

# **The Revised Healthcare Cleaning Manual**

June 2009

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## Welcome to the Revised Healthcare Cleaning Manual

The Revised Healthcare Cleaning Manual has been designed to help every NHS Trust meet its obligation to aid the delivery of high-quality, effective and safe healthcare in clean premises that support the control of healthcare associated infections and make a positive contribution to healthcare outcomes.

The Revised Healthcare Cleaning Manual is intended as a resource for the Trust Board member or senior manager with responsibility for cleanliness and for all managers and staff with responsibilities for cleaning. The Manual is applicable to all healthcare settings including hospitals, ambulances and primary care.

The aim of the Manual is to provide guidance on cleaning techniques and best practice advice on defining responsibilities, scheduling work, measuring outcomes, reporting and driving improvements.

It is anticipated that healthcare providers will respond to the publication of this Manual by reviewing existing policies and practice relating to cleanliness.

This Manual is available for download from <http://www.npsa.nhs.uk/cleaning>



## Foreword

The cleanliness of healthcare premises is an important component in the provision of clean safe care. The NHS Constitution clearly sets out that patients have a right to be treated in an organisation that meets the required levels of safety and quality. The NHS has further pledged that services will be provided in a clean and safe environment that is fit for purpose and based on national best practice. Whilst there have been significant improvements in the cleanliness of our healthcare premises, there is still room for improvement.

The Care Quality Commission will continue the inspection programme to ensure that healthcare providers are meeting the requirements of regulation with respect to healthcare associated infections. In order to meet these requirements, healthcare providers will be expected to provide and maintain a clean and appropriate environment that facilitates the prevention and control of healthcare associated infection. Following the guidance in this manual may be of assistance in providing assurance that a healthcare provider meets these requirements.

This guidance should be used as a starting point from which practitioners and managers can develop their own local environmental cleanliness policies. When read in conjunction with the National Specifications for Cleanliness, this guidance can help healthcare providers identify standards of cleanliness and what systems and processes they need to put in place to deliver and monitor those standards.

The National Patient Safety Agency commissioned the Association of Healthcare Cleaning Professionals to lead the review of this Manual and revise the guidance to reflect the modern NHS. We have worked with a variety of stakeholders with expertise in cleaning, infection control, nursing and emergency care. We are grateful to all those involved in the revision of this guidance for providing their expertise, time and commitment to this work.

**Martin Fletcher**

Chief Executive

National Patient Safety Agency

# 1. Introduction

## 1.1 Developments since original publication of the Manual

Much has changed since the first issue of the *NHS Healthcare Cleaning Manual* in March 2004.

Due in large part to the commitment of individual healthcare providers to meeting national guidelines on cleaning standards and monitoring procedures, there have been significant improvements in hospital cleanliness. These have been demonstrated year-on-year in Patient Environment Action Team (PEAT) assessment results. However, patients and the general public expect standards to continue improving.

Cleanliness is intrinsically linked to infection prevention and control. A clean, well ordered environment provides the foundation for excellent infection control practice to flourish. The Revised Healthcare Cleaning Manual should be read in conjunction with the following guidance:

*Towards Cleaner Hospitals and Lower Rates of Infection* (Department of Health, July 2004)

*A Matron's Charter: an Action Plan for Cleaner Hospitals* (Department of Health, October 2004)

*Revised Guidance on Contracting for Cleaning* (Department of Health, December 2004)

*Standards for Better Health* (Department of Health, updated April 2006)

*The Impact of Microfibre Technology on the Cleaning of Healthcare Facilities* (Association of healthcare cleaning professionals, 2006)

*The National Specifications for Cleanliness in the NHS: a Framework for Setting and Measuring Performance Outcomes* (National Patient Safety Agency, April 2007)

*Colour Coding Hospital Cleaning Materials and Equipment: Safer Practice Notice 15* (National Patient Safety Agency, January 2007)

*An Integrated Approach to Hospital Cleaning: Microfibre Cloth and Steam Cleaning Technology* (Department of Health, May 2007)

*Health and Social Care Act 2008: the Code of Practice for the Prevention and Control of Healthcare Associated Infections (the 'Code of Practice')* (Department of Health, updated January 2009)

*Uniforms and Workwear: an Evidence Base for Developing Local Policy* (Department of Health, January 2007)

*Saving Lives: a Delivery Programme to Reduce Healthcare Associated Infections including MRSA – Challenge 6 and Challenge 8* (Department of Health, June 2007)

*Clean Hands Save Lives: Patient Safety Alert* (National Patient Safety Agency, September 2008)

*From Deep Clean to Keep Clean: Learning from the Deep Clean Programme* (Department of Health, October 2008)

Healthcare providers are strongly recommended to read this Manual in conjunction with the *Code of Practice*. Following the guidance in this Manual in combination with the National Specifications for Cleanliness will assist healthcare providers in meeting the compliance criteria concerning cleanliness.

## Procurement

This Manual does not give guidance on what cleaning products or equipment should be used. That is to be decided locally. If healthcare providers require specific advice on product procurement and supply, NHS Supply Chain is a useful resource. The key services supplied include:

- procurement;
- suppliers;
- logistics;
- consultancy services;
- patient services.

Supply Chain has over 610,000 products in its catalogue which can be accessed here:  
<http://my.supplychain.nhs.uk>

### 1.2 The Revised Healthcare Cleaning Manual: links with existing guidance

The *Revised Healthcare Cleaning Manual* has a complementary relationship with other cleaning-related publications: *The National Specifications for Cleanliness in the NHS*, published by the National Patient Safety Agency (NPSA), and *Revised Guidance on Contracting for Cleaning*, published by Department of Health (DH).

#### 1.2.1 The National Specifications for Cleanliness in the NHS: a Framework for Setting and Measuring Performance Outcomes (NPSA, April 2007) and The National Specifications for Cleanliness in the NHS: a Framework for Setting and Measuring Performance Outcomes in Ambulance Trusts (2009).

This publication (referred to in this Cleaning Manual as *The National Specifications for Cleanliness*) and The Revised Healthcare Cleaning Manual are designed to be used in tandem. In simple terms, The Revised Healthcare Cleaning Manual is designed to give guidance on “what to do” and “how to do it” and *The National Specifications for Cleanliness* focuses on “what clean looks like” “how to measure it” and “how often you need to clean”.

All references within *The National Specifications for Cleanliness* to *The Cleaning Manual* or *The NHS Healthcare Cleaning Manual* should now be understood to refer to this Manual.

Inevitably there are overlaps in the guidance. Where this is the case, The Revised Healthcare Cleaning Manual will, in general, provide greater detail than *The National Specifications for Cleanliness*.

Occasionally, this Manual will serve to expand on what is contained within *The NHS Specifications for Cleanliness*. For example, the section on measuring and reporting cleaning performance is wholly consistent with the approach of the *Specifications*, but takes note of the new mandatory requirement for quarterly reporting to healthcare provider Boards on cleanliness and includes a model Board report.

#### 1.2.2 *Revised Guidance on Contracting for Cleaning* (Department of Health, December 2004).

The Revised Healthcare Cleaning Manual replaces Section 5 of the *Revised Guidance*. In this context, the Manual may be used to help assess the relative quality of tender submissions by serving as a best practice benchmark.

The Revised Healthcare Cleaning Manual does not seek to provide guidance on whether cleaning services should be provided by direct employment, by inter-trust service level agreements or by commercial contracting-out.

## 1.3 Establishing best practice

The Revised Healthcare Cleaning Manual seeks to identify best practice in delivering the cleaning service. An important resource has been the library of best practice maintained by the Association of Healthcare Cleaning Professionals (AHCP). This body of peer-reviewed documents has been particularly useful in serving as a basis for the revision of this Manual. This library can be accessed from <http://www.ahcp.co.uk>

## 1.4 How to use this Manual

This Manual is designed to assist the healthcare provider Board member responsible for cleanliness to ensure that cleaning is clearly defined and carried out in a thorough and effective manner that is understood by all participants.

If healthcare providers choose not to follow this guidance, they must be prepared to provide assurance to the Care Quality Commission that their systems and processes are of equal or greater rigour.

It is recommended that demonstrable and auditable actions will be taken by each healthcare provider on receipt of the Manual. These actions should include:

- a review of cleaning responsibilities;
- a review of existing practice against best practice as described in the Manual;
- a review of current policies on cleaning and cleanliness.

### 1.4.1 Review of cleaning responsibilities

It is suggested that a senior multi-disciplinary group consisting of a cleaning manager, infection control practitioner and nurse or ambulance staff manager, undertake a review of cleaning responsibilities. Detailed guidance on how to carry this out is given in Section 5 of this Manual.

### 1.4.2 Review of existing practice against best practice

We would suggest that the healthcare provider Board member with responsibility for cleanliness commission a written report which includes a gap analysis of current practice and the advice contained within this Manual. The report should have input from a cleaning manager with operational responsibility, infection-control practitioner and nurse or ambulance staff managers.

It may be useful to include detail on the extent to which the following aspects of the service are addressed:

#### **a. Work schedules**

- Do they accurately reflect cleaning responsibilities?
- Are they detailed and specific to each functional area?
- Are they agreed by matrons or departmental service heads?
- Are they displayed prominently in each functional area?
- Are they used by staff as a guide to the daily schedule of work?
- Are they reviewed and disseminated in a controlled manner?

## b. Method statements for cleaning tasks

- Are they clearly published?
- Do they cover all tasks undertaken?
- Are they used in training and are widely available for reference?
- Are they individually consistent with best practice?

## c. Training

- Have all cleaning staff completed training in control of infection, cleaning methods, use of equipment, the use of chemicals, health and safety, manual handling and other key areas?
- Have other clinical /non clinical staff with cleaning responsibilities completed training in cleaning methods, materials and equipment specific to their responsibilities?
- Does the organisation keep up-to-date records of this training that are signed and dated and is there a nominated person who has responsibility for monitoring these records?

## d. Control of infection

- Is the advice on the prevention and control of infection up-to-date? Does it include current guidance on hand hygiene, colour-coding, uniform and work wear and the use of personal protective equipment?
- Is access to infection control advice is freely available to all staff involved in cleaning?

## e. Measuring and reporting

- Are cleaning outcomes accurately measured and reported, using the current *National Specifications for Cleanliness* framework?
- Is there a continuous improvement loop in place to identify problems and opportunities and to record action taken to address deficiencies?
- Is there a quarterly report to the Board and is this recorded?

The completed Board report should be submitted to the healthcare provider Board member with responsibility for cleanliness. It should note divergences from best practice and include an action plan for addressing these divergences. It is good practice to include action plans to address specific issues that affect the ability to deliver cleaning, for example, storage and clutter.

Progress against the action plan should form part of the quarterly report on cleanliness to the healthcare provider Board.

In assessing the quality of existing practice, healthcare providers are advised to exercise their best judgement concerning whether their practice is equally good, or better than, the best practice described in the Manual. This should be recorded. It is hoped that in cases where existing practice exceeds the recommendations made in the Manual, this practice will be shared. The Association of Healthcare Cleaning Professionals has been tasked with collating this best practice information. To submit details follow this link; <http://www.ahcp.co.uk>

### 1.4.3 Review of current policies

Healthcare providers are advised to review and amend existing policies to reflect the new *NHS Cleaning Manual* and changes in practice arising from the above exercises, at the earliest reasonable opportunity.

#### 1.4.4 Applicability of the Manual and some definitions of terms

Since it deals with any physical environment in which healthcare is delivered, this Manual has been written with broad scope to be used by any provider of healthcare – although it is not anticipated that it will be used in the same way by all healthcare providers.

The term ‘healthcare providers’ includes, but is not limited to:

- NHS Trusts and Foundation Trusts;
- NHS Mental Health Trusts;
- NHS Ambulance Trusts;
- NHS PCTs (where those PCTs are providers of services);
- private healthcare providers providing primary secondary or tertiary care.

In this Manual, the term ‘Trust Board’ should be taken to refer to the body responsible for governance of the healthcare provider, whether an NHS provider or otherwise.

## 2. Infection Control

### 2.1 Introduction

This section of the Manual gives guidance on the aspects of infection control which are particularly relevant to the cleaning process. It is set out in the form of suggested guidance to staff involved in cleaning healthcare premises.

- Healthcare providers must register with the Care Quality Commission in order to provide registerable service. In order to register, Trusts providing healthcare directly to patients must, so far as is reasonably practicable, ensure that patients, workers and others are protected against the identifiable risks of acquiring a healthcare-associated infection.

Healthcare providers do this through:

- the effective operation of systems to control infections (including assessing the risks of infection and preventing, detecting, treating and controlling infection);
- the maintenance of appropriate standards of design, cleanliness and hygiene for premises and equipment.

The regulations are supported by the '*Code of Practice for the NHS on the Prevention and Control of Healthcare Associated Infections and Related Guidance*'. Service providers need to demonstrate that they provide and maintain a clean and appropriate environment which facilitates the prevention and control of healthcare associated infections (Criteria 2).

Adopting the guidance in this Manual may assist healthcare providers in providing assurance to the Care Quality Commission that they meet the requirements of registration as identified above.

### 2.2 Model Infection control guidance for staff with cleaning responsibilities

It is anticipated that the guidance below will be used to help inform the development of local infection control policies and training modules.

#### 2.2.1 Overview

The essence of good cleaning is that things not only *look* clean afterwards, but that they *are* clean. All users of healthcare premises have a right to assume that the environment is one where infection hazards are adequately controlled.

The guidance set out here contains basic infection control practices that should be followed by all staff with cleaning responsibilities.

#### 2.2.2 Classification of infection risk and work schedules

Different spaces will require different types and frequencies of cleaning depending on what activities are carried out in those spaces. For example, a records store room, not used by those at high risk of infection or who themselves constitute a high risk of infection spread will require less cleaning than an Intensive Therapy Unit. These factors must be taken into account by matrons, infection control nurses and cleaning managers when agreeing the work schedules which are displayed in particular work areas, following the guidance given in *The National Specifications Framework*.

Staff should take care to read and fully understand the work schedules that apply to their work areas and to follow them closely. Where there is a temporary change in room use or priorities, the senior nurse or a supervisor should inform staff, however, any significant and long term change in the use of any room in a work area should result in a change to the work schedule.

Staff who do not know where to find their work schedule should contact their supervisor.

### 2.2.3 Colour-coding

There is now a national colour-coding system in place for the NHS.

This system should be followed at all times by all staff undertaking cleaning activity. If there is a shortage of colour-coded materials or equipment, the supervisor should be informed immediately.

For further information on the colour-coding systems for hospitals and ambulance trusts please visit:  
**<http://www.npsa.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=5443>**

### 2.2.4 Protective gloves

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

Local infection control teams may advise on the use of single-use gloves in certain circumstances such as outbreaks or infectious cleans.

Gloves should be cleaned regularly between cleaning tasks. Use of gloves does not reduce the requirement for hand washing.

Latex free gloves should be available to the above specification where a latex allergy has been identified

### 2.2.5 Disposable, colour-coded plastic aprons for cleaning activities

Disposable, colour-coded plastic aprons should be worn for all cleaning tasks in which splashes to clothing are likely to occur. They may also need to be worn when cleaning rooms occupied by barrier-nursed patients. This should be clearly indicated in method statements.

For certain specialised cleaning tasks (for example, flood response) where contamination of clothing by large amounts of fluid is likely, the use of overalls and waterproof footwear may be indicated by a risk assessment. (This is reflected in the cleaning method statements in Section 7 of this Manual).



## 2.2.6 Accidental exposure to blood or bloody substances

Inoculation injuries, such as needlestick, other sharps injuries, bites, scratches and splash contamination of broken skin require immediate action, as follows:

- The area should be washed with soap and running water and bleeding should be encouraged. The wound should not be sucked.
- A waterproof dressing should be applied.
- The staff member should contact either the Occupational Health Department or the Accident and Emergency Department for further advice, whichever is specified by the healthcare provider's policy. The incident should be reported to a manager who should ensure that the incident is recorded.

For splashes to intact skin, the affected area should be washed immediately with warm soapy water.

Splashes to the mouth should be rinsed out with large quantities of water, and reported (as in the third bullet point above).

Splashes to the eyes should be irrigated immediately with water or, if available, sterile saline from an eye station. Report, (as in the third bullet point above).

## 2.2.7 Spillages of bodily substances

“Bodily substances” is a term which refers to fluid or tissue issuing either directly from a patient, or indirectly in the form of a specimen or otherwise. The most common types that might be encountered by staff with cleaning responsibilities include wound exudate, blood, sputum, urine and faeces.

Spillages may be cleaned up by either nursing/departmental staff or cleaning staff and each healthcare provider's local policy on cleanliness will have clear instructions on responsibility for this. It is vital that any member of staff performing this duty has received the specific training for this type of spillage cleaning and follows the method statement fully.

A cleaning method statement for this is contained in Section 7.1.8 of this Manual.

## 2.2.8 Waste disposal

The handling and segregation of waste must be undertaken with care. Members of staff should ensure that they are fully aware of their local waste policy and that they follow it closely.

Any waste that is, or that might be suspected to be, contaminated with bodily substances should be disposed of as clinical waste. Common examples include medical gloves, aprons, dressings, and catheter bags.

Clinical waste bags must always be marked or tagged to ensure that their department of origin can be traced. Normally, plastic tags are issued for this purpose. Members of staff who are in any doubt should consult their supervisor.

Clinical waste containers should be locked at all times and not accessible to the general public. Clinical waste from an infected source should be double bagged and disposed of in the normal way.

## 2.2.9 Hand hygiene for cleaning staff in healthcare environments

This section helps cleaning staff to decide when during the course of their work they should stop to clean their hands. It is designed so that as well as informing the reader of this document, its content can be used in training.

Cleaning your hands while you work is extremely important, it will help stop germs from one patient being moved to other patients. It is important to stop germs moving in this way as when germs move between patients they can cause infections.

When working in a healthcare environment there are three important questions about hand hygiene. When? How? With what?

### **When should I clean my hands during work?**

Cleaning your hands before and after work is not enough, so how should you decide when to clean your hands? To help there is an approach to hand hygiene called the Five Moments. This approach was developed by the World Health Organisation and is used by the national **cleanyourhands** campaign and helps everyone working in healthcare to decide when to clean their hands.

### **Your Five Moments for hand hygiene**

The Five Moments lists the important times during our work where we should stop to clean our hands. The Five Moments applies no matter where or how you work. Because we all work in healthcare our aim is to make sure the patients recover; therefore patients are at the centre of the Five Moments approach. It's true that some of these moments are more important for certain groups of staff in healthcare so the most important moments for cleaning staff are highlighted.

All of the Five Moments aim to stop germs moving between what we call patient zones. A patient zone is any area dedicated to one single patient for the duration of their stay or their visit. This area will have a set of germs from that patient; this is normal and not all of the germs will be capable of causing infection, however, some may.

## 1 BEFORE PATIENT CONTACT

Moment one is before patient contact. This moment is equally important to everyone who works in healthcare. Germs are on everyone's hands regardless of what our job is. If you are going to be in contact with a patient for any reason, for example to help them stand up or sit down, or to help them to move from an area you are accessing to clean, you must clean your hands to stop any germs that are on your hands moving onto the patient.

## 2 BEFORE A CLEAN/ASEPTIC PROCEDURE

Moment two is before a clean/aseptic task. This moment is for nurses and doctors and it aims to make sure that when they do anything that goes through a patient's natural defense, i.e. their skin, no germs from the patient's surroundings are pushed into the patient. Nurses and doctors must always stop at this moment to clean their hands.

## 3 AFTER BODY FLUID EXPOSURE RISK

Moment three is after body fluid exposure risk. This moment is to protect you from germs that may be present in patient body fluids. If you have been cleaning any area or object that has been in contact with body fluids' you must stop afterwards and clean your hands after you remove gloves. Gloves do not replace the need for hand hygiene.

## 4 AFTER PATIENT CONTACT

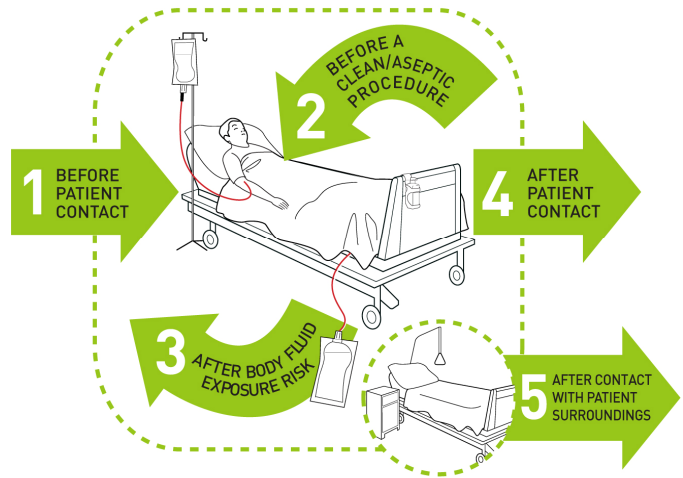
If you touch a patient for any reason (such as the examples provided for moment one) germs from the patient will move onto your hands. Before you leave that patient's side you must stop and clean your hands. This is to make sure that germs from the patient you have touched do not move onto you, the area outside the patient's bed-space, room or home, and most importantly that germs from the patient you have touched do not move onto another patient.

## 5 AFTER CONTACT WITH PATIENT SURROUNDINGS

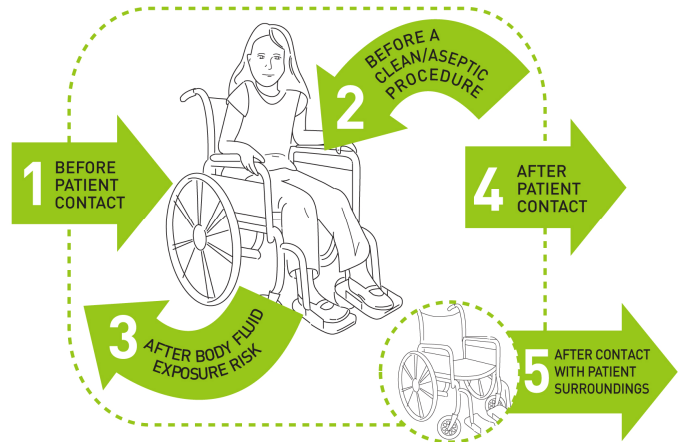
Moment five is after contact with a patient's surroundings. Everyone, including patients have germs living on them. Once a patient is given a bed or room to stay in their germs will move naturally around that area. An example is a bed-space on a ward. While a patient is staying in that bed the whole of the area surrounding the bed will be covered with the patient's germs, like the patient themselves.

This means that each bed-space and each room will have a different set of germs from the patient that is staying there at the time. The aim of moment five is to stop germs moving from one patient area to other patient areas. If you have contact with a patient's surroundings, for example a bed, you must stop and clean your hands before you move to another patient area. This is explained more below.

The Five Moments are applied around each patient as illustrated below.



The Five Moments apply in all types of healthcare buildings not just hospitals



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

Once you have decided when to clean your hands, you need to know what you should use and how to clean your hands correctly.

There are two things you can use to clean your hands: you can wash your hands with soap and water, or you can use alcohol handrub. Both are acceptable ways to clean your hands. It is important to make sure your hands are cleaned well. See the technique diagram below for how to do this.

Although alcohol handrub is a quick and easy way to clean your hands, especially when a sink is not easily accessible, there are some times when you must wash your hands with soap and water.

Always wash your hands with soap and water when:

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

## Some important points

You are an important member of the healthcare team; in fact one of the most important when it comes to stopping infection.

Always get the information you need from the clinical staff, for example, if patients have any infectious diseases.

Remember that gloves can move germs around just as well as hands. Wearing gloves does not replace the need for hand hygiene.

## Training and support

All NHS trusts in England and Wales have access to the national hand hygiene campaign **cleanyourhands**. If your trust is already part of the campaign you will have a coordinator, usually on your infection control team, who can supply you with more information on the Five Moments as well as training material. If you have any questions you can email [handhygiene@npsa.nhs.uk](mailto:handhygiene@npsa.nhs.uk) or visit the campaign <http://www.npsa.nhs.uk/cleanyourhands>

### 2.2.10 Uniforms and jewellery

The guidance in this section is consistent with the Department of Health's Uniform and Workwear Guidance 2007 available for download from:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_078433](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078433)

Hand and wrist jewellery can harbour micro-organisms and can reduce compliance with hand hygiene. It is good practice to remove wristwatches and jewellery at the beginning of the shift. The local infection control team should be consulted on individual compliance issues.

Sleeves on uniforms should either end above the elbow, or should be kept rolled up above the elbow when undertaking cleaning duties.

Staff should change into a clean uniform before each shift. If a member of staff's uniform becomes visibly contaminated or soiled, they should change uniforms at the earliest practical opportunity.

Uniform should be worn only while on duty, except where a local healthcare provider policy specifies otherwise.

Only issued uniform should be worn while on duty. Cardigans and jumpers should not be worn whilst undertaking duties.

The wearing of numerous badges should be avoided. An official identification badge is acceptable. Neckties, other than bow ties, should not be worn.

## 3. Health and Safety

### 3.1 Introduction

The Health and Safety at Work Act (1974) and the Control of Substances Hazardous to Health (COSHH) Regulations (2002) require all employees to follow safe written working practices. All employees should receive Health and Safety training appropriate to their role and responsibilities. The following guidance provides a basic starting point which all staff should be familiar with prior to carrying out cleaning activities. It is not intended to be an exhaustive list and staff should be encouraged to report any concerns about the safety of any aspect of their duties to their supervisor before commencing.

### 3.2 Control of substances hazardous to health

Cleaning in a healthcare environment requires the use of chemical agents and this is potentially dangerous. Employers are therefore required to protect employees and others who may be exposed to them by complying with the *Control of Substances Hazardous to Health Regulations 2002 (COSHH) (as amended)*.

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

- assess the risks;
- decide what precautions are necessary;
- prevent or adequately control exposure;
- ensure that control measures are used and maintained;
- monitor the exposure;
- carry out appropriate health surveillance;
- prepare plans and procedures to deal with accidents, incidents and emergencies;
- ensure employees are properly informed, trained and supervised.

The Health and Safety Executive has produced a guidance leaflet, titled *COSHH: A Brief Guide to the Regulations – What you need to know about the Control of Substances Hazardous to Health Regulations 2002 (INDG 136 (rev 3), revised 04/05)*.

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

- the maintenance and issue of up-to-date COSHH sheets relating to each product used, including action to be taken in the event of accident;
- insistence on the wearing of the appropriate personal protective equipment for each task;
- the labelling of chemical containers;
- the storage of chemical products in a secure area;
- recorded Health and Safety training;
- regular inspection of the use and storage of chemicals.



### 3.3 Risk assessment

It is the responsibility of employers to undertake risk assessments of all activities, tasks and procedures carried out by its employees and, if necessary, to take measures to eliminate or reduce risk.

A five-step process should be followed:

- identify the hazard;
- decide who might be harmed and how;
- evaluate the risks and decide on precautions;
- record your findings and implement them;
- review your assessment and update if necessary.

Guidance on risk assessment is available from the Health and Safety Executive. A good starting point is *Five Steps to Risk Assessment (INDG 163 (rev 2), revised 06/06)*.

For a healthcare cleaning service, each cleaning task should be risk assessed and the specific precautionary measures should be incorporated into the method statement (see Section 7) and into the technical training modules (see Section 4).

### 3.4 Personal Protective Equipment (PPE)

The issue and use of personal protective equipment is governed by the *Personal Protective Equipment at Work Regulations 1992 (as amended)*.

The regulations define Personal Protective Equipment, or PPE, as all equipment, including clothing affording protection against the weather, which is intended to be worn or held by a person at work and which protects him/her against one or more risks to his/her health and safety.

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

PPE must be:

- properly assessed before use to ensure that it is suitable;
- maintained and stored properly;
- provided with instructions on how to use it safely;
- used correctly by employees.

All PPE used should bear the “CE” mark.

Fuller guidance is available in *A Short Guide to the Personal Protective Equipment at Work Regulations 1992 (INDG (rev1), revised 08/05)* and in *Personal Protective Equipment at Work Regulations 1992. Guidance on Regulations L25 (HSE Books 2005 ISBN 0 7176 6139 3)*.

Risk assessments will determine which PPE is required for each cleaning task. This should be incorporated into the method statements (see Section 7) and into the technical and health and safety training modules (see Section 4).

## 3.5 Model guidance on Health and Safety for staff with cleaning duties

This section provides an example of model guidance that may be tailored to suit the needs of the healthcare provider.

Health and Safety guide for cleaning staff

### a. Personal safety

Every employee must accept responsibility for his or her personal safety. Failure to comply with instructions, with written procedures, or with your training will increase the risk of you causing an accident which harms yourself or someone else. You have a responsibility to co-operate with your employer by working safely and efficiently.

Always ensure that you:

- Take reasonable precautions to safeguard the health, safety and welfare of yourself and others who may be affected by your work;
- Observe all health and safety rules and procedures laid down by your employer;
- Always use any health and safety equipment that your employer provides you with;
- Do not intentionally or recklessly interfere with or misuse anything that is provided in the interest of health and safety;
- Report any faulty equipment to your supervisor without delay;
- Alert your supervisor without delay if you notice a potential hazard;
- Report all incidents which may lead to injury, completing an accident form in line with your employer's policy;
- Do not attempt any task for which you do not have properly signed training.

### b. General Health and Safety rules:

- Work in a controlled and systematic way, do not rush or allow yourself to become distracted;
- Walk between tasks, do not run;
- Use only authorised access and exit routes into buildings, wards and departments;
- Always lift and move items in accordance with your manual handling training;
- Keep work areas tidy, and tidy up as you work.

### c. Using electrical equipment:

- Check equipment before and after use for damage or wear which might potentially be dangerous, including breaks or cracks on the plug or cable. Additionally, check that there is a valid Portable Appliance Test (PAT) notice in place on any electrical equipment to be used. Any damaged or untested equipment should be reported immediately to a supervisor, who will ensure that the equipment is labelled as unfit for purpose and removed from use.
- When using electrical equipment, plan your work to ensure that the cable will always be behind the machine. Ensure that the switch is in the "off" position before plugging machinery into a wall socket. Always unplug machinery before changing fittings or settings.
- Ensure hands are dry when plugging or unplugging electrical machinery.
- When plugging a machine into an electric socket, make sure the switch is in the off position.
- Always make sure to plug the machine into a free plug socket. If none are available, ask the person in charge before unplugging any other machinery.
- The electrical cable must never be draped over your shoulder or over the handle of the machine while



you are working.

- Do not adjust or change the fittings on the machine when it is plugged in.
- Never use a piece of electrical equipment unless you have signed training in its use.
- Never leave unattended machinery attached to a power source.
- Never leave machinery unattended where it could be a source of danger to others.
- Should the machine switch off automatically, stop work and inform your supervisor.
- Water or steam should not be used directly on electrical sockets. If the risk assessment identifies this potential hazard, then the sockets should be made safe before the work commences.
- If using steam, care must be taken at all times to keep the high pressure nozzle away from contact with yourself or others.
- Excess steam may activate fire detectors; discharge steam only when cleaning.

**d. Guidance related to cleaning activities:**

- Refer to the work schedule and identify the task to be performed.
- Identify the type of area in which cleaning is to be performed and select the correct colour-coded equipment for the task, by reference to the national colour-coding system.
- Prepare cleaning solutions in strict accordance with the manufacturer's instructions and with your training. If using spray-bottles, ensure that these are clearly labelled and are thoroughly cleaned before refilling. Do not mix chemicals and only use a cleaning product provided by your employer.
- Plan your work and where necessary temporarily move any items that might obstruct you to a new, safe location.
- Use hazard signs to warn other users of the area in which you are carrying out a cleaning task.
- After use, all equipment should be left clean, dry and tidy in a secure storage area, segregated according to colour-coding where appropriate.
- Refer to risk assessment to determine whether personal protective equipment should be worn, or other additional precautions are necessary.
- Follow the method statement and your training when performing a cleaning task.

**e. Clothing, jewellery and personal hygiene:**

- Loose fitting clothes and jewellery may become caught in machinery and therefore must be avoided. Depending upon the nature of the task, a plain wedding band may be worn. If you wish to wear jewellery for religious, health or other reasons, you should seek the advice of your supervisor before commencing work. Long hair should be tied up off the collar.
- Good personal hygiene plays an important role in health and safety at work. Refer to your Trust policy for guidance on acceptable standards.

**f. Safe manual handling**

Training should be given in the correct method of lifting, carrying and pushing and pulling. If you develop a medical problem that would place you at risk when carrying out manual handling, you should alert your supervisor who should carry out a risk assessment. It is advisable to alert your supervisor if you become pregnant so that a personal risk assessment can be carried out.

## 4. Training

### 4.1 Introduction

It is essential that all staff carrying out cleaning duties have written training records that are signed and dated by the trainer and trainee.

As a minimum, training must be given in the performance of cleaning tasks, the use of cleaning equipment, control of infection, manual handling, fire, health and safety and site orientation.

Training should be completed before new staff members are allowed to work without direct supervision.

Training should be repeated in its entirety every year or sooner if a competency issue has been identified.

Training should always be delivered by a suitably qualified person.

### 4.2 Mandatory training elements

#### a. Technical training

All members of cleaning staff must have current recorded training in the performance of cleaning tasks and the use of equipment. Great care must be taken to ensure that every task and every piece of equipment to be used is covered by the training given.

Training is usually spread over two to three weeks, and will typically consist of four elements:- instruction, demonstration, questioning and repeated observation of performance. These elements should be repeated until satisfactory performance is consistently achieved.

Training will normally be delivered either by external professionals, or, more usually, by supervisory staff who have themselves become trainers accredited by an external professional organisation.

Training should be consistent with the cleaning method statements in use and the method statements should be used when delivering training. Training in use of equipment should be consistent with the manufacturer's instructions.

Training in the performance of tasks will include the correct use of cleaning products and materials. Training should be consistent with the manufacturer's instructions.

Where there is a change in cleaning products, materials or equipment, retraining of staff will need to be brought forward and completed before the new products are deployed for the first time.

#### b. Control of infection training

This should be provided by a control of infection nurse or other suitably qualified professional. So far as is reasonably possible, training should be given by a trainer with a good knowledge of the location and the clinical and cleaning activity present.

Guidance in control of infection for staff with cleaning duties can be found in Section 2.2 of this Manual.

### **c. Manual handling training**

This should be provided by a suitably qualified professional. So far as is reasonably possible, the trainer should have knowledge of the site and of the cleaning tasks carried out in it.

As a guide, training should include the following elements:

- manual handling risk factors and how injuries can occur;
- how to carry out safe manual handling, including instruction in good handling technique;
- appropriate systems of work for the individual's task and environment;
- use of mechanical aids, if appropriate;
- some practical work, so that the trainer can correct anything that the trainee is not doing safely.

Further information can be found in *Manual Handling Operations Regulations 1992 (as amended). Guidance on Regulations L23 - Third edition* (HSE Books 2004 ISBN 0 7176 2823 X).

### **d. Fire training**

Staff with cleaning duties should receive the same training as all other employees of the healthcare provider.

### **e. Health and Safety training**

This should be provided by a suitably qualified professional. So far as is reasonably possible, the trainer should have knowledge of the site and of the cleaning tasks carried out in it.

## **4.3 Training records**

It is essential that all staff carrying out cleaning duties have written training records that are signed and dated by the trainer and trainee.

Training records will normally be stored safely in each employee's personnel file.

## 4.4 Example training record

XXX NHS TRUST – CLEANING SERVICE

TRAINING RECORD

NAME:

DATE OF COMMENCEMENT:

| TRAINING MODULE   | 2009                |                     |      | INTERIM TRAINING IF REQUIRED BEFORE NEXT PLANNED TRAINING |                     |      |         | 2010                |                     |      |
|---|---------------------|---------------------|------|---|---------------------|------|---------|---------------------|---------------------|------|
|   | Trainer's signature | Trainee's signature | Date | Trainer's signature                                       | Trainee's signature | Date | Comment | Trainer's signature | Trainee's signature | Date |
| Site orientation  |                     |                     |      |   |                     |      |         |                     |                     |      |
| Control of infection  |                     |                     |      |   |                     |      |         |                     |                     |      |
| Fire  |                     |                     |      |   |                     |      |         |                     |                     |      |
| Health and safety   |                     |                     |      |   |                     |      |         |                     |                     |      |
| Manual handling   |                     |                     |      |   |                     |      |         |                     |                     |      |
| Dust-controlling  |                     |                     |      |   |                     |      |         |                     |                     |      |
| Damp-mopping (single bucket, single solution), using conventional cleaning product                |                     |                     |      |   |                     |      |         |                     |                     |      |
| Damp-mopping (single bucket, single solution), using chlorine-based disinfectant cleaning product |                     |                     |      |   |                     |      |         |                     |                     |      |
| Damp-mopping (double bucket, double solution), using conventional cleaning product                |                     |                     |      |   |                     |      |         |                     |                     |      |
| etc.  |                     |                     |      |   |                     |      |         |                     |                     |      |

## 5. Definition of Cleaning Responsibilities

### 5.1 Introduction

It is vital to clearly identify cleaning responsibilities within each area of the organisation. It is the responsibility of each healthcare provider's Board to ensure that there is a clear, written and well publicised cleaning responsibility framework. The framework should be regularly tested and reviewed to ensure it remains fit for purpose. A model cleaning responsibility framework is included later in this section, together with guidance on determining responsibilities.

#### 5.1.1 Three service groups with cleaning responsibilities

Typically, three staff groups will have cleaning responsibilities:

##### a. Dedicated cleaning staff

In most healthcare environments, the majority of cleaning duties will be undertaken by a dedicated cleaning service. This may be provided directly by the healthcare provider occupying the building, or may be outsourced either to a neighbouring healthcare provider under a Service Level Agreement, or to a commercial provider, under a standard contract or as part of a Public Finance Initiative (PFI) agreement.

##### b. Nursing, ambulance staff and departmental staff

Some cleaning duties will be undertaken by those staffing the work area, for example nurses in wards, trained ambulance staff, pharmacy, porters and physiotherapy staff in their respective departments.

##### c. Estates staff

A small minority of cleaning tasks will be undertaken by the estates service. Like cleaning staff, these staff may be either directly employed by the healthcare provider they serve, or under another contractual arrangement.

#### 5.1.2 General principles

This Manual does not seek to mandate what cleaning activity should be performed by which group. Each healthcare provider should take account of its own particular circumstances when allocating cleaning responsibilities to one of the three staff groups above. Relevant factors will include existing practice, existing contractual arrangements, existing relative internal budget allocations and the preferences of stakeholders.

### 5.2 Determining cleaning responsibilities

It is recommended that healthcare providers will give senior level focus to the development of a cleaning responsibilities framework. When developing the framework, healthcare providers should satisfy themselves that those tasked with cleaning responsibilities have the necessary skills, competencies and resources available to meet those responsibilities.

#### 5.2.1 Cleaning responsibilities group

It is recommended each healthcare provider have in place a group dedicated to the development of the framework. For most healthcare providers this may be included in the remit of the cleanliness group. The role of the group will be to assign responsibilities and ensure that the necessary support is in place for the framework to deliver.

## 5.2.2 Model group membership

The group will be required to make decisions with significant financial and staff resource implications and must therefore have sufficiently senior membership and an appropriate place in the healthcare provider's governance structure to allow this.

It is suggested that the group should comprise:

- a non-executive director;
- the Director for Infection Prevention and Control (DIPC);
- the director with Board level responsibility for cleanliness (if not the DIPC);
- the director of nursing (if not the DIPC);
- the director of facilities or equivalent (if not the DIPC);
- the cleaning manager;
- a matron;
- a control of infection nurse;
- departmental managers as required;
- a finance manager.

## 5.2.3 Model terms of reference

It is suggested that the group's terms of reference should be:

- to identify all cleaning tasks required in the premises in which the healthcare provider operates;
- to identify existing arrangements for performing these;
- to identify areas of lack of clarity, non-performance or inconsistent performance;
- to create (if necessary) their own responsibility framework and to keep it up-to-date, clearly allocating each cleaning task to a staff group;
- to ensure that adequate resource is available for the performance of all cleaning tasks;
- to ensure that the responsibility framework is clearly understood by all parties and is accurately reflected in work planning, work schedules and team briefs;
- to review the responsibility framework at agreed intervals.

## 5.3 Further guidance on determining cleaning responsibilities

### 5.3.1 Standard division of cleaning duties between cleaning service and nursing or departmental staff.

Section 7 divides method statements for tasks into two categories, those normally undertaken by dedicated cleaning staff (Section 7.2) and those normally performed by nursing or departmental staff (Section 7.3). This allocation of tasks does not purport to be best practice, as factors particular to each healthcare provider will inevitably be of greater importance in determining responsibility, as described above. It may be useful in case of difficulty, where all other factors have already been considered.

### 5.3.2 Dealing with identified shortfalls in resource

It is possible that healthcare providers undertaking reviews of cleaning responsibilities will identify areas of non-performance or inconsistent performance of cleaning tasks that arise due to a lack of clarity on responsibility for their performance. It is often the case that the correction of these shortfalls in performance is viewed as requiring additional resource. However, it is vital that discussion about availability of additional resource is not allowed to cause a delay at this stage of the process.

### **a. Dealing with relatively small shortfalls**

The vast majority of shortfalls will be, by their very nature, relatively minor. For example, groups may find that nursing staff are cleaning commodes between uses, but are not carrying out a regular deeper clean, believing that this is done by the dedicated cleaning staff. Or groups may find that the cleaning service has not consistently taken responsibility for the routine cleaning of alcohol gel dispensers, because these were installed subsequent to the most recent contract award.

In such cases, it would be poor practice to delay rectification of the shortfall while additional funding is agreed. Rather, in all cases, the group must allocate the task to one of the service groups, which must carry out the duty on a trial basis for an agreed period of time.

In the vast majority of cases, it is anticipated that small shortfalls will be successfully addressed without any requirement for additional resource, through small efficiency savings and changes to routine. Where, at the end of the trial period, it is clearly demonstrable that significant additional labour inputs are required; a formal case for this should be made in the usual way and progressed through the group.

### **b. Dealing with major shortfalls**

Very occasionally, a healthcare provider may discover a major shortfall. Examples of this might be routine cleaning of the bedside entertainment system or routine cleaning of bed frames.

In such cases, it is especially vital to adhere to the principle of not allowing discussion on the availability of resource to delay rectification.

In all such cases, therefore, the group must allocate the task to one of the service groups, which must perform the task on a trial basis for an agreed period of time. Unlike instances of small shortfalls, however, the group will recognise that there will be a cost implication and should progress the case for additional resource without delay. The trial period should be used to accurately assess the resource requirement.

It is acknowledged that where the service is to be provided by a commercial cleaning service provider, the provider may decide to require a provisional financial agreement prior to the trial period. The agreement of this should not be allowed to delay rectification of the shortfall.

#### **5.3.3 Using a cleaning responsibilities framework**

The following model responsibility framework is based on the guidance contained in *The National Specifications for Cleanliness in the NHS – April 2007*.

For ease of use, section A covers the first 49 elements as itemised in Appendix 1 of *The National Specifications for Cleanliness*. Section B includes the remaining elements presented in the model cleaning responsibility framework in Appendix 6 of that publication. Section B is an example of how healthcare providers may expand on the elements and tailor them to individual service needs.

### 5.3.4 Model responsibility framework

## Section A – The 49 Core Tasks

As a starting point, tasks should be allocated to the staff group mainly responsible for the task.

| Cleaning Task  | Staff Group Responsible | Comments |
|--|-------------------------|----------|
| Commodes   |                         |          |
| Bathroom hoists  |                         |          |
| Weighing scales manual handling equipment                      |                         |          |
| Drip stands  |                         |          |
| Medical equipment, e.g. infusion pumps NOT attached to patient |                         |          |
| Medical equipment, e.g. infusion pumps attached to patient     |                         |          |
| Patient washbowls  |                         |          |
| Medical gas equipment  |                         |          |
| Patient fans   |                         |          |
| Bedside alcohol gel container, clipboards and notice board     |                         |          |
| Notes and drugs trolley  |                         |          |
| Patient personal items, e.g. cards, suitcase                   |                         |          |
| Linen trolley  |                         |          |
| Switches, sockets and data points                              |                         |          |
| Walls  |                         |          |
| Ceiling  |                         |          |
| Doors  |                         |          |
| Internal glass, including partitions and vision panels         |                         |          |
| External glazing   |                         |          |
| Mirrors  |                         |          |



|                                    |  |  |
|------------------------------------|--|--|
| Bedside patient TV                 |  |  |
| Radiators                          |  |  |
| Ventilation grilles                |  |  |
| Floor – polished                   |  |  |
| Floor – non-slip                   |  |  |
| Floor – soft floor                 |  |  |
| Pest control devices               |  |  |
| Electrical items                   |  |  |
| Cleaning equipment                 |  |  |
| Low surfaces                       |  |  |
| High surfaces                      |  |  |
| Chairs                             |  |  |
| Beds                               |  |  |
| Lockers                            |  |  |
| Tables                             |  |  |
| Hand wash containers               |  |  |
| Alcohol gel dispensers             |  |  |
| Waste bins                         |  |  |
| Curtains and blinds                |  |  |
| Dishwashers                        |  |  |
| Fridges and freezers               |  |  |
| Ice machines and hot water boilers |  |  |
| Kitchen cupboards                  |  |  |
| Microwaves                         |  |  |



|                     |  |  |
|---------------------|--|--|
| Showers             |  |  |
| Toilets and bidets  |  |  |
| Paper towel holders |  |  |
| Sinks               |  |  |
| Baths               |  |  |



## Section B – Additional Elements for Brambles Unit

| Cleaning task   | Staff group responsible | Comments |
|---|-------------------------|----------|
| Lift carriages – internal glass, floors, walls and hand rails |                         |          |
| Food regeneration units                                       |                         |          |
| Planters, large plants  |                         |          |
| Magazine racks and tables                                     |                         |          |
| Leaflet holders   |                         |          |
| Children's large activity toys in waiting areas               |                         |          |
| Dishwashers   |                         |          |
| Water coolers   |                         |          |
| Water boilers   |                         |          |
| Cutlery and serving implements                                |                         |          |
| Crockery  |                         |          |
| Milk fridges  |                         |          |
| Kitchen cupboards   |                         |          |
| Drugs fridges   |                         |          |
| Kettles   |                         |          |
| Ice machines  |                         |          |
| Toasters  |                         |          |
| Microwave cookers   |                         |          |
| Conventional cookers, ovens and hobs                          |                         |          |
| Fridges and freezers  |                         |          |
| Drinks trolleys   |                         |          |
| Isolation trolleys  |                         |          |

|  |  |  |
|--|--|--|
| Macerators   |  |  |
| Bed pan washers  |  |  |
| Drugs cupboards  |  |  |
| Recycling bins   |  |  |
| Pest control devices   |  |  |
| Wall-mounted holders – hibiscrub, alcohol handrub, soap, moisturiser |  |  |
| Additional plug-in heaters used in cold weather                      |  |  |
| Desk accessories – staplers, hole punches, in-trays                  |  |  |
| Flip charts  |  |  |
| Overhead projectors  |  |  |
| CCTV equipment   |  |  |
| Sprinkler system heads   |  |  |
| OHP screens  |  |  |
| Photocopiers   |  |  |
| Bedside entertainment systems, including ear pieces and connectors   |  |  |
| Faxes  |  |  |
| Printers   |  |  |
| Computers, monitors and keyboards                                    |  |  |
| Telephones   |  |  |
| CD players / record players / radios                                 |  |  |
| Televisions, where not part of bedside entertainment systems         |  |  |
| Braun frames   |  |  |
| Weights  |  |  |
| Monkey poles   |  |  |

|                                      |  |  |
|--------------------------------------|--|--|
| Thomas splints                       |  |  |
| Traction beams                       |  |  |
| Tower balconies                      |  |  |
| Gas cylinder holders                 |  |  |
| Weighing scales                      |  |  |
| Scanners                             |  |  |
| Raised toilet seats                  |  |  |
| Urine jugs                           |  |  |
| Urine bottles                        |  |  |
| Slipper pans                         |  |  |
| Bed pans                             |  |  |
| Catheter stands                      |  |  |
| Ventilator equipment                 |  |  |
| Portable nebulisers                  |  |  |
| Wall humidifiers                     |  |  |
| Oxygen / suction equipment, portable |  |  |
| Oxygen / suction equipment, fixed    |  |  |
| Laying handles                       |  |  |
| Resuscitation trolleys               |  |  |
| Handling belts                       |  |  |
| Stands aids                          |  |  |
| Hoist slings                         |  |  |
| Easy slides                          |  |  |
| Pat slides                           |  |  |



|                               |  |  |
|-------------------------------|--|--|
| Hoists                        |  |  |
| Pressure relieving mattresses |  |  |
| Washbowls                     |  |  |
| Oxygen sat probes             |  |  |
| Cushions                      |  |  |
| Commodes                      |  |  |
| Wheelchairs                   |  |  |
| Cot sides                     |  |  |
| Mattresses                    |  |  |
| Pillows                       |  |  |
| Blood pressure cuffs          |  |  |
| Sharps bin trolleys           |  |  |
| Drugs trolleys                |  |  |
| Notes trolleys                |  |  |
| Tea trolleys                  |  |  |
| Linen trolleys                |  |  |
| Dressing trolleys             |  |  |
| Blood gas machines            |  |  |
| Cardiac monitors              |  |  |
| IV pumps / syringe drivers    |  |  |
| IV stand                      |  |  |
| Descaling shower heads        |  |  |
| Descaling taps and sinks      |  |  |
| Sink outlet strainers         |  |  |



|                                |  |  |
|--------------------------------|--|--|
| Spillages of bodily substances |  |  |
| Other items – specify          |  |  |
| Other items – specify          |  |  |
| Other items – specify          |  |  |
| Other items – specify          |  |  |
| Other items – specify          |  |  |



## 6. Work Planning

### 6.1 Introduction

This section aims to give general guidance on planning the provision of cleaning in healthcare premises. It gives best practice advice on how the cleaning service should be managed and on the role of the cleaning supervisor. It gives guidance on writing, implementing and reviewing work schedules and periodic cleaning plans. Finally, it gives guidance on contingency planning.

### 6.2 Basic principles

#### 6.2.1 Clarity of work schedules

All duties relating to cleanliness must be clearly defined and should be clearly and accurately reflected in job descriptions and in agreed work schedules. Work schedules should be as detailed and complete as possible. They should describe each cleaning task to be performed by cleaning staff in a particular area and indicate approximately when it will be done and how long it will take. Work schedules should be agreed between key stakeholders as described below and should be prominently displayed within the work area they relate to.

#### 6.2.2 Resource

The optimal resourcing of a cleaning service is a priority for all healthcare providers. No healthcare provider can afford to spend more on its cleaning service than is necessary to produce the required environmental outcome. There is guidance on cleaning frequencies contained in *The National Specifications for Cleanliness in the NHS: A Framework for Setting and Measuring Performance Outcomes* (National Patient Safety Agency, April 2007) and this may be used in planning and budgeting for the cleaning service.

However, cleaning staff, and indeed cleaning managers and supervisors, must be allowed adequate time to perform their duties. Resource planning should take account of what is realistically achievable.

It should be clearly recognised, as part of the work planning process, that events may alter the resource requirement of the cleaning service. For example, the management of infection outbreaks will require additional resource. Such events cannot be forecasted with complete accuracy, but an informed budgetary estimate should always be made and in-year variance assessed during each financial period.

### 6.3 Management of the cleaning service

It is vital that there are clear lines of accountability for the cleaning service, and equally vital that the importance of the cleaning service is accurately reflected in the seniority of the cleaning manager within each healthcare provider.

It is the responsibility of each healthcare provider to decide upon the exact level of management it requires for its cleaning service. Some variation will inevitably arise from the specific circumstances of each healthcare provider and the method of provision used, whether by direct employment or otherwise.

#### 6.3.1 Management structure

There should be a dedicated manager wholly accountable for all cleaning services within a healthcare provider. This manager may be either directly accountable to the director with responsibility for cleanliness, or accountable via another senior manager.



In larger healthcare providers, the cleaning manager may have direct reports accountable in turn for the management of aspects or geographical sections of the cleaning service. Alternatively, in smaller healthcare providers, the cleaning manager may also be accountable for other services. In either case, it is important that there should be only one, clearly identified manager with accountability for the cleaning service as a whole.

In healthcare providers where service provision is outsourced, the cleaning manager will be a client of the contractor or provider rather than directly managing the service.

### 6.3.2 Managers

The cleaning manager should be at a level commensurate with the responsibilities and scope of the role.

The cleaning manager may be reasonably expected to develop and maintain strong relationships with other senior colleagues such as matrons, infection control practitioners and finance managers. The cleaning manager should meet regularly with the healthcare provider Board member with responsibility for cleanliness, and will be instrumental in the preparation of the quarterly report on cleanliness made to the healthcare provider Board.

### 6.3.3 Supervisors

The cleaning management team should be supported by sufficient supervisors of suitable calibre to allow for the effective allocation of staff to areas, the regular and frequent checking of service delivery, the training of staff and effective liaison with service users.

There is no definitive benchmark for ratio of supervisors to work area, but the number of supervisors should be sufficient to allow for each functional area (for example, ward, department or community clinic) to receive a weekly formal visit from a cleaning supervisor. In the course of this visit the supervisor will check cleanliness, observe service delivery and speak to users and note their comments. The systematic recording of these visits and of the remedial action arising from them is a useful indicator of sufficiency of supervision.

### 6.3.4 Budgetary responsibility

The cleaning manager will normally have full budgetary responsibility for the cleaning service.

## 6.4 Writing and implementing work schedules

The primary resource for the drafting of work schedules is *The National Specifications for Cleanliness in the NHS: A Framework for Setting and Measuring Performance Outcomes* (National Patient Safety Agency, April 2007).

Each cleaning task to be performed in each area should be identified and allocated to a staff group, as described in Section 4. Each space or functional area will be given a risk rating, as described on pages 24-26 of *The National Specifications for Cleanliness in the NHS*.

Using this information, the suggested specimen cleaning frequencies contained in Appendix 5 of *The National Specifications for Cleanliness in the NHS* can be used to build up work schedules for each area, taking into account also the activity of the area and basic work scheduling principles of grouping tasks by type and location.

It is important to note that these recommended minimum cleaning frequencies are intended as a guide only. A single national approach cannot meet the needs of every healthcare location and every healthcare provider. This would not only stifle the healthcare provider's ability to allocate cleaning resources where they are most needed, but also frustrate the requirement to give more control over cleaning to matrons and senior nurses. When drafting a work schedule, however, the frequencies contained in Appendix 5 of *The National Specifications for Cleanliness in the NHS* should be used as the starting point.

### 6.4.1 Work schedules for cleaning staff

It is accepted practice to have different work schedules for:

- (i) tasks normally carried out by cleaning staff, and
- (ii) tasks normally carried out by nursing staff.

This has the advantage of allowing the work schedules to be used also as a work instruction for staff and is particularly useful for members of staff working away from their normal area.

These work schedules should be drafted by the cleaning manager, following the process described above, taking into account budgetary provision. The drafted work schedules should then be agreed by the relevant matron or head of department. Where schedules cannot be agreed without exceeding budgetary provisions, the director with responsibility for cleanliness will ultimately need to become involved.

Following agreement, work schedules should be issued as a controlled document. They should be signed by the cleaning manager and the relevant matron or head of department. They should carry a date of issue and a date of expiry, and a master copy showing display locations should be maintained so that expired copies can be collected and replaced.

Work schedules should be prominently displayed in a public part of the appropriate work area.

Work schedules should be reviewed every six months, or earlier, if there is any indication that the work schedule is incorrect.

## 6.4.2 Example work schedule

A sample of part of a work schedule for a ward in an acute hospital is shown here:

### Work Schedule – Ward (No. Of Beds)

#### Work Instructions: Cleaner 07.30 – 15.30 Monday-Friday

**Issued:** 09 June 2009

**Issue status:** Revision 2

**Issued by:** (signature) Cleaning manager (signature) Matron

#### Daily duties

##### 07.30 – 08.00

- Report to nurse in charge on arrival
- Check cleaning cupboard, locate cleaning method statements folder, complete cleaning cupboard checklist
- Wash and dry crockery, cutlery and feeding aid, and stack ready for housekeeper
- Clean ward pantry work surfaces, microwave and sink. Spot-mop floor

##### 08.00 – 08.40

- Replenish hand soaps, paper towels, toilet rolls and alcohol gel dispensers
- Check and clean bath, shower and sluice: damp-dust horizontal and vertical surfaces, clean internal glass and mirrors, spot-mop floors as necessary
- Clean all toilets: clean bidet, toilet and urinal; damp-dust horizontal and vertical surfaces; clean internal glass and mirrors; damp-mop floors

##### 08.40 – 10.00

- Wash and dry crockery for mid-morning drink and stack ready for housekeeper
- Begin cleaning bed bays, nurses' station and corridors: collect and dispose of refuse, clean bins and refit bags; damp-dust horizontal and vertical surfaces, bedside lamps, chairs and beds; clean internal glass and mirrors; spot-clean walls; clean hand wash basins; replenish hand soaps, paper towels, toilet rolls and alcohol gel dispensers; damp-mop floors, planning your route and pulling out furniture as necessary

##### 10.00 – 10.15

- Break

##### 10.15 – 12.00

- Wash and dry crockery for lunch and stack ready for housekeeper
- Continue cleaning bed bays, nurses station and corridors as above

##### 12.00 – 12.30

- Lunch

### **12.30 – 13.30**

- Collect and dispose of refuse, clean bins and refit bags as required in all areas
- Clean shower rooms, bathroom and sluice: damp-dust horizontal and vertical surfaces; clean shower cubicles, wash hand basins and baths; replenish hand soaps, paper towels, toilet rolls and alcohol gel dispensers; damp-mop floors
- Check clean toilets

### **13.30 – 14.30**

- Report to the nurse in charge to receive any new instructions on cleaning barrier-nursed single rooms
- Clean the three single rooms: collect and dispose of refuse, clean bins and refit bags; damp-dust horizontal and vertical surfaces, bedside lamps, chairs and beds; clean internal glass and mirrors; spot-clean walls; clean hand wash basins; replenish hand soaps, paper towels, toilet rolls and alcohol gel dispensers; damp-mop floors, planning your route and pulling out furniture as necessary

### **14.30 – 15.15**

- Carry out weekly cleaning duties (refer to Work instruction 6.6 - weekly duties)

### **15.15 – 15.30**

- Tidy and clean cleaning cupboard; complete cleaning cupboard checklist
- Inform nurse in charge and leave ward at 15.30

#### **6.4.3 Cleaning schedules for nursing or departmental staff**

These should be drafted by matrons in consultation with senior nurses, and for departments, by the head of department as appropriate.

The procedure for issuing and displaying should be as for 6.4.1 above.

A sample is shown here:

A key core value of County Durham and Darlington NHS Foundation Trust is to:

**Create a safe, clean, pleasant, modern welcoming environment.**

In setting cleanliness standards the Trust uses as its reference point, *The National Specifications for Cleanliness in the NHS (2007)*.

## Nurses Cleaning Schedule – Daily

| Element  | Action  | Frequency |
|--|---|-----------|
| Commodes and raised toilet seats                           | Clean between use by each patient and identify as clean with verna tape.  | After use |
| Medical equipment e.g. drip stands, IV pumps, thermometers | Clean surfaces between each patient.  | After use |
| Bedside oxygen and suction connectors                      | Clean and check between use by each patient.  | After use |
| Procedure/dressing trolleys                                | Clean between use by each patient.  | After use |
| Beds – upper frame   | Clean all parts of upper frame including mattress base, mattress, head and foot boards, hand controls and bed rails between each patient. | After use |
| Bedside TV   | Change headphones between use by each patient.  | After use |
| Handrub containers   | Check gel available at each bedside. Clean holders.   | Daily     |
| Sluice room  | Clean and tidy.   | Daily     |
| Toilets and bathrooms                                      | Check, clean and tidy. Ensure detergent wipes are available at all toilets, report build up of lime scale.                                | Daily     |
| Drugs trolley, drugs cupboard and CD cupboard              | Clean and check contents.   | Daily     |
| Drug fridge  | Clean and check temperature (2 – 8oC)   | Daily     |
| Resuscitation trolley                                      | Clean and check.  | Daily     |
| Portable oxygen, patient call bells and emergency buzzers  | Clean and check.  | Daily     |
| Sharps bins  | Check levels.   | Daily     |
| BM machine   | Clean and calibrate.  | Daily     |
| Patients' kitchen  | Check kitchen stores and discard expired stock. Check fridge temperature (above 0 - 5oC).   | Daily     |

Standard: All surfaces should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape or spillages.

**‘REMEMBER CLEANLINESS IS EVERYONE’S RESPONSIBILITY’**



A key core value of County Durham and Darlington NHS Foundation Trust is to:

**Create a safe, clean, pleasant, modern, welcoming environment.**

In setting cleanliness standards the Trust uses as its reference point, *The National Specifications for Cleanliness in the NHS (2007)*.

## Nurses' Cleaning Schedule – Weekly

| Element                                      | Action  | Frequency |
|--|---|-----------|
| Hoists, stand aids, patient scales           | Thoroughly clean and change batteries.                      | Weekly    |
| Medical equipment e.g. drip stands, IV pumps | Thoroughly clean bases of stands.                           | Weekly    |
| Clipboards                                   | Wash.   | Weekly    |
| Notice boards                                | Tidy and discard out of date notices.                       | Weekly    |
| Notes trolley                                | Clean and tidy.   | Weekly    |
| PC trolley                                   | Clean and tidy including keyboard.                          | Weekly    |
| Linen trolley                                | Clean and tidy.   | Weekly    |
| Ward wheelchairs                             | Clean.  | Weekly    |
| Pat slides                                   | Clean.  | Weekly    |
| Showers, bath and sink taps                  | Run unused taps for two minutes.                            | Weekly    |
| Staff room                                   | Clean and tidy including microwave.                         | Weekly    |
| Nurses' station                              | Clean and tidy including keyboards and re-stock stationary. | Weekly    |
| Treatment room                               | Clean, tidy and re-stock.                                   | Weekly    |
| Store and linen cupboards                    | Clean and tidy.   | Weekly    |
| Staff changing room                          | Clean and tidy.   | Weekly    |
| Electric fans                                | Clean exterior of fans. Check interior for reporting.       | Weekly    |
| Ceiling lights                               | Check and report to estates for cleaning.                   | Weekly    |

#### 6.4.4 Periodic work scheduling

Some cleaning tasks are typically performed less frequently than once each week, but require regular performance at defined intervals, which may range from fortnightly to six-monthly or even annually. Examples of such tasks are carpet shampooing, curtain changing, floor stripping and application of polish or sealant and window cleaning.

The performance of these tasks should be planned in advance every year. This should be done in detail, so that, for example, the periodic work schedule produced in December 2009 for the following year will show that curtain changing in “Clover Ward” will be performed on 17 February, 18 May, 15 August and 19 November, while carpet shampooing in the “Physiotherapy Offices” will occur on 3 March and 4 September. Some tasks may be more flexibly scheduled, so that, for example, the floors in “Corridor C” will be stripped and resealed in February, May, August and November.

Periodic work scheduling serves these purposes:

- enabling the cleaning service to inform users in advance of periodic work to be carried out in areas relevant to them;
- ensuring that no tasks are overlooked or missed;
- providing an auditable record that periodic work has been performed;
- enabling the cleaning manager and supervisors to match staff availability to planned activity, or planned activity to availability of labour.

The periodic work schedule must be easily revisable to allow for changes in circumstance and unplanned events.

There are many commercially available software packages that support a periodic work schedule, using the same principles that have long been used in healthcare for the planning of mechanical and electrical maintenance tasks. In many smaller locations, it is normal practice to use a wall planner for the periodic work schedule. Either approach is perfectly acceptable as long as the work schedule can easily be used for the purposes listed above.

## 6.5 Contingency planning

### 6.5.1 Resource

It should be clearly recognised that events may alter the resource requirement of the cleaning service.

### 6.5.2 Identifying requirement for additional staff input

It is vitally important that the cleaning service is informed immediately of any requirement for additional cleaning. There must be a single, clearly identified process for requesting additional cleaning input. Confusion and wasteful application of additional input hours is frequently caused by uncoordinated instructions being given separately by different personnel.

For infection outbreaks, it is strongly recommended that the cleaning manager attends outbreak meetings and agrees actions in these forums, which will be recorded.

The cleaning manager should be prepared for providing up-to-date costings of additional hours and ensure this information is reported through line management as directed.

### 6.5.3. Managing the requirement for additional staff input

Each cleaning service should have an established procedure for managing the requirement for additional staff hours. The exact method will vary considerably from one healthcare provider to another, depending on size, geography and other local factors. The amount of notice given will also affect the method used.

As a best practice guide, however, the requirement for additional labour at relatively short notice should normally be approached by taking the following measures, in order:

#### **a. Variation to periodic work schedule**

The periodic work schedule will contain tasks which can be performed flexibly within a given period of time (normally a calendar month). In a well-planned cleaning team, this will already be used to allow cleaning staff to be diverted from periodic cleaning duties to cover unplanned absences. In addition to this, where there is a sudden demand for increased labour, for example, in a localised infection outbreak, it may be necessary to postpone planned and dated periodic tasks to release additional staff. The periodic work schedule may be amended and the users of the affected area informed and advised of a revised date.

#### **b. Additional hours worked by staff**

If demand cannot be met by alterations to the periodic work schedule, managers should explore other options of securing additional hours such as reviewing the rotas and off duty, or offering additional hours to cleaning staff. Healthcare providers may wish to consider the use of agency staff. This is, however, relatively costly and presents challenges in terms of ensuring continuity and quality, and as such, an increased level of supervision will be necessary.

If other methods have been exhausted, the direct labour of supervisors may be considered. However, the absence of supervision of the routine cleaning service may compromise the standards and quality of the cleaning service and this should be reported upwards by the cleaning manager.

In extreme situations, the cleaning manager may need to postpone or cancel routine cleaning in areas, beginning with those identified as 'low risk'. This should not be done without consultation with, and the agreement of, the control of infection team, matrons and area users, and should always be reported to the director with responsibility for cleanliness.



## 7. Technical Method Statements

This section consists of a set of technical method statements. These give guidance on how to perform effectively all common cleaning tasks likely to be required in a healthcare setting. They have been constructed in consultation with manufacturers and industry professionals.

Healthcare cleaning technology and practice is continually evolving to respond to and anticipate the ever changing requirements of healthcare environments. This Manual will be reviewed regularly to take account of these changes.

The cleaning method statements contained in this Manual may be used for training purposes and for work planning. They should also be used to inform the review of current service provision and current cleanliness policies, as described in Section 1. The healthcare provider's cleaning method statements should be freely available for cleaning staff to consult.

### **NOTE: Limitations of these technical method statements.**

The method statements provide sound practical guidance on general techniques. They cannot provide definitive guidance on the use of every cleaning product, nor on the cleaning of every item. In all cases, healthcare providers must refer to the manufacturer's instructions for specific guidance.

### 7.1 Method statements – tasks performed by cleaning staff

This section contains method statements for tasks usually performed by cleaning staff, as opposed to nursing or departmental staff. This division is for ease of reference, but it is for each healthcare provider to determine exactly who is responsible for each cleaning task.

The method statements in this section are divided into sub-sections as follows:

- 7.1.1 Floor cleaning
- 7.1.2 General cleaning
- 7.1.3 Cleaning with microfibre cloths
- 7.1.4 Ward pantry cleaning
- 7.1.5 Washroom cleaning
- 7.1.6 Sanitary cleaning
- 7.1.7 Cleaning with pressurised steam
- 7.1.8 Specialised cleaning tasks

- 7.1.1 Floor cleaning
- a. Dust-controlling
  - b. Damp-mopping (single bucket, single solution) – using conventional cleaning product
  - c. Damp-mopping (single bucket, single solution) – using chlorine-based disinfectant cleaning product
  - d. Damp-mopping (double bucket, double solution) – using conventional cleaning product
  - e. Damp-mopping (double bucket, double solution) – using chlorine-based disinfectant cleaning product
  - f. Spot-mopping – using conventional cleaning product
  - g. Spot-mopping – using chlorine-based disinfectant cleaning product
  - h. Flat-mopping – using conventional cleaning product
  - i. Flat-mopping - using chlorine-based disinfectant cleaning product
  - j. Spray cleaning – using high-speed rotary machine
  - k. Ultra high-speed buffing and burnishing
  - l. Floor scrubbing using standard speed rotary machine
  - m. Floor scrubbing using an automatic scrubber-dryer
  - n. Floor stripping
  - o. Applying floor polishes and sealants
  - p. Stain removal
  - q. Chewing gum removal
  - r. Suction cleaning
  - s. Water extraction
  - t. Carpet shampooing

## Task

### DUST-CONTROLLING

Equipment and materials required:

- colour-coded dustpan and brush;
- colour-coded long handled dust-control system tool;
- colour-coded dust-control system mop head or static cloth;
- colour-coded domestic gloves;
- colour-coded hand held scraper;
- cleaning trolley;
- laundry bag;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Attach the static cloth or the mop head to the dust-control system tool.
4. Pick up all large items of litter, for example tissues and sweet wrappers.
5. Use the scraper to remove any chewing gum or other large deposits attached to the floor. Very gently run the scraper blade along the surface towards the deposit and then work it gently in a semi-circular motion until the deposit is removed. Take care not to damage the surface.
6. When dust-controlling in a room, aim to finish by the door and start at the furthest point away from it. When dust-controlling a long corridor, aim to perform the task in small sections of between ten and fifteen paces.
7. Clean the edges of the floor first, with the leading edge of the dust-control tool, then work backwards, dusting the area using an overlapping figure-of-eight pattern. The dust-control tool should remain in contact with the floor at all times.
8. When the cloth or mop head has become full of dust, remove it, dispose of it and replace it with a new one. Disposable cloths should be placed in a domestic waste bag and cleanable heads into a laundry bag.
9. Use the dustpan and brush to collect remaining particles.
10. On completion of the task, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
11. Remove gloves and wash hands.

## Task

### DAMP-MOPPING (SINGLE BUCKET, SINGLE SOLUTION) USING CONVENTIONAL CLEANING PRODUCT

Equipment and materials required:

- colour-coded mop bucket and wringer set;
- colour-coded mop handle;
- colour-coded mop head;
- colour-coded domestic gloves;
- cleaning trolley;
- laundry bag;
- warning signs;
- general purpose detergent or other conventional floor cleaning product.

## Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Dust-control the floor (refer to the dust-control method statement) or suction clean the floor (refer to suction cleaning method statement).
4. Prepare the cleaning solution in the mop bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Attach the mop head to the mop handle.
6. Submerge the mop into the cleaning solution and remove excess using the wringer so that the mop is fairly dry.
7. Mop the floor in 1-2 metre square sections.
8. Mop edges with straight strokes and then continue working from side to side in a backwards direction, using a figure-of-eight pattern on the remainder of the section, turning the mop frequently. The floor should be fairly dry on completion.
9. Move to the next section and repeat the process.
10. Replace the mop head and solution as required throughout the cleaning process, placing the mop head in the laundry bag.
11. On completion, remove the final mop head and place in the laundry bag, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
12. Remove gloves and wash hands.

## Task

### DAMP-MOPPING (SINGLE BUCKET, SINGLE SOLUTION) USING CHLORINE-BASED DISINFECTANT CLEANING PRODUCT

Equipment and materials required:

- colour-coded mop bucket and wringer set;
- colour-coded mop handle;
- colour-coded mop head;
- colour-coded domestic gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- cleaning trolley;
- laundry bag;
- warning signs;
- chlorine-based disinfectant cleaning product;
- product diluting container.

## Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Dust-control the floor (refer to the dust-control method statement) or suction clean the floor (refer to suction cleaning method statement).
4. Prepare the cleaning solution. The ventilation of the area in which you are working must be thorough; if there is no window, the door should be left open. Make up the solution in the product diluting container, never directly in the bucket. Use cold water only. When prepared, decant carefully into the bucket.
5. Attach the mop head to the mop handle.
6. Submerge the mop into the cleaning solution and remove excess using the wringer so that the mop is fairly dry.
7. Mop the floor in 1-2 metre square sections.
8. Mop edges with straight strokes, and then continue working from side to side in a backwards direction, using a figure-of-eight pattern on the remainder of the section, turning the mop frequently. The floor should be fairly dry on completion.
9. Move to the next section and repeat the process.
10. Replace the mop head and solution as required throughout the cleaning process, placing the mop head in the laundry bag.
11. On completion, remove the final mop head and place in the laundry bag, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
12. Remove gloves and wash hands.

## Task

### DAMP-MOPPING (DOUBLE BUCKET, DOUBLE SOLUTION) USING CONVENTIONAL CLEANING PRODUCT

- Equipment and materials required:
- colour-coded double mop bucket and wringer set;
- colour-coded mop handle;
- colour-coded mop head;
- colour-coded domestic gloves;
- cleaning trolley;
- laundry bag;
- warning signs;
- general purpose detergent or other conventional floor cleaning product.

## Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Dust-control the floor (refer to the dust-control method statement) or suction clean the floor (refer to suction cleaning method statement).
4. Prepare the cleaning solution in one of the mop buckets, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Half fill the second bucket with water.
6. Attach the mop head to the mop handle.
7. Submerge the mop into the cleaning solution and remove excess using the wringer so that the mop is fairly dry.
8. Mop the floor in 1-2 metre square sections.
9. Mop edges with straight strokes and then continue working from side to side in a backwards direction, using a figure-of-eight pattern on the remainder of the section, turning the mop frequently. The floor should be fairly dry on completion.
10. During the cleaning process, as the mop becomes dirty, submerge it into the second bucket and wring out.
11. Move to the next section and repeat the process.
12. Replace the mop head and solution and water as required throughout the cleaning process, placing the mop head in the laundry bag.
13. On completion, remove the final mop head and place in the laundry bag, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
14. Remove gloves and wash hands.

## Task

### DAMP-MOPPING (DOUBLE BUCKET, DOUBLE SOLUTION) USING CHLORINE-BASED DISINFECTANT CLEANING PRODUCT

Equipment and materials required:

- colour-coded mop bucket and wringer set;
- colour-coded mop handle;
- colour-coded mop head;
- colour-coded domestic gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- cleaning trolley;
- laundry bag;
- warning signs;
- chlorine-based disinfectant cleaning product;
- product diluting container.

## Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Dust-control the floor (refer to the dust-control method statement) or suction clean the floor (refer to suction cleaning method statement).
4. Prepare the cleaning solution. The ventilation of the area in which you are working must be thorough; if there is no window, the door should be left open. Make up the solution in the product diluting container, never directly in the bucket. Use cold water only. When prepared, decant carefully into one of the buckets.
5. Half fill the other bucket with water.
6. Attach the mop head to the mop handle.
7. Submerge the mop into the cleaning solution and remove excess using the wringer so that the mop is fairly dry.
8. Mop the floor in 1-2 metre square sections.
9. Mop edges with straight strokes, and then continue working from side to side in a backwards direction, using a figure-of-eight pattern on the remainder of the section, turning the mop frequently. The floor should be fairly dry on completion.
10. During the cleaning process, as the mop becomes dirty, submerge it into the second bucket, containing water, and wring out.
11. Move to the next section and repeat the process.
12. Replace the mop head and solution and water as required throughout the cleaning process, placing the mop head in the laundry bag.
13. On completion, remove the final mop head and place in the laundry bag, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
14. Remove gloves and wash hands.

## Task

### SPOT-MOPPING USING CONVENTIONAL CLEANING PRODUCT

Equipment and materials required:

- colour-coded mop bucket and wringer set;
- colour-coded domestic gloves;
- colour-coded mop handle;
- colour-coded mop head;
- cleaning trolley;
- laundry bag;
- warning signs;
- floor cleaner or general purpose detergent.

### Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Dust-control the floor (refer to the dust-control method statement) or suction clean the floor (refer to suction cleaning method statement).
4. Prepare the cleaning solution in the mop bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Attach the mop head to the mop handle.
6. Submerge the mop into the cleaning solution and remove excess solution from the mop in the wringer so that the mop is fairly dry.
7. Spot-mop the floor to remove stains or spillages, leaving the floor as dry as possible.
8. Replace the mop head and solution as required throughout the cleaning process, placing the mop head in the laundry bag.
9. On completion, remove the final mop head and place in the laundry bag, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
10. Remove gloves and wash hands.



## Task

### SPOT-MOPPING USING CHLORINE-BASED DISINFECTANT CLEANING PRODUCT

Equipment and materials required:

- colour-coded mop-bucket and wringer set;
- colour-coded domestic gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- colour-coded mop handle;
- colour-coded mop head;
- cleaning trolley;
- laundry bag;
- warning signs;
- chlorine-based disinfectant cleaning product;
- product diluting container.

### Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Dust-control the floor (refer to the dust-control method statement) or suction clean the floor (refer to suction cleaning method statement).
4. Prepare the cleaning solution. The ventilation of the area in which you are working must be thorough; if there is no window, the door should be left open. Make up the solution in the product diluting container, never directly in the bucket. Use cold water only. When prepared, decant carefully into the bucket.
5. Attach the mop head to the mop handle.
6. Submerge the mop into the cleaning solution and remove excess solution from the mop in the wringer so that the mop is fairly dry.
7. Spot-mop the floor to remove stains or spillages, leaving the floor as dry as possible.
8. Replace the mop head and solution as required throughout the cleaning process, placing the mop head in the laundry bag.
9. On completion, remove the final mop head and place in the laundry bag, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
10. Remove gloves and wash hands.

## Task

### FLAT-MOPPING USING CONVENTIONAL CLEANING PRODUCT

Equipment and materials required:

- colour-coded mop-bucket and wringer set;
- colour-coded domestic gloves;
- colour-coded flat mop handle;
- colour-coded flat mop head;
- cleaning trolley;
- laundry bag;
- warning signs;
- floor cleaner or general purpose detergent.

### Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Dust-control the floor (refer to the dust-control method statement) or suction clean the floor (refer to suction cleaning method statement).
4. Prepare the cleaning solution in the mop bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Attach the mop head to the mop handle.
6. Submerge the mop into the cleaning solution and remove excess solution from the mop in the wringer so that the mop head is fairly dry.
7. Mop the floor in 1-2 metre square sections.
8. Mop edges of the floor with a straight stroke, then continue working from side to side in a backwards direction, using a figure-of-eight pattern, turning the mop frequently leaving the floor as dry as possible.
9. Avoid splashing other surfaces and remove any splashes that do occur.
10. Replace the mop head and solution as required throughout the cleaning process, placing the mop head in the laundry bag.
11. On completion, remove the final mop head and place in the laundry bag, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
12. Remove gloves and wash hands.

## Task

### FLAT-MOPPING USING CHLORINE-BASED DISINFECTANT CLEANING PRODUCT

Equipment and materials required:

- colour-coded mop bucket and wringer set;
- colour-coded domestic gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- colour-coded flat mop handle;
- colour-coded flat mop head;
- cleaning trolley;
- laundry bag;
- warning signs;
- chlorine-based disinfectant cleaning product;
- product dilution container.

### Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Dust-control the floor (refer to the dust-control method statement) or suction clean the floor (refer to suction cleaning method statement).
4. Prepare the cleaning solution. The ventilation of the area in which you are working must be thorough; if there is no window, the door should be left open. Make up the solution in the product diluting container, never directly in the bucket. Use cold water only. When prepared, decant carefully into the bucket.
5. Attach the mop head to the mop handle.
6. Submerge the mop into the cleaning solution and remove excess solution from the mop in the wringer so that the mop head is fairly dry.
7. Mop the floor in 1-2 metre square sections.
8. Mop edges of the floor with a straight stroke and then continue working from side to side in a backwards direction, using a figure-of-eight pattern, turning the mop frequently leaving the floor as dry as possible.
9. Avoid splashing other surfaces and remove any splashes that do occur.
10. Replace the mop head and solution as required throughout the cleaning process, placing the mop head in the laundry bag.
11. On completion, remove the final mop head and place in the laundry bag, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
12. Remove gloves and wash hands.

## Task

### SPRAY CLEANING USING HIGH-SPEED ROTARY MACHINE

Equipment and materials required:

- colour-coded domestic gloves;
- colour-coded labelled spray bottle;
- floor pad and drive disc;
- high-speed rotary machine;
- laundry bag;
- warning signs;
- general purpose detergent or other conventional floor cleaning product.

## Method

1. Plan work route and when necessary, temporarily move items that may obstruct you to a new, safe location.
2. Wash hands and put on gloves.
3. Display warning signs.
4. Dust-control or suction clean the floor, (refer to the dust-controlling method statement or suction cleaning method statement).
5. Damp-mop if necessary (refer to damp-mopping method statement) ensuring the floor is dry before spray cleaning.
6. Attach the floor pad to the high-speed machine in strict accordance with the manufacturer's instructions and with your training.
7. Prepare the cleaning solution in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
8. Unwind cable and plug into a mains socket.
9. Adjust handle to a comfortable height for you to use.
10. Ensure that you are holding the high-speed machine firmly and that the cable is behind the machine.
11. Switch the machine on. Beware of the initial "kick".
12. Spray a fine mist of the cleaning solution over the floor to be cleaned, holding the spray gun no more than one metre from the floor surface. Five sprays are sufficient for 2-3 square metres. Do not over spray as this will result in a slippery floor.
13. Spray clean the floor area by moving the high-speed machine in continuous passes working forward, then working backwards to give the best result.
14. When the floor pad becomes full of dirt, unplug the machine and replace it, placing the used floor pad in the laundry bag.
15. On completion, remove the final floor pad and place in the laundry bag, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
16. With dry hands, remove the plug from the mains socket and rewind the electricity cable.
17. When the area is completely dry, return any items to their original positions.
18. Remove gloves and wash hands.

## Task

### ULTRA HIGH-SPEED BUFFING AND BURNISHING

Equipment and materials required:

- colour-coded domestic gloves;
- floor pad and drive disc;
- ultra high-speed rotary machine (with or without suction unit);
- laundry bag;
- warning signs.

### Method

1. Plan work route and when necessary, temporarily move items that may obstruct you to a new, safe location.
2. Wash hands and put on gloves.
3. Display warning signs.
4. If the ultra high-speed machine does not have an integral suction unit, dust-control or suction clean the floor (refer to the dust-controlling method statement or suction cleaning method statement).
5. If the ultra high-speed machine has an integral suction unit, check the filter and bag and replace if necessary.
6. Damp-mop if necessary (refer to damp-mopping method statement) ensuring the floor is dry before buffing.
7. Attach the floor pad to the high-speed machine in strict accordance with the manufacturer's instructions and with your training.
8. Unwind cable and plug into a mains socket.
9. Adjust handle to a comfortable height for you to use.
10. Ensure that you are holding the high-speed machine firmly and that the cable is behind the machine.
11. Switch the machine on. Beware of the initial "kick".
12. Buff the floor by moving the machine in a straight line in a continuous series of overlapping passes, beginning with the edges. Do not allow the machine to remain over one area constantly: this will damage the floor surface.
13. If the floor pad becomes full of dirt, unplug the machine and replace it, placing the used floor pad in the laundry bag.
14. With dry hands, remove the plug from the mains socket and rewind the electricity cable.
15. On completion, remove the final floor pad and place in the laundry bag, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
16. When the area is completely dry, return the furniture to original position.
17. Remove gloves and wash hands.

## Task

### FLOOR SCRUBBING USING A STANDARD SPEED ROTARY MACHINE

Equipment and materials required:

- colour-coded domestic gloves;
- colour-coded bucket;
- colour-coded mop handle;
- colour-coded mop head;
- edge cleaning tool and pad;
- scouring pad;
- floor pad and drive disc, or polypropylene brush head
- standard speed rotary machine fitted with tank;
- laundry bag;
- warning signs;
- low foam general purpose detergent or other conventional floor cleaning product.

### Method

1. Plan work route and when necessary, temporarily move items that may obstruct you to a new, safe location.
2. Check battery level before use.
3. Wash hands and put on gloves.
4. Display warning signs.
5. Dust-control or suction clean the floor (refer to the dust-controlling method statement or suction cleaning method statement).
6. Clean and prepare the floor edges, using the edge cleaning tool and pad, if necessary. Attach pad to tool and run the pad along the edge in a short repeated motion, covering approximately one metre at a time.
7. Attach the floor pad or polypropylene brush head to the standard speed machine in strict accordance with the manufacturer's instructions and with your training.
8. Prepare the cleaning solution in strict accordance with the manufacturer's instructions and with your training. Carefully pour the cleaning solution into the standard speed machine's tank attachment.
9. Unwind cable and plug into a mains socket.
10. Adjust handle to a comfortable height for you to use.
11. Ensure that you are holding the standard speed machine firmly and that the cable is behind the machine.
12. Switch the machine on. Beware of the initial "kick".
13. Starting at the point furthest away from where you have planned to end, start scrubbing the first five metre square section. Using the handle, release a small amount of the cleaning solution onto the floor.
14. Scrub the floor area by moving the high-speed machine in continuous, small, overlapping, side to side movements.
15. Regularly replace the floor pad. Unplug the machine and replace it, placing the used floor pad in the laundry bag.
16. For stubborn stains, manually use a small scouring pad.
17. With dry hands, remove the plug from the mains socket and rewind the electricity cable.
18. On completion, remove the final floor pad and place in the laundry bag, empty the water tank, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
19. If necessary, damp-mop the floor with clean water (refer to damp-mopping method statement).
20. When the area is completely dry, return any items moved to their original positions.
21. Remove gloves and wash hands.

## Task

### FLOOR SCRUBBING USING AN AUTOMATIC SCRUBBER-DRYER

Equipment and materials required:

- automatic scrubber-dryer;
- colour-coded domestic gloves;
- colour-coded bucket;
- colour-coded mop handle;
- colour-coded mop head;
- edge cleaning tool and pad;
- scouring pad;
- floor pad and drive disc, or polypropylene brush head;
- laundry bag;
- warning signs;
- low foam general purpose detergent or other conventional floor cleaning product.

### Method

1. Plan work route and when necessary, temporarily move items that may obstruct you to a new, safe location.
2. Check battery level before use.
3. Ensure that the automatic scrubber-dryer's floor pads or brush heads and its squeegee blade are clean prior to use. Ensure that the float valve is in place and working.
4. Wash hands and put on gloves.
5. Display warning signs.
6. Dust-control or suction clean the floor, (refer to the dust-controlling method statement or suction cleaning method statement).
7. Clean and prepare the floor edges, using the edge cleaning tool and pad, if necessary. Attach pad to tool and run the pad along the edge in a short repeated motion, covering approximately one metre at a time.
8. Attach the floor pad or polypropylene brush head to the automatic scrubber-dryer in strict accordance with the manufacturer's instructions and with your training.
9. Prepare the cleaning solution in strict accordance with the manufacturer's instructions and with your training. Carefully pour the cleaning solution into the automatic scrubber-dryer tank.
10. Check that the dirty water tank is empty and clean.
11. Turn the solution and vacuum on. Lower the squeegee. Starting at the point furthest away from where you have planned to end, release a small amount of the cleaning solution onto the floor, ensure the extraction system is set correctly and is working.
12. Scrub the floor area by moving the machine slowly forward over the area. Regularly check the dirty and clean water tanks, emptying and refilling as necessary.
13. Regularly replace the floor pad. Unplug the machine and replace it, placing the used floor pad in the laundry bag.
14. For stubborn stains, manually use a small scouring pad.
15. Remove any excess water and splashes using a mop or cloth.
16. With dry hands, remove the plug from the mains socket and rewind the electricity cable.
17. On completion, remove the final floor pad and place in the laundry bag, empty the water tanks, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
18. When the area is completely dry, return any items moved to their original positions.
19. Remove gloves and wash hands.

## Task

### FLOOR STRIPPING (PREPARATORY TO APPLYING FLOOR POLISH OR SEALANT)

Equipment and materials required:

- colour-coded domestic gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- colour-coded bucket;
- colour-coded mop handle;
- colour-coded mop head;
- colour-coded scraper;
- edge cleaning tool and pad;
- floor pad and drive disc;
- standard speed rotary floor machine;
- wet pick-up machine;
- eye goggles;
- knee pads;
- laundry bag;
- warning signs;
- floor stripping chemical product;
- universal indicator paper.

## Method

1. Plan work route and when necessary, temporarily move items that may obstruct you to a new, safe location.
2. Wash hands and put on gloves.
3. Display warning signs.
4. Ensure standard speed machine and floor pads are clean prior to use.
5. Dust-control or suction clean the floor, (refer to the dust-controlling method statement or suction cleaning method statement).
6. Remove chewing gum and other deposits using a scraper and weaken polish build-up to edges using an edge cleaning tool. Attach pad to tool and run the pad along the edge in a short repeated motion, covering approximately one metre at a time.
7. Attach the floor pad to the standard speed machine in strict accordance with the manufacturer's instructions and with your training. Always use green pads to strip linoleum floors, as black pads may cause damage.
8. Prepare the floor stripper solution in strict accordance with the manufacturer's instructions and with your training. Use eye goggles when preparing the solution and remove afterwards. Carefully place the solution in a mop bucket. Using the mop, apply the solution to the first five metre section of flooring.
9. Unwind cable and plug into a mains socket.
10. Adjust handle to a comfortable height for you to use.
11. Ensure that you are holding the high-speed machine firmly and that the cable is behind the machine.
12. Switch the machine on. Beware of the initial "kick".
13. Allow a five minute contact time and then start stripping the floor by moving the standard speed rotary machine in continuous, small, overlapping, side to side movements.
14. Do not allow the floor to dry while stripping the floor. If necessary, repeat the application of solution as above.
15. When the floor pad becomes full of dirt, unplug the machine and replace it, placing the used floor pad in the laundry bag.



16. Use a wet pick-up machine to remove remaining slurry from the floor (refer to water extraction method statement).
17. If polish residue remains, repeat the process, using increased solution strength and allow additional contact time.
18. On completion, remove the final floor pad and place in the laundry bag, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
19. With dry hands, remove the plug from the mains socket and rewind the electricity cable. When the area is completely dry, return the furniture to original position.
20. Damp-mop the floor with clean water (refer to damp-mopping method statement).
21. Check the pH of the floor using the universal indicator paper. The floor should be visibly clean, dry and have a neutral pH.
22. Dust-control the floor if necessary (refer to dust-control method statement). When the area is completely dry, apply a seal and/or a finish to protect the floor.
23. Clean and dry all equipment and store tidily in a secure storage area, segregated according to colour-coding where appropriate.
24. Remove gloves and wash hands.

## Task

### APPLYING FLOOR POLISHES OR SEALANTS

Equipment and materials required:

- colour-coded bucket;
- colour-coded mop handle;
- colour-coded flat mop head for applying polish;
- colour-coded domestic gloves;
- cleaning trolley;
- laundry bag;
- warning signs;
- floor polish or sealant.

### Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Prepare the floor for polishing (refer to floor stripping method statement).
4. Pour the appropriate amount of floor polish or sealant into the bucket.
5. Attach the mop head to the mop handle.
6. Place the mop head onto the surface of the polish so that the floor polish is slowly absorbed into the mop; do not submerge the mop – when the mop is taken out of the bucket it should not be dripping.
7. Carefully apply the polish, starting at the point furthest from where you intend to finish. Begin with a single stroke along the edge.
8. Keeping the mop in contact with the floor, draw the polish or sealant across the floor so that a uniform amount is evenly spread. Replenish mop with polish from the bucket as required. As you go, ensure that the floor has no bare patches, streaks or bubbles; the polish can be reworked with the mop for only 30 seconds after it is applied (refer to manufacturer's instructions for advice).
9. When the area is completed, allow it to dry. Be careful not to walk on the surface until it is completely dry.
10. The second coat should then be applied. Repeat points 4, 5, 6, 7, 8 and 9 above, except that the polish or sealant should be laid at right angles to the first coat. Use a new mop head and bucket for each coat, disposing of the used mop head in the laundry bag.
11. A third coat may be applied if required, laying the polish at right angles to the second coat.
12. On completion, remove the final mop head and place in the laundry bag, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
13. Return any items moved to their original positions.
14. Remove gloves and wash hands.

## Task

### STAIN REMOVAL

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- soft or medium scrubbing brush;
- disposable paper towels;
- colour-coded domestic gloves;
- knee pads;
- warning signs;
- carpet stain remover or general surface cleaner.

### Method

Where possible, all liquid spillages should be cleared before they can dry, using paper towels. This will normally prevent staining which is resistant to routine cleaning. Where such staining does occur, it should be treated in the first instance by the friction method:

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Put warm water into the bucket.
4. Wet and wring out the cloth, and rub gently at the stain, starting on the outer edge and working towards the middle.
5. Change to use of the brush if 4) is unsuccessful.
6. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate. Leave warning signs in place until the area has thoroughly dried.
7. Remove gloves and wash hands.
8. If the friction method is unsuccessful, the chemical method should be used:
9. Wash hands and put on gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC).
10. Display the warning signs.
11. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals, and only use a cleaning product provided by your employer.
12. Wet and wring out the cloth, and rub gently at the stain, starting on the outer edge and working towards the middle.
13. Change to use of the brush if 11) is unsuccessful.
14. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate. Leave warning signs in place until the area has thoroughly dried.
15. Remove gloves and wash hands.

If this is unsuccessful, the use of stain specific agents may be necessary, using the same general method. These may cause damage to flooring. In all cases, consult your supplier, and ensure that small test patches are made.

## Task

### CHEWING GUM REMOVAL

Equipment and materials required:

- colour-coded scraper;
- colour-coded dustpan and brush;
- colour-coded domestic gloves;
- eye goggles;
- knee pads;
- warning signs;
- aerosol freezing spray for gum removal.

### Method

1. Wash hands and put on gloves and kneepads if working on large areas. (Note, kneepads should be available for use by staff that require physical support regardless of the area to be covered).
2. Display the warning signs.
3. Insert directional tube into the aerosol spray head valve and spray freezing agent directly onto the surface of the chewing gum for 4-5 seconds.
4. Immediately, use scraper to gently remove the frozen gum.
5. Use the dustpan and brush to collect the frozen pieces.
6. Repeat points 3 to 5 until deposit is removed.
7. Remove gloves and wash hands.

## Task

### SUCTION CLEANING

Equipment and materials required:

- colour-coded domestic gloves;
- suction cleaner (cylinder or upright);
- suction cleaner attachments, e.g. crevice tool;
- warning signs.

### Method

1. Plan work route and when necessary, temporarily move items that may obstruct you to a new, safe location.
2. Wash hands and put on gloves.
3. Display warning signs.
4. Check the internal dust bag and replace if full.
5. Check that the filters are clean and are not obstructed.
6. Manually pick up any larger items of debris from the floor, such as tissues and sweet wrappers.
7. Unwind cable and plug into a mains socket.
8. Use the crevice tool to suction clean any areas requiring this, including floor edges.
9. Use the floor head to clean the main body of the floor. The bristles should be in the “down” position for hard floors and the “up” position for soft floors. Start at the point furthest from where you intend to finish and clean the floor using short, parallel, overlapping lanes. Several passes may be required.
10. On completion, remove the plug from the mains socket and re wind the electricity cable. All equipment should be cleaned and stored tidily in the secure storage area, segregated according to colour-coding where appropriate.
11. Return any items moved to their original positions.
12. Remove gloves and wash hands.

## Task

### WATER EXTRACTION

Equipment and materials required:

- wet pick-up machine;
- hose wand attachment;
- colour-coded domestic gloves;
- colour-coded mop handle;
- colour-coded mop head;
- laundry bag;
- warning signs.

### Method

1. Plan work route and when necessary, temporarily move items that may obstruct you to a new, safe location. Identify where you are going to dispose of dirty collected water, referring to risk assessment and your supervisor.
2. Wash hands and put on gloves.
3. Display warning signs.
4. Check that the wet pick-up machine is clean prior to use.
5. Unwind cable and plug into a mains socket. Switch on the machine, ensuring that the cable is behind the machine.
6. Move the wet pick-up machine slowly across the floor in a steady forward motion to pick up liquid.
7. Use the hose wand attachment, or other suitable attachments, to collect residual water from restricted areas.
8. Each time the dirty water tank is full, turn off the machine and empty the tank in the identified area.
9. On completion, turn off the machine and empty the dirty water tank in the identified area.
10. With dry hands, remove the plug from the mains socket and rewind the electricity cable.
11. Mop any small remaining wet patches (refer to spot-mopping method statement).
12. For stubborn stains, manually use a small scouring pad.
13. Remove any excess water and splashes using a mop or cloth.
14. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
15. When the area is completely dry, return any items moved to their original positions.
16. Remove gloves and wash hands.

## Task

### CARPET EXTRACTION

Equipment and materials required:

- carpet shampooing machine with attachments;
- colour-coded cloth;
- colour-coded domestic gloves;
- colour-coded mop handle;
- colour-coded mop head;
- laundry bag;
- warning signs;
- carpet shampoo.

### Method

1. Plan work route and when necessary, temporarily move items that may obstruct you to a new, safe location. Identify where you are going to dispose of dirty collected water, referring to risk assessment and your supervisor.
2. Wash hands and put on gloves.
3. Display warning signs.
4. Check that the machine is clean prior to use.
5. Suction clean the floor (refer to suction cleaning method statement).
6. Prepare the cleaning solution in strict accordance with the manufacturer's instructions and with your training. Carefully pour the cleaning solution into the carpet shampoo machine's tank.
7. Unwind cable and plug into a mains socket.
8. Turn on the carpet shampooing machine, ensuring that both the solution release and extraction functions are working.
9. Starting at the furthest point from where you have planned to finish, begin carpet shampooing by moving the machine slowly backwards and forwards in straight overlapping lines, covering a 2-3 metre square section.
10. Turn off the solution release function and go over the section twice more using the suction function only. Use attachment to reach areas inaccessible to the machine.
11. When the dirty water tank is filled, turn off the machine and dispose of the dirty water in the planned location.
12. On completion, empty the dirty water tank, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
13. With dry hands, remove the plug from the mains socket and rewind the electricity cable.
14. Suction clean the floor (refer to suction cleaning method statement).
15. When the area is completely dry, return any items moved to their original positions.
16. Remove gloves and wash hands.

- 7.1.2 General cleaning
- a. Damp-dusting – horizontal and vertical surfaces.
  - b. Damp-dusting – bedside and overhead lamps.
  - c. Damp-dusting – chair and settee.
  - d. Damp-dusting – radiator.
  - e. Damp-dusting – beds.
  - f. Glass – internal glass and mirrors.
  - g. Glass – external glass.
  - h. Dusting – high-dusting.
  - i. Furniture polishing.
  - j. Walls – spot cleaning.

## Task

### DAMP-DUSTING – HORIZONTAL AND VERTICAL SURFACES

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- warning signs.

## Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals, and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Dampen or rinse a cloth in the cleaning solution.
6. Remove items from the surface to be cleaned.
7. Begin damp-dusting. For small flat surfaces, wipe in straight lines beginning with the edges. For larger surfaces, begin with the edges and damp-dust using an overlapping figure-of-eight pattern. Turn the cloth on each second pass, and rinse regularly in the solution.
8. Take care to damp-dust the edges and undersides of surfaces after the tops. Where extendable items, such as bedside tables are to be damp-dusted, extend them before beginning to work.
9. Change the cleaning solution when it becomes soiled.
10. Greasy or stubborn deposits may require repeated passes.
11. Replace any items moved on to the clean surface when it is dry.
12. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
13. Remove gloves and wash hands.



## Task

### DAMP-DUSTING - BEDSIDE AND OVERHEAD LAMPS

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- warning signs;

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals, and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Dampen or rinse a cloth in the cleaning solution.
6. Extend the lamp to its full length.
7. Starting at the base, damp-dust all surfaces carefully avoiding the bulb and bulb fitting. Turn the cloth regularly and rinse in the solution as soon as it becomes soiled.
8. Change the cleaning solution when it becomes soiled.
9. Greasy or stubborn deposits may require repeated passes.
10. Leave the lamp to dry.
11. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
12. Remove gloves and wash hands.

## Task

### DAMP-DUSTING - CHAIR AND SETTEE

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- cleaning trolley;
- suction cleaner with crevice tool;
- general purpose detergent or general surface cleaner;
- warning signs.

## Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals, and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Use the suction cleaner and crevice tool to remove debris from between and underneath cushions and from corners and edges (refer to suction cleaning method statement).
6. Dampen or rinse a cloth in the cleaning solution.
7. Begin damp-dusting. For small flat surfaces, wipe in straight lines beginning with the edges. For larger surfaces, begin with the edges and damp-dust using an overlapping figure-of-eight pattern. Turn the cloth on each second pass and rinse regularly in the solution.
8. Take care to damp-dust the edges and undersides of surfaces after the tops. Where extendable items, such as plate rests and foot rests, are to be damp-dusted, extend them before beginning to work.
9. Change the cleaning solution when it becomes soiled.
10. Greasy or stubborn deposits may require repeated passes.
11. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
12. Remove gloves and wash hands.

## Task

### DAMP-DUSTING - RADIATOR

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- flexible radiator cleaning tool;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- warning signs.

#### Additional Notes:

- Radiator covers should be removed prior to cleaning. Where these are fixed and require unscrewing and re screwing by the estates department, it is very important that the task is performed in a planned manner to ensure that covers are not left off the radiators for any longer than is necessary for the cleaning process.
- Carefully check the temperature of the exposed radiator by placing your hand near it. If you think it is too hot for you to clean safely, inform your supervisor, who will consult with the estates department.

#### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Dampen or rinse a cloth in the cleaning solution.
6. Remove radiator cover as described in the health and safety notes.
7. Begin damp-dusting. For small flat surfaces, wipe in straight lines beginning with the edges. For larger surfaces, begin with the edges and damp-dust using an overlapping figure-of-eight pattern. Turn the cloth on each second pass and rinse regularly in the solution.
8. Use the flexible radiator tool to reach less accessible areas.
9. Take care to damp-dust the edges and undersides of surfaces after the tops.
10. Change the cleaning solution when it becomes soiled.
11. Greasy or stubborn deposits may require repeated passes.
12. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
13. Remove gloves and wash hands.

## Task

### DAMP-DUSTING - BEDS

Equipment and materials required;

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- knee pads;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- warning signs.

#### Additional Notes:

- This task will normally be performed while the patient is out of the bed. If it is necessary for the cleaning to be done while the patient is present, seek permission from the nurse in charge to pump up the bed. Ensure the cot side is up and explain to the patient what you are doing.

#### Method

1. Wash hands and put on gloves and knee pads.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Raise or lower the bed to a convenient height for cleaning, as described in the health and safety notes.
6. Dampen or rinse a cloth in the cleaning solution.
7. Temporarily remove items from the bed frame to a new, safe location.
8. Begin damp-dusting. Start from the top and work downwards to the base and the wheels. Turn the cloth regularly, and rinse regularly in the solution.
9. Take care to damp-dust the edges and undersides of surfaces after the tops.
10. Change the cleaning solution when it becomes soiled.
11. Greasy or stubborn deposits may require repeated passes.
12. Replace any items moved, back on to the bed frame when it is dry.
13. Lower or raise the bed to its original position.
14. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
15. Remove gloves and wash hands.

## Task

### GLASS – INTERNAL GLASS AND MIRRORS

Equipment and materials required:

- colour-coded cloths x 2;
- colour-coded domestic gloves;
- colour-coded, labelled spray-bottle;
- general purpose detergent or general surface cleaner or glass cleaner;
- warning signs.

#### Additional Notes:

- Glass automatic doors must be switched off before cleaning. Where this requires the involvement of estates or security personnel, this work must be planned to ensure that doors do not remain inactive for longer than necessary for cleaning.

#### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the labelled spray bottle, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Spray some of the cleaning solution onto the first cloth so that it is slightly damp.
5. Clean the glass surface or mirror, starting along the top edge and then working down in an overlapping figure-of-eight pattern covering all of the surface.
6. Using the second dry cloth, buff, using small overlapping circular motions until all smears are removed and the surface is shiny.
7. Change the first cloth when it becomes soiled.
8. Change the second cloth when it becomes too damp to buff effectively.
9. Greasy or stubborn deposits may require repeated passes.
10. On completion, dispose of the cloths, clean and dry the spray bottle and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
11. Remove gloves and wash hands.

## Task

### GLASS – EXTERNAL GLASS

The routine cleaning of external glass is usually carried out by a specialist contractor. This method statement is designed for use in carrying out additional cleans to low level external glass and the outside surfaces of glass automatic doors in high traffic areas. It is not recommended that any climbing equipment is used in this cleaning procedure. Glass automatic doors must be switched off before cleaning. Where this requires the involvement of estates or security personnel, this work must be planned to ensure that doors do not remain inactive for longer than necessary for cleaning.

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth x 2;
- colour-coded domestic gloves;
- colour-coded non-abrasive pad;
- squeegee blade with extension attachment;
- cleaning trolley;
- general purpose detergent or general surface cleaner or glass cleaner;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Check that the squeegee blade is undamaged and that the extension pole will attach correctly.
4. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Place the bucket on a cleaning trolley.
6. Submerge the first cloth in the cleaning solution and apply liberally to glass surface, starting along the top edge, then working downwards in an overlapping figure-of-eight pattern, rubbing away noticeable deposits as you go.
7. For greasy or stubborn deposits, it may be necessary to use the non-abrasive pad. If this is unsuccessful the scraper may be used. Very gently run the scraper blade along the surface towards the deposit and then work it gently in a semi-circular motion until it is removed. Take care not to press down onto the surface.
8. Using the squeegee blade, with extension attachment if necessary, dry the window. Start with a single stroke along the top edge, then move downwards in an overlapping figure-of-eight pattern.
9. Using the second cloth, clear the window frames of any remaining cleaning solution. Replace the cloth when it becomes soiled.
10. On completion, dispose of the cloths, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
11. Remove gloves and wash hands.

## Task

### DUSTING – HIGH-DUSTING

Equipment and materials required:

- colour-coded high-dusting tool;
- telescopic handle attachment (if required);
- dusting tool duster head or dusting cloth;
- colour-coded domestic gloves;
- cleaning trolley;
- laundry bag;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Check that pictures, clocks and other hangings are secure before dusting.
4. Place the duster head or duster cloth onto the high-dusting tool. If dusting a high ceilinged room, it may be necessary to use the telescopic attachment.
5. Firmly holding the handle of the tool or telescopic attachment, begin to high-dust. Work systematically around the room you are dusting, covering a 1-2 metre section at a time. Begin at the highest point and work methodically to the lowest point.
6. Start by dusting the join of the ceiling with the wall.
7. Pass the dusting tool head along the tops of all high surfaces, such as picture frames, bed rails, pipes, high dado rails, clocks, cupboard tops, and high ledges.
8. Pass the flat surface of the tool head over the wall surface, starting at the top and working systematically downwards in overlapping side to side passes.
9. Repeat the process for the next 1-2 metre section.
10. Replace duster heads or duster cloths when they become soiled. Place reusable heads in the laundry bag.
11. Change the cleaning solution when it becomes soiled.
12. On completion, dispose of the final cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
13. Remove gloves and wash hands.

## Task

### FURNITURE POLISHING

Equipment and materials required:

- colour-coded cloths x 2;
- colour-coded domestic gloves;
- furniture polish;
- warning signs.

#### Additional Notes:

- Do not move PC equipment and other equipment from desks without consulting the user. Be aware of your manual handling training and request assistance if necessary.

#### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Plan your work route and temporarily remove magazines, leaflets, and other items from surfaces to be polished to a new, safe location.
4. Damp-dust all surfaces (refer to damp-dusting – horizontal and vertical surfaces method statement).
5. Apply a small amount of furniture polish to the first cloth.
6. Polish the furniture, using overlapping straight lines.
7. Using the second, dry cloth, buff with small overlapping circular motions until all smears are removed and the surface is shiny.
8. Replace cloths when they become worn.
9. On completion, dispose of the final cloths, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
10. Remove gloves and wash hands.



## Task

### WALLS – SPOT-CLEANING

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth x 2;
- colour-coded domestic gloves;
- non-abrasive pad;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- warning signs;

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Dampen or rinse a cloth in the cleaning solution so that it is fairly dry.
6. Gently wipe the mark, scuff or soiling from the wall using a gentle circular motion, starting at the outside of the soiling and moving towards the centre.
7. Dry the area and remove any drips and runs using the second, dry, cloth.
8. For greasy or stubborn deposits, repeat the process using the non-abrasive pad in place of the first cloth. Stop immediately if any damage to the painted surface begins to occur and inform your supervisor.
9. On completion, dispose of the final cloths, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
10. Remove gloves and wash hands.

### 7.1.3 Cleaning with microfibre cloth

Two publications have reported positively on the use of microfibre technology. These are *The Impact of Microfibre Technology on the Cleaning of Healthcare Facilities* (Association of Healthcare Cleaning Professionals, revised 2006) and *An Integrated Approach to Hospital Cleaning: Microfibre Cloth and Steam Cleaning Technology* (Department of Health, May 2007).

It is recommended that all Trusts should read these reports and consider implementing the routine use of microfibre technology.

Microfibre mops and cloths are made of composite synthetic fibres which are extremely fine, and which are engineered to have a large surface area. This gives a much greater effective cleaning capacity, and enables the extremely efficient removal of microscopic particles. The small size of the microfibrils enables them to reach into microscopic crevices in surfaces. Additionally, the microfibrils are naturally statically charged. This combination of electrostatic attraction and capillary action allows the removal of a far greater number of contaminant particles than conventional mops and cloths.

Many hospitals using microfibre cloths have reported that the time taken to perform cleaning tasks has reduced, and that the introduction of microfibre has been followed by improvements in measured cleaning scores.

There are limitations on the use of microfibre cloths. They are designed to be used dampened only with water, and therefore should not be used in conjunction with chlorine-based disinfectant cleaners or other biocides. Used cloths will contain potentially harmful contaminants. A separate cloth should be used for each patient area and cloths must be thermally disinfected. Microfibre cloths are less effective when used on old and damaged surfaces because of repeated snagging and perform best in the routine maintenance of surfaces which are not heavily soiled.

There are now many commercially available microfibre products. Not all of these are of the highest grade and careful consideration should be given to the relative merits of products on the market. Once a product is chosen, a detailed implementation plan should be created, including thorough training for supervisors and staff with cleaning responsibilities. The method statement provided here is provided as an example. It should be noted that different manufacturers may make different recommendations for how their products should be used. Organisations should ensure that practice is consistent with the manufacturer's recommendations and the advice of the local Infection Control Team.

Microfibre cloths are designed to be used as part of a well coordinated and tightly controlled cleaning system. Although some hospitals do currently use microfibre cloths for one task in isolation, such as high-dusting, this may not produce an optimum result. For this reason, the method statement given below is for the integrated use of microfibre for a range of tasks in an area.

## Task

### CLEANING WITH MICROFIBRE CLOTHS

Equipment and materials required:

- colour-coded domestic gloves;
- cleaning trolley designed for use with microfibre cleaning system;
- dust-control mop and handle;
- damp-mopping mop and handle;
- colour-coded labelled net bag containing clean microfibre flat mops;
- colour-coded labelled net bag containing clean microfibre cloths;
- high-dusting tool, with telescopic attachment if required;
- microfibre sleeve for high-dusting tool;
- colour-coded dustpan and brush;
- laundry bag for used microfibre cloths;
- laundry bag for used microfibre flat mops;
- labelled spray gun containing general purpose detergent or other compatible cleaning product;
- labelled spray gun containing cold water;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Plan work route and temporarily remove potential obstacles to a new, safe location. The area to be cleaned at one time should be no larger than half of a six-bedded patient bay.
3. Display warning signs.
4. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Assemble items to be used on the cleaning trolley: place clean microfibre cloths in the appropriate container. Place clean microfibre flat mops in the mop container. Place net bags over the laundry bags ready to receive used cloths and mops. Impregnate mops with the correct amount of water, following the manufacturer's instruction.
6. Begin by high-dusting the area, using the high-dusting tool and microfibre sleeve (refer to high-dusting method statement for general guidance on high-dusting).
7. On completion of high-dusting, remove microfibre sleeve and place in cloths laundry bag.
8. Damp-dust all surfaces. Spray a small amount of cold water onto the surface to be cleaned and wipe with a single firm stroke. Turn and refold the cloth each time the surface of the cloth being used becomes full of dust. As a guide, a standard sized cloth can be turned and folded so as to give eight effective cleaning surfaces. One cloth should normally be sufficient to clean each area.
9. Work systematically from higher areas to low, taking care to damp-dust the edges and undersides of all surfaces after the tops. Where extendable items, such as bedside tables, are to be damp-dusted, extend them before beginning to work.
10. Dust-control the area. Attach a microfibre dust-control cloth to the dust-control tool head.
11. Manually pick up any larger items such as sweet wrappers and tissues.
12. Starting at an edge, dust the area using an overlapping figure-of-eight pattern, taking care to go right up to every edge. The dust-control tool should remain in contact with the floor at all times.
13. When you have finished, carefully remove cloth and fold the cloth so that dust is not dispersed. Use the dustpan and brush to collect any dust and debris which has collected at your finishing point.
14. Damp mop the area. Attach a microfibre flat mop head to the mopping tool.
15. Starting at an edge, mop the area using an overlapping figure-of-eight pattern, taking care to go right up to every edge. The mop head should remain in contact with the floor at all times.

16. Greasy or stubborn deposits may require use of the cleaning solution. Spray a small amount of solution onto the soiled area and leave in contact for a short time, then repeat damp-mopping as above.
17. Return any items moved, to the clean surface when it is dry.
18. Move onto the next work area and repeat points 1-17 above.
19. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
20. Remove gloves and wash hands.

- 7.1.4 Ward pantry cleaning
- a. Ice-making machine
  - b. Washing up
  - c. Mechanical waste disposal unit
  - d. Microwave
  - e. Oven cleaning
  - f. Refrigerator
  - g. Kitchen sink
  - h. Regeneration unit – routine daily clean

## Task

### ICE-MAKING MACHINE

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloths;
- colour-coded domestic gloves;
- non-abrasive pad;
- warning signs;
- general purpose detergent.

### Additional Notes:

- Notify the nurse in charge that you are intending to carry out this procedure and delay task to allow ice to be decanted into a suitable receptacle, if it is required urgently.
- Take care to mop up any spillages of water immediately, should they occur while you are carrying out this task.

## Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Disconnect the ice-making machine from the mains socket.
5. Empty the ice bin and dispose of the ice.
6. Following the manufacturer's instructions, carefully remove all detachable parts.
7. Dampen or rinse the cloth in the cleaning solution and wring so that it is fairly dry.
8. Clean the detachable parts and all the surfaces of the machine, paying particular attention to the dispensing, overflow and draining areas.
9. Rinse cloth regularly and change the cleaning solution when it becomes soiled.
10. Empty and clean the bucket and refill with warm water.
11. Using a new cloth, rinse the detachable parts and all surfaces.
12. Allow to dry, and carefully reassemble the machine, following the manufacturer's instructions.
13. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
14. Remove gloves and wash hands.
15. With dry hands, plug the machine into the mains socket and test for correct operation. If it does not operate correctly, report this to your supervisor.

## Task

### WASHING UP

Note: Because very high temperature water should be used for the cleaning of shared use patient crockery and cutlery, it is strongly advised that a mechanical dishwasher is used for this process. Where this is impossible, the task should be risk-assessed and a local policy developed.

Equipment and materials required:

- colour-coded cloth;
- colour-coded domestic gloves;
- colour-coded polypropylene scrubbing brush;
- abrasive pad;
- general purpose detergent;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Remove all residual waste from crockery and place in the mechanical waste disposal unit, or in a dedicated waste food bag ready for disposal.
4. Sort the most heavily soiled items from the rest and pre-wash them under a running tap.
5. Fill the sink to two-thirds full with hot water, then add general purpose detergent, in accordance with the manufacturer's instructions and with your training.
6. Immerse soiled items in the hot cleaning solution and clean off visible soiling. Greasy or stubborn deposits may require removal with the abrasive pad.
7. Place crockery and cutlery in the dishwasher tray, put tray into dishwasher and start dishwashing cycle.
8. Dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
9. Remove gloves and wash hands.
10. When cycle is finished, wash hands and put on clean gloves and neatly store crockery and cutlery for next use.

## Task

### MECHANICAL WASTE DISPOSAL UNIT

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloths;
- colour-coded domestic gloves;
- non-abrasive pad;
- warning signs;
- general purpose detergent or degreaser.

### Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Turn on the waste disposal unit for twenty seconds to dispose of any residual waste.
4. Turn off the electricity supply at the mains socket.
5. Following the manufacturer's instructions, carefully remove all detachable parts.
6. Prepare the cleaning solution in the mop bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
7. Dampen or rinse the cloth in the cleaning solution and wring so that it is fairly dry.
8. Carefully clean the detachable parts and all the surfaces of the machine. For greasy deposits the non-abrasive pad may be required.
9. Clean the surrounding areas.
10. Rinse cloth regularly and change the cleaning solution when it becomes soiled.
11. Empty and clean the bucket and refill with warm water.
12. Using a new cloth, rinse the detachable parts and all surfaces.
13. Allow to dry and carefully replace the detachable parts, following the manufacturer's instructions.
14. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
15. Remove gloves and wash hands.
16. With dry hands, plug the machine into the mains socket and test for correct operation. If it does not operate correctly, report this to your supervisor.

## Task

### MICROWAVE

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloths;
- colour-coded domestic gloves;
- non-abrasive pad;
- warning signs;
- general purpose detergent.

### Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Disconnect the microwave from the mains socket.
5. Dampen or rinse the cloth in the cleaning solution and wring so that it is fairly dry.
6. Clean the microwave, working from outside to inside, paying particular attention to the "ceiling" of the inside and the inside of the door. For greasy or hardened deposits, the non-abrasive pad may be required.
7. Rinse cloth regularly and change the cleaning solution when it becomes soiled.
8. Empty and clean the bucket and refill with warm water.
9. Using a new cloth, rinse all surfaces with a fairly dry cloth.
10. Allow to dry with the door open.
11. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
12. Remove gloves and wash hands.
13. With dry hands, plug the machine into the mains socket and test for correct operation. If it does not operate correctly, report this to your supervisor.



## Task

### OVEN CLEANING

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloths;
- colour-coded domestic gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- colour-coded dustpan and brush;
- gauntlet gloves;
- colour-coded scraper;
- colour-coded labelled spray bottle;
- eye goggles;
- non-abrasive pad;
- paper towel roll;
- warning signs;
- general purpose detergent and caustic cleaner if heavy soiling present;
- spray on oven cleaner chemical product.

### Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Paper towels should be placed along the joint between the floor and oven to absorb leaking cleaning fluid.
4. Take care to check the temperature of the oven carefully before attempting to clean it.
5. Prepare the general purpose detergent cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
6. Disconnect the oven from the mains socket and ensure that the oven controls are set to "off".
7. Carefully test the temperature of the oven by placing your hand into the oven. Delay starting the task if the oven is too hot to clean safely.
8. Remove the shelves to a safe cleaning area.
9. Carefully remove any loose, flaky soiling with the scraper. Hold the scraper parallel to the oven surface and gently push soiling loose. Collect from the floor of the oven with the dustpan and brush.
10. Dampen or rinse the cloth in the cleaning solution and wring so that it is fairly dry.
11. Clean the oven, working from outside to inside, paying particular attention to the "ceiling" of the inside, the inside of the door and the joint between the door and the oven. For greasy or hardened deposits the non-abrasive pad may be required.
12. Rinse cloth regularly and change the cleaning solution when it becomes soiled.
13. Empty and clean the bucket and refill with warm water.
14. Using a new cloth, rinse all surfaces with a fairly dry cloth.
15. Allow to dry.
16. Move to the shelves and repeat points 7 to 13.
17. Where there is heavy soiling which resists cleaning with general purpose detergent, a caustic oven cleaning chemical should now be used. Remove gloves and wash hands.
18. Put on gauntlet gloves and eye goggles and carefully spray small amounts of the product onto the soiled areas. Leave in contact in strict accordance with manufacturer's instructions. Use the non-abrasive pad to clean off the soiling.
19. Repeat points 11) to 14), taking care to ensure that the chemical residue is removed. Change water and cloth when they become dirty.

20. Replace the shelves in the oven.
21. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
22. Remove gloves and wash hands.
23. With dry hands, turn the oven on and test for correct operation. If it does not operate correctly, report this to your supervisor.

## Task

### REFRIGERATOR

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloths;
- colour-coded domestic gloves;
- non-abrasive pad;
- warning signs;
- general purpose detergent .

### Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Decant food to another refrigerator, discarding any out of date or unlabelled food.
4. Manually remove any large pieces of debris, such as pieces of food wrapper.
5. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
6. Disconnect the refrigerator from the mains socket.
7. Following the manufacturer's instructions, carefully remove all detachable parts.
8. Dampen or rinse the cloth in the cleaning solution and wring so that it is fairly dry.
9. Clean the detachable parts and all the surfaces of the refrigerator, paying particular attention to the door seal, the shelf rails, and the join between the door and the refrigerator.
10. Rinse cloth regularly and change the cleaning solution when it becomes soiled.
11. Empty and clean the bucket and refill with warm water.
12. Using a new cloth, rinse the detachable parts and all surfaces.
13. Allow to dry and carefully reassemble, following the manufacturer's instructions.
14. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
15. Remove gloves and wash hands.
16. With dry hands, plug the refrigerator into the mains socket and test for correct operation. If it does not operate correctly, report this to your supervisor.
17. When the refrigerator has reached the correct temperature, replace decanted food.

## Task

### KITCHEN SINK

Equipment and materials required:

- colour-coded cloths;
- colour-coded bucket;
- colour-coded domestic gloves;
- paper towels;
- non-abrasive pad;
- warning signs;
- general purpose detergent.

### Additional Notes:

Do not use a bottle brush to clean overflows or drains.

### Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Empty the sink and clear the surrounding area.
4. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Dampen or rinse the cloth in the cleaning solution and wring so that it is fairly dry.
6. Clean the outer frame of the sink, pipe work, splash back and surrounds.
7. Clean the taps, sink and drain.
8. Rinse cloth regularly and change the cleaning solution when it becomes soiled.
9. Using the tap and a new cloth, rinse the cleaned area and thoroughly dry it, using a well wrung cloth or paper towels. Insufficient drying will give a dull and unpleasing appearance to the brightwork.
10. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
11. Remove gloves and wash hands.

## Task

### REGENERATION UNIT – ROUTINE DAILY CLEAN

Note: This method statement is for the routine daily clean only. Regeneration units also require a periodic deeper clean. Periodic deep clean techniques differ widely between types of regeneration unit. Refer to manufacturer's instructions. Stainless steel polish will cause floors to become extremely slippery. Clean up any misdirected sprays immediately.

Equipment and materials required:

- colour-coded buckets;
- colour-coded cloths;
- colour-coded domestic gloves;
- colour-coded labelled spray bottle;;
- non-abrasive pad;
- warning signs;
- general purpose detergent;
- kitchen sanitiser product;
- food-safe stainless steel polish.

### Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Prepare the general purpose detergent cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Prepare the kitchen sanitiser cleaning solution in the labelled spray bottle, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Disconnect the regeneration unit from the mains socket.
6. Carefully manually check the temperature of the regeneration unit to ensure that it is not too hot for safe cleaning.
7. Remove the racks from the oven and ambient/fridge compartments.
8. Dampen or rinse the cloth in the general purpose detergent cleaning solution. Do not use a wet cloth, as wet marks foster bacteria and spoil the finish.
9. Clean the regeneration unit. Begin with the compartments, paying particular attention to the "ceiling" of the inside and the inside of the door. Move on to the heated top plate, the exterior panels, the food probe, the silicon gaskets, the racks and the sneeze guard, paying particular attention to joints and edges. For greasy or hardened deposits, the non-abrasive pad and a longer contact time with the detergent may be required. Care should be taken not to damage the surface of the sneeze screen, and not to over-wet the control panel, which should be wiped with a slightly damp cloth only.
10. Rinse cloth regularly and change the cleaning solution when it becomes soiled. Empty used solution into the sluice.
11. Empty and clean the bucket and refill with warm water.
12. Using a new cloth, rinse all surfaces thoroughly with clean warm water. Care must be taken to thoroughly remove any detergent residue from the compartments, which could taint food. Care must be taken not to over-wet the control panel.
13. Allow to dry with the doors open.
14. Spray kitchen sanitiser solution onto the ambient/fridge compartment, the silicon gaskets, the exterior panels, the food probe and the heated top plate. Wipe dry using a new cloth.

15. Apply food-safe stainless steel polish to exterior stainless steel surfaces, following manufacturer's instructions.
16. Refit the racks.
17. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
18. Remove gloves and wash hands.
19. With dry hands, plug the machine into the mains socket and test for correct operation. If it does not operate correctly, report this to your supervisor.

- 7.1.5 Washroom cleaning
- a. Bath
  - b. Hand wash basin
  - c. Replenishing consumables – soap dispenser
  - d. Replenishing consumables – alcohol handrub
  - e. Replenishing consumables – paper towels
  - f. Replenishing consumables – toilet roll and toilet tissue
  - g. Shower cubicle
  - h. Limescale removal – detachable shower heads and metal hoses
  - i. Limescale removal – taps, fittings and tiles
  - j. Limescale removal – floors

## Task

### BATH

Do not use a bottle brush to clean overflows or drains. Report any faults, including scale build-up which resists normal cleaning, to your supervisor.

Equipment and materials required:

- colour-coded cloth;
- colour-coded bucket;
- colour-coded labelled spray bottle;
- colour-coded domestic gloves;
- paper towels;
- non-abrasive pad;
- pair of tweezers;
- warning signs;
- general purpose detergent or general surface cleaner or bathroom cleaner.

### Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Empty the bath, if necessary, and clear the surrounding area.
4. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Use the tweezers to remove hair from the plug, drain, plug chain and overflow. Remove from tweezers, place in a paper towel and dispose of in waste bag.
6. Dampen or rinse the cloth in the cleaning solution and wring so that it is fairly dry.
7. Working from the outside to the inside, begin cleaning wall tiles, ledges, pipe work, dispensers and underside or edges of bath.
8. Clean the taps, overflow, inside surface of the bath, plug, plug chain and drain. Greasy soiling and limescale deposits will require use of the non-abrasive pad.
9. Rinse cloth regularly and change the cleaning solution when it becomes soiled.
10. Using the tap and a new cloth, rinse the cleaned area and thoroughly dry it, using a well wrung cloth or paper towels. Insufficient drying will give a dull and unpleasing appearance to the stainless steel or chrome brightwork.
11. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
12. Remove gloves and wash hands.



## Task

### HAND WASH BASIN

Do not use a bottle brush to clean overflows or drains. Report any faults, including scale build-up which resists normal cleaning, to your supervisor.

Equipment and materials required:

- colour-coded cloth;
- colour-coded bucket;
- colour-coded labelled spray bottle;
- colour-coded domestic gloves;
- paper towels;
- non-abrasive pad;
- pair of tweezers;
- warning signs;
- general purpose detergent or general surface cleaner or bathroom cleaner.

### Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Empty the sink, if necessary, and clear the surrounding area.
4. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Use the tweezers to remove hair from the plug, drain, plug chain and overflow. Remove from tweezers, place in a paper towel and dispose of in waste bag.
6. Dampen or rinse the cloth in the cleaning solution and wring so that it is fairly dry.
7. Working from the outside to the inside, begin cleaning wall tiles, ledges, pipe work, dispensers and underside and edges of the sink.
8. Clean the taps, overflow, inside surface of the sink, plug, plug chain and drain. Greasy soiling and limescale deposits will require use of the non-abrasive pad.
9. Rinse cloth regularly and change the cleaning solution when it becomes soiled.
10. Using the tap and a new cloth, rinse the cleaned area and thoroughly dry it, using a well wrung cloth or paper towels. Insufficient drying will give a dull and unpleasing appearance to the stainless steel or chrome brightwork.
11. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
12. Remove gloves and wash hands.

## Task

### REPLENISHING CONSUMABLES – SOAP DISPENSER

Equipment and materials required:

- colour-coded cloth;
- colour-coded bucket;
- colour-coded domestic gloves;
- dispenser key (if required);
- hand soap refill cartridges;
- non-abrasive pad;
- general purpose detergent or general surface cleaner.

## Method

1. Wash hands and put on gloves.
2. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
3. Open the dispenser, using the key if necessary, and check whether the soap needs to be replenished.
4. If necessary, remove the empty cartridge and place in a waste bag.
5. Damp-dust all external and internal areas of the dispenser. Pay particular attention to the exit point and to the nozzle of the cartridge if this is not being replaced, as build-ups of soap may form in these areas. Use the non-abrasive pad if necessary.
6. Check the floor below the dispenser to see whether it has been leaking. If it has, clean the deposit from the floor (refer to stain removal method statement) and inform your supervisor.
7. When the dispenser is dry, fit the new cartridge and close dispenser, following the manufacturer's instructions.
8. Move on to next dispenser and repeat points 3 to 7.
9. Rinse cloth regularly and change the cleaning solution when it becomes soiled.
10. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
11. Remove gloves and wash hands.

## Task

### REPLENISHING CONSUMABLES – ALCOHOL HANDRUB DISPENSER

Note: Alcohol handrub will damage flooring if it is allowed to drip. Best practice guidance is to use dispensers which have lipped drip trays fitted, or to use a non-drip foam product.

Equipment and materials required:

- colour-coded cloth;
- colour-coded bucket;
- colour-coded domestic gloves;
- dispenser key (if required);
- alcohol handrub refill cartridges;
- non-abrasive pad;
- general purpose detergent or general surface cleaner .

## Method

1. Wash hands and put on gloves.
2. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
3. Open the dispenser, using the key if necessary, and check whether the soap needs to be replenished.
4. If necessary, remove the empty cartridge and place in a waste bag.
5. Damp-dust all external and internal areas of the dispenser. Pay particular attention to the lipped tray, the exit point and to the nozzle of the cartridge if this is not being replaced, as build-ups of alcohol handrub may form in these areas. Use the non-abrasive pad if necessary.
6. Check the floor below the dispenser to see whether it has been leaking. If it has, clean the deposit from the floor (refer to stain removal method statement) and inform your supervisor.
7. When the dispenser is dry, fit the new cartridge and close dispenser, following the manufacturer's instructions.
8. Move on to next dispenser, and repeat points 3 to 7.
9. Rinse cloth regularly and change the cleaning solution when it becomes soiled.
10. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
11. Remove gloves and wash hands.

## Task

### REPLENISHING CONSUMABLES – PAPER TOWELS

Equipment and materials required:

- colour-coded cloth;
- colour-coded bucket;
- colour-coded domestic gloves;
- dispenser key (if required);
- paper hand towels;
- non-abrasive pad;
- general purpose detergent or general surface cleaner.

## Method

1. Wash hands and put on gloves.
2. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
3. Open the dispenser, using the key if necessary, and check whether the paper towels need to be replenished.
4. If necessary, remove any paper towels present.
5. Damp-dust all external and internal areas of the dispenser. Pay particular attention to the exit point. Use the non-abrasive pad for greasy or stubborn deposits.
6. When the dispenser is dry, insert the paper towels and close dispenser, following the manufacturer's instructions. Do not overfill the dispenser, which will prevent correct dispensing and do not leave "spare" paper towels near or on top of the dispenser.
7. Move on to next dispenser, and repeat points 3 to 6.
8. Rinse cloth regularly and change the cleaning solution when it becomes soiled.
9. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
10. Remove gloves and wash hands.

## Task

### REPLENISHING CONSUMABLES – TOILET ROLL AND TOILET TISSUE

Equipment and materials required:

- colour-coded cloth;
- colour-coded bucket;
- colour-coded domestic gloves;
- dispenser key (if required);
- toilet rolls or toilet tissues;
- non-abrasive pad;
- general purpose detergent or general surface cleaner.

## Method

1. Wash hands and put on gloves.
2. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
3. Open the dispenser, using the key if necessary, and check whether the toilet roll or tissue needs to be replenished.
4. If necessary, remove any tissue present.
5. Damp-dust all external and internal areas of the dispenser. Pay particular attention to the exit point.
6. When the dispenser is dry, insert the toilet roll or tissue and close dispenser, following the manufacturer's instructions. Do not overfill the dispenser, which will prevent correct dispensing, and do not leave "spare" toilet rolls or tissue near or on top of the dispenser.
7. Move on to next dispenser, and repeat points 3 to 6.
8. Rinse cloth regularly and change the cleaning solution when it becomes soiled.
9. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
10. Remove gloves and wash hands.

## Task

### SHOWER CUBICLE

Equipment and materials required:

- colour-coded cloth;
- colour-coded bucket;
- colour-coded labelled spray bottle;
- colour-coded domestic gloves;
- paper towels;
- non-abrasive pad;
- pair of tweezers;
- warning signs;
- general purpose detergent or general surface cleaner or bathroom cleaner.

### Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Clear all objects from the cubicle.
5. Use the tweezers to remove hair from the drain and overflow. Remove from tweezers, place in a paper towel and dispose of in waste bag.
6. Dampen or rinse the cloth in the cleaning solution and wring so that it is fairly dry. Dampen the non-abrasive pad.
7. Working from the outside to the inside, begin cleaning. Clean the curtain rail first, then, starting at the highest point, clean the wall tiles.
8. Clean the shower curtain.
9. Clean the shower head, hose, taps and soap tray.
10. Clean the drain and overflow.
11. Rinse cloth regularly and change the cleaning solution when it becomes soiled.
12. Using the tap and a new cloth, rinse the cleaned area and thoroughly dry it, using a well wrung cloth or paper towels. Insufficient drying will give a dull and unpleasing appearance to the stainless steel or chrome brightwork.
13. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
14. Remove gloves and wash hands.

## Task

### LIMESCALE REMOVAL – SHOWER HEADS AND METAL HOSES

This task should be planned carefully; it should be carried out in a secure, well-ventilated area, with running water supply, away from patients. Prior to commencing, staff should identify a safe drain in which the discarded cleaning solution can be disposed of, in liaison with the estates department.

Equipment and materials required:

- colour-coded bucket;
- colour-coded domestic gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- non-abrasive pad;
- eye goggles;
- warning signs;
- limescale remover (care must be taken when choosing product to ensure that it does not contain hydrochloric acid, which will discolour chromed items).

## Method

1. Wash hands and put on gloves.
2. Plan the task with colleagues to work around requirement for showers to be available.
3. Remove detachable shower heads and metal hoses and take to identified secure, well-ventilated area.
4. Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Place the shower heads and hoses in the cleaning solution. If you cannot remove the shower head from the wall, place the tablet and water in a polythene bag and tie securely round the shower head.
6. Soak for 15 minutes, or until all bubbling stops.
7. Remove the items and rinse in flowing water.
8. Carefully discard the cleaning solution in the identified drain.
9. If limescale remains, repeat points 5 to 8.
10. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
11. Return detachable shower heads and hoses to original area and refit.
12. Remove gloves and wash hands.

## Task

### LIMESCALE REMOVAL – TAPS, FITTINGS AND TILES

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- non-abrasive pad;
- warning signs;
- limescale remover (care must be taken when choosing product to ensure that it does not contain hydrochloric acid, which will discolour chromed items). The use of a pre-mixed bottled proprietary product is recommended for this task.

## Method

1. Wash hands and put on gloves.
2. Plan the task with colleagues to work around requirement for showers to be available.
3. Apply pre-mixed limescale remover to cloth and apply to tiles, taps and other brightwork, paying particular attention to water outlets.
4. Leave in contact for five minutes.
5. Use non-abrasive pad and pre-mixed limescale remover to loosen heavier areas of scaling during contact time.
6. Discard cloths and pads.
7. Fill bucket with clean water and rinse all treated areas thoroughly.
8. If limescale remains, repeat points 3 to 7.
9. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
10. Remove gloves and wash hands.



## Task

### LIMESCALE REMOVAL – FLOORS

Note: for planned periodic use in washrooms, showers, hydrotherapy pools and changing rooms. Care must be taken to ensure that limescale remover does not run directly into the hydrotherapy pool. The design of the pool will determine the precautions required to avoid this.

This procedure should not be carried out when the areas are in use. Care should be taken to ensure that the floors are free from excess water. Pools should be covered. Cables should not be allowed to come into contact with water.

Equipment and materials required:

- colour-coded domestic gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- colour-coded mop bucket x 2;
- colour-coded mop handle x 2;
- colour-coded mop head x 2;
- edge cleaning tool and pad;
- scouring pad;
- floor pad and drive disc, or polypropylene brush head;
- standard speed rotary machine ;
- laundry bag;
- warning signs;
- limescale remover.

### Method

1. Plan work route and when necessary, temporarily move items that may obstruct you to a new, safe location.
2. Wash hands and put on gloves.
3. Display warning signs.
4. Dust-control or suction clean the floor, (refer to the dust-controlling method statement or suction cleaning method statement).
5. Prepare the limescale remover solution in strict accordance with the manufacturer's instructions and with your training. Carefully pour the limescale remover solution into the mop bucket. Apply the solution to the floor, aiming to cover a 3-4 metre section.
6. Use the edge cleaning tool to agitate the solution along wall edges and other awkward areas. Attach head to tool and run the pad along the edges in a short repeated motion.
7. Attach the floor pad or polypropylene brush head to the standard speed machine in strict accordance with the manufacturer's instructions and with your training.
8. Unwind cable and plug into a mains socket.
9. Adjust handle to a comfortable height for you to use.
10. Ensure that you are holding the standard speed machine firmly and that the cable is behind the machine. Switch the machine on. Beware of the initial "kick".
11. Starting at the point furthest away from where you have planned to end, start scrubbing the first 3-4 metre square section.
12. Scrub the floor area by moving the high-speed machine in continuous, small, overlapping, side to side movements.
13. Replace or turn the floor pad as required, unplug the machine and replace or turn the pad, placing the used floor pad in the laundry bag if replacing.

14. For stubborn scaling, manually use a small scouring pad.
15. Rinse the floor thoroughly with clean water and allow to air dry.
16. Repeat points 5 to 15 for the next 3-4 square metre section.
17. On completion, remove the final floor pad and place in the laundry bag. Clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate. With dry hands, remove the plug from the mains socket and rewind the electricity cable.
18. When the area is completely dry, return any items moved to their original positions.
19. Remove gloves and wash hands.

- 7.1.6 Sanitary cleaning
- a. Bidet
  - b. Toilet
  - c. Sluice
  - d. Urinal

## Task

### BIDET

Equipment and materials required:

- colour-coded cloth;
- colour-coded bucket;
- colour-coded labelled spray bottle;
- colour-coded domestic gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- paper towels;
- non-abrasive pad;
- pair of tweezers;
- warning signs;
- general purpose detergent or general surface cleaner or bathroom cleaner;
- toilet bowl cleaner.

## Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Empty the bidet, if necessary, and clear the surrounding area.
4. Prepare the solution of general purpose detergent or general surface cleaner in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Prepare the solution of toilet cleaner in the labelled spray bottle, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
6. Use the tweezers to remove hair from the plug, drain, plug chain and overflow. Remove from tweezers, place in a paper towel and dispose of in waste bag.
7. Spray the toilet cleaner into the inside of the bidet bowl and leave in contact while performing the next tasks. Do not allow to dry.
8. Dampen or rinse the cloth in the cleaning solution and wring so that it is fairly dry.
9. Working from the outside to the inside, begin cleaning wall tiles, ledges, pipe work and underside or edges of the bidet. Greasy soiling and limescale deposits will require use of the non-abrasive pad.
10. Clean the taps and top surfaces of the bidet.
11. Rinse cloth regularly and change the cleaning solution when it becomes soiled.
12. Using a new cloth, scrub the inside of the bidet bowl, the drain, overflow, plug and plug chain.
13. Using the tap and a new cloth, rinse the cleaned area and thoroughly dry it, using a well wrung cloth or paper towels. Insufficient drying will give a dull and unpleasing appearance to the stainless steel or chrome brightwork.
14. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
15. Remove gloves and wash hands.

## Task

### TOILET

Equipment and materials required:

- colour-coded cloths;
- colour-coded buckets;
- colour-coded labelled spray bottle;
- colour-coded domestic gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- paper towels;
- non-abrasive pad;
- warning signs;
- general purpose detergent or general surface cleaner or bathroom cleaner;
- toilet bowl cleaner.

### Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Clear and tidy the surrounding area, moving any items placed on top of the cistern or on ledges.
4. Place the toilet brush head beneath the water level and flush the toilet.
5. Lower the water level by pumping down three or four times with the toilet brush and replace the brush in its holder.
6. Prepare the solution of general purpose detergent or general surface cleaner in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
7. Prepare the solution of toilet bowl cleaner in the labelled spray bottle, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
8. Spray the toilet cleaner into the inside of the toilet bowl, taking care to spray under the rim and around the normal waterline and leave in contact while performing the next tasks. Do not allow to dry.
9. Dampen or rinse the cloth in the cleaning solution and wring so that it is fairly dry.
10. Working from the outside to the inside, begin cleaning the flush handle, wall tiles, ledges, pipe work, toilet roll holder, sanitary bins, cistern, toilet seat lid. Lift the toilet seat and clean the underside and hinges of the seat, then the rim and underside of the bowl, finishing with the junction with the floor. Greasy soiling and limescale deposits will require use of the non-abrasive pad.
11. Rinse cloth regularly and change the cleaning solution when it becomes soiled.
12. Take the toilet brush and use it to scrub the inside of the toilet bowl, paying particular attention to under the rim and the normal waterline.
13. Thoroughly dry the flush handle using paper towels. Insufficient drying will give a dull and displeasing appearance to the stainless steel or chrome brightwork.
14. Clean the toilet brush and holder using the general purpose cleaning solution and a cloth. If the brush or holder is damaged, scuffed or otherwise difficult to clean, it should be safely disposed of and replaced with a new one. Inform your supervisor.
15. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
16. Remove gloves and wash hands.

## Task

### SLUICE

Equipment and materials required:

- colour-coded cloths;
- colour-coded bucket;
- colour-coded labelled spray bottle;
- colour-coded domestic gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- paper towels;
- non-abrasive pad;
- pair of tweezers;
- warning signs;
- general purpose detergent or general surface cleaner or bathroom cleaner;
- toilet bowl cleaner.

### Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Empty the sluice, if necessary, and clear the surrounding area.
4. Prepare the solution of general purpose detergent or general surface cleaner in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Prepare the solution of toilet cleaner in the labelled spray bottle, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
6. Use the tweezers to remove fibres from the drain and overflow. Remove from tweezers, place in a paper towel and dispose of in waste bag.
7. Spray the toilet cleaner into the inside of the sluice and leave in contact while performing the next tasks. Do not allow to dry.
8. Dampen or rinse the cloth in the cleaning solution and wring so that it is fairly dry.
9. Working from the outside to the inside, begin cleaning the splash back, grille, ledges, pipe work and underside or edges of the sluice. Greasy soiling and limescale deposits will require use of the non-abrasive pad.
10. Clean the taps and top surfaces of the sluice.
11. Rinse cloth regularly and change the cleaning solution when it becomes soiled.
12. Using a new cloth and non-abrasive pad, scrub the inside of the sluice, the drain and the overflow.
13. Using the tap and a new cloth, rinse the cleaned area and thoroughly dry it, using a well wrung cloth or paper towels. Insufficient drying will give a dull and unpleasing appearance to the stainless steel or chrome brightwork.
14. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
15. Remove gloves and wash hands.

## Task

### URINAL

Equipment and materials required:

- colour-coded cloth;
- colour-coded bucket;
- colour-coded labelled spray bottle;
- colour-coded domestic gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- paper towels;
- non-abrasive pad;
- pair of tweezers;
- warning signs;
- general purpose detergent or general surface cleaner or bathroom cleaner;
- toilet bowl cleaner.

### Method

1. Wash hands and put on gloves.
2. Display the warning signs.
3. Clear the surrounding area of any larger pieces of debris, such as sweet wrappers.
4. Prepare the solution of general purpose detergent or general surface cleaner in the bucket, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Prepare the solution of toilet cleaner in the labelled spray bottle, in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
6. Use the tweezers to remove hair, paper or chewing gum from the drain and flush outlet. Remove from tweezers, place in a paper towel and dispose of in a waste bag.
7. Spray the toilet cleaner into the inside of the urinal bowl and leave in contact while performing the next tasks. Do not allow to dry.
8. Dampen or rinse the cloth in the cleaning solution and wring so that it is fairly dry.
9. Working from the outside to the inside, begin cleaning wall tiles, ledges, pipe work, and underside and edges of the urinal bowl. Greasy soiling and light limescale deposits will require use of the non-abrasive pad.
10. Clean the flush outlet.
11. Rinse cloth regularly and change the cleaning solution when it becomes soiled.
12. Using a new cloth and non-abrasive pad, scrub the inside of the urinal bowl.
13. Using clean water and a new cloth rinse the cleaned area and thoroughly dry it, using a well wrung cloth or paper towels. Insufficient drying will give a dull and unpleasing appearance to the stainless steel or chrome flush outlets.
14. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
15. Remove gloves and wash hands.

### 7.1.7 Cleaning with Pressurised Steam

The use of steam cleaning machines, as part of the overall cleaning regime to be used in healthcare buildings, is increasing.

There is evidence for the effectiveness of this technology. “*An Integrated Approach to Hospital Cleaning: Microfibre Cloth and Steam Cleaning Technology*” (Department of Health, June 2007) references some studies and further information is now widely available.

Steam cleaning uses superheated dry steam delivered under pressure. It has a dual cleaning and disinfectant function: the high temperature of the steam is very efficient at killing micro-organisms, while the pressurised steam loosens dirt and greasy deposits, which are then pulled into the machine using vacuum suction.

It is suggested that correct use of the machines is at least as effective as conventional cleaning at removing soiling from surfaces, and will be better than conventional cleaning at cleaning crevices and other difficult to reach surfaces.

Correct training in the use of steam cleaners is particularly important. As soon as steam is released into the atmosphere for cleaning it will rapidly, in less than one second, condense into minute water droplets. Through evaporation, the water droplets will cool very quickly. Moist heat above 80°C will kill all hospital pathogens except bactericidal spores. If the steam nozzle is too far away from the surface being treated, or passes over it too quickly, this temperature will not be reached. The achievement of an effective level of performance, therefore, depends entirely on the skill and training of the user, in ensuring that the steam nozzle remains the optimum distance from the treated surface and that each part of the surface receives optimum length of exposure. Introduction of steam cleaning, therefore, must be accompanied by a rigorous programme of training, working closely with the manufacturer, (see section 7).

Commercially available steam cleaning machines vary considerably in quality and effectiveness. Careful consideration should be given to the relative merits of products on the market.

## Task

### CLEANING WITH PRESSURISED STEAM – ROUTINE CLEANING

Equipment and materials required:

- colour-coded, heat resistant gauntlet gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- eye goggles;
- colour-coded cloths;
- pressurised steam cleaner;
- steam cleaner accessories;
- warning signs.

### Method

1. Plan work route and when necessary, temporarily move items that may obstruct you to a new, safe location. Identify a suitable drain for disposal of the dirty water.
2. Wash hands and put on heat resistant gauntlet gloves and eye goggles.
3. Display warning signs.
4. Fill the steam cleaner with clean water, following the manufacturer's instructions and your training.
5. Attach the general purpose nozzle head.
6. Unwind the cable, plug into a mains socket and turn on the machine.
7. Wait for the water to reach the required temperature, following the manufacturer's instructions and your training. This will normally take between 4 and 8 minutes depending on the machine used.
8. When the machine is ready to use, begin cleaning. Starting with the highest areas and moving to the lowest, clean ledges and surfaces in a 1-2 metre section, taking care not to overstretch. Use the suction cleaning function following the manufacturer's instructions and your training.
9. Repeat the process, moving systematically around the room section by section.
10. When completed, turn off the machine, fit the crevice cleaning attachment, or the smallest directional nozzle and turn the machine back on. Clean the joint between the wall and the floor and other awkward areas, which have resisted the general steam cleaning, moving systematically around the room as before.
11. When completed, turn off the machine, fit the floor cleaning attachment and turn the machine back on. Clean the main surface of the floor, beginning at the point furthest from the door and progressing towards it.
12. With dry hands, remove the plug from the mains socket and rewind the electricity cable.
13. Empty the dirty water tank in identified drain.
14. Collect all accessories.
15. Clean the steam cleaner and accessories.
16. Store the cleaned equipment safely and tidily in the secure storage area, segregated according to colour-coding where appropriate.
17. Return any items moved to their original positions.
18. Remove gloves and wash hands.



## Task

### CLEANING WITH PRESSURISED STEAM – DEEP CLEAN OF EQUIPMENT

Note: This method statement is for the detailed cleaning of multiple pieces of moveable equipment, such as commodes, wheeled trolleys and drip stands, carried out in a suitable cleaning area. This will normally be done as part of planned periodic deep cleaning. To maximise efficiency, the operative carrying out the steam cleaning should remain in place while colleagues transport items to be cleaned to and from their normal locations. Care should be taken to segregate clean and dirty items.

The same basic method is suitable for cleaning of single items of equipment in their normal locations.

Equipment and materials required:

- colour-coded, heat resistant gauntlet gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- eye goggles;
- colour-coded cloths;
- pressurised steam cleaner;
- steam cleaner accessories;
- warning signs.

### Method

1. Identify a suitable work area, close to a drain for disposal of the dirty water. Designate and sign areas for items awaiting cleaning and cleaned items, and ensure that these are kept separate. The area for cleaned items should be well away from the area where cleaning is to be performed.
2. Wash hands and put on heat resistant gauntlet gloves and eye goggles.
3. Display warning signs.
4. Fill the steam cleaner with clean water, following the manufacturer's instructions and your training.
5. Attach the general purpose nozzle head.
6. Unwind the cable, plug into a mains socket and turn on the machine.
7. Wait for the water to reach the required temperature, following the manufacturer's instructions and your training. This will normally take between 4 and 8 minutes depending on the machine used.
8. When the machine is ready to use, begin cleaning. Clean the main surfaces, undersides and edges of the item of equipment.
9. When completed, turn off the machine, fit the crevice cleaning attachment, or the smallest directional nozzle, and turn the machine back on. Carefully clean any crevices or awkward joints, using the suction function. Repeated cleans may be necessary where there is heavy soiling. Repeat the process for the wheels and for any other areas which have resisted general steam cleaning.
10. Move the item of equipment to the identified area for cleaned items.
11. Move onto the next item of equipment, and repeat points 5 to 10.
12. When all items are completed, with dry hands remove the plug from the mains socket and rewind the electricity cable.
13. Empty the dirty water tank in identified drain.
14. Collect all accessories.
15. Clean the steam cleaner and accessories.
16. Store the cleaned equipment safely and tidily in the secure storage area, segregated according to colour-coding where appropriate.
17. Remove gloves and wash hands.

### 7.1.8 Specialised cleaning tasks

- a. Barrier-nursed rooms – using a chlorine-based disinfectant cleaning product
- b. Terminal cleans of vacated rooms – using a chlorine-based disinfectant cleaning product
- c. Spillages of bodily fluids
- d. Pharmacy and other clean rooms
- e. Curtain changing

#### Task

##### **BARRIER-NURSED ROOMS – USING A HYPOCHLORITE DISINFECTANT CLEANING PRODUCT**

Note: The use of combined hypochlorite disinfectant cleaning products, which provide a solution of 1.000 (one thousand) parts per million available chlorine combined with a detergent property, has largely replaced the previous use of general purpose detergent solution followed by an application of a disinfectant product. The method statement reflects this.

Barrier-nursed rooms will have a clear sign, prominently displayed, stating which items of protective disposable wear are required by all those entering the room. Cleaning staff should report daily to the nurse in charge to receive any new instructions

Equipment and materials required:

- colour-coded bucket;
- colour-coded disposable cloths;
- colour-coded domestic gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- single-use gloves;
- disposable apron;
- colour-coded mop handle;
- colour-coded mop bucket;
- colour-coded mop head;
- colour-coded high-duster;
- dust-control tool;
- dust-control head;
- cleaning trolley;
- warning signs;
- disinfectant cleaning product giving sodium hypochlorite solution of strength 1,000 parts per million available chlorine;
- product dilution container.

#### Method

1. Wash hands and put on gloves.
2. Prepare the cleaning solution. The ventilation of the area in which you are working must be thorough; if there is no window, the door should be left open. Make up the solution in the product diluting container, never directly in the bucket. Use cold water only. When prepared, decant carefully into the buckets.
3. Wash hands, put on single-use gloves and other protective wear required (see Health and Safety notes) and enter room.
4. Display the warning signs.
5. High-dust the room (refer to high-dusting method statement).
6. Dust-control the floor (refer to the dust-control method statement).

7. Using a disposable cloth dampened in the disinfectant cleaning solution, begin cleaning surfaces, changing cloths and solution as they become soiled. Work in the following order: curtain tracks and high ledges; furniture and fittings; patient equipment, such as drip stands; alcohol gel, soap and paper towel dispensers (refer to replenishment method statements); bed frame; wash hand basin, shower and toilet (refer to wash room cleaning and sanitary cleaning method statements).
8. Attach the mop head to the mop handle.
9. Submerge the mop into the cleaning solution and remove excess using the wringer so that the mop is fairly dry.
10. Mop the floor in 1-2 metre square sections.
11. Mop edges with straight strokes and use a figure-of-eight pattern on the remainder of the section, turning the mop frequently. The floor should be fairly dry on completion.
12. Move to the next section and repeat the process.
13. Replace the mop head and solution as required throughout the cleaning process.
14. On completion, remove the final mop head and place in the laundry bag, clean and dry all equipment and store safely and tidily in a secure storage area, away from other equipment; segregated according to colour-coding where appropriate.
15. Remove and dispose of single-use gloves, apron and other protective wear. Wash hands.

## Task

### TERMINAL CLEANS OF VACATED ROOMS – USING A HYPOCHLORITE DISINFECTANT CLEANING PRODUCT

Note: The use of dual purpose disinfectant cleaning products, which provide a solution of 1000 (one thousand) parts per million available chlorine combined with a detergent property, has largely replaced the previous use of general purpose detergent solution followed by an application of a disinfectant product.

This method statement reflects this. Ventilation in the room should be increased during and after cleaning.

Pressurised steam cleaning can also be used successfully for this task and local policy will determine practice. For use of steam cleaning machines, refer to the cleaning with steam method statement.

The use of hydrogen peroxide vapour fogging machines for disinfection of these rooms is increasing. This is dealt with separately in the New Technology Section of this Manual (Section 8).

Equipment and materials required:

- colour-coded bucket;
- colour-coded disposable cloths;
- colour-coded domestic gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- single-use gloves;
- disposable apron;
- colour-coded mop handle;
- colour-coded mop bucket;
- colour-coded mop head;
- colour-coded high-duster;
- dust-control tool;
- dust-control head;
- cleaning trolley;
- laundry bag;
- warning signs;
- disinfectant cleaning product giving sodium hypochlorite solution of strength 1000 parts per million available chlorine;
- product dilution container.

## Method

1. Wash hands and put on gloves.
2. Prepare the cleaning solution. The ventilation of the area in which you are working must be thorough; if there is no window, the door should be left open. Make up the solution in the product diluting container, never directly in the bucket. Use cold water only. When prepared, decant carefully into the buckets.
3. Wash hands, put on single-use gloves and other protective wear required (see Health and Safety notes) and enter room.
4. Display the warning signs.
5. Take down curtains (refer to curtain changing method statement), place in separate clearly marked infected linen laundry bag.
6. Strip bed and place linen in separate clearly marked infected linen laundry bag.
7. High-dust the room (refer to high-dusting method statement).
8. Dust-control the floor (refer to the dust-control method statement).

9. Using a disposable cloth dampened in the disinfectant cleaning solution, begin cleaning surfaces, changing cloths and solution as they become soiled. Work in the following order: curtain tracks and high ledges; furniture and fittings; patient equipment, such as drip stands; alcohol gel, soap and paper towel dispensers (refer to replenishment method statements); bed frame; wash hand basin, shower and toilet (refer to wash room cleaning and sanitary cleaning method statements).
10. Place all waste in the clinical waste bag. Remove and dispose of clinical waste bag, damp-dust waste bag holder using the disinfectant cleaning solution, and fit a new bag.
11. Damp-dust walls.
12. Attach the mop head to the mop handle.
13. Submerge the mop into the cleaning solution and remove excess using the wringer so that the mop is fairly dry.
14. Mop the floor in 1-2 metre square sections.
15. Mop edges with straight strokes and use a figure-of-eight pattern on the remainder of the section, turning the mop frequently. The floor should be fairly dry on completion.
16. Move to the next section and repeat the process.
17. Replace the mop head and solution as required throughout the cleaning process.
18. On completion, clean and dry all equipment and store safely and tidily in a secure storage area, away from other equipment, segregated according to colour-coding where appropriate.
19. Remove and dispose of single-use gloves, apron and other protective wear. Wash hands and put on clean colour-coded domestic gloves.
20. Hang clean curtains (refer to curtain changing method statement).

## Task

### SPILLAGES OF BODILY FLUIDS

Note: The term “bodily fluids” includes blood, urine, faeces, sputum, wound exudate and all other bodily secretions. All spillages should be cleared as soon as possible. The responsibility for performance of this task has been a contentious issue in some healthcare providers, and therefore it is particularly important that this responsibility is clearly defined for each area (refer to Section 3). The most usual practice is for nursing or departmental staff to perform this task within their respective wards or departments, and for cleaning staff to perform it in public circulation areas.

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- single-use gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- plastic apron;
- paper towels;
- chlorine-based absorbent granules;
- disinfectant product giving sodium hypochlorite solution of strength 10,000 parts per million available chlorine;
- clinical waste bags;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Clear spillages of urine or faeces with paper towels and place directly into the clinical waste bag. The bag should be next to the spillage in readiness for this. Tie the bag following waste disposal policy and dispose of at the central point as soon as possible.
4. Large spillages of blood should be absorbed using chlorine-based absorbent granules. Allow to remain in contact for 2 minutes then place debris in a clinical waste bag as at point 3.
5. Prepare the disinfectant solution in the bucket in strict accordance with the manufacturer’s instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
6. Dampen or rinse a cloth in the cleaning solution.
7. Disinfect thoroughly, changing the cloth as necessary. On completion, dispose of cloths, gloves and other protective wear used as clinical waste, as at point 3.
8. Allow the area to dry.
9. Damp-mop the affected area (refer to damp-mopping method statement).

## Task

### PHARMACY AND OTHER CLEAN ROOMS

The needs and requirements of each individual suite of spaces in each location will be individually determined by particle testing and by professional assessment. Healthcare providers will produce local, site specific cleaning regimes and the inclusion here of a general method statement would not be helpful.

This task is usually performed by suitably trained clean-room staff, or by specialist contractors working to ISO 14644-1. Where participation by the cleaning service is required, this will be specified in detail by the healthcare provider's pharmacy or other professionals.

## Task

### CURTAIN CHANGING

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- laundry bags;
- curtain hooks and container;
- stepladder;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- warning signs.

## Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Using the stepladder (refer to health and safety notes), take down the curtains. Remove the curtain hooks and place in the container. Place the curtains in the laundry bag.
6. Dampen or rinse a cloth in the cleaning solution.
7. Damp-dust the curtain rails and surrounding areas.
8. Wash the used curtain hooks and allow to dry.
9. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
10. Remove gloves and wash hands.
11. Fit the curtain hooks to a clean curtain at appropriate, evenly spaced intervals.
12. Carefully drape the curtain over your shoulder and climb the stepladder (refer to health and safety notes).
13. Hang the curtain, starting at one end.
14. Wash hands.

## 7.2 Method statements – tasks usually carried out by nursing or departmental staff

This section contains method statements for tasks usually performed by nursing or departmental staff, as opposed to cleaning staff. This division is for ease of reference, but it is for each healthcare provider to determine exactly who is responsible for each cleaning task as described in Section 3.

- a. Audiometer headphones
- b. Baby changing mat
- c. Bath hoist
- d. Carrier for disposable bedpans
- e. Bedpan storage rack
- f. Blood pressure testing equipment
- g. Wash bowl
- h. Breast pump – single patient use
- i. Baby scales
- j. Commode
- k. Drip stand
- l. Examination couch
- m. Plastic flower vase
- n. Infant incubator
- o. Mattress
- p. Pillow
- q. Toys and play equipment
- r. Trolleys
- s. Mechanical ventilators – routine damp-dusting of exterior
- t. Walking aids
- u. Wheelchairs
- v. Weighing scales
- w. Bedside entertainment system



## Task

### AUDIOMETER HEADPHONES

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- non-abrasive pad;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- alcohol disinfectant wipes;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Dampen or rinse a cloth in the cleaning solution.
6. Wipe the headphones clean, starting at the connection point and working towards the earpieces. For greasy or stubborn soiling, use the non-abrasive pad.
7. Allow to dry.
8. Wipe with alcohol disinfectant wipe.
9. Move on to next set of audiometer headphones and repeat points 5 to 8.
10. Change the cleaning solution and cloth when it becomes soiled.
11. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
12. Remove gloves and wash hands.

## Task

### BABY CHANGING MAT

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- non-abrasive pad;
- colour-coded domestic gloves;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- alcohol disinfectant wipes;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Identify a suitable location for cleaning.
3. Display warning signs.
4. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Place the bucket on a cleaning trolley.
6. Dampen or rinse a cloth in the cleaning solution.
7. Wipe the baby changing mats clean, starting at the point furthest from you and working methodically towards you. Turn the mat and clean the underside then wipe clean the edges. For greasy or stubborn soiling, use the non-abrasive pad.
8. Change the cleaning solution and cloth when it becomes soiled.
9. Allow the baby changing mat to dry.
10. Wipe with alcohol disinfectant wipe.
11. Move on to next mat and repeat points 6 to 10.
12. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
13. Remove gloves and wash hands.

## Task

### BATH HOIST

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- non-abrasive pad;
- colour-coded domestic gloves;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- alcohol disinfectant wipes;
- laundry bag;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Remove the detachable material component, if present, and place in laundry bag.
4. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Place the bucket on a cleaning trolley.
6. Dampen or rinse a cloth in the cleaning solution.
7. Wipe the hoist clean, starting at the highest point and working downwards. Pay particular attention to joints and connecting parts.
8. Change the cleaning solution and cloth when it becomes soiled.
9. Wipe with alcohol disinfectant wipe.
10. Fit a clean material component, if appropriate.
11. Move on to next hoist and repeat points 6 to 11.
12. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
13. Remove gloves and wash hands.

## Task

### CARRIER FOR DISPOSABLE BEDPANS

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- non-abrasive pad;
- colour-coded domestic gloves;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- alcohol disinfectant wipe;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Identify a suitable location for cleaning.
3. Display warning signs.
4. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Place the bucket on a cleaning trolley.
6. Dampen or rinse a cloth in the cleaning solution.
7. Wipe the bedpan carriers clean, starting at the point furthest from you and working methodically towards you. Turn the carrier and clean the underside then wipe clean the edges. For greasy or stubborn soiling, use the non-abrasive pad.
8. Change the cleaning solution and cloth when it becomes soiled.
9. Allow the bedpan carrier to dry.
10. Wipe with alcohol disinfectant wipe.
11. Move on to next bedpan carrier and repeat points 6 to 10.
12. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
13. Remove gloves and wash hands.

## Task

### BEDPAN STORAGE RACK

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- non-abrasive pad;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- alcohol disinfectant wipes;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Dampen or rinse a cloth in the cleaning solution.
6. Wipe the racks clean, starting at the highest point and working downwards. For greasy or stubborn soiling, use the non-abrasive pad.
7. Allow to dry.
8. Wipe with alcohol disinfectant wipe.
9. Move on to next rack and repeat points 5 to 8.
10. Change the cleaning solution and cloth when it becomes soiled.
11. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
12. Remove gloves and wash hands.

## Task

### BLOOD PRESSURE TESTING EQUIPMENT

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- non-abrasive pad;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Dampen or rinse a cloth in the cleaning solution.
6. Wipe the blood pressure testing equipment clean, starting at the connection point and working downwards. For greasy or stubborn soiling, use the non-abrasive pad.
7. Allow to dry.
8. Wipe with alcohol disinfectant wipe.
9. Move on to next blood pressure testing equipment and repeat points 5 to 8.
10. Change the cleaning solution and cloth when it becomes soiled.
11. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
12. Remove gloves and wash hands.

## Task

### WASH BOWL

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- non-abrasive pad;
- colour-coded domestic gloves;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Identify a suitable location for cleaning.
3. Display warning signs.
4. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and local training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Place the bucket on a cleaning trolley.
6. Dampen or rinse a cloth in the cleaning solution.
7. Wipe the wash bowl clean, starting at the point furthest from you and working methodically towards you. Turn the bowl and clean the underside, then wipe clean the rim. For greasy or stubborn soiling, use the non-abrasive pad.
8. Change the cleaning solution and cloth when it becomes soiled.
9. Allow the wash bowl to dry.
10. Move on to next wash bowl and repeat points 6 to 9.
11. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
12. Remove gloves and wash hands.

## Task

### BREAST PUMP – SINGLE PATIENT USE (FOR CLEANING OF SINGLE PATIENT USE ACCESSORIES BETWEEN USES)

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- non-abrasive pad;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- warning signs.

## Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Dampen or rinse a cloth in the cleaning solution.
6. Wipe the breast pump clean, starting at the connection point and working downwards. For greasy or stubborn soiling, use the non-abrasive pad.
7. Allow to dry.
8. Move on to next breast pump and repeat points 5 to 7.
9. Change the cleaning solution and cloth when it becomes soiled.
10. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
11. Remove gloves and wash hands.



## Task

### BABY SCALES

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- non-abrasive pad;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Dampen or rinse a cloth in the cleaning solution.
6. Wipe the baby scales clean, working from the outside in and finishing with the weighing pan. For greasy or stubborn soiling, use the non-abrasive pad.
7. Allow to dry.
8. Move on to next set of scales and repeat points 5 to 7.
9. Change the cleaning solution and cloth when it becomes soiled.
10. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
11. Remove gloves and wash hands.

## Task

### COMMODE

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- non-abrasive pad;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- sporicidal disinfectant wipes;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Identify a suitable area for cleaning and identify a suitable drain for disposal of the used cleaning solution.
3. Display warning signs.
4. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Place the bucket on a cleaning trolley.
6. Dampen or rinse a cloth in the cleaning solution.
7. Wipe the commode clean, working from the outside in, starting at the highest point and finishing with the pan. For greasy or stubborn soiling, use the non-abrasive pad. Pay particular attention to arm rests and the underside of the rim. Take care to clean ridges and awkward surfaces. If these resist cleaning inform your supervisor, who will consider alternative cleaning techniques such as steam cleaning.
8. Change the cleaning solution and cloth when it becomes soiled, disposing of the solution in the identified drain.
9. Allow to dry.
10. Wipe thoroughly with a sporicidal disinfectant wipe, working in the same order as in point 7.
11. Move on to next commode and repeat points 6 to 10.
12. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
13. Remove gloves and wash hands.

## Task

### DRIP STAND

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- non-abrasive pad;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Dampen or rinse a cloth in the cleaning solution.
6. Wipe the drip stand clean, working from the top to the bottom and paying attention to the underside and the wheels. For greasy or stubborn soiling, use the non-abrasive pad.
7. Allow to dry.
8. Move on to next drip stand and repeat points 5 to 7.
9. Change the cleaning solution and cloth when it becomes soiled.
10. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
11. Remove gloves and wash hands.

## Task

### EXAMINATION COUCH

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- non-abrasive pad;
- cleaning trolley;
- alcohol disinfectant wipes;
- laundry bag;
- general purpose detergent or general surface cleaner;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Remove used couch roll if present.
4. Remove any linen present and place in laundry bag.
5. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
6. Place the bucket on a cleaning trolley.
7. Dampen or rinse a cloth in the cleaning solution.
8. Wipe the examination couch clean, working from the top to the bottom, paying attention to joints and undersides. For greasy or stubborn soiling, use the non-abrasive pad.
9. Change the cleaning solution and cloth when it becomes soiled.
10. Allow to dry.
11. Wipe with alcohol disinfectant wipes, starting at the top and working downwards.
12. Move on to next examination couch and repeat points 6 to 10.
13. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
14. Remove gloves and wash hands.

## Task

### PLASTIC FLOWER VASE

Note: glass and ceramic vases may be cleaned in the same way as crockery (refer to washing up method statement).

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- non-abrasive pad;
- colour-coded domestic gloves;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- warning signs.

## Method

1. Wash hands and put on gloves.
2. Identify a suitable location for cleaning.
3. Display warning signs.
4. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
5. Place the bucket on a cleaning trolley.
6. Dampen or rinse a cloth in the cleaning solution.
7. Wipe the flower vase clean, outside first, then inside. Turn the bowl and clean the underside then wipe clean the rim. For stubborn soiling, especially around the waterline, use the non-abrasive pad.
8. Change the cleaning solution and cloth when it becomes soiled.
9. Allow the vase to dry.
10. Move on to next vase and repeat points 6 to 9.
11. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
12. Remove gloves and wash hands.

## Task

### INFANT INCUBATOR

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- non-abrasive pad;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- alcohol disinfectant wipes;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Dampen or rinse a cloth in the cleaning solution.
6. Wipe the infant incubator clean, working from the outside towards the inside and finishing with the base of the internal compartment. For greasy or stubborn soiling, use the non-abrasive pad.
7. Change the cleaning solution and cloth when it becomes soiled.
8. Allow the incubator to dry.
9. Wipe all surfaces with an alcohol disinfectant wipe.
10. Move on to next incubator and repeat points 5 to 9.
11. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
12. Remove gloves and wash hands.

## Task

### MATTRESS

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- non-abrasive pad;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- alcohol disinfectant wipes;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Dampen or rinse a cloth in the cleaning solution.
6. Wipe the impermeable mattress cover clean, turn the mattress and clean the underside and complete by cleaning all edges. For greasy or stubborn soiling, use the non-abrasive pad.
7. Change the cleaning solution and cloth when it becomes soiled.
8. Allow the mattress to dry.
9. Wipe all surfaces with an alcohol disinfectant wipe.
10. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
11. Remove gloves and wash hands.

## Task

### PILLOW

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- non-abrasive pad;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- alcohol disinfectant wipes;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Dampen or rinse a cloth in the cleaning solution.
6. Wipe the impermeable pillow cover clean on both sides. For greasy or stubborn soiling, use the non-abrasive pad.
7. Change the cleaning solution and cloth when it becomes soiled.
8. Allow the pillow to dry.
9. Wipe all surfaces with an alcohol disinfectant wipe.
10. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
11. Remove gloves and wash hands.



## Task

### TOYS AND PLAY EQUIPMENT

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- non-abrasive pad;
- cleaning trolley;
- paper towels;
- general purpose detergent or general surface cleaner;
- alcohol disinfectant wipes;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Dampen or rinse a cloth in the cleaning solution.
6. Wipe the toys or play equipment clean. For play equipment such as early learning activity stations, start at the highest point and work downwards, paying particular attention to undersides and edges. Remove movable parts and clean separately. For greasy or stubborn soiling, use the non-abrasive pad. Soft toys may be damp-dusted as above and dried with a clean paper towel, but if contamination is suspected, should be disposed of as clinical waste. (Very expensive or treasured soft toys may withstand steam cleaning. Refer to cleaning with steam method statement).
7. Change the cleaning solution and cloth when it becomes soiled.
8. Allow to dry.
9. Wipe with alcohol disinfectant wipe.
10. Move on to next toy and repeat points 5 to 9.
11. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
12. Remove gloves and wash hands.

## Task

### TROLLEYS

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- non-abrasive pad;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Dampen or rinse a cloth in the cleaning solution.
6. Wipe the trolley clean, working from the top to the bottom and paying attention to the undersides, edges and the wheels. For greasy or stubborn soiling, use the non-abrasive pad.
7. Allow to dry.
8. Move on to next trolley and repeat points 5 to 7.
9. Change the cleaning solution and cloth when it becomes soiled.
10. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
11. Remove gloves and wash hands.

## Task

### MECHANICAL VENTILATOR – ROUTINE DAMP-DUSTING OF EXTERIOR

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- non-abrasive pad;
- cleaning trolley;
- alcohol disinfectant wipe;
- general purpose detergent or general surface cleaner;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Dampen or rinse a cloth in the cleaning solution.
6. Wipe the surfaces of the ventilator clean, working from the top to the bottom and paying attention to the undersides and joints. For greasy or stubborn soiling, use the non-abrasive pad.
7. Change the cleaning solution and cloth when it becomes soiled.
8. Allow to dry.
9. Wipe with an alcohol disinfectant wipe.
10. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
11. Remove gloves and wash hands.

## Task

### WALKING AIDS

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- non-abrasive pad;
- cleaning trolley;
- alcohol disinfectant wipe;
- general purpose detergent or general surface cleaner;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Dampen or rinse a cloth in the cleaning solution.
6. Wipe the surfaces of the walking aid clean, working from the top to the bottom and paying particular attention to the handles, undersides, joints and feet. For greasy or stubborn soiling, use the non-abrasive pad.
7. Change the cleaning solution and cloth when it becomes soiled.
8. Allow to dry.
9. Wipe with an alcohol disinfectant wipe.
10. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
11. Remove gloves and wash hands.

## Task

### WHEELCHAIRS

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- non-abrasive pad;
- cleaning trolley;
- alcohol disinfectant wipe;
- general purpose detergent or general surface cleaner;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Dampen or rinse a cloth in the cleaning solution.
6. Wipe the surfaces of the wheelchair clean. Begin with the handles, seatback and arms, then the frame and seat, finishing with the spokes, rim and tyres. Pay particular attention to undersides and edges. For greasy or stubborn soiling, use the non-abrasive pad. If there is heavy soiling in difficult to reach areas which resist cleaning, inform your supervisor who will consider whether steam cleaning is necessary (refer to cleaning with steam method statement).
7. Change the cleaning solution and cloth when it becomes soiled.
8. Allow to dry.
9. Wipe all surfaces with an alcohol disinfectant wipe.
10. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
11. Remove gloves and wash hands.

## Task

### WEIGHING SCALES

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- non-abrasive pad;
- cleaning trolley;
- general purpose detergent or general surface cleaner;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Dampen or rinse a cloth in the cleaning solution.
6. Wipe the weighing scales clean, working from the outside in and finishing with the weighing pan. For greasy or stubborn soiling, use the non-abrasive pad.
7. Allow to dry.
8. Move on to next set of scales and repeat points 5 to 7.
9. Change the cleaning solution and cloth when it becomes soiled.
10. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
11. Remove gloves and wash hands.

## Task

### BEDSIDE ENTERTAINMENT SYSTEM

Equipment and materials required:

- colour-coded bucket;
- colour-coded cloth;
- colour-coded domestic gloves;
- non-abrasive pad;
- cleaning trolley;
- alcohol disinfectant wipe;
- general purpose detergent or general surface cleaner;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with your training. Do not mix chemicals and only use a cleaning product provided by your employer.
4. Place the bucket on a cleaning trolley.
5. Disconnect the bedside entertainment system.
6. Dampen or rinse a cloth in the cleaning solution and wring so that it is fairly dry.
7. Wipe the surfaces of the bedside entertainment system clean, beginning at the connection points and working systematically along connecting cables. Clean the television set, the handset and finally the telephone set. Take care not to make any electrical connections wet.
8. Change the cleaning solution and cloth when it becomes soiled.
9. Allow all surfaces to dry.
10. Wipe all surfaces with an alcohol disinfectant wipe, paying particular attention to the telephone and to those areas which are touched in the course of normal operation.
11. Turn on the bedside entertainment system and check that it is working correctly. If the system does not operate normally, inform your supervisor.
12. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to colour-coding where appropriate.
13. Remove gloves and wash hands.

## 7.3 Ambulance Procedures

Method Statements – tasks usually carried out by ambulance staff

### 7.3.1 Introduction

This section contains method statements for tasks usually performed by ambulance staff, or which are specific to ambulance trusts.

It is of critical importance that there is effective partnership working at the interface between ambulance trusts and the Accident and Emergency Department and other departments of the hospitals which they serve. This collaboration should focus on ensuring that responsibilities for the performance of all cleaning tasks are clearly defined and that facilities to enable cleaning are provided. It is recommended that ambulance service managers will meet regularly with appropriate officers of other healthcare providers on a regular basis, and that cleaning will form a part of recorded discussions at these meetings.

It will be the responsibility of individual healthcare providers, working in partnership, to determine the detail of arrangements, but it is expected that care will be taken to ensure that cleaning of ambulances can be undertaken while ambulances are physically located at hospitals, either by:

1. the hospital's cleaning staff carrying out cleaning on request, using, for example, either a rapid response team or dedicated A&E cleaning staff; or,
2. ambulance staff, using colour-coded equipment provided by the hospital, stored appropriately and accessible to ambulance staff; or,
3. ambulance staff, using colour-coded equipment provided by the ambulance trust, but stored appropriately within the hospital and accessible to ambulance staff.

Ambulance stations and other premises should be cleaned in the same manner as any other healthcare premises and the general guidance and method statements given at 7.2 are applicable to such buildings.

### 7.3.2 Method Statements

- a. Spillages of bodily fluids – low risk
- b. Spillages of bodily fluids – high risk
- c. Routine vehicle interior cleaning – after each patient journey
- d. Routine vehicle interior cleaning – daily clean
- e. Routine vehicle interior cleaning – weekly clean
- f. Cleaning and disinfection of equipment
- g. Cleaning of aircraft – general
- h. Cleaning of aircraft – high risk spillages of bodily fluids

#### **Spillages of bodily fluids – introductory notes**

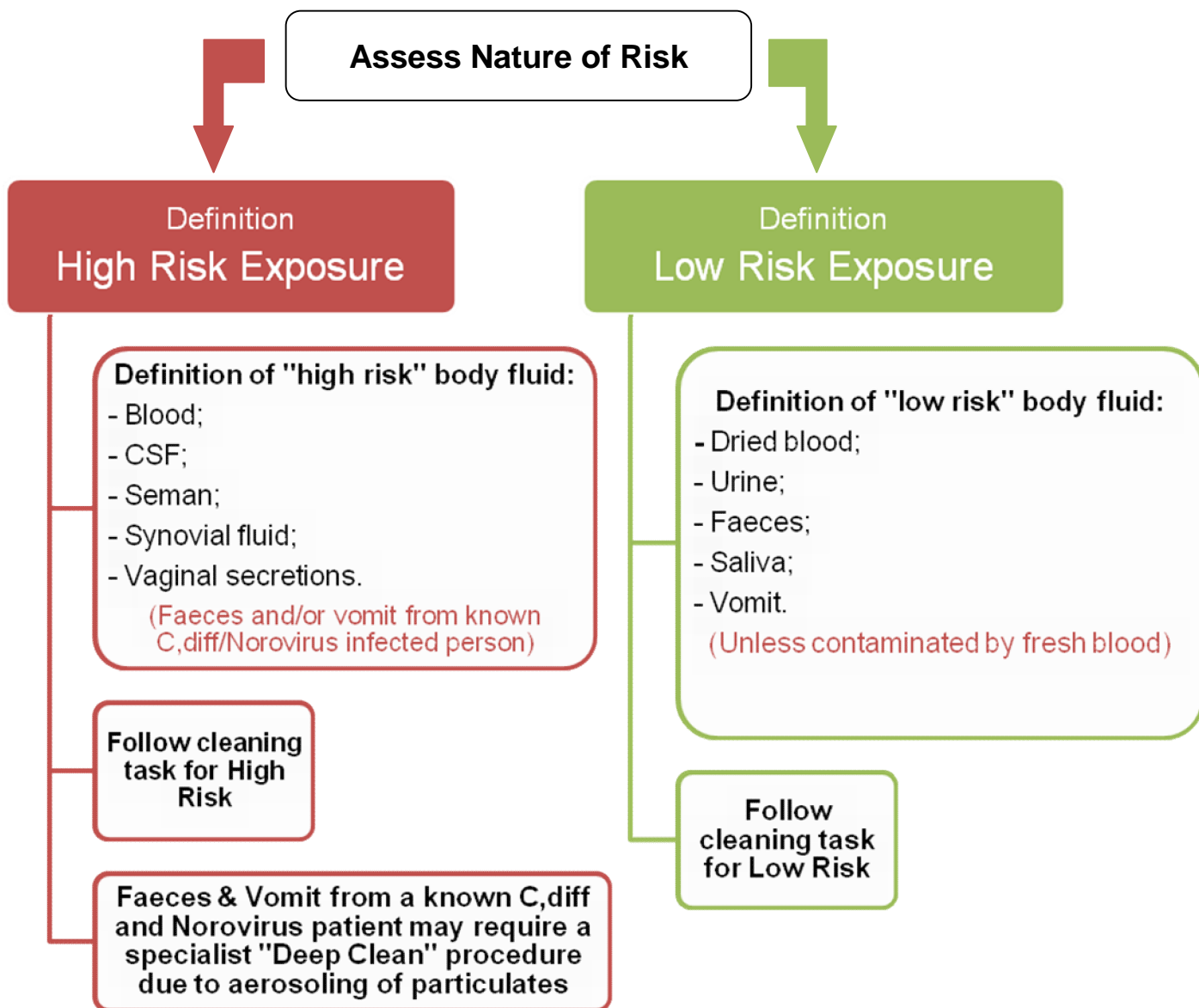
It is important that vehicles are not put out of use unnecessarily by having an inappropriately complicated response to relatively low risk and common spillage incidents, such as exposure to small amounts of urine, faeces, saliva or vomit, unless these are contaminated by blood or the patient is diagnosed with a high risk infection. For this reason, a clear distinction is to be made between low risk and high risk spillages.

Figure 1. below, reflects the general management of exposure to contaminants:



# Blood and Body Fluid Risk Flow Chart

Author: B Pullen Infection Control Manager South East Coast Ambulance Service



## Task

### SPILLAGES OF BODILY FLUIDS – LOW RISK

Equipment and materials required:

- bucket;
- disposable cloths;
- single-use gloves;
- plastic apron;
- paper towels;
- general purpose detergent;
- clinical waste bags;
- disinfectant wipes;
- warning signs (if appropriate).

### Method

1. Wash hands and put on gloves.
2. Prepare clinical waste bag and ensure it is close to the spillage area.
3. Clear spillages with paper towels and place directly into the clinical waste bag. Tie and tag the bag following waste disposal policy and dispose of at an appropriate central point as soon as possible.
4. Prepare the detergent solution in the bucket in strict accordance with the manufacturer's instructions and local training. Do not mix chemicals and only use a cleaning product provided by your employer or hospital trust.
5. Dampen or rinse a cloth in the cleaning solution.
6. Clean thoroughly, changing the cloth as necessary. Clean the bucket in fresh detergent solution and allow to dry. Allow the cleaned area to dry, using paper towels if necessary.
7. On completion, dispose of cloths, gloves and other protective wear used as clinical waste, as at point 2.
8. Wash hands.

## Task

### SPILLAGES OF BODILY FLUIDS – HIGH RISK

Note: It is strongly recommended as best practice that all ambulance vehicles should carry a supply of pre-packed kits for use in the performance of this cleaning task. These kits may be known variously as “Body Fluid Disposal Kits”, “Bio-Hazard Kits”, or simply “Spillage Kits”, but all should contain:

- single-use gloves;
- plastic apron;
- disinfectant product giving sodium hypochlorite solution of strength 10,000 parts per million available chlorine, pre-prepared in pump form;
- disinfectant wipe sachets;
- chlorine absorbent granules in sachets;
- clinical waste bags;
- plastic scraper.

Equipment and materials required:

- bucket;
- disposable cloths;
- single-use gloves (in spillage kit);
- plastic apron (in spillage kit);
- paper towels;
- chlorine absorbent granules (in spillage kit);
- disinfectant product giving sodium hypochlorite solution of strength 10,000 parts per million available chlorine (in spillage kit);
- disinfectant wipe sachets (in spillage kit);
- plastic scraper (in spillage kit);
- general purpose detergent;
- clinical waste bags (in spillage kit);
- warning signs (if appropriate).

## Method

1. Wash hands and put on gloves.
2. Prepare the clinical waste bag and ensure it is close to the spillage area.
3. Clear spillages with paper towels and place directly into the clinical waste bag. Tie and tag the bag following waste disposal policy and dispose of at the central point as soon as possible.
4. Large spillages of blood should be absorbed using chlorine-based absorbent granules. Allow to remain in contact for 2 minutes and then place debris in the clinical waste bag, using the plastic scraper and paper towels if necessary.
5. Prepare the disinfectant spray pump for use.
6. Spray the affected area with the disinfectant solution and leave in contact for 3 minutes.
7. Disinfect thoroughly, changing the cloth as necessary and repeating steps 4 and 5 if necessary.
8. Wash the area thoroughly with warm water.
9. Allow the area to dry, using paper towels if necessary. On completion, dispose of cloths, gloves and other protective wear used, in the clinical waste bag.
10. Wash hands.

## Task

### ROUTINE VEHICLE INTERIOR CLEANING – AFTER EACH PATIENT JOURNEY

Note: It is recommended as best practice that a short clean of key contact areas should be carried out between each patient journey. This should not take more than a few minutes and wherever possible should not delay other activity.

Equipment and materials required:

- detergent wipes;
- disinfectant wipes;
- domestic gloves;
- paper towel;
- non-abrasive pad;
- warning signs (if appropriate).

## Method

1. Wash hands and put on gloves.
2. Display warning signs if appropriate.
3. Prepare the detergent wipe for use.
4. Use the detergent wipe to clean clinical surfaces, stretcher handles, trolley sides and internal door handles, starting from high areas and working downwards. For any greasy or stubborn marks, use the non-abrasive pad.
5. On completion, dispose of the wipes, gloves and non abrasive pad as clinical waste, ensuring that the bag is tied and tagged in accordance with local policy.
6. Wash hands.

## Task

### ROUTINE VEHICLE INTERIOR CLEANING – DAILY CLEAN

Equipment and materials required:

- mop bucket and wringer set;
- mop handle;
- mop head;
- disposable cloths;
- paper towels;
- bucket;
- domestic gloves;
- laundry bag;
- non-abrasive pad;
- general purpose detergent or general surface cleaner;
- warning signs.

### Method

1. Wash hands and put on gloves.
2. Display warning signs, if appropriate.
3. Tidy vehicle interior, ensuring that all disposable equipment and any debris is placed in a clinical waste bag.
4. Collect clinical waste bags, tie securely and tag, remove from the vehicle, either to the central collection point, or to a clinical waste bin in the receiving hospital, if cleaning is being undertaken away from an ambulance station.
5. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and local training. Do not mix chemicals and only use a cleaning product provided by your employer or NHS Trust.
6. Dampen or rinse a cloth in the cleaning solution.
7. Wipe all surfaces clean, starting at high areas and moving downwards, working systematically around the vehicle interior. For greasy or stubborn soiling, use the non-abrasive pad.
8. Change the cleaning solution and cloth when it becomes soiled.
9. Allow to dry.
10. Collect mop and bucket set and mop interior (refer to 7.1.1 method statement damp-mopping – single bucket, single solution).
11. On completion, dispose of the cloth, clean and dry all cleaning equipment and store safely and tidily in a secure storage area. Place mop head in laundry bag and remove to laundry in accordance with local policy.
12. Remove gloves and wash hands.

## Task

### ROUTINE VEHICLE INTERIOR CLEANING – WEEKLY CLEAN

Note: Vehicles should be subjected to a comprehensive clean on a weekly basis. Operational demands will make it very difficult for this to be done consistently unless time is allocated to this task, and therefore the weekly clean should be clearly rostered as part of a written vehicle cleaning schedule agreed with staff. It is recommended that this level of clean is undertaken prior to vehicle servicing.

Vehicle exteriors must be maintained in a consistently clean and hygienic fashion, paying particular attention to any areas in regular contact with hands, such as door handles, and to legislative requirements, such as windscreen, lights, reflectors and number plates. Vehicle wash facilities on stations should be utilised as necessary, but as a minimum, it is recommended that a thorough clean of the vehicle exterior should coincide with this planned weekly clean of the vehicle interior.

Equipment and materials required:

- mop bucket and wringer set;
- mop handle;
- mop head;
- disposable cloths;
- bucket;
- domestic gloves;
- laundry bag;
- paper towels;
- non-abrasive pad;
- general purpose detergent or general surface cleaner;
- warning signs.

## Method

1. Wash hands and put on gloves.
2. Display warning signs.
3. Tidy vehicle interior, ensuring that all disposable equipment and any debris is placed in a clinical waste bag.
4. Remove detachable items.
5. Collect clinical waste bags, tie securely and tag, and remove from vehicle, either to the central collection point, or to a clinical waste bin in the receiving hospital, if cleaning is being undertaken away from an ambulance station.
6. Prepare the cleaning solution in the bucket in strict accordance with the manufacturer's instructions and with local training. Do not mix chemicals and only use a cleaning product provided by your employer or NHS Trust.
7. Dampen or rinse a cloth in the cleaning solution.
8. Wipe all surfaces clean, starting at the ceiling and moving downwards, working systematically around the vehicle interior. Pay special attention to the joints of detachable items, and to crevices, corners and other hard to access spaces. For greasy or stubborn soiling, use the non-abrasive pad.
9. Change the cleaning solution and cloth when it becomes soiled.
10. Allow to dry.
11. Collect mop and bucket set and mop interior (refer to 7.1.1 method statement damp-mopping – single bucket, single solution).
12. On completion, dispose of the cloth, clean and dry all equipment and store safely and tidily in a secure storage area. Place mop head in laundry bag and remove to laundry in accordance with local policy.

### 13. Remove gloves and wash hands.

#### Task

#### CLEANING AND DISINFECTION OF EQUIPMENT

Note: It is recommended as best practice for ambulance trusts that where possible; equipment used for patient care should be for single patient use. This method statement identifies items which may require cleaning, disinfection and reuse, gives best practice guidance on this, and provides a generic method.

| Equipment                                | Recommended Care   |
|--|--|
| Airways                                  | Single-use – disposable.   |
| Bedpans / urinals                        | Liners single patient use only.<br>Outer - refer to method statement.  |
| Blood glucose monitor                    | Clean between each use - refer to method statement.  |
| Body bags (disposable)                   | Single patient use only.   |
| Buckets                                  | Refer to method statement.   |
| Cervical collars (reusable)              | Refer to method statement.   |
| If contaminated with blood / body fluids | Dispose of as clinical waste.  |
| Defibrillator & ECG monitor              | Refer to method statement.   |
| If contaminated with blood / body fluids | Refer to spillages method statement.   |
| Endo-tracheal tubes / catheter mounts    | Single-use – disposable.   |
| Facemasks<br>Resuscitator, bag and mask. | Single-use – disposable.   |
| Entonox mouth piece                      | Single-use – disposable.   |
| Oxygen masks and tubing                  | Single patient use only.   |
| Forceps, magills, spencer wells, stylets | Single-use – disposable into rigid yellow container.   |
| Hand held radio                          | Refer to method statement.   |
| Intravenous cannulae                     | Single-use – disposed of as sharps.  |
| Lancet devices                           | Single-use – disposed of as sharps.  |
| Laryngoscopes                            | Single-use - blades and handles are disposed of into rigid yellow container, retain the batteries.   |
| Linen                                    | Use disposable where possible. Reusable – place in appropriate colour coded bag for laundry or disposal.   |
| Mops                                     | After use, the non disposable mop should be bagged in accordance with local policy and sent for laundering. After use, all equipment should be checked, cleaned, dried and returned to the storage area. |
| Nebulisers & tubing                      | Single-use – disposable.   |
| Pillows                                  | The pillow should be encased in an intact waterproof cover. Refer to method statement. If integrity of cover is breached – dispose of pillow   |

|  |   |
|--|---|
|  | as clinical waste and replace.  |
| Safety helmet                                | Check visor, strap and casing intact. Refer to method statement.  |
| Shears                                       | Clean between patients. Refer to method statement.  |
| Splints<br>Reusable - after each patient use | Single-use – disposable.<br>Ensure material is intact and equipment is functional. Refer to method statement.   |
| Sphygmomanometer cuffs                       | If generally soiled, launder.<br>Contamination with bodily fluids necessitates disposal and replacement.  |
| Stethoscopes - after each patient use        | Refer to method statement.  |
| Stretcher mattresses and frame               | Check that mattress cover is intact. Refer to method statement for cleaning.<br>Cover with draw sheet / disposable sheet and change between each patient.<br>Damaged mattress covers must be removed from the vehicle and replaced. If the mattress has a zip open up, check inside for stains or other evidence of damage. |
| Suction equipment                            | Single patient use only. Suction jar liner also single patient use – dispose of in rigid yellow container if there is a danger of leakage.  |
| Catheters (disposable)                       | Single patient use only.  |
| Tympanic thermometers                        | Single-use ear pieces – refer to method statement for the body of the machine.  |
| Umbilical scissors / clamps                  | Single-use – disposable.  |
| Vomit bowls (disposable)                     | Single patient use only.  |

#### Equipment and materials required:

- detergent wipes;
- disinfectant wipes;
- paper towels;
- domestic gloves;
- non-abrasive pad;
- warning signs (if appropriate).

#### Method

1. Wash hands and put on gloves.
2. Display warning signs if appropriate.
3. Prepare the detergent wipe for use.
4. Use the detergent wipe to clean the item of equipment. Work from top to bottom, or from the furthest edge to the nearest. For any greasy or stubborn marks, use the non-abrasive pad.
5. Prepare the disinfectant wipe for use.
6. Use the disinfectant wipe to disinfect the item of equipment, taking care to cover the entire surface area.
7. On completion, dispose of the wipes as clinical waste.
8. Remove gloves and wash hands.





## Task

### CLEANING OF AIRCRAFT - GENERAL

In general, the cleaning of aircraft should follow the method statements in this section. Risk assessments will identify any particular specific issues relating to safety on unusual floor shapes and any access issues.

All cleaning materials used, must, however, be approved by the Aviation Authority. As general guidance, it is likely that no product containing chlorine will be authorised for use. Therefore, spillage kits for use on aircraft must replace chlorine absorbent granules with non-chlorine absorbent powder or granules, and the chlorine disinfectant spray should be replaced with alcohol wipes. An aircraft specific method statement reflecting the different method this requires is included below.

For all other purposes requiring disinfection, alcohol wipes should replace chlorine-based disinfectant wipes in the method statements above.

## Task

### CLEANING OF AIRCRAFT - HIGH RISK SPILLAGES OF BODILY FLUIDS

Note: It is strongly recommended as best practice that all ambulance aircraft should carry a supply of pre-packed kits for use in the performance of this cleaning task. These kits should be specifically designed for use on aircraft and clearly labelled to avoid confusion with chlorine containing kits for use in ground vehicles. They should contain:

- single-use gloves;
- plastic apron;
- large alcohol wipe sachets;
- small alcohol wipe sachets;
- non-chlorinated absorbent powder in sachets;
- clinical waste bags;
- plastic scraper.

Equipment and materials required:

- bucket;
- disposable cloths;
- single-use gloves (in spillage kit);
- plastic apron (in spillage kit);
- paper towels;
- non-chlorinated absorbent powder in sachets (in spillage kit);
- large and small alcohol wipes (in spillage kit);
- plastic scraper (in spillage kit);
- general purpose detergent;
- clinical waste bags (in spillage kit);
- warning signs (if appropriate).

## Method

1. Wash hands and put on gloves.
2. Clear spillages with paper towels and place directly into the clinical waste bag. The bag should be next to the spillage in readiness for this. Tie the bag following waste disposal policy and dispose of at the central point as soon as possible.
3. Large spillages of blood should be absorbed using non-chlorinated absorbent powder or granules. Allow to remain in contact for 2 minutes, place debris in a clinical waste bag using the plastic scraper and paper towels if necessary.
4. Prepare the large alcohol wipes for use.
5. Wipe the affected area thoroughly.
6. Disinfect thoroughly, changing the alcohol wipes as necessary, and repeating steps 4 and 5 if necessary.
7. Wash the area thoroughly with warm water and detergent solution.
8. Allow the area to dry, using paper towels if necessary. On completion, dispose of cloths, gloves and other protective wear used as clinical waste, as at point 2.
9. Wash hands.

## 7.4 Deep cleaning initiatives

### 7.4.1 Deep Clean Initiative 2008

The Deep Clean initiative of 2008 was well received. There is a clear expectation that a commitment to deep cleaning will continue, and that this will include healthcare provider led deep clean events.

The 2008 initiative is well reported in *From Deep Clean to Keep Clean: Learning from the Deep Clean Programme* (Department of Health, October 2008). This should be the primary resource for healthcare providers planning further deep clean events.

This section of The Revised Healthcare Cleaning Manual aims to give further guidance to healthcare providers planning such events, and to clarify the relationship between deep clean events and normal planned cleaning.

### 7.4.2 Deep cleaning, not new cleaning

*From Deep Clean to Keep Clean* makes clear that a deep clean initiative is not a substitute for regular planned routine cleaning. Every single task in each individual area must be assigned to a staff group, have its frequency of performance specified and have a written method statement.

Deep clean initiatives can be highly useful for all healthcare providers. They can serve to raise the profile of cleanliness for all stakeholders and help to prioritise the funding of cleaning. Managed appropriately, they can play a large part in reassuring the public at large of the healthcare provider's ongoing and serious commitment to cleanliness.

Most importantly, if appropriately funded, they can make a significant improvement to the cleanliness of any healthcare environment, by allowing both the additional performance of tasks above the minimum recommended frequencies, and additional "detail cleans" in support of routine cleaning.

### 7.4.3 Elements of a deep clean initiative

The starting point for planning any deep clean should be the Chief Nursing Officer's letter to the NHS, *Improving Cleanliness and Infection Control (PL CNO (2007)6)*. Annex A identifies a selection of work areas that healthcare providers may wish to pay attention to.

In support of this, the following elements should be considered by healthcare providers planning a deep clean event:

#### **a. Additional performance of periodic cleans**

Periodic performance of tasks such as window cleaning, floor stripping and resealing, scrubbing of unpolished flooring and carpet shampooing should already be planned and scheduled in accordance with the minimum frequencies contained in *The National Specifications for Cleanliness*. Additional performance of such tasks above the normal level will, of course, improve the cleanliness of the healthcare building.

It is recommended that results from the routine measurement of cleanliness are used to identify the areas which would most benefit from an additional performance of periodic cleans.

Periodic work schedules should be revised to ensure that a planned clean does not follow immediately after an additional clean. However, planned cleans should not be delayed to coincide with a deep clean event.

## **b. Additional detail cleans of areas and equipment**

Any unsatisfactory levels of cleanliness found during measurement of the cleaning service should be rectified without delay as part of the routine cleaning service. This should not be delayed to coincide with a deep clean event.

However, additional detail cleaning will improve the standard of cleanliness in an area that is already at an “acceptable” level.

Additional detail cleaning should cover difficult to access floor areas such as corners, edges and door rebates; joints, wheels and grooves on equipment and any other awkward items. Joint working with the estates service to dismantle and refit some items, such as radiators, patient fans, bed frames and other equipment, should be planned where necessary.

The use of pressurised steam is recommended as best practice for detail cleans (refer to cleaning with pressurised steam method statement).

## **c. New technology**

The trial of or use of new technologies should be considered as part of a deep clean initiative. This subject is covered in detail in Section 8.

## **d. Tidying and disposal**

Referred to in *Improving Cleanliness and Infection Control* (PL CNO (2007) as “de-cluttering”, all deep clean initiatives should commence with planned exercises to tidy wards and departments, ensure that storage areas are effectively used, and to condemn and dispose of redundant equipment. These initiatives should be overseen by a team and require the co-operation of ward and departmental staff with estates, portering and finance functions.

## **e. Replacement of equipment**

Damaged and worn items may become difficult or impossible to clean effectively. Replacement of damaged items should not be delayed. A deep clean should include a planned check of equipment such as commodes, waste bag holders, drip stands and mattresses and the replacement of damaged or worn items.

## 8. New Technologies

### 8.1 Introduction

This section of the Manual is designed to give practical guidance on the use of cleaning technologies which may be new or unfamiliar in a healthcare setting. The section begins with some general points to consider when deciding whether to use a technology. Each of the new technologies covered is then discussed in turn, using the following format:

- a description of the technology;
- an explanation of how the technology works with consideration given to available evidence;
- an overview of the benefits and limitations of the technology;
- summary and key recommendations.

For the purposes of this Manual, microfibre cloths and steam cleaning are excluded from the main body of this section, and are covered in detail elsewhere in the Manual, at 7.1.3 and 7.1.7 respectively. The technologies which are covered in this section are:

- Hydrogen peroxide vapour (HPV) fumigation;
- dual function hypochlorite cleaner/disinfectants;
- dual function chlorine dioxide based cleaner/disinfectants;
- Adenosine Triphosphate (ATP) cleaning monitors;
- automated bed washers.

### 8.2 General points for consideration

#### 8.2.1 Training

Any cleaning technology will only work effectively if it is used in the correct way by a staff member who is trained and competent. Skilled cleaning using traditional methods will be far more effective than unskilled or incorrect use of any new technology.

The example of the use of pressurised steam cleaners (see 7.1.7) illustrates the point. As soon as steam is released into the atmosphere for cleaning it will rapidly, in less than one second, condense into minute water droplets. Through evaporation, the water droplets will cool very quickly. Moist heat above 80°C will kill all hospital pathogens except bactericidal spores. If the steam nozzle is too far away from the surface being treated, or passes over it too quickly, this temperature will not be reached. The achievement of an effective level of performance, therefore, depends entirely on the skill and training of the user, ensuring that the steam nozzle remains the optimum distance from the treated surface and that each part of the surface receives optimum length of exposure.

It is vitally important therefore that the introduction of any new technology is accompanied by thorough and exhaustive training of users, in close partnership with the manufacturer or supplier (see section 4).

### 8.2.2. The evidence base for use of new technologies

Before a product is used in the NHS, there should be robust evidence of its effectiveness at destroying or removing pathogens within the healthcare environment.

There is a general lack of evidence in relation to the specific impact of cleaning interventions on infection control rates. This is largely due to the fact that it is difficult to isolate the intervention from other measures such as hand washing, isolation and prescribing. If a technology has evidence to support its efficiency at killing or removing pathogens it does not necessarily follow that the technology is efficient at reducing infections. It is strongly advised that when an organisation is considering the implementation of a new technology, advice is sought from the local Infection Control Team.

### 8.2.3 Where are new cleaning technologies likely to be most useful?

The environment can be contaminated with patient derived microorganisms, which will form a background of low level exposure to pathogens that may contribute to healthcare associated infections. Cleaning using traditional methods is very effective at reducing the number of microbes in the environment. However, when in use, the environment will quickly become re-contaminated. For routine cleaning, the use of new cleaning technologies is unlikely to be significantly more effective at reducing the number of microbes in the environment than using traditional methods. However, where there is a requirement to disinfect by removing a particular pathogen from the environment such as MRSA or *Clostridium difficile* or there is a persistent outbreak of infections, then new technologies may have a role to play. This should be resolved in consultation with the local Infection Control Team.

We have considered a selection of technologies that are either in use or of interest to the NHS. The recommendations made at the end of each section are guidance only and should not be treated as an alternative to the advice of the local Infection Control Team.

## 8.3 Hydrogen peroxide vapour (HPV) fumigation

In this process, a microbicidal liquid, hydrogen peroxide, is turned into a gas in a sealed hospital room. Hydrogen peroxide vapour (HPV) technology has been developed for use in healthcare settings. The most common use is for terminal cleans of single rooms and bays.

There is a tendency to use the technology in outbreak situations, although some Trusts are beginning to use it on a planned periodic basis. The efficacy of this pattern of use is not well established.

The technology is available either on a machine purchase basis or as a full service contract.

### How does it work?

HPV works by the vaporisation of liquid hydrogen peroxide under flash heating to produce a gas. This gas quickly reaches a concentration of around 0.2 mg/L, which is sufficient to kill the pathogens with which it comes into contact. The vapour will not penetrate into areas of organic soiling or through fabrics. It will only have limited penetration into stacked items and through closed doors and drawers. The process is more effective on non-porous materials. The required cycle time will vary according to the exact concentration of gas produced, the size of the room and its layout and contents. The gas is toxic, and rooms must be vacated and sealed during the process. Following the decontamination cycle, the unit catalytically decomposes residual vapour into oxygen and water.

## Benefits

- There is evidence that HPV can be very effective at killing pathogens given correct use of units at specific concentrations.
- There is also some evidence that HPV technology has contributed to the control of infection outbreaks. A selection of this evidence is collected on the Clean Safe Care website <http://www.clean-safe-care.nhs.uk>
- HPV has sporicidal effects that are of use in the killing of *Clostridium difficile* spores.

## Limitations

- The gas produced is toxic, and therefore great care must be taken to vacate and to completely seal any room in which the process is to be used, including any ventilation grilles and smoke alarms. The time involved in carrying this out will vary depending on the size and configuration of the room. Care must be taken to avoid the use of adhesive seals which could damage finishes.
- The process does not have any cleaning effect and the vapour will not penetrate through organic soiling. Therefore, thorough cleaning must be performed beforehand.
- Use of HPV should not be random but must be part of a coordinated and structured infection control intervention. It is essential that it is used in a manner advised by the local Infection Control Team.

## Key findings

- there is evidence that hydrogen peroxide vapour is effective at destroying micro-organisms;
- that effectiveness is dependent on staff having the right skills and competencies to carry out the procedure correctly;
- the technology requires rooms to be vacated and sealed before commencement;
- HPV is less effective on soft furnishings and carpeted areas;
- given the time required to prepare the environment and carry out the procedure, it will be necessary to work closely with bed managers to ensure that there is no adverse effect on bed capacity;
- use must be as directed by the local Infection Control Team.

## Key recommendations

In summary, there is emerging evidence that HPV has contributed to the control of infection. The process requires planning and teamwork, and is only appropriate for use in areas that can be strictly sealed off. HPV is useful for the disinfection of rooms or bed spaces when trying to remove or reduce specific pathogens. There is insufficient evidence of its cost effectiveness in relation to planned routine cleaning.

## 8.4. Dual function hypochlorite cleaner/disinfectants

A number of products now exist which combine a detergent cleaning effect with chlorine disinfection. These products are designed to eliminate the need for separate cleaning and disinfection processes to be carried out consecutively by combining them into a single process. This technology is currently in widespread use in UK healthcare premises. The most common use is for terminal cleans. It is also frequently used, for a short defined period, for all routine cleaning in a ward or area where there is an outbreak of infection. In some hospitals, the technology is being used in a routine manner for all cleaning.

### How does it work?

This technology works through the use of a surfactant which does not inhibit the release of chlorine. This allows a detergent effect to coexist in a solution with a concentration, typically, of 1,000 parts per million available chlorine. The detergent effect removes organic and oily soiling into the solution, while the chlorine kills microbes by oxidation.

### Benefits

- There is evidence to suggest that this technology is very efficient at removing and destroying pathogens and could play a role in reducing infection transmission in specific infections, such as *Clostridium difficile* where there might be an environmental element to its transmission.
- The combination of cleaner and disinfectant negates the need for the three stage process for chlorine decontamination. This has the potential effect savings in time and resource.

### Limitations

Some individuals can become sensitised to chlorine. A chlorine solution of 1,000 parts per million available chlorine, will produce fumes which are potentially irritant to people who are sensitive. Care must be taken to use the technology only in well ventilated areas.

A particular risk is that accidental over-concentration, or the use of warm rather than cold water, will increase the amount of irritant fumes produced.

There is a perception within the NHS that long term use of the product can have an adverse affect on the appearance of surfaces.

### Key Findings

- there is well established evidence that that suggests that this technology is very efficient at removing and destroying pathogens and can contribute to infection control;
- the combination of detergent and disinfectant has the potential to save time and resources;
- as with any hypochlorite, there are health and safety risks to operatives who may become sensitised to the product;
- there is anecdotal evidence from the NHS that long term use of the technology will have an adverse effect on the appearance of surfaces.

### Key Recommendations

There is good evidence that dual function hypochlorite cleaner/disinfectants are effective in removing and destroying pathogens and that in some circumstances they can contribute to the control of infection. There are potential savings in time and resource in combining cleaning and disinfecting processes. Targeted use of the technology is recommended for terminal cleans and during infection outbreaks, to kill and remove microbes along a specific route of infection transmission. Advice from the local Infection Control Team should be sought prior to use.

## 8.5 Dual function chlorine dioxide-based cleaner/disinfectants

These products serve the same purpose as the hypochlorite cleaner/disinfectants discussed at 6.4, but use a different chemical technology. This technology is not currently widely used in UK healthcare premises, but its use is growing quickly, mainly for terminal cleans and during infection outbreaks.

### How does it work?

The technology uses two components kept apart in separate sections of a sachet. When combined by manually squeezing the sachet, the components combine to make a solution which both cleans and disinfects, using chlorine dioxide, usually at a concentration of 125 parts per million . The detergent effect removes organic and oily soiling into the solution, while the chlorine dioxide kills microbes by oxidation. Because chlorine dioxide is a more effective oxidant than chlorine, the concentration required is smaller than with hypochlorite products.

### Benefits

- there is evidence that this technology is very efficient at the removal and killing of pathogens, and could play a role in reducing infection transmission in specific infections, such as *Clostridium difficile* where there might be an environmental element to its transmission;



- the technology does not produce irritant fumes to the same degree as hypochlorite products;
- chlorine dioxide does not produce chlorinated organics and therefore may be less damaging to the environment than hypochlorite products.

### **Limitations**

This technology is currently more expensive than some hypochlorite products.

### **Key findings**

- there is well established evidence which suggests that this technology is efficient at removing and destroying pathogens and can contribute to the control of infection;
- the combination of detergent and disinfectant has the potential to save time and resources;
- because fewer irritant fumes are produced there is a potential benefit to the health and safety of users.

### **Key recommendations**

There is good evidence that dual function chlorine dioxide-based cleaner/disinfectants are effective in removing and destroying pathogens. There are potential savings in time and resource in combining cleaning and disinfecting processes. Targeted use of the technology is recommended for terminal cleans and during infection outbreaks to kill and remove microbes along a specific route of infection transmission. Advice from the local Infection Control Team should be sought prior to use.

## **8.6 Adenosine Triphosphate (ATP) cleaning monitors**

Adenosine Triphosphate (ATP) cleaning monitors are a technology which uses a chemical to measure the amount of biologically based soiling on a tested surface, and thus to give an objective measure of how contaminated a surface is. The technology is well established in food manufacturing, where it is typically used to check that surfaces have been cleaned effectively prior to the commencement of food production. There is limited uptake of ATP cleaning monitors in UK healthcare premises. Trials are being carried out in several locations, and there is some routine use as both a monitoring and training tool.

### **How does it work?**

ATP is a molecule present in all living cells. Its presence can be detected by a biochemical reaction which emits light, known as bioluminescence. The intensity of the light produced is in direct correlation to the amount of ATP present. The technology works by taking a swab sample from a surface using a specially designed single-use sampler. The sample is exposed to luciferin and luciferase enzyme, which results in bioluminescence at the rate of one photon of light for each molecule of ATP. The resulting light is detected using a luminometer, giving a result within seconds of testing.

The effectiveness of the technology is well validated for the food industry, but evidence of its appropriateness for the different requirements of healthcare settings is not, as yet, extensive. The Department of Health has produced an evaluation paper *Evaluation of ATP bioluminescence swabbing as a monitoring and training tool for effective hospital cleaning* (Department of Health 2007). This references available evidence and describes an extensive trial of the technology, but is not in itself able to reach a definitive conclusion. The paper does, however, conclude that ATP bioluminescence swabbing is a useful indicator of cleanliness in a hospital environment, and may be useful as an educational tool.

### **Benefits**

- The use of ATP Cleaning monitors can give an objective indication of the level of contamination on a given surface, which can be used as a tool to monitor the comparative standard of cleaning over time, complementing the visual inspection regimes detailed in section 9 of this Manual.
- The use of ATP Cleaning Monitors in training is to give trainees an immediate visual indication of whether the performance of a cleaning task has been effective at removing biological soiling. The Department of Health study found that this caused an increase in enthusiasm and attentiveness of trainees, and this finding has been replicated in further trials.

### **Limitations**

- The monitors do not differentiate between potentially harmful pathogens and organic soiling.
- Dead microbes will have the same ATP levels as live ones, so ATP-based methods will not differentiate between microbes that are viable or killed.
- Sampling will represent the area sampled and thus care must be taken to identify consistent sampling points which give a fair and consistent indication of the contamination present in any given area.
- It is as yet, unclear what level of bioluminescence should be considered to constitute a “satisfactory” or “pass” score for any given surface in any given area of a hospital. For this reason, use will currently be limited to comparing the cleanliness of consistent sampling points over time, to give an indication of whether the cleaning standard is improving or declining.

### **Key findings**

- There is evidence that ATP cleaning monitors can give an objective measure of how contaminated a surface is. This could indicate how effectively that surface has been cleaned.
- There is as yet, no consensus on acceptable levels of bioluminescence; but used over time with consistent sampling points, the technology can give an indication of whether cleaning standards are generally improving or declining
- Use of the technology can increase staff enthusiasm and attentiveness during training and afterwards.

### **Key recommendations**

ATP cleaning monitors can be used in addition to existing visual inspection monitoring, as described in section 9 of this Manual, to give an indication of the relative performance of cleaning over time. A well planned approach, with consistent sampling points and intervals between tests, is required for this. Value terms such as “pass” and “fail” or “satisfactory” and “unsatisfactory” should not be used.

ATP cleaning monitors may be useful in the training of staff with responsibilities for cleaning.

The technology cannot be used as the sole method for determining the infection risk.

## 8.7 Automated bed washers

Automated bed washers are a relatively new application of a well known and long established technology. Essentially they are large enclosed washer/disinfectors. Automated bed washers are not in widespread use in UK healthcare premises, but are more common in continental Europe and particularly the Netherlands. Use in the UK does appear to be increasing. Typically the washers are used for two purposes. Firstly as part of a terminal clean, to clean and disinfectant a bed which has been contaminated by an infected patient; and secondly as a planned periodic clean in support of routine traditional cleaning, in response to the possibility that soiling may slowly build up in hard to reach surfaces.

### How does it work?

A bed is pushed into the interior of the unit which is then closed and sealed. The bed is then subjected to a cleaning and disinfection cycle via high pressure jets of water and solutions at relatively high temperature. A typical cycle will consist of cleaning with detergent solution, rinsing at high temperature and drying. Some units add a cycle of disinfection using a disinfectant solution.

The technology works by well established traditional cleaning and disinfection methods. There is a good body of evidence that the use of this process is very effective at removing and killing pathogens. It also appears likely that the process is more effective than traditional cleaning methods at removing pathogens, both because of the intrinsic effectiveness of the disinfection process, and also because beds have many hard to reach surfaces which are prone to be missed during traditional cleaning. In recent times, sites where the process has been used as part of a range of measures have also seen reductions in infection rates.

### Benefits

- the combined cleaning and disinfection procedures are likely to be efficient at removing pathogens;
- this process enables hard to reach areas to be cleaned;
- bed cleaning can be carried out away from patient areas.

### Limitations

- The contribution of bed cleaning to preventing infection transmission is not established.
- The process is relatively expensive in terms of installation and space.
- Labour costs are reported to be similar to traditional bed washing, with time taken for bed movement offsetting reductions in cleaning labour.
- This process is unsuitable for some electric beds due to the risk of damaging electric parts with liquids. Bed manufacturers are aware of this and are increasingly offering "IP 66 rated" products, which can be cleaned in a commercial bed washer.
- Recontamination will occur following the cleaning process. For this reason, some healthcare premises seal the cleaned bed in commercial plastic film wrapping immediately after cleaning.
- It is possible that frequent use will leach lubricants from internal joints and moving parts, and thus necessitate an increased frequency of bed maintenance.

### Key findings

- The cleaning and disinfection process has the potential to be very effective at removing and destroying pathogens, though its contribution to infection control is not established.
- Set up costs are significant and will take up valuable space. Ongoing costs are likely to be comparable with ward based cleaning.

### Key recommendations

The use of bed washers may be a useful alternative to traditional ward based bed frame cleaning.

## 9. MEASURING AND REPORTING

### 9.1 Introduction

The measurement of cleanliness is based largely on a visual assessment and therefore subjective. There is an appetite for the development of objective measuring tools, such as Adenosine Triphosphate (ATP) monitors.

For the avoidance of any doubt, however, current best practice is given in *The National Specifications for Cleanliness in the NHS: A Framework for Setting and Measuring Performance Outcomes* (National Patient Safety Agency, April 2007). The measurement system described in the *The National Specifications for Cleanliness* should be used by all healthcare providers for measuring the cleanliness of their functional areas. It is also the system which should be used to assess the performance of suppliers of cleaning services, whether in-house, from a neighbouring healthcare provider, or a commercial supplier.

This section of *The Revised Healthcare Cleaning Manual* gives a brief overview of the *National Specifications* system, amplifies and enlarges upon its advice for dealing with under-performance and gives best practice guidance on reporting, including a model report on cleanliness to the healthcare provider's Board.

### 9.2 The National Specifications for Cleanliness in the NHS system

The measuring tool in *The National Specifications for Cleanliness in the NHS* is easy to use and when used correctly, gives accurate comparative scores by which to assess both absolute cleanliness and the relative cleanliness of different work areas.

The measurement tool allows for detailed identification of problems and service failures, and enables their immediate rectification, together with the analysis of common trends. The system therefore encourages the continual improvement of standards.

The system comprises the following elements:

- A scoring sheet showing the 49 cleaning elements, grouped under eight headings, to be measured in each space or functional area. Each element is allocated to a staff group and tasks not relevant to a particular room are not measured.
- A set of objective standards against which each cleaning element is to be measured. For example, *“Element 26 – Soft Floor: the complete floor including all edges and corners should be visibly clean with no blood and body substances, dirt, debris or spillages. Floors should have a uniform appearance and an even colour with no stains or watermarks.”*
- Detailed instructions for allocating each room to a defined risk category.
- Target scores for each risk category.
- Detailed instructions for the carrying out of routine technical measuring of cleanliness by a team comprising the cleaning manager and supervisors, matrons, control of infection nurses and other service users.
- Instructions for converting raw scores into weighted cleaning scores for each functional area, staff group, premises, and an overall score for the healthcare provider as a whole.
- Guidance on remedial cleaning, on identifying trends and problem areas and on driving up standards.
- Instructions for management audits to verify the routine technical auditing.
- Guidance on further external verification auditing.

## 9.3 Managing under-performance

### 9.3.1 Basic remedial actions

Each technical audit should produce a list of actions required to make each cleaning element comply with the objective cleanliness standard. These actions will normally require additional performances of cleaning tasks. These should be performed in a planned fashion, carrying out the tasks relating to very high risk functional areas without delay, and moving onto those in lower risk categories in order. All actions should be completed in a timely fashion and certainly well before the next technical audit.

### 9.3.2 Continued under-performance in a functional area over a reporting period

Low audit scores in an area, revealed either by the 13-week review tool or by two or more consecutive technical audits, should in the first instance result in the creation of a written remedial action plan. Elements of this will normally include:

- Increased technical auditing of the area.
- Increased recorded supervisory visits to the area. This should result in auditable remedial actions which may include retraining of cleaning staff (see Section 4.3.3).
- Review of work schedules (see Section 4.4).
- Remedial cleaning to bring the area back up to the required standard. This may take the form of an area specific deep clean and include de-cluttering and other activities.
- Management audit of the area.
- Except in the few areas in which a contract has been agreed on the basis of defined inputs, it is very important that the focus is kept firmly on cleaning outputs, with the visible cleanliness achieved. In commercial output contracts, the contractor is responsible for achieving the specified outputs. Although successful tenders will include proposed method statements and cleaning frequencies, healthcare providers do not normally take any responsibility for the effectiveness of these when awarding a contract. It will normally remain the responsibility and risk of the contractor to achieve the specified outputs, and to bear the cost of doing so, whether by increase of labour inputs or investment in equipment.

### 9.3.3 Continuous improvement initiatives

Any cleaning service, whether commercially provided or otherwise, should be expected to show a commitment to continuous service improvement, which should not normally imply additional service cost and may indeed produce savings. These should include:

- more efficient use of labour;
- better working or supervisory practices;
- schemes to raise staff morale and reduce sickness absence and staff turnover;
- implementation of, or increased use of, technological advances such as microfibre cloth and steam cleaning.

Commercial contracts should be let on the basis that there will be an ongoing commitment to innovation and improvement.

Continuous improvement initiatives should be included in each report on cleanliness made to the healthcare provider Board.

### 9.3.4 Continued under-performance of the cleaning service

Healthcare providers must not tolerate continued under-performance of the cleaning service over an extended period. In the event of continued failure to achieve the specified target cleaning score for the service as a whole, a formal written rectification plan will be produced by the cleaning manager. Failure to make significant progress within a reasonable agreed timescale should normally result in the healthcare provider Board member, with responsibility for cleanliness, taking action; up to and including the change of service supplier, if the service is outsourced, or the reorganisation of the service, if provided in-house.

As part of the process of dealing with continued service under-performance, it is strongly recommended that a programme of external verification audits is arranged (see Section 9.1).

Many commercial contracts, especially those associated with a PFI project, will have a payment mechanism which automatically deducts payment in the event of under-performance. This should serve as a strong disincentive to under-performance, but is not the healthcare provider's only remedy in this setting. Healthcare providers should avoid accepting reduced payment as "compensation" for under-performance over an extended period. Instead, positive actions must be taken to return cleanliness to the required level.

Legal advice on the termination of contracts should be sought at an early stage in the process of managing continued under-performance.

## 9.4 Reporting

### 9.4.1 Monthly reporting

It is strongly recommended that the cleaning manager should make a formal monthly report to the healthcare provider Board member with responsibility for cleanliness. This will be used to form the basis of the report on cleanliness to the healthcare provider Board, which will normally be given quarterly. The report should be made in a timely fashion, on an agreed date not usually later than six working days after the end of the reporting period.

The report will contain, as a minimum, current month and annual trend reports on:

- labour hours utilised;
- sickness absence;
- staff turnover;
- cost of service;
- service scores, broken down by work area (see Section 9.1);
- an updated 13-Week Review (see Section 9.2.2);
- updated action plans for under-performing areas identified in the 13-Week Review;
- summary of ad hoc requests received and time taken for completion of tasks arising;
- summary of recorded supervisor visits to work areas and actions arising (see Section 4.3.3);
- initiatives and proposals for service improvements (see Section 9.2.3);
- updated action plan arising from review of cleaning service (see Section 1.4.2);
- summary of compliments, comments and complaints received, with actions taken and resolutions.

## 9.4.2 Quarterly report to healthcare provider Board

The Board member with responsibility for cleanliness will make a report to the healthcare provider Board on a regular basis, not less frequently than once every quarter. The content of the report is a matter for each healthcare provider Board to determine, but the report should be detailed and timely. A model report is included here:

XXXXXXXXX NHS TRUST

### Report to the Trust Board – 9 November 2009

Ref: TB 09/09/4

Title: QUARTERLY REPORT ON CLEANLINESS

Report From: XXXXXXXXXXX, Director of Facilities

#### Purpose:

To update the Trust Board on the cleanliness of its premises and operational areas, and on the performance and cost of the cleaning service.

#### Executive Summary:

Measured cleanliness has improved overall in the reporting period. Contract variation costs to (*contractor's name*) were incurred for additional cleaning tasks required for the management of the infection outbreaks in August and September, but overall service costs remain within budget. Action plans to improve the cleanliness of the four wards which failed to achieve performance targets in the previous period have been successful. There is one current action plan for Clover Ward, which failed to reach its target cleanliness score in September and October. The joint initiative between HR and (*contractor's name*) on management of sickness absence has resulted in significant improvements. Good progress has been made against the action plan arising from the Review of the Cleaning Service carried out in July following the publication of The Revised Healthcare Cleaning Manual. The "germ busters" initiative has been very well received.

#### Recommendation:

The Board is asked to note the report.



## Quarterly report on cleanliness

### 1. Overall cleanliness score

The overall score remains good and the upward trend continues. The introduction of steam cleaning (see below) has improved the scores of the rooms in which it is currently being used.

August: 95.1  
September: 95.2  
October: 95.3  
Quarter: 95.2

#### Annual Trend:

| FY 09/10 | P1   | P2   | P3   | P4   | P5   | P6   | P7   | P8 | P9 | P10 | P11 | P12 |
|----------|------|------|------|------|------|------|------|----|----|-----|-----|-----|
| Score    | 94.2 | 94.5 | 94.5 | 94.6 | 95.1 | 95.2 | 95.3 |    |    |     |     |     |

### 2. Thirteen week review

In the previous reporting period, four functional areas failed to achieve target scores in one or more monthly audits. These were Heather, Samphire and Aster Wards, and Physiotherapy A. Action plans were put in place for these areas, which have been successful. The October scores for these areas were:

Heather: 95.6  
Samphire: 95.9  
Aster: 95.4  
Physiotherapy A: 96.8

Only one functional area failed to reach its required target score in this reporting period, Clover Ward, which scored 86.9 in September and 89.2 in October. An action plan is in place to remedy this.

### 3. Cost of the cleaning service

Variations to contract totalling £xxxx in September and £xxxx in October were paid to (*contractor's name*) in the reporting period. A contingency allowance for additional outbreak cleaning was made for FY 09/10, and the overall cost of the service remains within the budget and forecast figures.

Period 5: £xxxxx  
Period 6: £xxxxx  
Period 7: £xxxxx

#### Annual Trend:

| FY 09/10 | P1  | P2  | P3  | P4  | P5  | P6  | P7  | P8 | P9 | P10 | P11 | P12 |
|----------|-----|-----|-----|-----|-----|-----|-----|----|----|-----|-----|-----|
| Cost     | xxx | xxx | xxx | xxx | xxx | xxx | xxx |    |    |     |     |     |



## 4. Cleaning service labour management key performance indicators

### Labour input hours

Labour input hours were increased in August and September due to additional cleaning required by the management of infection outbreaks.

Period 5: 8920  
Period 6: 8980  
Period 7: 8615

### Annual Trend:

| FY 09/10  | P1   | P2   | P3   | P4   | P5   | P6   | P7   | P8 | P9 | P10 | P11 | P12 |
|-----------|------|------|------|------|------|------|------|----|----|-----|-----|-----|
| Input Hrs | 8618 | 8626 | 8651 | 8629 | 9820 | 8980 | 8615 |    |    |     |     |     |

### Sickness absence

The percentage of sickness absence has reduced significantly, exceeding the targets set for the joint initiative on absence management between HR and (*contractor*), which began on 21 August, near the end of Period 5.

Period 5: 6.12%  
Period 6: 4.21%  
Period 7: 3.76%

### Annual Trend:

| FY 09/10  | P1   | P2   | P3   | P4   | P5   | P6   | P7   | P8 | P9 | P10 | P11 | P12 |
|-----------|------|------|------|------|------|------|------|----|----|-----|-----|-----|
| Absence % | 5.51 | 5.48 | 5.32 | 5.53 | 6.12 | 4.21 | 3.76 |    |    |     |     |     |

### Staff turnover

The percentage staff turnover remains at a low level:

Period 5: 0.72%  
Period 6: 0.72%  
Period 7: 0.59%

### Annual Trend:

| FY 09/10   | P1   | P2   | P3   | P4   | P5   | P6   | P7   | P8 | P9 | P10 | P11 | P12 |
|------------|------|------|------|------|------|------|------|----|----|-----|-----|-----|
| Turnover % | 0.72 | 0.79 | 0.72 | 0.46 | 0.72 | 0.59 | 0.59 |    |    |     |     |     |

## 5. Response to requests

Response to requests for cleaning services made via the helpdesk remains exceptionally good, with only two recorded failures to respond to a request within the contractual response times. Both have been investigated and found to be failures to record the response, rather than failure to deliver the service.

Period 5: 79 requests received, 79 responded to within contractual response time  
Period 6: 75 requests received, 73 responded to within contractual response time  
Period 7: 69 requests received, 69 responded to within contractual response time

### Annual Trend:

| FY 09/10   | P1   | P2  | P3  | P4   | P5  | P6   | P7  | P8 | P9 | P10 | P11 | P12 |
|------------|------|-----|-----|------|-----|------|-----|----|----|-----|-----|-----|
| Response % | 97.8 | 100 | 100 | 98.2 | 100 | 97.0 | 100 |    |    |     |     |     |

## 6. Recorded visits to functional areas by cleaning supervisors

For the first time in 2009/10, not all scheduled visits were made in Period 5. On investigation, this was found to be due to the immediate response to the infection outbreak starting on 18 August, and was remedied in the two successive periods.

Period 5: 168 visits scheduled, 153 visits recorded  
Period 6: 168 visits scheduled, 168 visits recorded  
Period 7: 168 visits scheduled, 168 visits recorded

### Annual Trend:

| FY 09/10   | P1  | P2  | P3  | P4  | P5   | P6  | P7  | P8 | P9 | P10 | P11 | P12 |
|------------|-----|-----|-----|-----|------|-----|-----|----|----|-----|-----|-----|
| Recorded % | 100 | 100 | 100 | 100 | 91.0 | 100 | 100 |    |    |     |     |     |

## 7. Actions arising from review of cleaning service July 2009, following publication of the new NHS Cleaning Manual

The action plan presented in detail in the August 2009 quarterly report has been largely completed. The remaining outstanding actions are:

### a. Work Schedules

Work schedules are written, agreed, issued and displayed in all areas except Acute Assessment Unit. It is anticipated that this work schedule will be agreed before 21 November 2009.

### b. Cleaning Method Statements

Written draft cleaning method statements have been created for all cleaning tasks. These are to be formally agreed at the next meeting of the method statements working party scheduled for 11 November 2009.

### c. Training Records

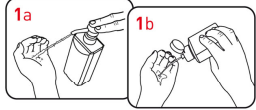
The training records audit in September 2009 found several apparent gaps. A rectification plan is being worked through, with a target completion date of 18 November 2009.

## 8. Continuous improvement innovations and initiatives

- (*contractor's name*) has purchased five (brand name) steam cleaning machines. These are being used for terminal cleans of vacated rooms. The method statement for this has been rewritten by the cleaning manager and the Control of Infection Matron, and training has been given to staff using the new equipment. Microbiological testing arranged by the Control of Infection Team has confirmed the efficiency of steam cleaning at destroying active organisms.
- (*contractor's name*) has funded the “germ busters” team of two cleaners working from 08.00 to 18.00 in the main atrium and other high traffic areas, a scheme developed jointly with the Control of Infection Team. This has attracted considerable positive publicity in the media (ref. TB 09/09/6), and has prompted fourteen written compliments and one written complaint (ref. 09/09/3).

# Appendix 1: Hand Cleaning Techniques

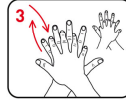
## How to handrub? WITH ALCOHOL HANDRUB



Apply a small amount (about 3ml) of the product in a cupped hand, covering all surfaces



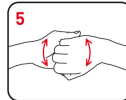
2 Rub hands palm to palm



3 Rub back of each hand with the palm of other hand with fingers interlaced



4 Rub palm to palm with fingers interlaced



5 Rub with backs of fingers to opposing palms with fingers interlaced



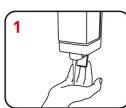
9 Once dry, your hands are safe

20-30 sec

## How to handwash? WITH SOAP AND WATER



0 Wet hands with water



1 Apply enough soap to cover all hand surfaces



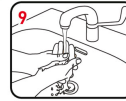
6 Rub each thumb clasped in opposite hand using rotational movement



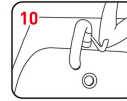
7 Rub tips of fingers in opposite palm in a circular motion



8 Rub each wrist with opposite hand



9 Rinse hands with water



10 Use elbow to turn off tap



11 Dry thoroughly with a single-use towel



12 Your hands are now safe

40-60 sec

[www.npsa.nhs.uk/cleanyourhands](http://www.npsa.nhs.uk/cleanyourhands)

Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*

## Appendix 2: Acknowledgements

The National Patient Safety Agency gratefully acknowledges the contribution of the following individuals in the production of this version of The Revised Healthcare Cleaning Manual:

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