Cleaning Policy
Policy 53
July 2010
## Document Management

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1 Purpose

The purpose of this policy is to assist NHS Northamptonshire, Provider Services in reducing the number of Healthcare associated infections (HCAI’S) and to provide patients, staff and visitors with an environment that promotes confidence and assurance of a well managed and maintained cleaning system.

2 Scope

This policy applies to all employees and contractors of the Trust who carry out cleaning procedures as part of their work across the estate of premises.

The policy embraces all cleaning activity within the Trust. This includes all general scheduled and reactive cleaning activities undertaken by Domestic Services as well as those traditionally undertaken by the Estates Department i.e. cleaning of ceiling vents and shower drains, and those cleaning duties undertaken by nursing staff i.e. patient related equipment.

3 Responsibilities

3.1 Chief Executive NHS Northamptonshire

The Chief Executive has the ultimate responsibility for the cleaning standard within NHS Northamptonshire and Provider Services and will ensure that this policy is implemented operationally and monitored.

To ensure hospital cleanliness is high on the corporate agenda and to provide adequate resources to achieve high standards of cleanliness and robust processes and systems.

3.2 Director of Infection Prevention and Control (DIPC) (Director of Safeguarding NHS Northamptonshire)

The DIPC shall ensure that management arrangements in place are effective and are reporting standards on a regular basis. The DIPC shall also ensure that if the National Cleanliness Standards are reported below expected levels the designated manager will ensure they are investigated and corrected.

To ensure hospital cleanliness is high on the corporate agenda and to provide adequate resources to achieve high standards of cleanliness and robust processes and system

3.3 Provider Services

Provider Services, as the provider of the commissioned health care services and activity, have roles and responsibilities ensuring that the environment is managed appropriately to reflect national standards in relation to the health and safety and well being of all staff, visitors, patients and others who have access.
• **Managing Director**

Ensures policy is implemented operationally and monitored as part of clinical assurance.

Management responsibility for ensuring that there is a managed environment which minimises the risk of infections to patients, visitors, staff, contractors and all who use the premises for any purpose.

Ensuring the quality schedules of contracts for commissioned services reflect national standards in relation to infection prevention and control.

Ensuring that appropriate information, instruction and training is provided to employees within the organisation.

• **Board**

Responsible for the implementation of policies and the monitoring of progress through reviews and reports.

Monitoring assurance provided against the implementation of this policy in line with national standards in relation to infection prevention and control.

• **Infection Prevention Team**

Responsibility of the Infection Prevention Team (IPT) to provide input into Estates & Facilities (E&F) projects and schemes that this policy applies and to identify appropriate solutions.

The IPT to liaise with the E&F team to ensure appropriate action is taken internally and externally by Consultants and Contractors commissioned and controlled by the organisation to thereby reduce the risk of cross infection. Both teams should ensure all work is carried out in accordance with Infection Control Policies and Protocols referred to within this policy and other related policies.

3.4 **Director of Finance for Provider Services**

The responsibility of the Director of Finance is to ensure adequate resources are made available for routine cleaning and extra cleaning provision in the event of outbreaks.

3.5 **Head of Estates and Facilities**

Head of Estates and Facilities is responsible overall lead for cleaning services throughout the Trust.

Ensure that SLA s and service specifications are in place, and that all cleaning providers adhere to them. Involve the Modern Matrons and
Control of Infection Nurse in all decisions involving the setting of SLAs and specifications.

3.6 **Modern Matrons / Practice Managers**

Modern Matrons / Practice managers lead and drive forward the culture of cleanliness in clinical areas, liaise and meet with Hotel Service Managers and Infection Control Nurses to set and monitor cleanliness.

3.7 **Hotel Services Manager**

Hotel Services Manager is responsible for the operation of the cleaning service performed by the Trusts domestic cleaning staff, and overseeing and monitoring cleaning services provided by contractors. Ensure compliance with the NHS standards of cleanliness and minimum frequencies.

3.8 **Infection Prevention and Control Nurse for Provider Services**

The Infection Control Nurse is responsible for promoting high levels of cleaning standards throughout, and educating staff about the need for good hygiene and cleaning process. Their key role is to support the Modern Matrons and Hotel services Manager, and to feedback performance data relating to all hospital acquired infections to enable cleaning regimes to be adapted to meet the needs of the Trust.

3.9 **Domestic Supervisors**

Domestic Supervisors are responsible for operationally leading, monitoring, giving feedback and guidance to domestic staff on the daily cleaning of clinical and non clinical areas to the standard, method and frequencies set out by *The National Specifications for Cleanliness in the NHS April 2007* and *The NHS Cleaning Manual 2009*.

3.10 **Cleaning Staff**

Cleaning staff both clinical and domestic, are responsible for ensuring that cleaning methodologies are applied and the frequencies are maintained.

Where this is not possible, shall be escalated to line managers.

Cleaning staff shall report works not completed on works schedules using the Trust’s departmental cleaning schedule documentation.

3.11 **Staff**

All staff whether clinical or non clinical shall be responsible for cleanliness and can help to reduce the risks to patients and others by complying with infection related policies and guidelines for hand hygiene, standard precautions, waste management and linen.
4 Cleaning

(National specifications for cleanliness in the NHS 2007) All surfaces should be visibly clean with no blood and body substances, dust dirt, debris, adhesive tape or spillage.

Cleaning removes grease, soil and approximately 80% of microorganisms (Ayliffe et al, 1992). It is an important method of decontamination and may be safely used to decontaminate low risk items such as washbowls and commodes. Medium and high risk items must be cleaned thoroughly prior to disinfection and sterilization.

Domestic cleaning is undertaken with the use of mops, cloths and chemicals, (COSHH policy) and or alternative method, microfibre (laundered after every use reaching 65c).

Domestic staff are issued with cleaning schedules (Appendix 5) which list areas, rooms and frequencies of clean, as specified in National specifications for cleanliness in the NHS 2007 (fig 1) which are initialed daily on completion by domestic staff. Display cleaning frequency schedules are located for public information (Appendix 6). Domestic Supervisors undertake routine monitoring audits, and required frequency (fig 1). Clinical staff undertakes cleaning of patient related equipment and clinical equipment.

Identified areas with infections are cleaned using Deep Clean, Chlor Clean procedures (Appendix 1 and Appendix 2).

4.1 Domestic Cleaning Schedules

Domestic cleaning schedules are drafted by the Hotel Services Manager. They should be signed by the relevant matron or service Manager of department. They carry a date of issue showing locations and cleaning frequencies. Domestic cleaning schedules are monitored and maintained so that expired copies can be collected and replaced.

Domestic Cleaning Schedules are to be prominently displayed (Appendix 6) in a public part of the appropriate work area. Cleaning schedules are reviewed regularly to capture any change of area or room use which may affect cleaning requirement and frequency.

Cleaning schedules for Tasks normally carried out by nursing staff are produced and monitored by Modern Matrons or Service managers.

All duties relating to cleanliness must be clearly defined and should be clearly and accurately reflected in job descriptions and in agreed Cleaning schedules. Work schedules should be as detailed and complete as possible and include the following:

- each cleaning task to be performed by cleaning staff in a particular area
- indicate approximately when it will be done
• Cleaning schedules should be agreed between key stakeholders and should be prominently displayed within the work area they relate to.

4.2 Domestic Cleaning

The aim of environmental cleaning is to remove visible dirt, dust and organic matter e.g. blood and faeces that may contain bacteria;

• Equipment for domestic cleaning is colour coded; fig 2
• Ensure that the correct colour is used for each area;
• Domestic cleaning equipment must be stored clean and dry;
• Change cleaning cloths at least daily; (Microfibre wash daily)
• Change and launder mop heads daily;
• Use domestic cleaning agents or detergent, adhering to COSHH Regulations.

Work from clean areas to dirty areas.

4.3 High Cleaning

Do not attempt to clean above a height that you can comfortably reach while standing on the floor; high cleaning will be included within Deep Cleaning process.

4.4 Specialist Cleaning

Refer to section 5 of NHS Northamptonshire’s decontamination policy in relation to cleaning of specialist equipment.

4.5 Disinfection

Disinfection is used as part of the decontamination process for moderate risk items. Disinfection methods include heat and chemical disinfection. Moist heat may be used for items such as crockery, linen and bedpans. Specific chemical disinfectants can be used to decontaminate heat sensitive equipment and the environment, others used for when disinfectant is appropriate. Disinfectants are not cleaning agents as they are generally inactivated by organic material, therefore all items must be cleaned thoroughly prior to disinfection. Chemical disinfectants are toxic substances, and the user must comply with the Control of Substances Hazardous to Health (COSHH) Regulations. Misuse and overuse of chemical disinfectants may result in damage to the user, service user or equipment and may also result in the development of antimicrobial resistance.

General Principles:

• Do not use disinfection as a substitute for sterilisation;
• Only use chemical disinfectants if absolutely necessary;
• Choose an appropriate disinfectant;
• Read the relevant COSHH assessment sheet before using any chemical disinfectant;
• Wear personal protective equipment (and respirators if required);
• Ensure adequate ventilation;
• Check the expiry date of the disinfectant;
• Ensure that the correct dilution is used (check manufacturer’s instructions);
• Never dilute a disinfectant by guesswork;
• Never use two disinfectants together;
• Do not add anything to a disinfectant (including detergent) as this may result in a dangerous chemical reaction;
• Clean thoroughly before disinfection;
• Ensure sufficient contact time between disinfectant and equipment being decontaminated;
• Rinse thoroughly after disinfection (if alcohol is used to disinfect then rinsing is not required);
• Discard disinfectant solution after use;
• Do not ‘top up’ solutions of disinfectant;
• Ensure that containers used for disinfection are stored clean, dry and inverted between uses.

4.6 Environment

Disinfectants are rarely necessary in the environment, cleaning with detergent and water is generally all that is required; Surfaces that are clean and dry will not support the growth of most bacteria healthcare associated infections are rarely acquired from floors walls or furniture; Disinfectants should not be used for the decontamination of isolation rooms, unless specifically requested by the infection control team.

4.7 C Diff / Norovirus / Diarrhoea

If a patient is symptomatic in the Department, the area should be deep cleaned with Chlor Clean. For further information see also C diff Policy and Standard Precautions Policy.

4.8 Deep Clean Procedures

4.8.1 Deep Clean Request

The decision of when to deep clean a ward after an outbreak of infection will be made by a member of the Infection Control team. On occasions due to bed pressures and operational considerations, an executive decision may be made to open a bay. In the event of opening a bay or a ward early Infection control advice should always be sought and a risk assessment be completed.

A member of the Infection Control Team will contact either the Head of Estates and Facilities or Hotel Services Manager and brief them on the requirements of the clean.

4.8.2 Coordination
Deep cleaning requires a multi-disciplinary approach therefore careful planning and coordination is key to its success. Regular Deep Cleaning should always be part of a planned rolling programme. The Matron will oversee the deep clean or will nominate a senior member of the ward team to liaise with the Domestic Supervisor. This partnership is vital to ensure that the clean takes place following the correct procedures and in a timely fashion. Every deep clean will have its own difficulties which may include difficult wards to deep clean due to their design, layout and type of patient. Other difficulties may include:

- Waiting for a bay or side room to become empty.
- Working around patients who cannot be moved to observe privacy and dignity.
- Type of patient. (Can they walk or are they bed dependant)
- The time of day the deep clean takes place. (Cannot disrupt wards during meal times)
- Is there enough clinical staff to make-up beds after the bay has been cleaned? This has to be completed before patients can be transferred back into the clean Bay so that the next bay can be cleaned.
- Some deep cleans require radiators and vents to be dismantled and support from maintenance staff would be needed.
- The availability of clinical staff to clean medical equipment such as Resuscitation trolleys.
- The amount of equipment within the ward area. The more equipment, the more time it will take to clean. Every single item must be decontaminated.

4.8.3 Responsibilities

The Senior Nurse is responsible for ensuring that the bay / single room is empty of patients. All linen, disposable items and waste must be removed before the clean can take place. Throughout the procedure the Domestic Supervisor will regularly keep the Matron, nurse in charge of the ward and the Infection Control Team informed of progress.
4.8.4 Privacy & Dignity

During the completion of deep cleans on ward areas the privacy and dignity of patients must be observed at all times. This is not an exhaustive list but must include:

- No disruption of the meal service
- As little movement of patients as possible
- No steam cleaning near patients
- Maintaining minimum noise levels
- Making suitable arrangements for critically ill patients
- Making suitable arrangements for confused patients
- Ensure personal belongings are safely stored securely
- Keeping patients informed on the reason of the disruption on their ward
- Keeping patients informed on the progress of the deep clean to give them some indication when they will be moving back to their bay

4.8.5 Communication and Documentation

On completion of the deep clean the Domestic Supervisor must inform the Matron, Senior Infection Control Nurse or the nurse in charge. Only when the Deep Clean has taken place the Infection Control Nurse will verify when the ward can reopen. Each episode of deep clean should be documented for the purpose of an Audit trail. Use Deep Clean Check List.

4.8.6 Preparation for Deep Clean of Bed Spaces or Wards

- Disposable gloves and plastic apron should be worn when handling contaminated items.
- Remove bed linen from empty beds and place in red soluble bag then red laundry bag.
- Hoist slings to be placed in red bag and sent to the laundry.
- Dispose of any used or unused single-use equipment around the patients' bed spaces which have not been stored in a cupboard or closed container.
- Discard glove boxes if contaminated. Otherwise, remove first few gloves and wipe over the boxes.

4.8.7 Actual Cleaning

Cleaning of Equipment/Area read in conjunction with Appendix 1 & 2

- Put on protective clothing.
- Make up a solution of Chlor Clean 1000 ppm with cold water
  Use disposable paper cloths.
- Discard and replace the following: oxygen tubing, oxygen masks, suction tubing, suction catheter and yanker set, yellow tubing.
• Clean all equipment with hypochlorite 1000 ppm, i.e. mattresses, commodes, IV pumps, feeding pumps, patient monitors, resuscitation trolleys, drip stands, hoists, medicine trolleys, CSSD trolleys sphygmomanometers, commodes, manual handling equipment etc. Return to a store area when dry.
• Arrange for fans to be cleaned by Estates Department.
• Pressure-relieving mattresses – decontaminate as per manufacturers’ instructions (see Decontamination Policy). If rented return as per company guidelines, e.g. Huntleigh.
• Remove isolation card from side room / ward doors.
• Disposable gloves and plastic apron should be worn.
• Ensure nursing responsibilities have been carried out prior to commencing deep clean, staff can work together where required to achieve this.
• Remove curtains if required (Appendix 2) and place in red laundry bag. Vertical blinds to be wiped over.
• All carpets must be cleaned. (Carpets are not recommended in clinical areas).
• Wash all surfaces (see separate reference below in relation to wall cleaning) with the solution including: - Use disposable paper cloths and replace frequently between surfaces.
• Paper towels and hand washing agents, e.g. soap/alcohol gel, do not need to be removed from holders – external surface of holders should be cleaned.
• Contaminated posters should be wiped over. Patient leaflets in racks should be removed to enable the rack to be cleaned. Visibly clean leaflets can be replaced. Domestics should liaise with ward staff to identify non laminated information on boards which can be discarded.
• Ensure that all surfaces are completely clean and dry.
• Cleaning equipment must be thoroughly washed and disinfected on completion of clean. Mop head must be returned for washing.

Any variation in the above can be made only by the Infection Control Team.

4.8.8 Completion of a Deep Clean

• Remove protective clothing and wash hands.
• Domestic staff should inform nursing staff that deep clean has been completed.
• The ward manager is to agree that a deep clean has been carried out satisfactorily using the Deep Clean List and mandatory high, medium, and low dust / visible soil physical checks.

4.9 Method of Monitoring/Auditing

Implementation of the policy will be through regular auditing.
4.10 Management of Blood and Body Fluids Spillages

Refer to Appendix 5 NHS Northamptonshire’s decontamination Policy “Procedures for dealing with blood spillages”.

It is the responsibility of department/ward/unit staff to ensure that blood and body fluid spillage in their area is cleaned up safely and appropriately, by a member of clinical staff. It is the responsibility of the member of staff reporting the spillage to ensure that the health and safety of others is maintained until the spillage is removed, i.e. place wet floor/spillage sign at the site of the spillage.

For large spillages confine the contaminated area until it has been cleaned. If the spillage is in a passage way or day area that cannot be isolated please contact the Community Infection Prevention and Control Team for advice.

All blood and blood stained body fluids must be considered a potential infection hazard.

Treatment of blood and body fluid spills with a chlorine releasing disinfectant prior to removal does not render the spillage ‘safe’ as the disinfectant is inactivated by organic matter and the disinfectant may not penetrate the spillage fully.

The main hazard of a spillage is to the individual clearing it up. Therefore, it is more important that the individual dealing with the spillage has received the appropriate education and training in this area.

It is also important that appropriate personal protective equipment is worn whenever dealing with blood or body fluid spills e.g. disposable gloves and apron, and that the spillage is removed as soon as possible.

Ensure the organic matter is removed using absorbent material prior to cleaning e.g. absorbed used disposable towels.

4.10.1 Blood Splashes on Floors, Walls and Other Surfaces

Clean immediately with hot water and detergent, using a disposable cloth or mop as appropriate. Dispose of cloths in clinical waste bin or bag.

4.10.2 Blood and Other Body Fluid Spillage on Floors

The spillage can be absorbed with paper towels or similar material. Dispose of paper towels into a clinical waste bag/bin. Mop floor with hot water and detergent.

If spillage has occurred on a carpeted area it should be cleaned with a carpet shampooer/extractor as soon as possible. Staff
will need to ascertain whether this is the responsibility of the clinical staff or of the cleaning contractor.

4.10.3 Hard Non-Carpeted Surfaces

Spillage of any body fluid should be dealt with as soon as possible.

Wear gloves and plastic aprons and if splashing is possible wear eye protection

Use a blood spillage kit if available.

Where the spillage may contain sharp material forceps may be used to remove the sharp material, placing it in a sharps bin.

If the spillage is large, soak up the excess fluid using paper towels and carefully place these in an orange (or the appropriate colour) clinical waste bag.

The hard surface can then be decontaminated with a solution containing a chlorine releasing agent reconstituted as per manufacturers’ recommendations, to a concentration of 10,000 parts per million (ppm) available chlorine.

The surface can then be washed with detergent and water.

4.10.4 Safety Notice

Chlorine releasing agents should not be used for management of urine spillage (as contact with urine liberates toxic gas) except in certain circumstances as advised by infection control nurse.

4.10.5 Carpets & Upholstery

The use of chlorine-releasing agents will bleach and damage carpets etc.

Wear gloves and plastic apron.

For major spillages or where there may be sharp material, use the scoop contained within the blood spillage kit or forceps to remove any sharp material and place it in a sharps bin.

For large spillages use paper towels to mop up the excess fluid.

Dispose of in orange (or appropriate colour) clinical waste bag.

Clean the surface with hot water and general purpose detergent.

As soon as is reasonably practical disinfect using a wet carpet machine for the carpets, or for curtains, loose covers etc send to the laundry for washing or dry cleaning.
4.10.6 Spillage of Blood and Other Body Fluids on to Skin of Staff

- Intact skin - Wash off with soap and warm water.
- Broken skin - If a sharps injury has occurred encourage the wound to bleed. Wash with soap and warm water. Cover with an occlusive waterproof dressing.
- Complete an incident form. The member of staff must report to Occupational Health as soon as possible. If closed, report to the nearest Accident and Emergency Department and notify Occupational Health as soon as possible so that a risk assessment for potential acquisition of blood-borne viruses can be performed and to check Hepatitis B immunity status.

4.11 Room Functionality Change

Changes to room area functionality may affect the classifying cleaning frequency risk banding. A request for change of functionality must be made to Head of Estates via a room change request form (Appendix 4).

4.12 Classifying Cleaning Frequency

Level of risk will be classified by use and activity to determine cleaning frequency and monitoring.

<table>
<thead>
<tr>
<th>Risk</th>
<th>Required Service Level</th>
<th>Description of Functional Areas</th>
<th>Monitoring Frequency</th>
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<tbody>
<tr>
<td>Very High Risk</td>
<td>Consistently high cleaning standards achieved through intensive and frequent cleaning.</td>
<td>Operating Theatres, any department where invasive procedures are performed or where immuno-compromised patients are receiving care. Bathrooms, toilets, staff lounges, offices and other areas adjoining very high-risk functional areas.</td>
<td>Weekly</td>
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<tr>
<td>High Risk</td>
<td>Outcomes should be maintained by regular and frequent cleaning with ‘spot cleaning’ in between.</td>
<td>General wards (acute, non-acute and mental health), sterile supplies, public thoroughfares and public toilets. Bathrooms, toilets, staff lounges, offices and other areas adjoining high-risk.</td>
<td>Monthly</td>
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### 4.13 Colour Coding of Cleaning Equipment

Cleaning equipment will be used in line with the NPSA National Colour code Scheme for hospital cleaning materials and equipment

<table>
<thead>
<tr>
<th>Significant Risk</th>
<th>In these areas, high standards are required for both hygiene and aesthetic reasons. Outcomes should be maintained by regular and frequent cleaning with ‘spot cleaning’ in between.</th>
<th>Out-patient departments, mortuaries. Bathrooms, toilets, staff lounges, offices and other areas adjoining significant-risk functional areas.</th>
<th>3 monthly (or 12 weeks)</th>
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<tr>
<td>Low Risk</td>
<td>In these areas, high standards are required for aesthetic and, to a lesser extent, hygiene reasons. Outcomes should be maintained by regular and frequent cleaning with ‘spot cleaning’ in between.</td>
<td>Administrative areas, non-sterile supply areas, record storage and archives. Bathrooms, toilets, staff lounges, offices and other areas adjoining low-risk functional areas.</td>
<td>Bi Annually (every 6 months)</td>
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**RED** For Bathrooms, washrooms, showers, toilets, basins and bathroom

**BLUE** for Catering departments, ward kitchen areas and patient food service at ward level

**GREEN** for General areas including wards, departments, offices and basins in public areas

**YELLOW** for isolation area (NHS Northamptonshire, Provider Services Deep Clean and Chlor Clean)
4.14 Linen Segregation

Infectious dirty linen must be segregated from dirty laundry by first placing in a red soluble bag, then place in red linen bag for removal. (Appendix 3)

4.15 Staff Training

All staff must receive training in infection control as part of their induction programme as per PCT training matrix. Infection Control should also be included in annual updates which are mandatory for all clinical staff. Infection Control should be discussed at staff appraisals and objectives set within Personal Development plans in line with the requirements of the Hygiene Code. All staff with responsibility for deep cleaning must be adequately trained and made aware of the importance of high standards of cleanliness; this is essential for both standards required and staff safety. Regular on-the-job training is provided to ensure all staff are aware of current practices and procedures on implementation of a deep clean.

Training should include:

- Induction into the trust
- Mandatory update training annually
- Infection Control
- Correct Cleaning Methods
- Standards Required
- COSHH regulations
- Personal Protective Equipment
- Hand Hygiene

Attendance records should be kept of all staff who receive Deep Cleaning Training.

4.16 Hand Hygiene

Hand hygiene for all staff in healthcare environments must be performed to trust standard. Hand hygiene for cleaning staff is extremely important and performing the correct hand hygiene procedure will help to 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. Hand hygiene training is given at induction and update infection control training sessions.

Further training can be requested from the infection control dept.

4.17 Personal Protective Equipment (PPE)

4.17.1 Protective Gloves

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

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

4.17.2 Disposable Aprons for Cleaning Activities

Disposable, plastic aprons should be worn for all cleaning tasks in which splashes to clothing are likely to occur. They 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.

4.18 Waste Disposal

The handling and segregation of waste must be undertaken with care refer to the waste management policy. Staff should ensure that they are fully aware of the 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. 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.

In a community setting Clinical waste from an infected source should be double bagged and disposed of as per the waste management policy.

In the hospital setting infected waste must be put into the correct waste stream refer to the waste management policy.
Appendix 1

Chlor Clean Procedure (non curtain launder)

Daily clean when a patient had been clinically diagnosed as infected with CDIFF.

Not required daily for MRSA & Swine Flu diagnosed patients. Normal clean in those cases

YELLOW COLOUR CODED EQUIPMENT & PPE TO BE USED,

ORANGE CLINICAL WASTE BAGS TO BE USED

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<thead>
<tr>
<th>Collect colour coded equipment (Yellow) mop, bucket, disposable cloths, and clinical bags (orange). Put on allocated Chlor Clean trolley (as deep clean). Prepare Chlor Clean solution as guidance card. Cleaning trolley is at all times to remain in corridor, and not taken into infected room/bay. Prior to entering the room, put on protective clothing. (latex / vinyl gloves, apron).</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Nursing or Domestic duty) bedding change, remove white linen bedding and towels. Place into red soluble linen bag. Put in red linen bag external to room.</td>
</tr>
<tr>
<td><strong>START OF CHLOR CLEAN</strong>: Take required equipment and Chlor Clean, from Chlor Clean trolley into cleaned room</td>
</tr>
<tr>
<td>Wipe walls with microfiber internal mop, which must be laundered in-house using healthcare wash cycle.</td>
</tr>
<tr>
<td>Use Chlor Clean to wash down all hard surfaces e.g.: cabinets, bed tables, chairs, shelving, doors, handles, window ledges, radiators.</td>
</tr>
<tr>
<td>Floor mopped with Chlor Clean solution</td>
</tr>
<tr>
<td><strong>1.1 BATHROOM – EN SUITE</strong></td>
</tr>
<tr>
<td>All surfaces to be washed with Chlor Clean solution</td>
</tr>
<tr>
<td>Shower screen to be Chlor cleaned (If present)</td>
</tr>
<tr>
<td>Floor mopped with Chlor Clean solution</td>
</tr>
<tr>
<td><strong>1.2 CHLOR CLEAN EXIT</strong></td>
</tr>
<tr>
<td>All waste in orange clinical waste bag. Double bag and tag on exit from cleaned room</td>
</tr>
<tr>
<td>Wipe down mop handles and cleaning equipment with Chlor Clean solution in cleaned room. Once wiped store with Chlor Clean trolley in corridor.</td>
</tr>
<tr>
<td>Place microfibers in red none soluble plastic linen bag for laundering in-house.</td>
</tr>
<tr>
<td>Remove protective clothing used throughout Chlor Clean, dispose of with clinical waste</td>
</tr>
<tr>
<td>Exit room removing any remaining waste bags and equipment. Close door.</td>
</tr>
</tbody>
</table>
Appendix 2

Deep Cleaning Procedure (curtain launder)

As a Standard: In each patient room/bay and bathroom every 3 months.
On patient discharge/departure, when a patient had been clinically diagnosed as infected i.e. MRSA, C DIFF, SWINE FLU.

YELLOW COLOUR CODED EQUIPMENT & PPE TO BE USED,
ORANGE CLINICAL WASTE BAGS TO BE USED (site specific option)

<table>
<thead>
<tr>
<th>Collect colour coded equipment (Yellow) mop, bucket, disposable cloths, laundry bags (red, blue &amp; soluble,) clinical bags (orange) and water filter steamer. Put on allocated deep clean trolley. Prepare Chlor Clean solution as guidance card: Cleaning trolley at all times is to remain in corridor, and not taken into infected room/bay. Prior to entering the room, put on protective clothing. (latex / vinyl gloves, apron, face mask)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take down all curtains, window/s, bed and dignity. Remove curtain hooks; place hooks in container of Chlor clean. Put container on windowsill ready for re hanging: For in-house laundering of curtains: Put curtains in a red soluble laundry bag within infected room prior to exit. For Sunlight laundry cleaning, straighten curtain heading tape, place in a red soluble bag, then into a blue laundry bag external to infected room at end of clean attaching laundry slip.</td>
</tr>
<tr>
<td>(Nursing or Domestic duty) Remove white linen bedding and towels. Place into red soluble linen bag. At end of clean, external to room put in red linen bag. For hospital owned linen. When in-house laundering put linen in a red soluble laundry bag. For Sunlight laundry cleaning, place in a red soluble bag, then external to infected room, at end of clean into a blue laundry bag attaching laundry slip.</td>
</tr>
<tr>
<td>START OF DEEP CLEAN: Take required equipment and Chlor Clean from deep clean trolley into infected room. Close door to corridor and open window.</td>
</tr>
<tr>
<td>Steam clean fabric surfaces first e.g. chairs so airborne spores when settle are Chlor Cleaned</td>
</tr>
<tr>
<td>Wipe vinyl blinds with Chlor Clean solution. Fabric blinds steam clean at same time as fabric chairs.</td>
</tr>
<tr>
<td>Wipe walls with microfiber internal mop, which must be laundered in-house using healthcare wash cycle.</td>
</tr>
<tr>
<td>Use Chlor clean to wash down all hard surfaces e.g.: mattress, bed frame, cabinets inside and out, bed tables, chairs, shelving, doors, handles, window ledges, radiators. For electrical equipment use dry yellow microfiber which must be laundered in-house using health care wash cycle.</td>
</tr>
<tr>
<td>Floor mopped with Chlor Clean solution</td>
</tr>
<tr>
<td><strong>1.3 BATHROOM – EN SUITE</strong></td>
</tr>
<tr>
<td>All surfaces to be washed with Chlor Clean solution</td>
</tr>
<tr>
<td>Shower curtains as bed area curtains</td>
</tr>
<tr>
<td>Shower screen to be Chlor Cleaned (If Present)</td>
</tr>
<tr>
<td>Floor mopped with Chlor Clean solution</td>
</tr>
<tr>
<td><strong>1.4 DEEP CLEAN EXIT</strong></td>
</tr>
<tr>
<td>All waste in orange clinical waste bag. Double bag and tag on exit from cleaned room</td>
</tr>
<tr>
<td>Wipe down mop handles; steam cleaner with Chlor Clean solution in cleaned room. Once wiped store with deep</td>
</tr>
<tr>
<td>Place microfiber in red non soluble plastic linen bag for laundering in-house.</td>
</tr>
<tr>
<td>Remove protective clothing used throughout Chlor Clean, dispose of with clinical waste</td>
</tr>
<tr>
<td>Exit room removing any remaining waste bags and equipment. Close door.</td>
</tr>
<tr>
<td>Collect clean curtains and re hang. Uses gloves to remove curtain hooks from container on windowsill. Dry with paper towel, attach to curtain as required and re hang curtains</td>
</tr>
</tbody>
</table>
**HOW TO MAKE UP A DISINFECTANT SOLUTION**

**BEFORE YOU START**

- Always wear protective gloves and an apron.
- Ensure good ventilation.
- Refer to CoSHH note on product label and check expiry date.

---

**For Deep Cleans, Isolation Cleans, Outbreak Cleans, etc.**

NOT SUITABLE FOR USE ON BLOOD SPILLS – SEE BLOOD SPILL POLICY

---

**CHLOR-CLEAN TABLETS**

Use one tablet for every litre of water from the cold tap.

Order Code: H8950/N

---

Use 2 tablets for 2 litres of water.

= **1,000 p.p.m.** Available Chlorine

Use 1 tablet for 1 litre of water.

---

Use with disposable towels or mops to wipe over surfaces or floors. Discard any remaining solution down the sink or toilet.

---

**Dos and Don’ts**

- Make a fresh solution each day or shift.
- Always use in a well ventilated area.
- Store in accordance with CoSHH regulations.
- Change solution when it becomes dirty.
- Use water from the cold tap.

- Do Not shake the container to mix
- Never mix with any other cleaning agent or any chemical.
- Never use in a spray bottle
- Never make up with hot water
- Do not use on fabrics

---

*CHLOR-CLEAN is manufactured by Guest Medical Limited of Edenbridge, Kent. 01732 867466*
## Appendix 3

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>COLOUR CODE</th>
<th>INSTRUCTIONS</th>
</tr>
</thead>
</table>
| USED                            | WHITE       | 1. Place items inside a WHITE TERYLENE Bag  
2. When the bag is FULL, secure top |
| FOULED                          | WHITE       | 1. Place items inside a WHITE PLASTIC Inner Bag  
2. Put this bag inside a WHITE TERYLENE Outer Bag  
3. When the bag is FULL, secure top |
| HIGH RISK                       | RED         | LINEN FROM INFECTED PATIENTS  
1. Place all linen from a patient being “barrier nursed” inside a WATER-SOLUBLE bag - secure top.  
2. Then put this inside a RED TERYLENE Outer Bag and secure top  
NB: If in doubt see Infection Control Policy |
| THEATRE                         | GREEN       | 1. Place items inside a GREEN PLASTIC inner bag  
2. Place this bag inside a GREEN TERYLENE outer bag |
| DRY CLEANING                    | GREY        | 1. Only use the GREY TERYLENE Outer Bag, complete the Linen Card, enclose it and secure top  
NB: To be used for curtains, some patient clothing and uniforms for dry cleaning |
| LOW TEMPERATURE PROCESS         | GREY        | PATIENTS DAY CLOTHING  
1. Place clothing in bag.  
2. When 3/4 full, secure top. |
| RETURN TO SENDER & STAFF LINEN  | BLUE        | UNIFORMS AND PROTECTIVE CLOTHING  
1. Complete Laundry Card, place it and all items inside a CLEAR PLASTIC Inner Bag  
2. Put this bag inside a BLUE TERYLENE Outer Bag and secure top.  
STAFF BED LINEN  
1. Complete Laundry Card  
2. Place all items inside BLUE TERYLENE Outer Bag and secure top |
Appendix 4

REQUEST TO CHANGE ROOM USE

<table>
<thead>
<tr>
<th>SITE:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOM NUMBER / DESCRIPTION:</td>
<td></td>
</tr>
<tr>
<td>CURRENT ROOM USAGE:</td>
<td></td>
</tr>
<tr>
<td>PROPOSED ROOM USAGE:</td>
<td></td>
</tr>
<tr>
<td>REASON FOR CHANGE:</td>
<td></td>
</tr>
<tr>
<td>DOES REQUEST INVOLVE CHANGE TO OR FROM CLINICAL USE:</td>
<td>YES / NO (DELETE AS APPROPRIATE)</td>
</tr>
<tr>
<td>REQUESTED BY:</td>
<td></td>
</tr>
<tr>
<td>SUPPORTED BY (MM/SDM/AD):</td>
<td></td>
</tr>
<tr>
<td>DATE:</td>
<td></td>
</tr>
</tbody>
</table>

Send via email to laura.mee@northants.nhs.uk or to Estates at Bevan House.
**ESTATES REPORT**

<table>
<thead>
<tr>
<th>RECEIVED DATE:</th>
<th>JOB REF:</th>
<th>ISSUED TO PM / DATE:</th>
</tr>
</thead>
</table>

**SITE VISIT DETAILS:**

**WORKS REQUIRED:**

**INFECTION CONTROL REQUIREMENTS:**

**INFECTION CONTROL APPROVAL/COMMENTS:**

**APPROVAL**

<table>
<thead>
<tr>
<th>ASSOCIATE DIRECTOR OF ESTATES COMMENTS:</th>
<th></th>
</tr>
</thead>
</table>

**FUNDING SOURCE:**

**APPROVED:** YES / NO  **SIGNED:**

**DATE:**  **PM TO PROGRESS:**

PM TO INFORM REQUESTOR / HOTEL SERVICES MANAGER / INFECTION CONTROL / ESTATES ADMINISTRATION.
### Appendix 5

<table>
<thead>
<tr>
<th><em>GENERAL CLEANING:</em></th>
<th><em>SINK CLEANING &amp; CHECK:</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pump up beds and dust underneath</td>
<td>Clean sink and surfaces</td>
</tr>
<tr>
<td>Vacum /Mop/ Buff area</td>
<td>Fill paper towels</td>
</tr>
<tr>
<td>Dust window frames/ledge</td>
<td>Fill soap /gel/shower</td>
</tr>
<tr>
<td>High dusting</td>
<td>Clean mirror</td>
</tr>
<tr>
<td>Low dusting</td>
<td>Run taps/showers/flush toilets</td>
</tr>
<tr>
<td>Wipe surfaces</td>
<td>Even when not in use</td>
</tr>
<tr>
<td>(Equipment Colour)</td>
<td>CHLOR CLEAN</td>
</tr>
<tr>
<td>Taps / Shower / Toilet flush</td>
<td>Taps / Shower / Toilet flush</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cleaning Schedule</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
<th>DATE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Station (Blue)</td>
<td>Initial</td>
<td>Initial</td>
<td>Initial</td>
<td>Initial</td>
<td>Initial</td>
<td>Initial</td>
<td>Initial</td>
<td>DATE</td>
<td>DATE</td>
</tr>
<tr>
<td>Store Room</td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>Equipment Store</td>
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<td></td>
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<tr>
<td>Assisted Kitchen (Green)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Physio Room (Blue)</td>
<td></td>
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</tr>
<tr>
<td>Patient Toilet 3 (Red)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Bay C 18, 19, 20 (Blue) En Suite (Red)</td>
<td></td>
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<td></td>
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<tr>
<td>Bed 17 (Blue) En Suite (Red)</td>
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<td></td>
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<tr>
<td>Large Sluice</td>
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</tr>
<tr>
<td>Bed 16 (Blue) En Suite (Red)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Bed 15 (Blue) En Suite (Red)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed 14 (Blue) En Suite (Red)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Bed 12 (Blue) En Suite (Red)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Bed 11 (Blue) En Suite (Red)</td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Bed 10 (Blue) En Suite (Red)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Store Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean Equipment After Use (Vacum’s Etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 6

### Bed and Day Areas

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bins</td>
<td>Daily, plus check</td>
</tr>
<tr>
<td>Fixtures and Fittings</td>
<td>One full clean daily</td>
</tr>
<tr>
<td>Bedside patient TV (where present)</td>
<td>One full clean daily</td>
</tr>
<tr>
<td>Bedside locker / furniture (where present)</td>
<td>One full clean daily and one check clean daily</td>
</tr>
<tr>
<td>Bed table (where present)</td>
<td>One full clean daily and two check cleans daily</td>
</tr>
<tr>
<td>Patient Day Area, furniture, chairs, tables etc</td>
<td>One full clean daily and one check clean daily</td>
</tr>
<tr>
<td>High surfaces</td>
<td>One full clean daily</td>
</tr>
<tr>
<td>Low surfaces</td>
<td>One full clean daily one check daily</td>
</tr>
<tr>
<td>Replenish soap, paper towels, toilet rolls and hand gel</td>
<td>Three times daily</td>
</tr>
<tr>
<td>Spillages</td>
<td>One full clean weekly</td>
</tr>
</tbody>
</table>

### Kitchen

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bins</td>
<td>Daily, plus check</td>
</tr>
<tr>
<td>Floors</td>
<td>One full clean daily and two check cleans daily</td>
</tr>
<tr>
<td>Fixtures and fittings</td>
<td>One full clean daily</td>
</tr>
<tr>
<td>Hand contact surfaces</td>
<td>One full clean daily</td>
</tr>
<tr>
<td>Spillages</td>
<td>Immediate</td>
</tr>
<tr>
<td>Door glass</td>
<td>One full clean weekly</td>
</tr>
<tr>
<td>Replenish soap, paper towels, toilet rolls and hand gel</td>
<td>Daily</td>
</tr>
<tr>
<td>Dishwasher / Microwave</td>
<td>One full clean daily and two check cleans daily</td>
</tr>
<tr>
<td>Fridges / Freezers</td>
<td>Three check cleans daily and one full clean weekly</td>
</tr>
<tr>
<td>Sinks / Wash basins</td>
<td>Two full cleans daily and one full clean daily</td>
</tr>
<tr>
<td>Ice machines / Water boilers</td>
<td>One full clean weekly</td>
</tr>
</tbody>
</table>
### Cleaning Equipment Areas

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning cupboards</td>
<td>One full clean weekly</td>
</tr>
<tr>
<td>Cleaning cupboard sinks</td>
<td>Two full cleans daily</td>
</tr>
<tr>
<td>Equipment</td>
<td>After each use</td>
</tr>
</tbody>
</table>

### Clinics, Ward Corridors & Nurses Stations

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Door and partition glass</td>
<td>One full clean weekly</td>
</tr>
<tr>
<td>Bins</td>
<td>Daily, plus check</td>
</tr>
<tr>
<td>Furniture</td>
<td>One full clean daily</td>
</tr>
<tr>
<td>Fixtures and fittings</td>
<td>One full clean daily</td>
</tr>
<tr>
<td>Spillages</td>
<td>Immediate</td>
</tr>
<tr>
<td>Replenish soap, paper towels, toilet rolls and hand gel</td>
<td>Daily</td>
</tr>
<tr>
<td>Hand contact surfaces</td>
<td>One full clean daily</td>
</tr>
<tr>
<td>Floors</td>
<td>One full clean daily and two check cleans daily</td>
</tr>
</tbody>
</table>

### Toilets/Bathrooms/Showers/EnSuites

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bins</td>
<td>Daily, plus check</td>
</tr>
<tr>
<td>Furniture</td>
<td>One full clean daily</td>
</tr>
<tr>
<td>Fixtures and fittings</td>
<td>One full clean daily</td>
</tr>
<tr>
<td>Baths and showers</td>
<td>One full clean daily and two check cleans daily</td>
</tr>
<tr>
<td>Sinks</td>
<td>Two full cleans daily and one check clean daily</td>
</tr>
<tr>
<td>Toilets</td>
<td>Two full cleans daily and one check clean daily</td>
</tr>
<tr>
<td>Hand contact surfaces</td>
<td>One full clean daily</td>
</tr>
<tr>
<td>Replenish soap, paper towels, toilet rolls and hand gel</td>
<td>Daily</td>
</tr>
<tr>
<td>Floors</td>
<td>One full clean daily and two check cleans daily</td>
</tr>
</tbody>
</table>

### Offices

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>One full clean weekly and two check cleans weekly</td>
<td></td>
</tr>
<tr>
<td>Bins</td>
<td>Empty daily</td>
</tr>
</tbody>
</table>