even appearance without flattened pile After deep cleaning, there is no shrinkage, colour loss or embrittlement of fibres</li> </ul> |
| <b>Ducts, grilles and vents</b> | <ul style="list-style-type: none"> <li>• All ventilation outlets are kept unblocked and free of dust, grit, chewing gum, soil, film, cobwebs, scuffs and any other marks</li> <li>• All ventilation units are kept clear and uncluttered following cleaning</li> </ul>  |

## 1.2 Fixtures

| <b>Element</b>                            | <b>Requirement</b>   |
|---|--|
| <b>Electrical fixtures and appliances</b> | <ul style="list-style-type: none"> <li>• Are free of grease, dirt, dust, deposits, marks, stains and cobwebs</li> <li>• Electrical fixtures and appliances are kept free from signs of use or non-use</li> <li>• Hygiene Standards are satisfied where the fixture or appliance is used in food preparation</li> <li>• Motor vents, etc., are clean and free of dust and lint.</li> <li>• Drinking fountains are clean and free of stains, mineral build-up and litter</li> <li>• Insect-killing devices are free of dead insects, and are clean and functional</li> </ul>   |
| <b>Furnishings and Fixtures</b>           | <ul style="list-style-type: none"> <li>• Free of spots, soil, film, dust, fingerprints and spillage</li> <li>• Soft furnishings are free from stains, soil, film and dust</li> <li>• Furniture legs, wheels and castors are free from mop strings, soil, film, dust and cobwebs</li> <li>• Inaccessible areas (edges, corners, folds and crevices) are free of dust, grit, lint and spots</li> <li>• All high surfaces are free from dust and cobwebs.</li> <li>• Curtains, blinds and drapes are free from stains, dust, cobwebs, lint and signs of use or non-use, cords shall be clean and knot free</li> <li>• Equipment is free of tapes/plastic, etc., which may compromise cleaning</li> <li>• Furniture has no unpleasant or distasteful odour</li> <li>• Shelves, bench tops, cupboards and wardrobes/lockers are clean inside and out and free of dust, litter</li> <li>• Internal plants are free of dust and litter</li> <li>• Waste/rubbish bins or containers are clean inside and out, free of stains and mechanically intact</li> <li>• Waste is removed in accordance with the Service standards of the Waste Management Service Level</li> </ul> |

|   |   |
|---|---|
|   | <p>Specification</p> <ul style="list-style-type: none"> <li>• Fire extinguishers and fire alarms are free of dust, grit, dirt and cobwebs, and mechanically intact</li> <li>• All decorative plants are free of dust and debris</li> </ul>  |
| <p><b>Kitchen Fixtures and Appliances</b></p> | <ul style="list-style-type: none"> <li>• Free of grease, dirt, dust, deposits, marks, stains and cobwebs</li> <li>• Electrical and cooking fixtures and appliances are kept free from signs of use or non-use</li> <li>• Cooker hoods (interior and exterior) and filters are free of grease and dirt on inner and outer surfaces</li> <li>• Motor vents, etc., are clean and free of dust and lint</li> <li>• Refrigerators/freezers are clean and free of ice build-up</li> <li>• Waste is removed in accordance with the Service Standards of the Waste Management Service Level Specification</li> </ul>  |
| <p><b>Toilets and Bathroom Fixtures</b></p>   | <ul style="list-style-type: none"> <li>• Porcelain, cubicle rails and plastic surfaces are free from smudges, smears, body fluids, soap build-up and mineral deposits</li> <li>• Metal surfaces, shower screens and mirrors are free from streaks, soil, smudges, soap build-up and oxide deposits</li> <li>• Wall tiles and wall fixtures (including soap dispensers and towel holders) are free of dust, grit, smudges/streaks, mould, soap build-up and mineral deposits</li> <li>• Shower curtains and bath mats are free from stains, smudges, smears, odours, mould and body fluids</li> <li>• Plumbing fixtures are free of smudges, dust, soap build-up and mineral deposits</li> <li>• Bathroom fixtures are free from unpleasant or distasteful odour with polished surfaces of a uniform lustre</li> <li>• Sanitary disposal units are clean and functional</li> <li>• Consumable items are in sufficient supply</li> <li>• Waste is removed in accordance with the Service Standards of the Waste Management Service Level Specification</li> </ul> |

## 1.3 Patient Equipment

| Element           | Requirement  |
|-------------------|--|
| Patient Equipment | <ul style="list-style-type: none"><li>• Equipment is free from soil, smudges, dust, fingerprints, grease and spillages</li><li>• Equipment is free of tapes/plastic, etc., which may compromise cleaning</li><li>• Equipment legs, wheels and castors are free from mop strings, soil, film, dust and cobwebs</li><li>• Equipment has no unpleasant or distasteful odour</li></ul> |

## 1.4 Environment

| Element            | Requirement  |
|--------------------|--|
| Overall Appearance | <ul style="list-style-type: none"><li>• The area appears tidy and uncluttered</li><li>• Floor space is clear, only occupied by furniture and fittings designed to sit on the floor</li><li>• Furniture is maintained in a fashion which allows for cleaning</li><li>• Fire access and exit doors are left clear and unhindered</li></ul> |
| Odour Control      | <ul style="list-style-type: none"><li>• The area smells fresh</li><li>• There is no unpleasant or distasteful odour</li><li>• Room deodorisers are clean and functional</li></ul>  |

## Appendix Service Response Times and Rectification Times

**Table 3: Functional Area Categorisation / Risk Categories**

| Category | Status         | Functional Areas included   |
|----------|----------------|---|
| 1        | Very High Risk | Control of Infection Wards & areas cohorting infectious patients<br>Intensive Care Unit (ICU)<br>Neonatal ICU and Special Baby Care Unit<br>Operating Theatres/Endoscopy<br>Pharmacy Clean Rooms<br>Renal Dialysis Unit<br>High risk patients<br>Immuno-Compromised patients<br>Special needs areas   |
| 2        | High Risk      | CSSD / TSSU / HSSD<br>Accident & Emergency (A&E)<br>Isolation Rooms<br>Catering Facilities (includes <b>all</b> kitchens & the cafeteria)<br>Day Hospital/Day Services (includes Chemo Day Ward)/OPD, including Treatment Rooms & Clinical Consult Rooms/Radiology Suites where invasive procedures are carried out, e.g. vascular & neuro-radiology, barium studies etc.<br>Pharmacy<br>Treatment/Clinical Consulting Rooms<br>Wards - Maternity, C.C.U. & Surgical          |
| 3        | Moderate Risk  | Wards - All other ward types<br>Day Activity Area (non-invasive)<br>Rehabilitation Areas<br>General Pharmacy<br>Laboratories, including Pathology<br>Mortuary<br>Radiology & Medical Imaging (non-invasive radiology suites, e.g. plain & nuclear radiology)<br>OPD, including Treatment Rooms & Clinical Consult Rooms (non-invasive)<br>Public thoroughfares<br>Residential / On-call / Overnight Accommodation<br>Physiotherapy<br>Occupational Therapy<br>Main Stairwells |

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|   |          |  |
|---|----------|--|
| 4 | Low Risk | <ul style="list-style-type: none"> <li>Administrative areas</li> <li>Non-sterile supply areas</li> <li>Record storage and archives</li> <li>Engineering workshops</li> <li>Plant rooms</li> <li>External surrounds</li> <li>Central Stores</li> <li>Chapel</li> <li>Fire Escapes</li> <li>Library</li> <li>Meeting Rooms</li> <li>Retail Areas</li> <li>Staff Change Facilities</li> </ul> |
|---|----------|--|

**Table 4 provides the relevant Service Response Times, Fault Response Times and Rectification Times applicable to each Functional Part Categorisation.**

Note: It is essential that adjoining areas receive a similar or greater level of cleaning to minimise contamination. Such areas may include bathrooms, corridors, storerooms, offices, meeting rooms etc.

**Table 4 - Response Times**

| Category         | Response Time                          | Rectification Time |
|------------------|--|--------------------|
| <b>Emergency</b> | 5 minutes (immediate)                  | 10 minutes         |
| <b>Urgent</b>    | 10 minutes                             | 20 minutes         |
| <b>Routine</b>   | 30 minutes                             | 30 minutes         |
| <b>Planned</b>   | Within 20 minutes of agreed start time |                    |
| <b>Scheduled</b> | Within 20 minutes of agreed start time |                    |



### Appendix C - Clinical Items

The Provider in accordance with the relevant Infection Prevention and Control instruction shall clean the following equipment:

- a) wheelchairs;
- b) beds and mattresses (including trolleys);
- c) bedside lockers;
- d) toilet chairs;
- e) bedside tables;
- f) bedside chairs;
- g) over bed tables
- h) drip stands;
- i) suction machines;
- j) bed pan washers
- k) hoists

**(Hospital to complete as required)**

**Note : The National Cleaning Audit Tool should be used as an internal monitoring device to ensure element standards are being met.**

### Order Of Work (Notes)

The following is the preferred order of work when cleaning a ward or single ensuite room.

1. The cleaning services staff member, on arrival at his/her location of work, should communicate with the Ward / Departmental head and ascertain as to whether there are any immediate cleaning requirements, i.e. a spillage, a departure room, a flood etc.
2. On completion of any immediate requirement the cleaning services staff member should then 'patrol' the area of work and remove any large pieces of debris, clean up any spillages, replenish consumables if required etc.
3. The cleaning services staff member should then collect all cleaning materials and equipment required for his / her cleaning duties and return to the work location, having ensured that all cleaning equipment is clean and in working condition
4. The first step is to 'patrol' the ward area and remove any 'waste' from bedtables, lockers, floor areas beside bins etc. and ensure all waste is ready for removal (this is dependent on the role of the cleaning services staff member in so far as there may be a designated staff member who comes to collect the waste at ward level)
5. The cleaning services staff member should then commence cleaning sinks and toilets and all sanitary areas throughout the ward area, replenishing stocks and noting any maintenance accordingly, in accordance with the methods outlined in this Cleaning Manual
6. The cleaning services staff member should then vacuum the entire floor area of the ward before damp mopping same, again in accordance with the methods outlined in this Cleaning Manual.
  - It should be noted that 'buffing' is recommended twice weekly in ward areas and more frequently in public areas as determined by 'traffic'.
  - It should be further noted that minimum frequencies as laid out in this Cleaning Manual provide guidance as to the required minimum frequency of cleaning for all 'elements' to be cleaned
7. On completion of floor cleaning duties the cleaning services staff member should then 'damp dust' all 'elements' in their entirety in accordance with the cleaning specification as laid down, noting that whilst there is a daily requirement for cleaning in clinical areas there is no requirement to clean an 'element' that is 'clean'.
  - It should be noted that at least six beds should be 'pulled out' on a daily basis, with departure beds being 'pulled out' on the day of departure, to facilitate thorough cleaning of the ward / department area (this is dependent on hospital size and structure)



## Appendix 4 - National Risk Categories

### 1. Introduction

The recommendations of the first National Hygiene Audit 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.

### 2. Rationale

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

### 3. Proposed Risk Categories

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.

| Category | Status         | Functional Areas included  |
|----------|----------------|--|
| 1        | Very High Risk | Control of Infection Wards & areas cohorting infectious patients<br>Intensive Care Unit (ICU)<br>Neonatal ICU and Special Baby Care Unit<br>Operating Theatres/Endoscopy<br>Pharmacy Clean Rooms<br>Renal Dialysis Unit<br>High risk patients<br>Immuno-Compromised patients<br>Special needs areas  |
| 2        | High Risk      | CSSD / TSSU / HSSD<br>Accident & Emergency (A&E)<br>Isolation Rooms<br>Catering Facilities (includes <b>all</b> kitchens & the cafeteria)<br>Day Hospital/Day Services (includes Chemo Day Ward)/OPD, including Treatment Rooms & Clinical Consult Rooms/Radiology Suites where invasive procedures are carried out, e.g. vascular & neuro-radiology, barium studies etc.<br>Pharmacy<br>Treatment/Clinical Consulting Rooms<br>Wards – Maternity, C.C.U. & Surgical |

|   |               |  |
|---|---------------|--|
|   |               |  |
| 3 | Moderate Risk | <p>Wards - All other ward types<br/>                     Day Activity Area (non-invasive)<br/>                     Rehabilitation Areas<br/>                     General Pharmacy<br/>                     Laboratories, including Pathology<br/>                     Mortuary<br/>                     Radiology &amp; Medical Imaging (non-invasive radiology suites, e.g. plain &amp; nuclear radiology)<br/>                     OPD, including Treatment Rooms &amp; Clinical Consult Rooms (non-invasive)<br/>                     Public thoroughfares<br/>                     Residential / On-call / Overnight Accommodation<br/>                     Physiotherapy<br/>                     Occupational Therapy<br/>                     Main Stairwells</p> |
| 4 | Low Risk      | <p>Administrative areas<br/>                     Non-sterile supply areas<br/>                     Record storage and archives<br/>                     Engineering workshops<br/>                     Plant rooms<br/>                     External surrounds<br/>                     Central Stores<br/>                     Chapel<br/>                     Fire Escapes<br/>                     Library<br/>                     Meeting Rooms<br/>                     Retail Areas<br/>                     Staff Change Facilities</p>  |

## Appendix 5 - National Minimum Cleaning Frequencies

| No. | Element  | Very High Risk  | High Risk   | Moderate Risk   | Low Risk |
|-----|--|---|---|---|----------|
| 1   | Overall appearance   | n/a   | n/a   | n/a   | n/a      |
| 2   | Odour Control  | n/a   | n/a   | n/a   | n/a      |
| 3   | Commodes, weighing scales, manual handling equipment   | Clean contact points each use, 1 full clean daily & between patient use | Clean contact points each use, 1 full clean daily & between patient use | Clean contact points each use, 1 full clean daily & between patient use | n/a      |
| 4   | Medical equipment including intravenous infusion pumps, drip stands and pulse oximeters (not connected to a patient) | 1 full clean daily and between patient use                              | 1 full clean daily and between patient use                              | 1 full clean daily and between patient use                              | n/a      |
| 5   | Medical equipment including intravenous infusion pumps, drip stands and pulse oximeters (connected to a patient)     | 1 full clean daily and between patient use                              | 1 full clean daily and between patient use                              | 1 full clean daily and between patient use                              | n/a      |
| 6   | Patient washbowls  | 1 full clean daily and between patient use                              | 1 full clean daily and between patient use                              | 1 full clean daily and between patient use                              | n/a      |
| 7   | Bedside oxygen and suction connectors, earpiece for bedside entertainment system                                     | 1 full clean daily and between patient use                              | 1 full clean daily and between patient use                              | 1 full clean daily and between patient use                              | n/a      |
| 8   | Patient Fans   | 1 full clean daily and  | 1 full clean daily and  | 1 full clean daily and  | n/a      |

|     | (not recommended )   | between patient use  | between patient use   | between patient use   |   |
|-----|--|--|---|---|---|
| No. | Element  | Very High Risk   | High Risk   | Moderate Risk   | Low Risk                                  |
| 9   | Alcohol hand gel / soap container / dispenser / bracket / clipboard    | 1 full clean daily and between patient use, and if contaminated during use | 1 full clean daily and between patient use                            | 1 full clean daily and between patient use                            | n/a                                       |
| 10  | Chart trolley / Drug trolley   | 1 full clean weekly  | 1 full clean weekly   | 1 full clean weekly   | n/a                                       |
| 11  | Patient personal items including cards, personal items, ornaments etc. | 1 full clean daily and between patient use                                 | 1 full clean daily and between patient use                            | 1 full clean daily and between patient use                            | n/a                                       |
| 12  | Linen trolley  | Contact points daily and 1 full clean weekly                               | Contact points daily and 1 full clean weekly                          | Contact points daily and 1 full clean weekly                          | n/a                                       |
| 13  | Entrance / Exit  | 2 full cleans daily, dust control as required, 1 machine clean weekly      | 2 full cleans daily, dust control as required, 1 machine clean weekly | 2 full cleans daily, dust control as required, 1 machine clean weekly | n/a                                       |
| 14  | Stairs (internal and external)   | 2 full cleans daily, dust control as required, 1 machine clean weekly      | 2 full cleans daily, dust control as required, 1 machine clean weekly | 2 full cleans daily, dust control as required, 1 machine clean weekly | n/a                                       |
| 15  | External areas   | 1 full clean daily   | 1 full clean daily  | 1 full clean daily  | n/a                                       |
| 16  | Switches, sockets and data points                                      | 1 full clean daily   | 1 full clean daily  | 1 full clean daily  | 1 full clean weekly                       |
| 17  | Walls  | Check clean daily, wash twice yearly                                       | Check clean daily, wash twice yearly                                  | Check clean weekly, wash yearly                                       | Check clean weekly, wash every third year |
| 18  | Ceiling  | Wash yearly or replace   | Wash yearly or replace  | Wash yearly or replace  | Wash every third                          |



|     |  | as required   | as required   | as required   | year or replace as required  |
|-----|--|---|---|---|--|
| No. | Element                                  | Very High Risk  | High Risk   | Moderate Risk   | Low Risk   |
| 19  | All doors                                | 1 full clean daily and check clean as required  | 1 full clean daily and check clean as required  | 1 full clean daily and check clean as required                                | 1 full clean weekly  |
| 20  | All internal glass and glazing           | 1 full clean daily  | Check clean daily and 1 full clean weekly   | Check clean daily and 1 full clean weekly                                     | 1 full clean weekly  |
| 21  | All external glass and glazing           | 1 full clean yearly   | 1 full clean yearly   | 1 full clean every second year  | 1 full clean every third year  |
| 22  | Mirrors                                  | 1 full clean daily and check clean as required  | 1 full clean daily and check clean as required  | 1 full clean daily and check clean as required                                | 1 full clean daily and check clean as required   |
| 23  | Bedside Patient TV                       | 1 full clean daily  | 1 full clean daily  | 1 full clean daily  | n/a  |
| 24  | Radiators                                | 1 full clean daily  | 1 full clean daily  | 1 full clean daily  | 1 full clean monthly   |
| 25  | Ventilation grilles, extracts and inlets | 1 full external clean weekly and full clean twice yearly  | 1 full external clean weekly and full clean twice yearly  | 1 full external clean monthly and full clean yearly                           | 1 full external clean monthly and full clean yearly  |
| 26  | Floor - polished                         | 2 full cleans daily, dust control as required, machine clean weekly and strip and reseal yearly | 1 full clean daily, 1 check clean daily, dust control as required, machine clean weekly and strip and reseal yearly | 1 full clean daily, 1 dust control daily, machine clean monthly, strip yearly | 1 full clean weekly, 1 check clean daily, machine clean quarterly and strip and reseal every two years |
| 27  | Floor - Non-slip                         | 2 full cleans daily, dust control as required, machine clean weekly                             | 1 full clean daily, 1 check clean daily, dust control as required,  | 1 full clean daily, machine clean monthly                                     | 1 full clean weekly, 1 check clean daily, machine clean  |

| No. | Element   | Very High Risk  | High Risk  | Moderate Risk  | Low Risk   |
|-----|---|---|--|--|--|
|     |   |   | machine clean weekly   |  | quarterly  |
| 28  | Soft Floor (Carpet - carpet not recommended in clinical areas)  | n/a   | n/a  | n/a  | 1 check clean daily, 1 full clean weekly, shampoo yearly |
| 29  | Pest control devices (Service requirements and standards required to be included in service contract) | 1 full clean daily and 1 full clean weekly                            | 1 full clean daily and 1 full clean monthly                    | 1 check clean daily and 1 full clean weekly                    | 1 check clean weekly and 1 full clean monthly            |
| 30  | Electrical items, e.g. overhead lights  | 1 check clean daily and 1 full clean monthly                          | 1 check clean daily and 1 full clean monthly                   | 1 check clean daily and 1 full clean monthly                   | 1 check clean weekly and 1 full clean monthly            |
| 31  | Cleaning equipment  | Full clean after each use   | Full clean after each use                                      | Full clean after each use                                      | Full clean after each use                                |
| 32  | High surfaces   | 2 full cleans weekly  | 1 full clean weekly and 1 check clean weekly                   | 1 full clean weekly  | 1 full clean weekly                                      |
| 33  | Low surfaces  | 2 full cleans daily   | 1 full clean daily and 1 check clean daily                     | 1 full clean daily   | 1 full clean weekly                                      |
| 34  | Chairs (Note: no soft fabric covered chairs in clinical areas)  | 1 full clean and 1 check clean daily                                  | 1 full clean and 1 check clean daily                           | 1 full clean daily   | 1 full clean weekly                                      |
| 35  | Beds / Patient couches / Trolleys / Mattresses (Note: Manufacturers                                   | Bedframe, including all component parts daily, mattress weekly and on | Bedframe, including all component parts daily, mattress weekly | Bedframe, including all component parts daily, mattress weekly | n/a  |

|     | instructions for specialist mattresses)   | discharge, total full clean on discharge  | and on discharge, total full clean on discharge  | and on discharge, total full clean on discharge  |   |
|-----|---|---|--|--|---|
| No. | Element   | Very High Risk  | High Risk  | Moderate Risk  | Low Risk                                    |
| 36  | Lockers / Wardrobes / Drawers   | 1 full clean daily and 1 check clean daily  | 1 full clean daily   | 1 check clean daily and 1 full clean weekly  | n/a   |
| 37  | Tables / Bed tables   | 1 full clean daily and 1 check clean daily  | 1 full clean daily   | 1 check clean daily and 1 full clean weekly  | n/a   |
| 38  | All dispensers / holders  | 1 full clean daily and daily as required  | 1 full clean daily and daily as required   | 1 full clean daily and daily as required   | 1 full clean daily and daily as required    |
| 39  | Waste receptacles / Sanibins / Nappy bins (Note: Compliance service level agreements) | 1 full clean daily and 1 check clean daily and 1 deep clean weekly                              | 1 full clean daily and 1 check clean daily and 1 deep clean weekly                                 | 1 full clean daily and 1 deep clean weekly   | 1 full clean weekly and deep clean monthly  |
| 40  | Curtains (window and cubicle) and Blinds  | Clean, change or replace yearly, bed curtains quarterly and in accordance with isolation policy | Clean, change or replace yearly, bed curtains twice a year and in accordance with isolation policy | Clean, change or replace yearly, bed curtains yearly and in accordance with isolation policy | Clean, change or replace every two years    |
| 41  | Dishwasher / microwave  | 1 full clean daily and 2 check cleans daily, and emptied after use                              | 1 full clean daily and 2 check cleans daily, and emptied after use                                 | 1 full clean daily and emptied after use   | 1 full clean daily and emptied after use    |
| 42  | Fridge / Freezer  | 3 check cleans daily and 1 full clean weekly  | 3 check cleans daily and 1 full clean weekly   | 3 check cleans daily and 1 full clean weekly   | 1 check clean daily and 1 full clean weekly |
| 43  | Ice machine / hot water boiler / drinking water                                       | 1 full clean daily and 1 check clean daily  | 1 full clean daily and 1 check clean daily   | 1 full clean daily and 1 check clean daily   | 1 full clean daily and 1 check clean        |

|     | fountain / water cooler  |   |   |   | daily   |
|-----|--|---|---|---|---|
| No. | Element  | Very High Risk  | High Risk   | Moderate Risk   | Low Risk  |
| 44  | Kitchen Cupboards / Presses  | 1 full clean weekly   | 1 full clean weekly   | 1 full clean monthly  | 1 full clean quarterly  |
| 45  | Cleaning Equipment (Catering)                                      | Full clean after each use   | Full clean after each use   | Full clean after each use   | Full clean after each use   |
| 46  | Baths<br><b>(Note: Legionella guidelines)</b>                      | 1 full clean and 1 check clean daily  | 1 full clean and 1 check clean daily  | 1 full clean daily  | 1 full clean daily  |
| 47  | Showers<br><b>(Note: Legionella guidelines)</b>                    | 1 full clean and 1 check clean daily  | 1 full clean and 1 check clean daily  | 1 full clean daily  | 1 full clean daily  |
| 48  | Wash Hand Basins<br><b>(Note: Legionella guidelines)</b>           | Daily check system in operation to include 3 full cleans and 2 check cleans | Daily check system in operation to include 3 full cleans and 2 check cleans | Daily check system in operation to include 3 full cleans and 2 check cleans | Daily check system in operation to include 3 full cleans and 2 check cleans |
| 49  | Toilets / Urinals / Bidets<br><b>(Note: Legionella guidelines)</b> | Daily check system in operation to include 3 full cleans and 2 check cleans | Daily check system in operation to include 3 full cleans and 2 check cleans | Daily check system in operation to include 3 full cleans and 2 check cleans | Daily check system in operation to include 3 full cleans and 2 check cleans |
| 50  | Slop Hoppers / Sluices<br><b>(Note: Legionella guidelines)</b>     | 1 full clean daily and 1 check clean daily                                  | 1 full clean daily and 1 check clean daily                                  | 1 full clean daily  | 1 full clean daily  |
| 51  | Sanitary accommodation & sanitary ware - overall appearance        | To be included as part of the daily check system                            | To be included as part of the daily check system                            | To be included as part of the daily check system                            | To be included as part of the daily check system                            |
| 52  | Replenishment of   | To be included as part of   | To be included as part  | To be included as part  | To be included as   |

|            | consumables                               | the daily check system               | of the daily check system            | of the daily check system | part of the daily check system |
|------------|---|--------------------------------------|--------------------------------------|---------------------------|--------------------------------|
| <b>No.</b> | <b>Element</b>                            | <b>Very High Risk</b>                | <b>High Risk</b>                     | <b>Moderate Risk</b>      | <b>Low Risk</b>                |
| 53         | Computers / Telephones / Office Equipment | 1 full clean daily                   | 1 full clean daily                   | 1 full clean daily        | 1 full clean weekly            |
| 54         | Dirty Utility / Sluice Room               | 1 full clean and 1 check clean daily | 1 full clean and 1 check clean daily | 1 full clean daily        | 1 full clean daily             |
| 55         | Cleaning Store / Cubby                    | Full clean after each use            | Full clean after each use            | Full clean after each use | Full clean after each use      |

### Appendix 6 - National Hospitals Office - National Colour Coding System

#### 1. Introduction

The recommendations of the first National Hygiene Audit included the development of a national colour coding system for cleaning services. Feedback submitted throughout the consultation process engaged in for the National Hygiene Standards also recommended such a national system. The overwhelming view is that a nationally agreed colour code is desirable.

The attached proposed Colour Coding System is based on the National Colour Coding System for British Institute of Cleaning Science, the NHS in England have also distributed this system for consultation in the system, the view is that there is little to be gained by recreating a different code.

#### 2. Objectives

- The aim of a colour coding system is to prevent cross contamination
- A colour coding system must be included in any employee induction or continuous training programme
- Always use two colours in sanitary areas, one for floors and appliances and another for wash hand basins and washroom surfaces
- The colour coding system relates to all equipment, i.e. cloths, cleaning equipment and gloves

|   |   |
|---|---|
| Red DISPOSABLE for sanitary appliances & washroom floors                    | White DISPOSABLE for Theatre cleaning           |
| Blue for general areas including wards, offices, departments & public areas | Yellow for wash hand basins & washroom surfaces |
| Green for departmental & ward kitchens                                      | White DISPOSABLE for Isolation Room cleaning    |

### Appendix 7 - National Decontamination Policy

**Purpose:** This policy has been developed to give guidance on methods of decontamination for healthcare equipment, fixtures and fittings and the healthcare environment.

**Applies to:** All staff involved in the purchasing, cleaning and maintenance of healthcare equipment and all staff involved in the cleaning and maintenance of the healthcare environment.

**Responsibilities:** It is the responsibility of each ward / departmental manager to ensure that all employees involved in the purchase/cleaning/maintenance of healthcare equipment and/or fixtures and fittings adhere to this policy.

#### 1.0 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.”

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”.

There are three levels of decontamination

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



### 2.0 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 (Ayliffe 2001).

**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.

### 3.0 Risk Assessment

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

On most occasions the cleaning of equipment will suffice but disinfection may be required in certain circumstances. Prior to decontamination of equipment an assessment must be made with regard to the risk associated with the equipment and from this, the method of decontamination can be decided.

| Risk assessment chart |   |  |
|-----------------------|---|--|
| RISK                  | APPLICATION OF ITEM   | RECOMMENDATION                         |
| HIGH                  | <ul style="list-style-type: none"> <li>In close contact with a break in the skin or mucous membrane <i>or</i></li> <li>For introduction into sterile body areas</li> </ul>  | Sterilisation                          |
| INTERMEDIATE          | <ul style="list-style-type: none"> <li>In contact with mucous membranes <i>or</i></li> <li>Contaminated with particularly virulent or readily transmissible organisms <i>or</i></li> <li>Prior to use on immuno-compromised patients</li> </ul> | Sterilisation or disinfection required |
| LOW                   | <ul style="list-style-type: none"> <li>In contact with healthy skin <i>or</i></li> <li>Not in contact with the patient</li> </ul>   | Cleaning                               |

- Decontamination should always be carried out in accordance with the equipment manufacturer's instructions.
- All items for sterilisation must be processed in an autoclave

### 4.0 Purchasing Equipment

Prior to purchasing equipment consideration should be given to the risk category of the item and information should be sought from the supplier or manufacturer on the procedure for decontamination of the item. Items purchased should be compatible with HSE recommended disinfectants. Some items supplied for multi-patient use are difficult to clean and the resources available to carry out decontamination should be considered when purchasing equipment. Always contact the Infection Prevention and Control Team prior to purchase.

### 5.0 Assessment of Equipment in Clinical Areas

Items of equipment that are multi-patient use and already on site should be assessed regularly to ensure they are intact and remain suitable for their purpose. They should continue to withstand the decontamination process, which the at-risk categorisation deems necessary. Equipment that requires decontamination and is no longer suitable for cleaning, disinfection or sterilisation should be disposed of and a replacement sought.

### 6.0 Cleaning Agents and Disinfectants

#### Cleaning agents in use in the HSE

- Neutral detergent
  - Cream cleanser
  - Enzymatic detergents: cleaning agents for surgical instruments and gastroscopes (these break down organic matter e.g. blood)
  - Other cleaning agents for specific tasks e.g. glass and de-scaling may be permitted provided they do not contain any disinfectant
  - Disinfectant (as agreed locally)
1. Disinfection for blood borne viruses (HIV, HBV, HCV), following cleaning
    - General cleaning: i.e. where no blood/blood stained body fluid contamination has occurred. Chlorine releasing solution 1,000ppm of available chlorine
    - Visibly contaminated surfaces and blood spillage: Chlorine releasing solution 10,000ppm of available chlorine.
  2. Disinfection of all blood/blood stained body fluids, following cleaning (refer to appendix 2)  
Chlorine releasing solution 10,000ppm of available chlorine. Rinse with warm water and detergent. Dry with paper towel.
  3. Disinfection for known transmissible infections, following cleaning e.g. MRSA, Clostridium difficile, Norovirus, VRE, etc.
    - Chlorine releasing solution 1,000ppm of available chlorine

**Note:** Correct dilution of disinfectants is essential. A 1 litre graduated jug is required for this purpose.

### 7.0 Heat Disinfection

Disinfection can be achieved by using moist heat. The following are the temperatures recommended:

| Washer Disinfectors/Dishwashers | Linen/Laundry    |
|---------------------------------|------------------|
| 71 °C -3minutes                 | 65°C -10minutes  |
| 80 °C -1minute                  | 71°C - 3 minutes |
| 90 °C -12 seconds               | 80°C -1 minute   |

### 8.0 Protective Clothing

Prior to undertaking a cleaning task, a risk assessment must be undertaken to determine the protective clothing required. For most tasks gloves and aprons are sufficient. If there is the potential of a splash to the conjunctiva or mucous membranes face protection such as a mask and visor or goggles must be worn.

### 9.0 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 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.

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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.

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.



### 10.0 Decontamination of the Healthcare Environment

“The hospital environment can become a reservoir of infectious micro-organisms. A clean environment in hospitals and other healthcare buildings is essential, as failure to meet expected standards can seriously reduce patient’s confidence in the ability of the healthcare facility to provide safe and effective medical care.”

### 11.0 Minimisation of Environmental Risks

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

**Walls:** Walls should have a smooth, hard, impervious, unbroken, clean and dry surface.

**Floors:** Floors should be impermeable to fluids with sealed joints.

**Carpets:** **Not Recommended in Clinical Areas.**

**Sinks:** Should be sealed to the wall and in clinical areas, should have elbow operated taps.

**Furniture:** All furniture should have an impervious finish and be easily cleaned. **Soft furnishings e.g. couches/chairs with material finishes should not be used in clinical areas.**

**Mattresses / Pillows:** Should have intact and impervious covers, should be suitable for laundering

**Duvets:** Wipe-able duvets should have an intact impervious cover.

**Curtains:** Curtains should be able to withstand the following temperatures

- 65°C for 10minutes or
- 71°C for 3 minutes or
- 80°C for 1 minute

**Blinds:** Blinds must have a wipe-able fluid resistant smooth surface. Roller blinds are recommended for clinical areas.

### 12.0 Cleaning Methods

#### Dry Methods

- Dust attractant mop (must be suitable for laundering)
- Vacuum cleaner that complies with BS 5415 with bacteria retaining filters (change as per manufacturers' instructions).

**Note:** Dry dusting particularly if high may disperse dust and micro-organisms. Damp dusting, a dust attractant mop or vacuum cleaner should be used, dry dusting is prohibited. Sweeping brushes should not be used in clinical areas as they disperse dust and micro-organisms.

#### Wet Methods

- Scrubbing
- Mopping
- Damp dusting

#### Use of wet methods

1. Wear suitable protective clothing i.e. household gloves and aprons (disposable powder free latex or nitrile gloves are only indicated for contact with blood or body fluids).
2. Prepare a fresh cleaning solution appropriately diluted in a clean dry container. Make up only quantity required.
3. Ensure appropriate cloth is used as per colour coding.
4. Apply the cleaning solution evenly to all surfaces using a clean cloth or mop
5. Do not use more fluid than is necessary.
6. Change the solution frequently to reduce build up of organic matter in the cleaning solution.
7. Allow sufficient time for cleaning solutions to penetrate the organic matter.
8. Rinse off cleaning solutions when practical.

9. Dispose of cleaning solution promptly into the sluice in the dirty utility room or designated household sink.  
**Do not discard into wash hand basins.**
10. Remove cleaning equipment from clinical areas as soon as possible. Equipment must be cleaned and dried prior to storage in its designated area. If equipment is faulty this must be reported promptly to the supervisor.
11. Remove gloves and aprons and wash hands before carrying out any other duties.
12. Send mop heads and non-disposable cloths to the laundry after use.

### 13.0 Cleaning and Disinfection of Isolation Rooms

An isolation room may be used for a new patient immediately after cleaning and disinfection, when thoroughly dry. The Clinical Nurse Manager/Deputy is responsible for advising the housekeeping staff on precautions required when entering an isolation room.

Housekeeping/Cleaning staff must wash their hands before entering an isolation room. Disposable powder free latex or nitrile gloves and a plastic apron should be worn. A facemask is not required unless directed by the Clinical Nurse Manager/Deputy.

Cleaning on a daily basis should include wash hand basin, toilet, shower, floor and all horizontal surfaces e.g. locker, bed table, window ledges, and should be in accordance with the local isolation policy. Disposable cloths should be used and discarded into the black healthcare non-risk waste bag. If non-disposable cloths are used send to laundry after use in a water-soluble bag. The mopping system should be wiped thoroughly using locally agreed disinfectant and the mop head sent to the laundry. For the routine daily cleaning of isolation rooms the use of disinfectants is unnecessary.

On discharge of the patient the floor, furniture and fixtures/fittings should be disinfected with locally agreed disinfectant. Curtains may need to be sent to the laundry prior to cleaning the room, please refer to local isolation policy.



### 14.0 Cleaning and Disinfection in Other Departments

Following the treatment of a patient with a transmissible infection in hospital departments e.g. x-ray, physiotherapy, cardiac departments and operating theatre environmental disinfection is necessary.

1. Equipment in the procedure room should be kept to a minimum.
2. Any equipment used on the patient must be disinfected as per manufacturer's instructions.
3. The couch, chair or trolley used by the patient should be cleaned, and disinfected in accordance with local policy
4. For disinfection of items contaminated with blood/high risk body fluids see local policy
5. Contact household /cleaning services manager to arrange for cleaning and disinfection of the room.

### 15.0 Management/Decontamination of Spills of Blood/High-Risk Body Fluids and other Body Fluids

#### **Body fluids/tissue that should be handled with the same precautions as blood**

- ◆ Cerebrospinal, peritoneal, pleural, pericardial, synovial, amniotic fluids, semen, vaginal secretions and breast milk.
- ◆ Any other body fluid containing visible blood
- ◆ Saliva in association with dentistry
- ◆ Unfixed tissues and organs

**Spills of blood and other high risk body fluids represent an infection risk and should be removed as soon as possible as described below. Following the disinfection process the area requires cleaning with a detergent and hot water solution.**

### Precautions to be taken

- Other persons should be kept away from the contamination until it is effectively and appropriately dealt with.
- Cuts/abrasions or breaks in the skin must be covered with waterproof dressing.
- **Single use, non-sterile latex or nitrile disposable gloves and a plastic apron must be worn when dealing with a spillage. If there is the potential of a splash to the conjunctiva or mucous membranes face protection such as a mask and visor or goggles must be worn.**
- Glass fragments must be picked up using a scoop and placed in a sharps bin. Eye protection must be worn when dealing with glass fragments.

### Small Volume Spillage (less than 30 mls)

*Note: Granules should only be used on wet spillage.*

- Sprinkle Sodium Dichloroisocyanurate NADCC granules over spillage, to absorb the moisture.
- Allow a contact period of 2-3 minutes. When the fluid is completely absorbed, wearing protective clothing, scoop up on a disposable scoop or paper towel and place in a yellow health care risk waste bag.
- The treated area should be cleaned with detergent and hot water and dried.
- Remove protective clothing and place in yellow health care risk waste if contaminated.
- Wash and dry hands immediately after removing gloves.

### Large Volume Spillage (greater than 30 mls)

- Wearing protective clothing, place paper towels over the spillage.
- Pour chlorine-releasing solution giving 10,000-ppm available chlorine over towels so that the spillage is saturated.
- The spill should be left for a contact period of 2-3 minutes to allow for disinfection.
- Mop up with fresh paper towels and discard into a yellow health care risk waste bag if contaminated.
- The surface area should be washed with detergent and hot water and dried.
- Remove protective clothing and place in yellow health care risk waste.
- Wash and dry hands immediately after removing gloves.

### **Guidance on Cleaning Up Vomit and Faeces**

- Wear disposable gloves and apron.
- Use paper towel to soak up excess liquid. Transfer these and residue matter directly into black non-risk healthcare waste bag. If from a patient with a known or suspected gastro-intestinal infection place into a yellow health care risk waste.
- Clean/Disinfect the contaminated area with freshly made solution 1,000 parts per million of available chlorine. Following use, leave on surfaces for 1-2 minutes. Dry using paper towel, metallic surfaces must be rinsed immediately after application.
- Remove protective clothing and place in black non-risk healthcare waste bag. If from a patient with a known or suspected gastro-intestinal infection place into a yellow health care risk waste bag if contaminated.
- Wash and dry hands immediately after removing gloves

## Appendix 8 - Categories of Healthcare Waste

|                                  |   |
|----------------------------------|---|
| <b>Healthcare Risk Waste</b>     |   |
| <i>Infectious Waste</i>          | <b>1. General</b>   |
|                                  | a) Blood and items visibly soiled from blood  |
|                                  | b) Contaminated waste from patients with transmissible infectious diseases  |
|                                  | c) Incontinence wear/nappies from patients with known or suspected enteric pathogens  |
|                                  | d) Items contaminated with body fluids other than faeces, urine or breast milk  |
|                                  | e) Other healthcare infectious waste  |
|                                  | <b>2. Microbiological cultures</b>  |
|                                  | Specimens and potentially infectious waste from pathology departments   |
|                                  | <b>3. Biological</b>  |
|                                  | Anatomical waste  |
|                                  | <b>4. Sharps</b>  |
|                                  | Any object which has been used in the diagnosis, treatment or prevention of disease that is likely to cause a puncture wound or cut to the skin                               |
| Radioactive Waste                | <b>5. Radioactive waste</b>   |
|                                  | Includes materials in excess of authorized clearance levels, classified as radioactive under the General control of Radioactive Substances Order, 1993 (S.I. No. 151 of 1993) |
| <i>Toxic Waste</i>               | <b>6. Chemical Waste</b>  |
|                                  | Discarded chemicals and medicines   |
| <b>Healthcare non-risk waste</b> |   |
|                                  | <b>7. Domestic waste</b>  |
|                                  | Included normal household and catering waste, all non-infectious waste, non-toxic, non-radioactive waste and non-chemical waste.  |
|                                  | <b>8. Confidential material</b>   |
|                                  | Includes shredded waste documents of a confidential nature  |
|                                  | <b>9. Medical equipment</b>   |
|                                  | Assessed as non-infectious, i.e. not contaminated with blood or hazardous body fluids, e.g. plastic bottles, plastic packaging, etc.  |
|                                  | <b>10. Potentially offensive material</b>   |
|                                  | Assessed as non-infectious, i.e. not contaminated with blood or hazardous body fluids, e.g. nappies / incontinence wear, stoma bags, etc.                                     |

### Appendix 9 - National Linen Segregation Policy

#### 1. Introduction

This policy provides instruction and guidance to managers and others on the standards expected in relation to the *handling and segregation of used and contaminated linen*.

#### 2. Objectives

The objectives of this policy are to:

- To protect staff and patients from any potential infection risk from used linen
- To decontaminate or significantly reduce the number of micro-organisms on linen
- Comply with Hygiene Standards and demonstrate this to patients and visitors
- Meet Health and Safety requirements

#### 3. Handling Dirty Linen

- All dirty linen must be handled with care, to minimise transmission of micro-organisms via dust and skin scales. Plastic aprons should be worn when there is potential for contamination of the clothing, i.e. when changing beds.
- All dirty linen must be placed carefully and directly into the appropriate laundry bag on removal from the bed or patient. Bring laundry skip to bedside and place dirty linen into the appropriate bag.
- Hands must be washed immediately following the handling of any dirty or contaminated linen. If linen is visibly soiled with blood or bodily fluids, or from a known infected patient, disposable gloves must be worn.
- Care must be taken to remove any extraneous items from dirty linen before it is placed in laundry bags. Such items are potentially dangerous to staff handling laundry and may also damage equipment.
- To avoid spillage of dirty linen, linen bags must never be more than two thirds full and should be securely appropriately for transporting to the laundry, vehicles or trolleys used to transport dirty or contaminated linen must be easy to clean and must never be used to transport clean linen.

### 4. Categorisation and Segregation of Linen

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

#### 4a. Clean/Unused Linen

- Any linen that has not been used since it was last laundered.
- All clean linen must be stored off of the floor in a clean, closed cupboard and must be segregated from dirty/used linen. It must not be stored in the sluice or bathroom. Linen cupboard doors must be kept closed to prevent airborne contamination.
- Clean / unused linen should be delivered to wards in clean containers; these containers should not then be used to collect used linen.
- If taken into an isolation room and not used, linen must be laundered before use.

#### 4b. Foul/Infected Linen

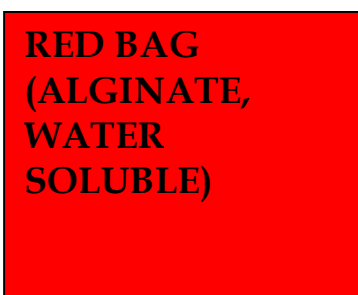
- Any used linen which is soiled with blood or any other body fluid.
- All linen used by a patient with a known infection (whether soiled or not)
- All dirty/infected linen must be placed in a red soluble alginate bag which is secured by the neck using an alginate tie or swan neck tie.
- **THE RED ALGINATE WATER SOLUBLE BAG SIGNIFIES THAT THE LAUNDRY IS FOUL / INFECTED.**
- Foul / Infected linen should be transported to the laundry in a red laundry bag.
- The soluble bag must be placed directly into the washing machine to minimise contact and prevent transmission of infection to laundry staff or contamination of the environment. If at any time an item of laundry is so heavily contaminated with blood or other body fluids that it is deemed unsalvageable it should be risk assessed and either placed in a risk-waste or non-risk waste bag for disposal accordingly.

### 4c. Dirty/Used Linen

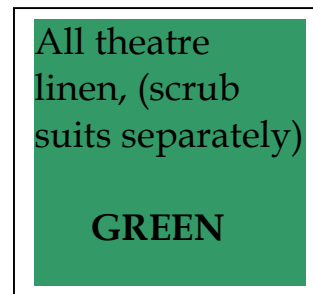
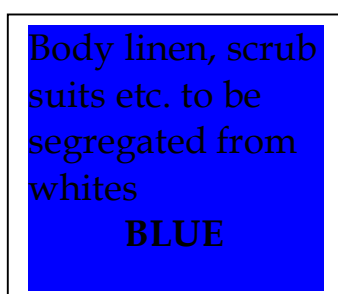
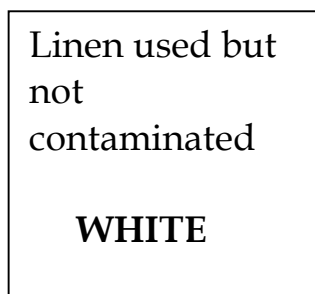
- All used linen other than that listed above, this includes coloured items and scrubs and theatre linen.
- Body linen, including underclothing, day and night wear, woollen articles and all coloured dirty used linen must be segregated from white linen as part of the laundry process, and should be placed in blue laundry bags.
- Dirty used theatre linen, usually green, should be placed in a water soluble or alginate bag. The secured bag should be placed into a green laundry bag for transportation to the laundry
- All other used dirty linen that falls within this category must be placed into a plain clear plastic bag identifying it as dirty/used linen and transported to the laundry in a white laundry bag.

### Proposed Colour Coding for Laundry Bags

Foul/Infected Linen – placed directly into a red alginate water soluble bag and transported to the laundry in a **RED** laundry bag



Dirty/Used Linen – transported in either WHITE / BLUE / GREEN laundry bags



## Appendix 10 - A-Z Decontamination of Equipment

| <u>Airways</u>                     | <u>Single use</u>  | <u>Responsible Staff e.g.</u> |
|------------------------------------|--|-------------------------------|
| <b>Ambu bags</b>                   | Autoclave/washer disinfectant or disposable  |                               |
| <b>Baby bottles, teats</b>         | Use of prepacked singles is preferable. Bottles that must be reprocessed on the ward must be washed and immersed in hypochlorite solution 250ppm (for 30 minutes. Refer to local policy.   | Care Assistant                |
| <b>Baths (and shower cubicles)</b> | a) <i>Non-infectious patients</i> - Clean bath after use with detergent and hot water. A non-abrasive cream cleaner may be used to remove scum.<br>b) <i>Infectious patients and patients with open wounds or visible contamination with blood or body fluids</i> - Refer to policy/guidance | Cleaning Operative            |
| <b>Bed frames, cradles etc.</b>    | Wash with detergent and hot water. If contaminated with blood or body fluids refer to policy/guidance  | Cleaning Operative            |
| <b>Bedpans</b>                     | Process in the bedpan washer/disinfectant. If machine out of order/unavailable, empty contents carefully down sluice or toilet and disinfect and rinse thoroughly. If visibly contaminated with blood disinfect in accordance with local guidance.   |                               |
| <b>Bins</b>                        | Wash with detergent and hot water. Where disinfection required refer to policy/guidance  | Porter                        |
| <b>Blood spillage's</b>            | Refer to policy/guidance   |                               |
| <b>Blood-pressure cuff</b>         | Clean with damp cloth soaked in detergent and hot water, dry thoroughly. If contaminated with blood/body fluids dispose in the yellow healthcare risk-waste bag  |                               |
| <b>Bowls (patients)</b>            | Clean with detergent and hot water or use washer disinfectant. Rinse and dry thoroughly. Store inverted. If used on a patient with a known infection, refer to local guidance and/or process through washer disinfectant.  |                               |
| <b>Brushes: Toilet</b>             | Regularly wash with detergent and hot water and suspend on holder to dry. If grossly contaminated risk assess and dispose of accordingly.  |                               |



|                                    |  |                              |
|------------------------------------|--|------------------------------|
| <b>Brushes: nail</b>               | These should be sterile and disposable, refer to local policy for usage.<br>Where non-disposable brushes are used they must be sent to C.S.S.D. after each use for reprocessing.   |                              |
| <b>Brushes: shaving</b>            | These are not recommended for use in hospital; use shaving foam or cream.  |                              |
| <b>Buffing Machines</b>            | Refer to policy/guidance on care, use, cleaning and storage of cleaning equipment  |                              |
| <b>Catheter bag holders</b>        | Clean with detergent and hot water after each patient. Rinse and dry thoroughly. Disposable catheter bag holders are available.  |                              |
| <b>Ceilings</b>                    | When visibly soiled, wash with detergent and water. If ceiling tiles become contaminated, contact Technical Services Department to arrange replacement.  | Technical Services Personnel |
| <b>Combs</b>                       | Single patient use.  |                              |
| <b>Commodes</b>                    | Clean with detergent and hot water and dry thoroughly. If visibly soiled with faeces, used by an infectious patient or visibly soiled with blood refer to policy/guidance  |                              |
| <b>Cutlery and crockery</b>        | Process in the dishwasher.   | Catering Staff               |
| <b>Curtains</b>                    | Should be laundered at least 6 monthly and when visibly soiled. Some curtains may need to be laundered more regularly - see isolation policy   |                              |
| <b>Shower Curtains</b>             | If unable to send to central laundry clean with detergent and water. If visibly soiled with blood/body fluids or used by an infectious patient, refer to policy/guidance   |                              |
| <b>Cushions/<br/>Pressure area</b> | Clean with detergent and water between each patient use. If contaminated with blood/body fluids or used by a patient with a transmissible infection refer to policy/guidance   |                              |
| <b>Cots</b>                        | See beds   |                              |
| <b>Dressing trolleys</b>           | Wash with detergent and hot water and dry before and after use. If contaminated with blood/body fluids or used for a patient with a transmissible infection refer to policy/guidance. 70% alcohol wipes can be used to disinfect trolley between uses if visibly clean |                              |

|                               |  |  |
|-------------------------------|--|--|
| <b>Drip stands</b>            | Clean with hot water and detergent. Rinse and dry thoroughly. If contaminated with blood/body fluids or used for a patient with a transmissible infection refer to policy/guidance.  |  |
| <b>Duvets</b>                 | See mattresses   |  |
| <b>Earphones</b>              | Clean with hot water and detergent. If used by a patient with a transmissible infection refer to policy/guidance. Earpieces are disposable and should be changed between patient use   |  |
| <b>Examination couch</b>      | Clean with detergent and hot water in between patient use. If contaminated with blood/body fluids or used for a patient with a transmissible infection refer to policy/guidance.   |  |
| <b>Face cloths</b>            | Patient should use own face cloths, which should be laundered regularly or be given a disposable type.   |  |
| <b>Feeding cups</b>           | As for crockery  |  |
| <b>Floors</b>                 | <p><i>a) Dry Cleaning</i> – Use a vacuum cleaner or dust-attracting mop. <u>Sweeping brushes must not be used in clinical areas.</u></p> <p>Vacuum cleaners should not be used where patients are being isolated.</p> <p><i>b) Wet Cleaning</i> – wash with detergent and hot water. Disinfection is only required if there is visible soiling with body fluids or when advised in the isolation policy. Refer to policy/guidance.</p> |  |
| <b>Flower Vases</b>           | Wash with hot water and detergent and dry thoroughly. Store vases inverted. Flower water must be emptied into the sluice and not the wash hand basins. N.B. cut flowers should not be allowed in intensive units e.g. ICU, SCBU and where Oncology and Haematology patients are nursed.  |  |
| <b>Furniture and fittings</b> | Clean with detergent and hot water. If visibly soiled with blood/body fluids or used by an infectious patient refer to policy/guidance.  |  |

|  |   |  |
|--|---|--|
| <p><b>Hoist</b></p> <p><b>Hoist Slings</b></p>   | <p>Clean with detergent and hot water after use. If visibly soiled with blood/body fluids or used by an infectious patient refer to policy/guidance.</p> <p>Hoist slings should be kept as single patient use and processed through the laundry on patient discharge.</p>   |  |
| <p><b><u>Housekeeping Equipment</u></b></p> <p><b>Buffers</b></p> <p><b>Pads</b></p> <p><b>Buckets</b></p> <p><b>Mops Heads</b></p> <p><b>Vacuum Cleaner</b></p> | <p>The outside of the machine should be washed with detergent and hot water and dried after use.</p> <p>Buffing pads should be washed with detergent and hot water and drip-dried. Pads must not be left under the machine between uses.</p> <p><b>Clean with hot water and detergent after use. Dry and store inverted. Equipment in contact with infective material should be disinfected accordingly, refer to local guidance.</b></p> <p>Change daily and send to laundry. If used in an isolation room refer to policy/guidance</p> <p>Outside of machine should be regularly cleaned with detergent and hot water. All vacuum machines should comply with BS5415. Bacterial filters should be inspected at monthly intervals and changed as per manufacturers instructions or when damp. The dust bag should be changed when half full. Note: changing of the bag should take place away from clinical areas.</p> <p>Refer to detail re care, use, cleaning and storage of cleaning equipment contained in this manual.</p> |  |

|                               |  |                |
|-------------------------------|--|----------------|
| <b>Incubators (baby)</b>      | Wash with detergent and hot water and dry thoroughly. If disinfection required refer to manufacturers instructions.  | Care Assistant |
| <b>Jugs (body fluids)</b>     | Process in the bedpan washer/disinfector. They should be stored dry and inverted. If machine out of order/unavailable, empty contents carefully down sluice or toilet. Wash carefully in warm water and detergent avoiding splashing and disinfect accordingly, refer to local guidance, if visibly contaminated with blood disinfect in accordance with local guidance. |                |
| <b>Laryngoscope and blade</b> | Handle: wash with detergent and hot water and dry thoroughly. If contaminated with blood/body fluids or used on an infectious patient refer to policy/guidance.<br>Blade: send to CSSD for reprocessing.   |                |
| <b>Linen skip</b>             | Clean with hot water and detergent. If contaminated with blood/body fluids refer to policy/guidance.   |                |
| <b>Lockers</b>                | Clean with detergent and hot water. If visibly soiled with blood/body fluids or used by an infectious patient refer to policy/guidance.  |                |
| <b>Mattresses</b>             | Check regularly to ensure the cover is intact. If damaged it must be discarded and changed. The mattress cover should be washed with detergent and hot water on patient discharge, when visibly soiled and on a regular basis as per manufacturers' instructions. If visibly soiled with blood/body fluids or used by an infectious patient refer to policy/guidance.    |                |
| <b>Medicine cups</b>          | Disposable cups recommended.   |                |
| <b>Medical Equipment</b>      | Refer to manufacturers instructions  |                |
| <b>Mop Buckets</b>            | Refer to detail re care, use, cleaning and storage of cleaning equipment contained in this manual.   |                |
| <b>Nebulisers</b>             | Refer to policy/guidance   |                |

|                                       |   |  |
|---------------------------------------|---|--|
| <b>Pillows</b>                        | Clean as mattresses   |  |
| <b>Pressure bags</b>                  | Clean with detergent and hot water. If visibly soiled with blood/body fluids or has been used by an infectious patient refer to policy/guidance.  |  |
| <b>Razors</b>                         | Patients should be encouraged to use their own shaving equipment. Disposable razors should be used as an alternative.   |  |
| <b>Resuscitation Trolley</b>          | Clean with hot water and detergent. If visibly soiled with blood/body fluids or has been used for an infectious patient refer to policy/guidance.   |  |
| <b>Scales (weighing)</b>              | Clean with detergent and hot water. If visibly soiled with blood/body fluids or used by an infectious patient refer to policy/guidance.   |  |
| <b>Scissors<br/>(Nurses Scissors)</b> | Clean with detergent and water, if disinfection required use a 70% alcohol swab following cleaning with detergent and water.  |  |
| <b>Sinks/wash hand basins</b>         | Clean with detergent and water. A non-abrasive cream cleanser may be used to remove stain & scum. If visibly soiled with blood/body fluids or used by an infectious patient refer to policy/guidance.   |  |
| <b>Spillage of blood/body fluids</b>  | Refer to policy/guidance.   |  |
| <b>Speculae</b>                       | Disposable or sent to C.S.S.D. for reprocessing   |  |
| <b>Soap dispenser</b>                 | The casing and the nozzle of the soap dispenser should be cleaned daily with hot water and detergent. It is recommended that the dispenser have individual replacement cartridges. Clean inner casing of dispenser when changing the cartridge. If soap dispensers with reservoirs are used, inside container should be cleaned and dried prior to refilling. Rinse and dry thoroughly using paper towels. Do not top up liquid soap. |  |
| <b>Sphygmomanometer</b>               | Clean with detergent and hot water. If visibly soiled with blood/body fluids or used by an infectious patient refer to policy/guidance.   |  |
| <b>Stethoscopes</b>                   | Wipe with 70% alcohol wipes between each patient.   |  |

|  |  |  |
|--|--|--|
| <b>Suction bottles</b>                                       | If not disposable these should be emptied carefully directly into and decontaminated in the bedpan washer/ disinfectant.   |  |
| <b>Telephones</b>  | Damp dust with detergent and hot water. If visibly soiled with blood/body fluids or used by an infectious patient refer to policy/ guidance.   |  |
| <b>Thermometers Electronic</b>                               | Refer to manufacturers instructions  |  |
| <b>Tourniquets</b>   | See blood pressure cuffs or use disposable   |  |
| <b>Toilets/Bidets</b>  | All surfaces should be cleaned with detergent and hot water. Pay particular attention to handles and seats. If visibly soiled with blood/body fluids or used by an infectious patient refer to policy/ guidance. After use of disinfectant, the seat should be rinsed with water and dried thoroughly. |  |
| <b>Toys - Hard (Soft toys not suitable for communal use)</b> | Toys must be cleaned if visibly soiled, weekly and on patient discharge. If visibly soiled with blood/body fluids or used by an infectious patient refer to policy/ guidance. Dispose if grossly contaminated  |  |
| <b>Urinals</b>   | See bed pans   |  |
| <b>Walking frames</b>  | Clean with detergent and hot water. Rinse and dry thoroughly. If visibly soiled with blood/body fluids or used by an infectious patient refer to policy/ guidance.   |  |
| <b>Walls</b>   | When visibly soiled wash with detergent and hot water. If visibly soiled with blood/body fluids refer to policy/ guidance.   |  |
| <b>Wheelchairs</b>   | Clean with detergent and hot water. If visibly soiled with blood/body fluids or used by an infectious patient refer to policy/ guidance.   |  |
| <b>Ventilators</b>   | Follow manufacturers' instructions.  |  |
| <b>Vacuum Cleaner</b>  | See household equipment.   |  |

- ◆ It is important to follow manufacturers' instructions, always refer to manufacturers instructions if unsure.
- ◆ Use only hospital approved detergent and chemical disinfectants.
- ◆ This is not an exhaustive list, hospitals to amend to reflect their own needs in terms of items and persons responsible.
- ◆ Appendix 11 is a useful tool in ensuring that all items have a specified cleaning process with frequency and person responsible defined.



### Appendix 12 - National Ward Kitchen Policy

#### 1.0 Introduction

1.1 This National Ward Kitchen Policy has been developed to protect our patients, our visitors, and our staff, and covers areas known as ward kitchens or pantries in acute hospitals.

1.2 There are three main hazards that may arise with the serving of food:

- Bacteria or other micro-organism that may cause food poisoning
- Chemicals, for example by cleaning materials
- Foreign materials such as glass

1.3 All staff who handles food must be aware of the critical points at which these hazards may occur and ensure that steps are taken to either eliminate them or reduce them to a safe level.

1.4 Compliance with this policy and the National Standards Authority of Ireland's Hygiene Standards for the Catering sector will fulfil the requirements of relevant food safety legislation (*see Appendix 1*) and the IHSAB Hygiene Services Standards

#### 2.0 Personal Hygiene

2.1 Before handling food, all staff must inform the Ward Manager / Line Manager if they are suffering from any skin, nose, throat, wound or gastro-intestinal infection/symptoms.

2.2 All ward kitchens should be equipped with a wash hand basin to be used only for washing hands. It should be correctly equipped with soap, hot and cold water and suitable drying facilities (disposable towels), where possible non hand contact taps should be fitted.

2.3 All staff must wash their hands often and always: (see SARI guidelines)

- before commencing work
- after using the toilet
- after handling raw foods
- after handling waste



- after every break
- after smoking
- after blowing their nose
- patient contacts

2.3 Cuts and lesions must be covered with a coloured waterproof plaster; if not adequately covered exclusion/restriction may apply.

2.4 A fresh plastic apron must be worn when handling food; aprons must be disposed of after use.

2.5 Food handlers should refrain from touching their hair, biting their nails, coughing or sneezing when handling foodstuffs.

2.6 Food handlers must not wear nail polish or jewellery other than a wedding band and stud earrings.

2.7 Patients and visitors, and animals are not allowed access to the kitchen

### **3.0 Food Storage – General**

3.1 All food must be stored in pest proof airtight containers

3.2 No open tins of food should be stored

3.3. Bread must be stored in a designated pest proof container.

### **4.0 Food Storage – Refrigerated (and frozen)**

4.1 Refrigerators are maintained by the Technical Services Department, any faults should be reported promptly.

4.2. The refrigerator temperature must be maintained at 1-4°C, the temperature should be checked and recorded twice daily. A thermometer independent of the refrigerator must be used

4.3 The refrigerator must only be used for the storage of patients' food and drink items

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4.4. No high-risk food may be stored, i.e. raw meat, poultry, fresh eggs, fish or seafood, non-pasteurised milk or non-pasteurised dairy products

4.5 No pet food may be stored in the refrigerator

4.6 Milk feeds and cartons must be placed in the refrigerator immediately on delivery to the ward

4.7 Hot food must never be placed inside the refrigerator

4.8 On a daily basis all product dates must be checked with those items found to be past their recommended dates disposed of accordingly

4.9 The refrigerator will be emptied and defrosted weekly and cleaned using a mild detergent

4.10 Freezers must be maintained at  $> -18^{\circ}\text{C}$ , the temperature must be checked and recorded daily

### 5.0 Patient Food

5.1 No food to be routinely prepared in the ward kitchen other than beverages and toast

5.2. It is acknowledged that some facilities have facilities to allow for the preparation of porridge, soup, sandwiches etc.

5.3 When a patient is absent from a ward at meal time under no circumstances should a hot meal be reheated in a ward kitchen. Salad or sandwiches may be held in the refrigerator. A microwave may be used to re-heat a meal provided that a microwave policy is in place and is adhered to.

5.4 It is essential that patient meals are probed on a regular basis to verify that the temperature of the meal is  $\geq 63^{\circ}\text{C}$

### **6.0 Patients' Own Food**

6.1. Patients and their relatives are strongly discouraged from bringing in food for patients; patients should be advised of this pre-admission / admission literature. Ward Manager must be notified if food is brought into the ward area.

6.2 If food is brought in which requires refrigeration, it must be in a suitable container and labelled with the patient's name and date of storage.

6.3. Home-prepared food must be used within 2 days or discarded. "Use by" dates should be adhered to on manufactured products. Foods not consumed on one occasion should be labelled on opening and used or discarded within 48 hours.

6.4 The Ward Manager is responsible for maintaining day to day hygiene in the ward kitchen in co-operation with the Catering Manager and Cleaning Services Manager.

6.5 A designated person is responsible for checking product dates and for disposal is appropriate accordingly

### **7.0 Ward Kitchen Waste**

7.1 Food waste should be disposed of via the waste disposal unit and not in the normal non-risk waste stream, refer to local policy in this regard.

7.2 Foot operated pedal bins are provided in each kitchen with a waste collection schedule displayed accordingly

7.3 Aerosols, broken glass and crockery and empty bottles should be placed in a designated waste receptacle and be part of the documented waste collection schedule

### **8.0 Staff Training**

8.1 All staff who handles food and beverages must be made aware of this policy on commencement of duties as part of their induction and be given an opportunity to read and discuss it

8.2. Staff assigned to ward kitchen duties should undertake food safety training commensurate with their work duties, e.g. Food Safety of Ireland Guides to Food Safety Training, Level 1 Induction and Level 2 Additional Skills. Ongoing training and assessment is required.

### **9.0 Cleaning**

9.1. Cleaning of the ward kitchen is the responsibility of both the Catering and Cleaning Services Departments, roles and responsibilities must be clearly documented

9.2 A documented cleaning schedule must be in place and must be clearly displayed in each ward kitchen; a regular auditing system must also be in place

9.2. All cleaning carried out must be done using the correct colour cloths and equipment and neutral detergent

9.3 Spillages in kitchens must be cleaned immediately by whoever caused or discovered the spillage

### **10.0 Ice Machines**

10.1 Ice machines should be self-dispensing; manufacturers' instructions must be adhered to

10.2 Ice machines are maintained by the Technical Services Department, faults should be reported promptly

10.3 The ice cabinet should be cleaned daily by the designated person

10.4 All ice should be discarded prior to wiping the inside of the cabinet with disposable paper towel and hot water

10.5 The making of ice cubes other than in ice machines is prohibited

### **11.0 Crockery and Cutlery**

11.1 All crockery and cutlery must be washed adequately preferably using a mechanical dishwasher and air dried. If this is not possible, a two sink method and disposable paper towel method must be used

### 12.0 General Rules

- No patients/relatives/visitors are allowed to enter ward kitchens and a notice to this effect must be displayed on the door
- The door of the kitchen must remain closed whenever possible
- No personal belongings to be stored in any ward kitchen
- Staff must not consume food or beverages intended for patient use, food should not be consumed in the ward kitchen
- Where appropriate fly screens should be provided at open windows
- Rodent bait points should be numbered and a location map of the baits should be available for inspection