



Infection Prevention and Control Specification for the standard of cleanliness in General Practice

In relation to 'The National Specifications for Cleanliness in the NHS: Guidance on setting and measuring performance outcomes in primary care medical and dental premises' (NPSA, August 2010)

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Introduction

The cleanliness of healthcare premises and equipment has been firmly fixed on the NHS agenda as a key issue since 2000. Over these years, much has been issued in the way of advice and guidance but this has, in the main, been aimed at the acute sector. The registration requirements of *The Health and Social Care Act 2008*, which will apply to primary dental care providers (from 2011) and primary medical care providers (from 2012), state:

Regulation of regulated activities

- 12 (1) The registered person must, so far as reasonably practicable, ensure that:
- (a) service users;
 - (b) persons employed for the purpose of the carrying on of the regulated activity; and
 - (c) others who may be at risk of exposure to a healthcare associated infection arising from the carrying on of the regulated activity,
- are protected against identifiable risks of acquiring such an infection by the means specified in paragraph (2).
- (2) The means referred to in paragraph (1) are:
- (a) the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a healthcare associated infection;
 - (b) where applicable, the provision of appropriate treatment for those who are affected by a healthcare associated infection; and (c) the maintenance of appropriate standards of cleanliness and hygiene in relation to:
 - (i) premises occupied for the purpose of the carrying on of the regulated activity,
 - (ii) equipment and reusable medical devices used for the purpose of carrying on the regulated activity, and
 - (iii) materials to be used in the treatment of service users where such materials are at risk of being contaminated with a healthcare associated infection.

(Health and Social Care Act 2008)

Criterion 2 of the Code of Practice levies on providers a specific duty to:

Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

(Health and Social Care Act 2008 Code of Practice criterion 2)

In addition to this requirement, practitioners are also likely to find that the issues of cleanliness and infection control feature significantly in commissioning arrangements and local performance management mechanisms.

Accordingly, the National Patient Safety Agency (NPSA), working in collaboration with other agencies including the Department of Health and the Care Quality Commission (CQC), have provided a range of documents aimed at assisting providers to meet these responsibilities.

Leeds Community Healthcare NHS Trust Infection Prevention and Control team have also produced a range of additional resources to assist General Practices, which are available from:

www.leedscommunityhealthcare.nhs.uk/our_services_az/infection_prevention_and_control/information_for_gps/

This resource provides information on the standard of cleaning required, guidance on the cleaning frequencies for elements in high, medium and low risk areas and also includes the following templates which can be adapted depending on local risk assessment:

- Toy and play equipment – Condition and check and cleaning record (Appendix 1)
- Weekly check list (Appendix 2)
- National colour coding scheme (Appendix 3)
- Cleaning schedule – Cleaning staff (Appendix 4)
- Cleaning schedule – Clinicians (Appendix 5)

Risk assessment

This is an important step since the element of risk will be used to determine the frequency with which cleaning should take place within areas and/or for elements.

The 'risk' under consideration is the degree of infection risk which would be posed to patients and staff from inadequate cleaning – either in terms of frequency or efficacy and should be based on the type of activity being undertaken in a room.

Once 'Functional Areas' have been identified; an assessment of the degree of risk to be allocated to each area should be made. It is recommended that this be based on three risk categories:

High risk functional areas: *Required service level*

Only consistently high cleaning standards will ensure the required outcomes. To achieve this, cleaning must be both intensive and frequent. Since this category includes areas where invasive procedures may be undertaken there is a need for very high standards of cleaning.

Medium risk functional areas: *Required service level*

In these areas, good standards of cleanliness are required for both hygiene and aesthetic reasons, but they will not require the same levels of intensity or frequency as very high/high risk areas. Regular cleaning with the capacity for 'spot cleaning' when necessary should be sufficient to maintain standards in these areas.

Low risk functional areas: *Required service level*

In these areas, the risks posed to patient safety will have been judged to be minimal and, therefore, cleaning is more for aesthetic reasons and to provide reassurance to patients and the public that the importance of cleaning is recognised. Cleaning in such areas would be less frequent than for medium risk areas though still to a regular schedule and there should be the ability to undertake minor 'spot cleaning' as and when required.

Examples of risk areas

High risk: Treatment room, minor surgery room
Medium risk: Consulting room, waiting areas, dispensing areas, reception, toilets
Low risk: Administrative/record storage/meeting rooms, corridors

Cleaning specification for high, medium and low risk areas

The following suggested cleaning frequencies are a guide to good practice. Practices should use the information contained within the tables as a starting point and any adjustments made should be based on a documented local assessment of the risk.

A clean to dirty work flow regime must be adhered to in all areas. If this principle is used, then it is acceptable to use one disposable cloth per area, e.g., the hand basin should be cleaned before the toilet and then the cloth must then be disposed.

The clarity of cleanliness standards is of paramount importance. It is essential that all staff undertaking cleaning activities have a clear understanding of the specification and task requirements to ensure they are working towards and assessing the same cleanliness outcomes. Personal protective equipment should be worn, e.g., disposable apron and gloves when undertaking cleaning duties.

Cleaning Guidance for high and low risk areas.

A **clean to dirty** work flow regime must be adhered to in all areas e.g. the hand basin should be cleaned before the toilet (NHSE 2004). If this principle is used then it is acceptable to use one disposable cloth per area

Clarity for all staff undertaking cleaning activities –

The clarity of cleanliness standards is of paramount importance. It is essential that all staff undertaking cleaning activities have a clear understanding of the specification and task requirements to ensure they are working towards and assessing the same cleanliness outcomes.

Element	High – risk (e.g. GP consulting room/treatment/minor surgery room) Cleaning procedure	Low risk (administrative/record storage/meeting rooms) Cleaning procedure	Equipment required	Care of cleaning equipment after use	Person responsible
Walls	Remove dust from horizontal surfaces with damp cloth weekly , ensure high areas are reached. Spot clean when visible debris present	Remove dust from horizontal surfaces with damp cloth weekly , ensure high areas are reached	Disposable cloth/neutral detergent and water	Dispose of cloth	Domestic
Chairs	Weekly vacuum or damp dust according to fabric	Weekly vacuum or damp dust according to fabric	Vacuum cleaner or disposable cloth/neutral detergent and water	Dispose of cloth after use. Store bucket dry	Domestic
Couch	Daily cleaning of underneath section of couch	Daily cleaning of underneath section of couch	Disposable cloth and detergent / detergent wipe	Dispose of cloth	Domestic

Element	High – risk (e.g. GP consulting room/treatment/minor surgery room) Cleaning procedure	Low risk (administrative/record storage/meeting rooms) Cleaning procedure	Equipment required	Care of cleaning equipment after use	Person responsible
	Clean top surface area of couch in between patient use	Clean top surface area of couch in between patient use	Disposable cloth and detergent / detergent wipe	Dispose of cloth	Clinician
Toys	Weekly wash using warm water and neutral detergent e.g. washing up liquid, rinse and dry thoroughly (See Trust Policy for further guidance)	Weekly wash using warm water and neutral detergent e.g. washing up liquid, rinse and dry thoroughly (See Trust Policy for further guidance)	Bucket or sink, disposable cloth and detergent.	Dispose of cloth after use. Store bucket dry and inverted. Policy click here	Clinician
Switches, sockets and data points (where accessible)	One full clean daily	One full clean daily	Disposable cloth	Dispose of cloth after use.	Domestic
Ceiling	One full clean – monthly (dust only)	One check dust monthly	Disposable cloth extendable equipment	Dispose of cloth after use	Contractor
	One full washing yearly	Washing three yearly			
All doors	One full clean daily	One full clean weekly	Disposable cloth, bucket and detergent	Dispose of cloth after use, bucket cleaned after use, and stored inverted	Domestic
All internal glazing including partitions	One check clean daily	One full clean weekly	Disposable cloth, bucket and appropriate glass cleaning solution	Dispose of cloth after use, bucket cleaned after use, and stored inverted	Domestic
	One full clean weekly				

Element	High – risk (e.g. GP consulting room/treatment/minor surgery room) Cleaning procedure	Low risk (administrative/record storage/meeting rooms) Cleaning procedure	Equipment required	Care of cleaning equipment after use	Person responsible
Mirrors	One full clean daily	One full clean weekly	Disposable cloth and appropriate glass cleaning solution	Dispose after use	Domestic
Radiators	One full clean daily	One full clean monthly	Disposable cloth	Dispose after use	Domestic
Ventilation grilles extract and inlets (external surfaces)	One full clean weekly externally Internal as part of pre-planned maintenance	One full clean weekly externally Internal as part of pre-planned maintenance	High dusting tool	Remove disposable cleaning cloth after use	Domestic
Floor - non-slip hard flooring	Dust removal one full clean daily + one check clean daily	Dust removal one full clean weekly + one check clean weekly	Floor polishing machine	Machine cleaned after each episode of use	Domestic
	Wet mop one full clean daily + one check clean daily	Wet mop one full clean weekly + one check clean weekly	Mop and bucket in line with NPSA colour coding and detergent	Mop and bucket cleaned after use, and stored inverted allowing to dry. (Mop head collected weekly by LES (LCH only))	
Soft floor	One full clean daily + one check clean daily	One full clean weekly + one check clean weekly	Vacuum cleaner	Empty bag/cylinder as required Rinse after each use and leave to dry.	Domestic
	Shampoo yearly or as required	Shampoo yearly or as required	Carpet shampooer	Machine to be cleaned after use	
Curtains and blinds	Window blinds cleaned, changed or replaced	Clean, change or replace yearly or when		Refer to laundry policy here	Domestic

Element	High – risk (e.g. GP consulting room/treatment/minor surgery room) Cleaning procedure	Low risk (administrative/record storage/meeting rooms) Cleaning procedure	Equipment required	Care of cleaning equipment after use	Person responsible
	yearly	visibly contaminated			
	Bed curtains laundered or replaced yearly or when visibly contaminated				
Low surfaces e.g. skirting board	One full clean daily + one check clean daily	One full clean weekly	Disposable cloth	Dispose after use	Domestic
High surfaces e.g. curtain tracking, shelving	One full clean weekly + one check clean weekly	One full clean weekly	High dusting tool	Remove disposable cleaning cloth after use	Domestic
Fridges and freezers (domestic use)	Daily clean of external surfaces	One check clean daily	Disposable cloth and detergent	Dispose after use	Domestic
	One full clean internally , weekly (remove all contents to clean)	One full clean monthly	Disposable cloth and detergent	Dispose after use	Domestic
	Defrost freezer monthly	Defrost monthly			Domestic
Kitchen cupboards	One full clean weekly	One full clean quarterly	Disposable cloth and detergent	Dispose after use	Clinicians
Microwaves	One full clean daily of external surfaces	One full clean daily	Disposable cloth and detergent	Dispose after use	Domestic
	Wipe down of internal area after each use	Wipe down of internal area after each use	Disposable cloth and detergent	Dispose after use	Domestic

Element	High – risk (e.g. GP consulting room/treatment/minor surgery room) Cleaning procedure	Low risk (administrative/record storage/meeting rooms) Cleaning procedure	Equipment required	Care of cleaning equipment after use	Person responsible
Ice machine and water boiler	One full clean daily of external surfaces	One full clean daily	Disposable cloth and detergent	Dispose after use	Domestic
Dishwasher	One full clean daily of external surfaces	One full clean daily	Disposable cloth and detergent	Dispose after use	Domestic
Showers	One full clean daily and two check cleans daily	One full clean daily	Disposable cloth and detergent	Dispose after use	Domestic
Baby changing facilities	In between patient use, and one full clean daily.	In between patient use, and one full clean daily.	Disposable cloth and detergent.	Disposable cloth and detergent.	Domestic
Toilets and bidets	One full clean daily and one check clean daily	One full clean daily	Clean the toilet seat, outer bowl and handles daily . Use a detergent solution or sanitizer. If a sanitizer is used on the seat, rinse off with water and detergent	Dispose after use	Domestic
Sink	One full cleans daily and one check clean daily	One full clean daily	Clean with a cream cleanser e.g. Cif and rinse daily	Dispose after use	Domestic
Replenishment	One times daily	One times daily			Domestic
Oscillation fans	Cleaned internally and externally 6 monthly or	Cleaned internally and externally 6 monthly or	Disposable cloth	Dispose after use	Domestic

Element	High – risk (e.g. GP consulting room/treatment/minor surgery room) Cleaning procedure	Low risk (administrative/record storage/meeting rooms) Cleaning procedure	Equipment required	Care of cleaning equipment after use	Person responsible
	when visible dust is present.	when visible dust is present.			

Blood and Body fluid spillage

Type of body fluid	Cleaning procedure	Equipment required	Care of cleaning equipment after use	Person responsible
Blood or body fluids containing blood	Use a solution of hypochlorite e.g. bleach, Milton, Haztabs or Presept at a strength of 10,000 ppm = 1:10 solution. Ensure room is well ventilated, apply solution to spillage and leave for recommended time (usually 2 – 5 minutes). Use paper towels to remove spillage and dispose as clinical waste. Follow by washing area with hot water and neutral detergent.	Personal Protective Equipment (PPE) <ul style="list-style-type: none"> • Disposable gloves • Disposable aprons • Paper towels • Mop and bucket • Clinical waste bag 	Dispose of paper towels as clinical waste Mop heads should be washed in hot water and neutral detergent and laundered after use. If unable to launder, soak in hypochlorite (10,000ppm bleach) solution for 30 minutes and rinse. Store mop upside down, wash the bucket with hot water and neutral detergent, dry and store inverted Please refer to policy here	Clinician finding spillage referring to appropriate policy; <u>Blood and Body Fluid Spillage Policy (NHS LEEDS ONLY)</u>
Urine, vomit and faeces	Clean area with hot water and neutral detergent	Mop and bucket	Mop heads should be washed in hot water and neutral detergent. Store mop upside down. Wash the bucket with hot water and neutral detergent; dry and store inverted	Clinician finding spillage referring to appropriate policy; <u>Blood and Body Fluid Spillage Policy (NHS LEEDS ONLY)</u>

Standard of Cleaning Required	
Element	Standard
Weighing scales, manual handling equipment	All parts (including underneath) should be visibly clean, with no blood or body substances, dust, dirt, debris or spillages.
Medical equipment, e.g. blood pressure monitor, ECG machine	All parts (including underneath) should be visibly clean, with no blood or body substances, dust, dirt, debris or spillages.
Medical gas equipment	All parts (including underneath) should be visibly clean, with no blood or body substances, dust, dirt, debris or spillages.
Consultation room/treatment room/examination couch	All parts (including wheels/castors and underneath) should be visibly clean, with no blood or body substances, dust, dirt, debris or spillages.
Dressing/minor operations trolley	All parts (including wheels/castors and underneath) should be visibly clean, with no blood or body substances, dust, dirt, debris or spillages.
Fixed assets	
Switches, sockets and data points	All wall fixtures e.g. switches, sockets, data points should be visibly clean with no blood or body substances, dirt, debris, adhesive tape or spillages
Walls	All wall surfaces including skirting should be visibly clean with no blood or body substances, dirt, debris, adhesive tape or spillages
Ceiling	All ceiling surfaces should be visibly clean with no blood or body substances, dirt, debris, adhesive tape or spillages
All doors including handles	All parts of the door structure should be visibly clean so that all door surfaces, vents, frames and jambs have no blood or body substances, dust, dirt, debris, adhesive tape or spillages.
All internal glazing, including patricians and mirrors.	All internal glazed surfaces should be visibly clean and smear free with no blood or body substances, dust, dirt, debris, adhesive tape or spillages and should have a uniform shine appearance.
Radiators	All part of the radiator (including between panels) should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape or spillages.
Ventilation grilles – extractor and inlets	The external part of the ventilation grille should be visibly clean with no blood or body substances, dust, dirt, debris or cobwebs.

Standard of Cleaning Required	
Hard Floors	
Floor - polished	The complete floor including all edges, corners and main floor spaces should have a uniform shine and be visibly clean with no blood or body substances, dust, dirt, debris, spillages or scuff marks.
Floor non- slip	The complete floor including all edges, corners and main floor space should have a uniform finish or shine and be visibly clean with no blood and body substances, dust, dirt, debris or spillages.
Soft floors	
Soft floors	The complete floor including all edges and corners should be visibly clean, with no blood and body substances, dust, dirt, debris or spillages. Floors should have a uniform appearance and an even colour with no stains or watermarks.
Electrical fixtures and appliances	
Electrical items including computer equipment, telephones, radios and waiting room television.	The casing of electrical items should be visibly clean, with no blood and body substances, dust, dirt, debris or adhesive tape.
Cleaning equipment	Cleaning equipment should be visibly clean with no blood and body substances, dust, dirt, debris or moisture.
Furnishing and fixtures	
Low surfaces	All surfaces should be visibly clean, with no blood and body substances, dust, dirt, debris or spillages.
High surfaces	All surfaces should be visibly clean, with no blood and body substances, dust, dirt, debris or spillages.
Chairs	All parts of the furniture should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape, stains or spillages.
Couch	All parts of the couch including underneath and framework should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape, stains or spillages.
Hand wash containers / Hand hygiene alcohol dispenser/ paper towel dispenser	All parts of the surfaces of hand soap / paper towel / alcohol gel dispensers should be visibly clean with no blood or body substances, dust, dirt, debris adhesive tape or spillages. Dispensers should be kept locked.

Standard of Cleaning Required	
Waste receptacles	The waste receptacle should be visibly clean (including lid and pedal) with no blood or body substances, dust, dirt, debris, stains or spillages.
Curtains and blinds	Curtains / blinds should be visibly clean with no blood or body substances, dust, dirt, debris, stains or spillages.
Toys	Toys should be visibly clean with no dirt, dust, debris, adhesive tape or body substances.
Kitchen fixtures and appliances	
Fridges and freezers	Fridges and /or freezers should be visibly clean with no blood or body substances, dust, dirt, debris, stains or spillages.
Kitchen cupboards	Kitchen cupboards should be visibly clean with no blood or body substances, dust, dirt, debris, stains or spillages.
Microwave	All microwave surfaces should be visibly clean with no blood or body substances, dust, dirt, debris, stains or spillages.
Dishwasher	Dishwashers should be visibly clean with no blood or body substances, dust, dirt, debris, stains or spillages.
Ice machines and hot water boilers	Ice machines and / or hot water boilers should be visibly clean with no blood or body substances, dust, dirt, debris, stains or spillages.
Toilets, sinks, and hand wash basin	
Toilets and bidets	The toilets and bidets should be visibly clean with no blood or body substances, scum, dust, removable lime scale, stains, deposits or smears
Sinks	The sink (and such equipment as wall attached dispensers, etc.) should be visibly clean with no blood or body substances, dust, dirt, debris, lime scale, stains or spillages. Plugholes and overflow should be free from build up.
Baby changing facilities	All parts should be visibly clean with no body substances, dust, dirt, debris, stains or spillages. Restraints should be capable of being removed for cleaning. Cleaning materials should be made available for cleaning between use.
Shower	The shower should be visibly clean with no blood or body substances, dust, dirt, debris, lime scale, stains or spillages. Plugholes and overflow should be free from build up.

(Reference - 'The National Specifications for Cleanliness in the NHS: Guidance on setting and measuring performance outcomes in primary care medical and dental premises' (NPSA, August 2010).

GLOSSARY OF TERMS

Audit - a process which allows for the systematic and critical analysis of the quality of service.

Benchmarking - use of a standard or point of reference for the purpose of comparison, usually in the context of improving performance.

Biofilm – a film of proteins and micro-organisms that forms over a surface of foreign material when it is in contact with tissue.

Clinical Clean - Clinical Clean Rooms are areas where 'clean' clinical procedures are carried out, e.g. treatment rooms.

Contact – a person who may have been exposed to infection from a person already infected.

Contamination – the soiling or inanimate objects or living material with harmful, potentially infectious or unwanted matter.

COSHH – Control of substances Hazardous to Health Regulations requiring employers to assess the risk to health from the use of substances that may be hazardous.

Dirty Utility - Examples of dirty utility room are, sluice rooms, or areas that are used for the decontamination of medical equipment.

Disinfection – a process that is intended to kill or remove pathogenic micro-organisms but which cannot usually kill bacterial spores.

General outbreak – two or more cases associated in place or time.

Isolation Room - A room in which certain categories of patients, particularly those with alert organisms or communicable diseases can be cared for with a minimum of contact with the rest of the patients/clients. No recommendation/frequency is given for soft flooring in isolation rooms because this type of flooring should not be present in isolation rooms.

Micro-organism – an organism too small to be seen by the naked eye, requiring a microscope to become visible.

Monitoring - is the on-going assessment of the outcomes of cleaning processes.

MRSA – Methicilin-resistant Staphylococcus aureus. A strain of S.aureus resistant to certain types of antibiotics.

Peer Review - review of a service by those with expertise and experience in that service, either as a provider, user or carer but who are not involved in its provision in the area under review.

PPM - Parts per million.

Service User - defined as patients and visiting public.

Single use – a device intended to be used during a single procedure and then discarded.

SSD (CSSD) - Sterile Services Department.

Terminal Clean - the procedure required to ensure that an area has been cleaned/decontaminated after a patient with an alert organism or communicable disease has been nursed in the area, in order to render it safe for the next patient.

Transmission – the means by which an infection is spread e.g. inoculation, sharps injury, airborne spread, ingestion.

Reference:

Lawrence, J. and May, D. (2003) *Infection Control in the Community*. London: Churchill Livingstone.

Further reading and guidance:

Department of Health www.dh.gov.uk/en/index.htm

Care Quality Commission www.cqc.org.uk

Health Protection Agency www.hpa.org.uk

Infection Prevention Society www.ips.uk.net

Space for Health www.spaceforhealth.nhs.uk/space-health

NPSA Cleaning Specification for Primary Care
www.nrls.npsa.nhs.uk/resources/type/guidance/?entryid45=75241

Appendix 1: Toy and play equipment - Condition check and cleaning record

Date	Toys cleaned Y/N	Toy condition checked Y/N	Comments	Actions	Checked by

Appendix 2: Weekly check list

Date and time	Room/area inspected, e.g., waiting room	Room/area is clean as per the cleaning standard Y/N	Name of person checking the standard of cleaning	Comments

Date and time	Room/area inspected, e.g., waiting room	Room/area is clean as per the cleaning standard Y/N	Name of person checking the standard of cleaning	Comments


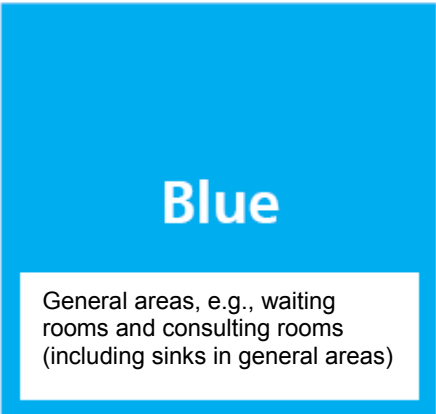
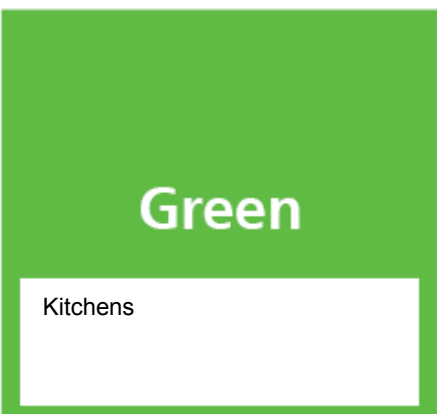

Appendix 3: National colour coding scheme

Cleaning equipment - the cleaning equipment that is regularly used should be fit for purpose, easy-to-use and well maintained. It is imperative that each healthcare provider regularly reviews its cleaning equipment to ensure that it is fit for purpose and, importantly, can demonstrate that it has clear infection control benefits.

This appendix sets out suggested colour coding systems for cleaning materials. Providers should consider ensuring its equipment conforms to these.

For cleaning materials and equipment in primary care medical and dental premises

All practices are recommended to adopt the national colour code below for cleaning materials. All cleaning items, for example, cloths (reusable and disposable), mops, buckets, aprons and gloves, should be colour coded.

 <p>Red</p> <p>Sanitary areas including sinks in sanitary areas</p>	 <p>Blue</p> <p>General areas, e.g., waiting rooms and consulting rooms (including sinks in general areas)</p>	 <p>Green</p> <p>Kitchens</p>	 <p>Yellow</p> <p>Treatment and minor operation rooms</p>
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Appendix 4: Cleaning schedule – Cleaning staff

- Enter the date the cleaning schedule is commenced
- White boxes indicate when a cleaning task is required
- Enter a tick in a white box when the cleaning task has been undertaken
- Shaded boxes indicate when a cleaning task is not required
- Some tasks have more than one frequency of cleaning, e.g., a hard floor should be cleaned either daily, weekly or monthly, and this depends on whether it is in a high, medium or low risk area
- Additional tasks can be added as required

The following are examples of types of rooms in the different risk categories:	
High risk:	Treatment room, minor surgery room
Medium risk:	Consulting room, waiting areas, dispensing areas, reception, toilets
Low risk:	Administrative/record storage/meeting rooms, corridors

Date cleaning schedule commenced:

Task	Risk	M T W T F S S							Wk	M T W T F S S							Wk	M T W T F S S							Wk	Mth	Qtr	6m	Yr		
		M	T	W	T	F	S	S		M	T	W	T	F	S	S		M	T	W	T	F	S	S							
Baby changing facilities in toilet areas	High																														
	Med																														
	Low																														
Ceilings	High																														
	Med																														
	Low																														
Chairs	High																														
	Med																														
	Low																														
Couch (underneath section)	High																														
	Med																														
	Low																														
Cupboards (external surfaces)	High																														
	Med																														
	Low																														
Curtains and blinds	High																														
	Med																														
	Low																														
Doors (Example: daily - handles and push plates /	High																														
	Med																														

Task	Risk	M							Wk	M							Wk	M							Wk	Mth	Qtr	6m	Yr
		T	W	T	F	S	S	T		W	T	F	S	S	T	W		T	F	S	S								
weekly - full clean)	Low																												
Fans (Example: monthly - external / six monthly - internal)	High																												
	Med																												
	Low																												
Floor – carpeted (shampoo)	High																												
	Med																												
	Low																												
Floor – carpeted (vacuum)	High																												
	Med																												
	Low																												
Floor – hard	High																												
	Med																												
	Low																												
Glazing (internal), e.g. partitions and mirrors	High																												
	Med																												
	Low																												
Hand wash basins	High																												
	Med																												
	Low																												
Radiators	High																												
	Med																												
	Low																												
Refrigerator external surfaces (medical and specimen)	High																												
	Med																												
	Low																												
Surfaces – high	High																												
	Med																												
	Low																												
Surfaces – low	High																												
	Med																												
	Low																												
Switches, sockets and data points	High																												
	Med																												
	Low																												
Toilets	High																												
	Med																												
	Low																												
Toys	High																												
	Med																												
	Low																												
Ventilation grilles/ extractor fans	High																												
	Med																												
	Low																												
Walls	High																												
	Med																												
	Low																												

Appendix 5: Cleaning schedule – Clinicians

- Enter the date the cleaning schedule is commenced
- White boxes indicate when a cleaning task is required
- Enter the initials/name of the person performing the cleaning task and enter a tick in a white box when the cleaning task has been undertaken
- Shaded boxes indicate when a cleaning task is not required
- Some tasks/elements require cleaning after each use e.g., baby changing mat, couch surface, trolleys and should be checked that they are clean on a weekly basis. Only record the check clean weekly in the appropriate box
- Additional tasks can be added as required

The following are examples of types of rooms in the different risk categories:	
High risk:	Treatment room, minor surgery room
Medium risk:	Consulting room, waiting areas, dispensing areas, reception, toilets
Low risk:	Administrative/record storage/meeting rooms, corridors

* Note:
 These items should be cleaned after each use.
 A 'check clean' is a visible inspection of an item to ensure it is clean, with no blood or body fluids, dust, dirt, debris or spillages

Date cleaning schedule commenced:

Task/Element	Risk	Name	M	T	W	T	F	S	S	Wk	M	T	W	T	F	S	S	Wk	M	T	W	T	F	S	S	Wk	M	T	W	T	F	S	S	Wk	Mth	Qtr	6m
Baby changing mats in clinical areas, check clean weekly*	High																																				
	Med																																				
	Low																																				
Couch (surface), check clean weekly*	High																																				
	Med																																				
	Low																																				
Cupboards (internal surfaces)	High																																				
	Med																																				
	Low																																				
Refrigerator (internal surfaces) – medical and specimen	High																																				
	Med																																				
	Low																																				
Trolleys – dressing/ minor operations check clean weekly*	High																																				
	Med																																				
	Low																																				

