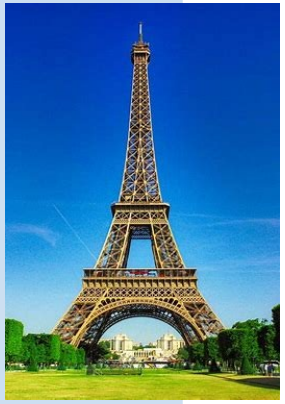
Healthcare Cleaning

Past, Present, Future

Presented by:
Emma Brookes, Head of Soft FM

Cleaning by Numbers



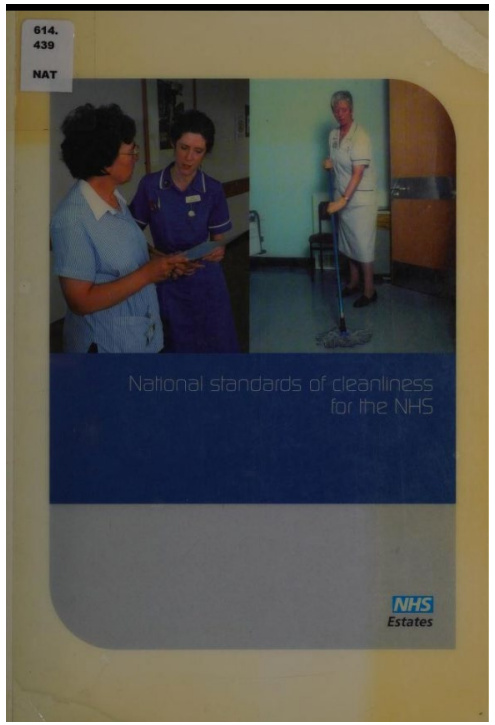
- The total occupied floor area is 7 times that of Tesco's UK shop portfolio
- It is equivalent to cleaning an area the size of Paris every 4 days
- More people are sleeping in our beds than there are hotel rooms in London
- We have 40,199 WTE cleaning staff
- That is 1 to every 3 ¼ beds or
- Equivalent to the number of runners in the London marathon

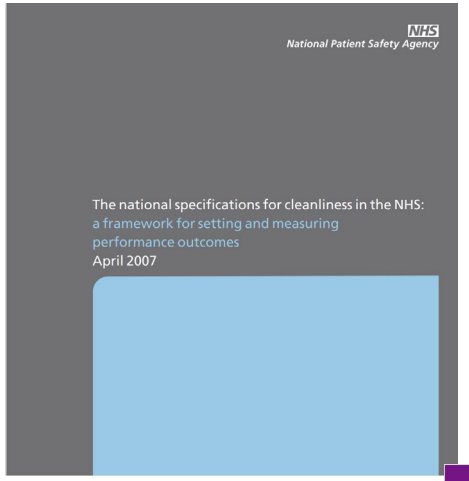
The Beginning

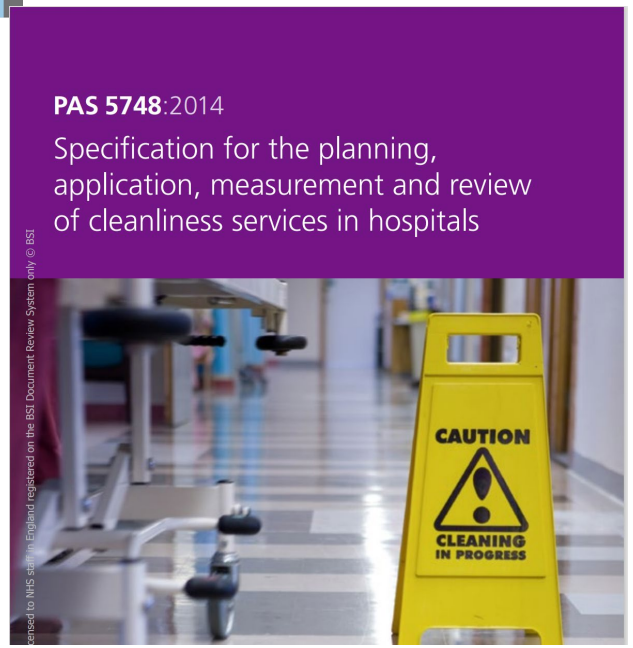
Florence Nightingale

- The first infection prevention and control champion
- Research into hospital sanitary problems made her a firm believer in pure air, pure water, efficient drainage, cleanliness, and light
- Nightingale's firm belief in preventive medicine led to an established standard of formalized cleanliness and sanitation in hospitals and the military

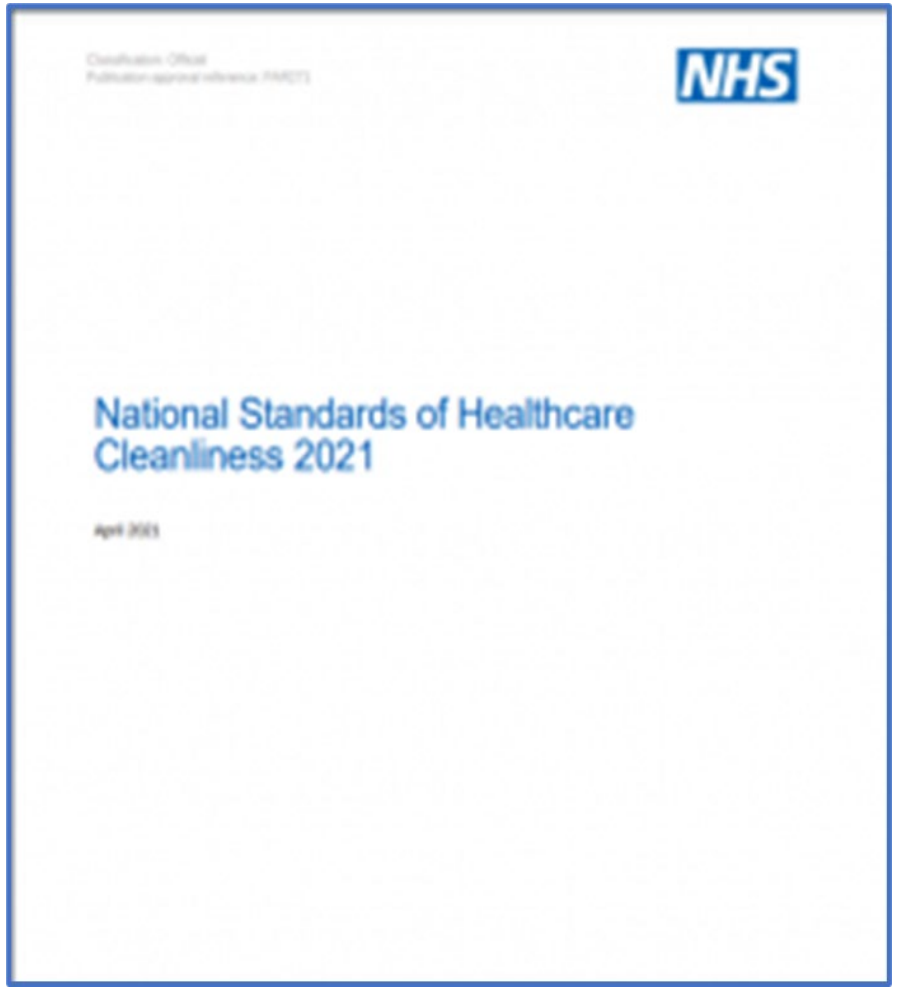
Healthcare Cleaning Standards







National Standards for Healthcare Cleaning2021



Document Ethos

Collaboration

A collaborative approach is essential to continuously improve cleanliness: organisations should involve a board nominee, clinical colleagues, partner organisations and patients in setting and monitoring cleaning standards for consistently high levels of service.

Transparency and Assurance

The standards emphasise transparency to assure patients, the public and staff that safe standards of cleanliness have been met. The transparency of audit and reporting methods, display of audit results, and the commitment to cleanliness charter provides assurance that an organisation is serious about cleaning.

Infection Prevention and Control

Cleaning is a vital part of the overall infection prevention and control process which aims to provide a clinically clean and safe environment for delivering patient care. Safe standards of cleanliness minimises risk to patient safety from inadequate cleaning. The new standards will be the measure by which we deliver cleaning services into the future.

Continuous Improvement

To encourage continuous improvement the standards combine mandates, guidance, recommendations and good practice. The new standards will allow organisations to measure performance in a uniform way and to benchmark it against similar organisations.

Commitment to Cleanliness Charters

Our Commitment To Cleanliness

Cleaning Summary

Keeping the NHS clean and preventing infection is everybody's responsibility from the Chief Executive to the healthcare cleaner. It is important for patients, visitors, the public and staff.

Cleanliness matters, and to ensure consistency throughout the NHS, and to support hospitals and healthcare services, this commitment has been adopted in every organisation.

This Charter sets out our commitment to ensure a consistently high standard of cleanliness is delivered in all of our healthcare facilities. It also sets out how we would like you to help us maintain high standards.

WE WILL:

- Treat patients in a clean and safe environment and minimise exposure to healthcare associated infections
- Provide a well maintained, clean and safe environment, using the most appropriate and up to date cleaning methods and frequencies
- Maintain fixtures and fittings to an acceptable condition to enable effective and safe cleaning to take place regularly
- Allocate specific roles and responsibilities for cleaning, linked to infection prevention and control, that are underpinned by strong, clear leadership that encourages a culture where cleanliness matters
- Have clinical leads who will establish and promote a cleanliness culture across their organisation
- Constantly review cleanliness and improve performance
- Take account of your views about the quality and standards of cleanliness by involving patients and visitors in reporting and monitoring how well we are doing
- Provide the public with clear information on any measures which they can take, to assist in the prevention and control of healthcare associated infections
- Provide the public with clear and precise information relating to the potential risk of contracting a healthcare associated infection. This will include highlighting other helpful information sources so that patients and public can access up to date local data
- Provide structured and pro-active education and training to ensure all our staff are competent in delivering infection prevention and control practices within the remit of their role
- Design any new facilities with ease of cleaning in mind

WE ASK PATIENTS, VISITORS AND THE PUBLIC TO:

- Follow good hygiene practices which are displayed in and around the organisation
- Tell us if you require any further information about cleanliness or prevention of infection
- Work with us to monitor and improve standards of cleanliness and prevention of infection

Chairman

Name / Signature

Chief Executive

Name / Signature

ISOLATION AREAS

All areas identified as Isolation Areas are cleaned using yellow colour coded equipment in accordance with the Trust's Infection Control Policy requirements.

PROTECTED MEAL TIMES

The Trust places great importance upon the need to ensure patients receive appropriate nutritional intake and assistance at meal times. Therefore during 'Protected Meal Time periods' cleaning will be undertaken in areas which do not interrupt the patient's enjoyment or distract Nurses from assisting patients with eating.

Star Rating For Cleanliness

The star rating system reflects the cleanliness of an area regardless of who has responsibility for cleaning.

5 Star Rating = Meets or exceeds the required standard.
4 Star Rating = A satisfactory standard has been met.
3 Star Rating = The standard is below expectation.
0 Star Rating = The standard is significantly below expectation.

NHS Trust Logo To Go Here

CATEGORY: FR1 Operating Theatres

CLEANING TASK	CLEANING FREQUENCY	RESPONSIBILITY
Sanitary Areas		
Toilets, urinals, sinks and taps	1 x full daily, 2 x check daily	Healthcare Cleaning Professional (HCP)
Showers	1 x full daily, 2 x check daily	HCP
Mirrors	1 x full daily, 1 x check daily	HCP
Operating Theatres and Recovery Areas		
Operating tables and trollies	1 x full daily and between each use	Theatre staff
Switches, sockets, data points, wall fixtures	1 x full daily	HCP
Walls (accessible up to 2m)	1 x full annually, 1 x check daily	HCP
Ceilings and walls (not accessible above 2m)	1 x full annually, 1 x check daily	Estates
Doors, including ventilation grilles	1 x full daily	HCP
Windows	1 x full every 6 months	External contractor
Internal glazing	1 x full daily	HCP
Ventilations grilles extracts and inlets	1 x full weekly, 1 x check daily	HCP
Low surfaces	1 x full daily	HCP
Middle surfaces	1 x full daily	HCP
High surfaces	1 x full daily	HCP
Waste receptacles	1 x full daily, 1 x check daily	HCP
Replenishment of consumables	Check and replenish 3 x daily	HCP
Floors		
Floors hard	1 x full daily, 2 x check daily	HCP
Floors soft	1 x full daily, 2 x check daily	HCP
Kitchen Areas		
Fridges and freezers	1 x full weekly, 1 x check daily	HCP
Cupboards	1 x full monthly, 1 x check daily	HCP
Medical Equipment		
Medical equipment	Refer to local protocol	Clinical staff
Cleaning Equipment		
All cleaning equipment including trolley	Full clean after each use	HCP

National Cleaning Colour Coding Scheme – National Patient Safety Agency

All cleaning items including cloths, mops, buckets, aprons and gloves should be colour coded as follows:

RED | Blue | Green | Yellow

If you require further information regarding the star ratings or cleaning please contact:

Should you wish to comment about the cleanliness of this area please contact:

Website to Go Here

Star Ratings

Efficacy Audit

Efficacy Checklist

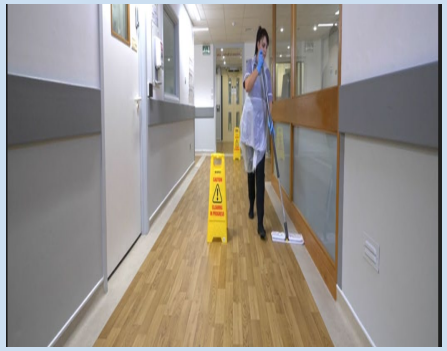
The efficacy checklist is designed to assess the process of cleaning and infection control related to cleaning.
The audit is designed to be carried out by the Domestic Manager, Facilities, Infection control and clinical teams.
The audit will be scored and any remedial action carried out to meet the agreed standard.

Area checked		Date of Audit	Re-check if required Y/N
Auditor name / designation:			
Auditor name / designation:			
Auditor name / designation:			
Auditor name / designation:			
SCORING	Pass = 1. Fail = 0,	Responsibilities: C = Cleaning, N = Nursing, E = Estates	

Cleanliness Assurance - Quality

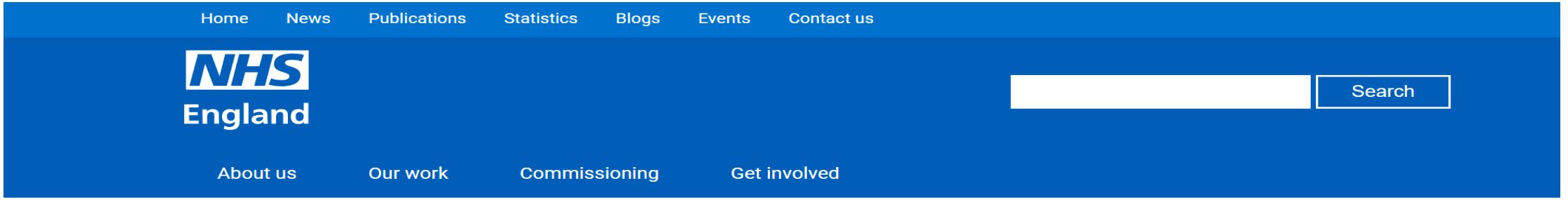
No.	Aspect	Standard	Score	Responsibility (C/N/E)	Comments or Rectification Notes
1	Specification	Is the cleaning poster and the star rating for the area on public display and available to view in an area visible to patients and visitors?			
2	Work Schedules	Are the work schedules up to date and in sufficient detail to guide the cleaning teams to the routine required to clean the area?			
3	Work Schedules	Are the work schedules in use and is there evidence that cleaning teams are following the schedule?			
4	Colour coding	Is colour coding being correctly adhered to by all team members?			
5	Cleaning Procedures	Are correct procedures in place and observed in practice by all teams carrying out cleaning i.e. clean to dirty, high to low, one cloth per patient bed-space and correct pseudomonas guidelines being followed?			
6	Procedures	Are mops/cloths being used correctly i.e. frequency of change and disposal in accordance with infection control and training?			
7	Limescale removal	has all limescale been removed from water outlets and is there evidence that internal surfaces of water outlets have limescale removed regularly?			

Documentation Now Available on the NHS Hub



- Leadership
- High Calibre Workforce
- Training and Qualification
- Tools
- Equipment
- Professional Language
- Power of Partnership

National Standards of Healthcare Cleanliness 2025



National standards of healthcare cleanliness 2025

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The National standards of healthcare cleanliness 2025 encompass all cleaning tasks throughout the NHS regardless of which department is responsible for it. They are based around: being easy to use; freedom within a framework; fit for the future; efficacy of the cleaning process; cleanliness which provides assurance; and transparency of results.

Link

link

National standards of healthcare cleanliness 2025

Summary

Accessible content. Published 5 February 2025.

Ambulance Trusts

No	Element	Performance parameter	FR1	FR2	FR3	FR4	FR5	FR6
		splashes						
55*	Cab area – cab floor and footwell, internal doors and pockets, cab seats (front, back and underneath), seatbelts, doors and pockets, dashboard and steering wheel, instrument panel, centre console (including radios and mobile phone)	All areas should be visibly clear of debris and clean, with no evidence of blood or bodily fluids, substances, dust, dirt, stains, or spillages / splashes	N/A	N/A	Weekly and full deep clean every 6 weeks (or local protocol)	N/A	N/A	N/A
56*	Cab area – roof panels, side, and back panels	All areas should be visibly clear of debris and clean, with no evidence of blood or bodily fluids, substances, dust, dirt, stains, or spillages / splashes	N/A	N/A	Full deep clean every 6 weeks (or local protocol)	N/A	N/A	N/A
57*	Patient area / saloon – patient entrance, steps, floor, and door well, interior cupboard facia, cleaning of all visible surfaces, suction unit,	All areas should be visibly clear of debris and clean, with no evidence of blood or bodily fluids, substances, dust, dirt,	N/A	N/A	At least once per shift and after every patient contact. Removal of linen and clinical waste as per local protocol. Weekly and full deep	N/A	N/A	N/A

The Future……

Evidence Based Cleaning

WHY? The scientific question we are trying to answer…

- By identifying the most effective environmental cleaning interventions and the most effective cleaning frequencies, can we significantly reduce the bioburden and the rates of transmission on frequently touched surfaces?

- hence… **evidence based cleaning**

The journey to evidence based cleaning…

Key stakeholders:

- A multi-disciplinary group of key stakeholders was established at the outset.

NHS University Hospitals of Derby and Burton NHS Foundation Trust

NHS England

HSE

IPS Infection Prevention Society

2022 to date

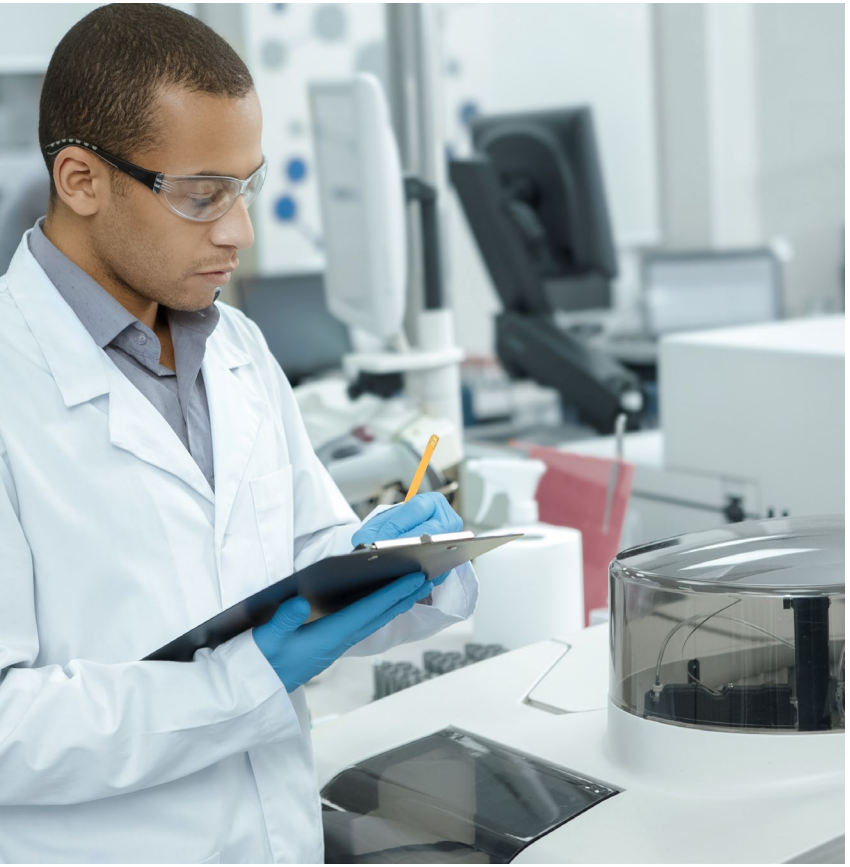
- **Starting point:** project purpose and objectives.
- **Phase 1:** engaged key stakeholders and ISS project team; undertook literature review; ensured academic rigour and endorsement of the project by UHDB microbiologist, IPC lead, EFM lead and Derby University.
- **Phase 2:** agreed test observation protocols, methodology, data collection and test wards, undertook scoping study.
- **Phase 3:** revised protocols and methodology from scoping study and completed baseline observations to determine the most frequently touched surfaces, (FTS), and who is touching them, and when. *Publish findings.*
- **Phase 4:** bioburden testing of FTS to determine which are most likely to transmit infections / establish baseline.
- **Phase 5:** identify how the bioburden is impacted by different cleaning interventions and whether we need to review any cleaning frequencies. *Consideration of the critical link between respiratory health and cleaning.*

What we know…

Mounting evidence

- There is increasing evidence that hospital environments contribute to the transmission of pathogens.
- Patient activity is responsible for significant amounts of contamination.
- Decontamination of the environment reduces healthcare associated infections.
- The evidence base for environmental hygiene is now accepted.

The story so far…



What we have identified

- The most frequently touched surfaces (FTS) in a multi-occupancy bay within a ward.
- Besides patient's, the groups of staff/people that are also touching individual surfaces.
- The peak activity times and subsequent increase in individual surfaces being touched.

Key takeaways

- It's a myth that mornings are busier than afternoons and that weekends are quieter.
- Nurses touch multiple surfaces around the room and are the next highest group after patients.
- Patients touch multiple surfaces, but predominantly the overbed table which is a major crossover point.
- Visitors may not be bringing in infections themselves but may play a role in transmission through touch points.

The next chapter…

What we need to know

- Identify which frequently touched surfaces (FTS) contain the highest level of bioburden and are therefore most likely to transmit infections.
- Identify how the level of bioburden is impacted by various cleaning interventions.
- Identify whether we should be cleaning some frequently touched surfaces (FTS) more?

Next steps…

- Testing protocols agreed with HSE.
- Testing of frequently touched surfaces, (with the highest bioburden), to measure the bioburden baseline against current cleaning regimes, (national standards).
- Testing of different cleaning interventions to determine how they reduce the bioburden.
- Measure the impact of training on the efficacy of the cleaning process.
- Consideration of the critical link between respiratory health and cleaning.

Forensic Methods in Healthcare Auditing

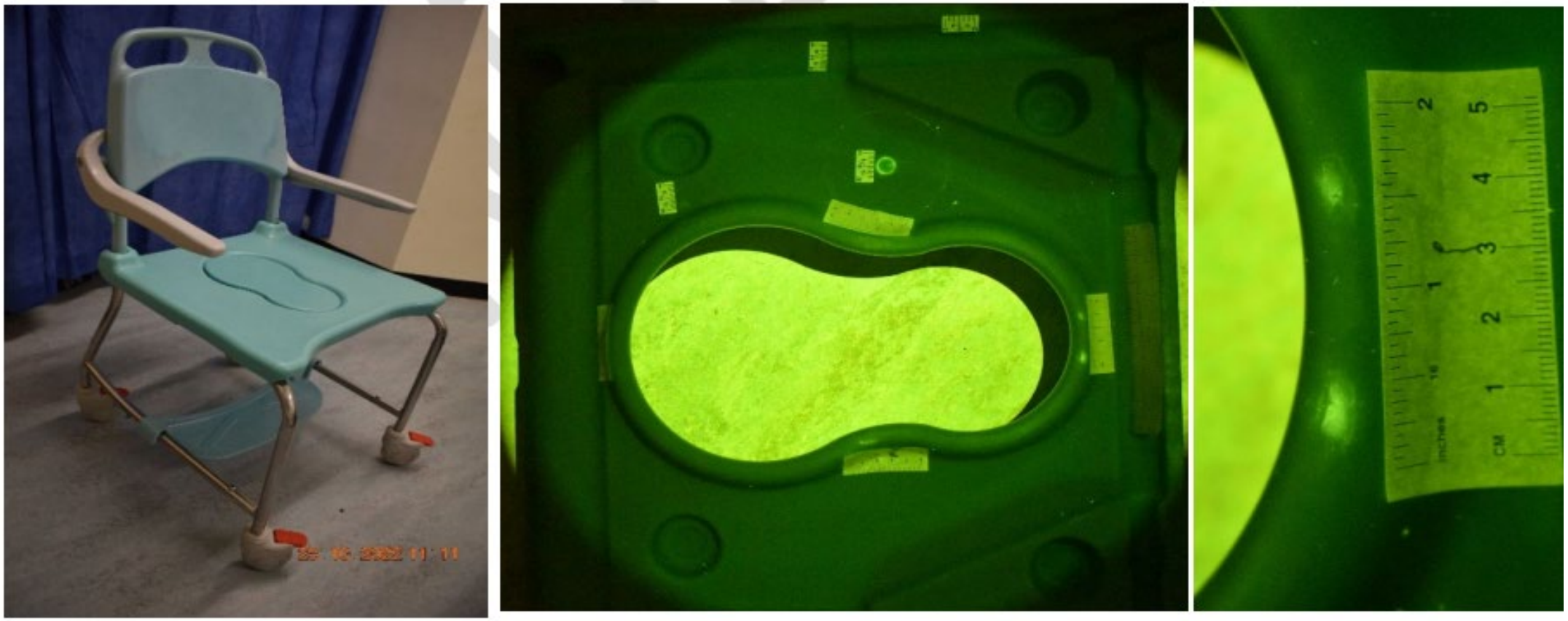
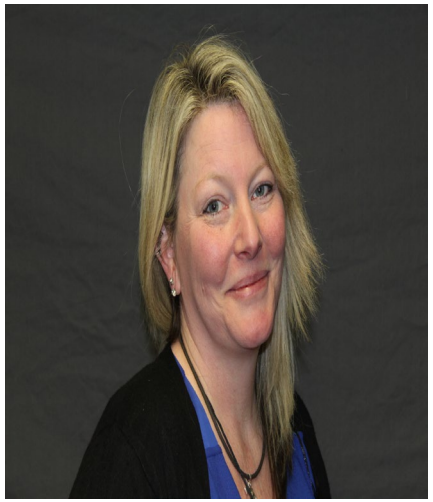


Figure 1. Commode. From left - white light; fluorescent overview; fluorescent contamination (under 455 nm (blue) light (filtered at 578 nm (yellow)).



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Thank You

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