



The NHSScotland National Cleaning Services Specification

Scottish Health Facilities Note 01-02

SHFN 01-02

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Contents

1. Introduction1

2. Roles and responsibilities.....2

3. Compliance monitoring6

4. Staff training and development8

5. General guidance 10

6. Guide to the cleaning services specification 12

7. Cleaning services area guide..... 14

8. Professional risk assessments..... 23

9. Standard operating procedures..... 51

10. Work schedule..... 86

Appendix A Sample work schedule 90

Appendix B Template risk assessment..... 91

Abbreviations 92

Glossary 94

References 96

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1. Introduction

- 1.1. This document is an updated version of the NHSScotland National Cleaning Services Specification (NCSS) 2009. Within NHSScotland, NHS boards have been working to and above the NHSScotland NCSS since it was developed and introduced in 2006. This update reflects changes to practice since the last iteration and continues to provide NHS boards with guidance which will assist in the risk assessment and undertaking of cleaning tasks.
- 1.2. This update includes generic risk assessments for each task definition, which have been developed by an Expert Working Group, and aligned to the Standard Operating Procedures (SOPs) (Section 9). The near patient environment is a priority and must be cleaned effectively to reduce the risk of Healthcare Associated Infection (HAI) within health and care settings.
- 1.3. The updates within the NCSS and attached risk assessments support NHS boards in accurately deploying resources to maintain a clean and safe environment for our patients, staff and visitors.

The National Cleaning Services Specification

- 1.4. The NCSS assists NHS boards to risk assess specific cleaning tasks and determine the frequency of cleaning based on infection risk and public perception. Reducing the risk of HAI is a priority area for NHSScotland.
- 1.5. NHS boards should refer to the professional risk assessments (Section 8) before making any amendments to cleaning schedules. These are the minimum level of assessment in terms of infection and perception risk and should be used to inform local processes. Please note, these are not Health and Safety risk assessments.

Context

- 1.6. Domestic services staff have an essential role within the multi-disciplinary healthcare team in improving patient, staff and public safety. For infection prevention and control (IPC) to work effectively, critical measures such as the Standard Infection Control Precautions (SICPs) must be adhered to.

SICPs are to be used by all staff, in all care settings, at all times to ensure the safety of those being cared for, staff and visitors in the care environment. To be effective in protecting against infection risks SICPs, including safe care of the environment, safe disposal of waste and hand hygiene must be applied routinely by all staff.

Further information can be found under Section 5.

2. Roles and responsibilities

Introduction

- 2.1. Governance is coordinated via the local health board's Healthcare Associated Infection (HAI) Framework. Director Letter '[\(DL\)\(2019\)02 - NHSScotland health boards and special health boards: blueprint for good governance](#)' sets out clearly the elements to be considered. Effective governance provides assurances that organisations have robust Infection Prevention and Control (IPC) measures in place.

It is essential that everyone in the organisation is aware of their individual responsibility with regards to the prevention of infection.

- 2.2. Standard 8 of the [Infection Prevention and Control Standards - Healthcare Improvement Scotland \(HIS\)](#), requires the organisation to ensure that infection risks associated with the Healthcare Built Environment (HBE) are minimised.

Locally agreed internal reporting and governance structures should be in place to provide an assurance of performance and ensure identified risks are managed effectively.

- 2.3. All NHS boards publish activity around key IPC issues via the Healthcare Associated Infection Reporting Template (HAIRT) which includes the Facilities Monitoring Tool (FMT) audit results. Scottish Ambulance Service (SAS) do not use HAIRT, however, they do use their local reporting tool to update the board bi-monthly.

Who is responsible for what?

- 2.4. A transparent IPC assurance and accountability framework, with clearly defined roles and responsibilities, is required to support strategic and operational decision making. It is important that staff are aware of their organisation's accountability and reporting structures, including which teams to contact for IPC leadership and expertise.
- 2.5. Within each NHS board, the responsible person will be the NHS board Lead for Domestic Services. It is important for all users of this document to be aware of the responsibilities and roles of each staff member within the Domestic Services Team.
- 2.6. When an outbreak has been identified, Nursing/ IPC staff should communicate this to the Domestic Manager as soon as possible and advise on the additional precautions that are required to be put in place.
- 2.7. Whilst job titles and staffing frameworks vary across NHS boards, the generic titles listed below capture the essence of everyone's responsibilities. Any local Standard Operating Procedures (SOP's) produced should reflect the content of this document using the job titles as they are known in that particular NHS board.

Domestic Assistant

- 2.8. Responsible for ensuring the environment is clean by:
- carrying out the scheduled cleaning duties within their allocated areas and completion of relevant paperwork for example work checklist
 - escalate gaps in the work schedule completion and the reasons for that for example, equipment not available/ malfunction or access denial or delay
 - reporting by exception and recording the reason why areas could not be cleaned for example, access issues or staffing levels
 - reporting of equipment faults, these will be determined by local maintenance arrangements

Domestic Supervisor

- 2.9. Responsible for:
- day to day supervision of the Domestic Assistants within an area or site
 - regularly auditing the clinical and non-clinical environment ensuring that the Domestic Assistant is fulfilling their duties
 - general supervision of cleaning services daily
 - regular review of their areas of responsibility using the risk assessments within the NHSScotland National Cleaning Services Specification (NCSS) and supporting in the development of the work schedules
 - reviewing exception reports and identifying any trends to allow review of service provision, for example, change of timing for cleaning
 - completion of any paperwork relevant to their teams for example, reviewing and signing domestic work checklists
 - equipment fault reporting and adverse event reporting

Domestic Manager

- 2.10. Responsible for overseeing the implementation and effective use of the NCSS including:
- provision of advice and support relating to cleaning issues
 - developing and reviewing the work schedules with the Domestic Supervisors and agreeing review processes
 - allocation of resources to ensure that the requirements of the output specification can be achieved
 - equipment fault reporting and adverse event reporting

Work schedules require to be signed off every two years by the Domestic Manager, Infection Prevention and Control Team (IPCT) and the Charge Nurse/ Head of Department for each clinical area.

SAS do not sign off individual work plans 2 yearly for the Service. If a work plan is required, SAS can have a generic one that is signed off at each Ambulance Station by the Clinical Team Leader or Area Service Manager (ASM) and reviewed in line with contractual agreements.

Alterations to Domestic Service Provision

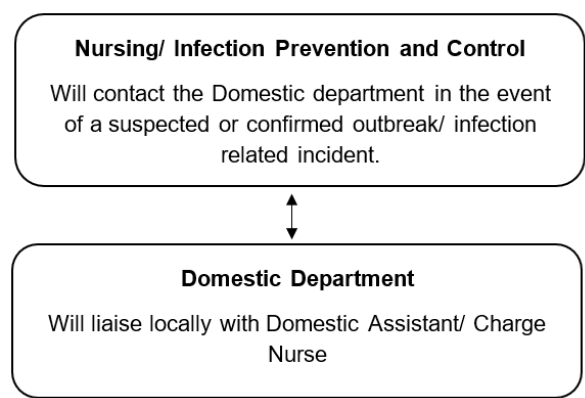
2.11. Altered domestic service provision occurs when an infection related outbreak/ incident occurs. Service provision may also need to be upscaled and work schedules altered when risks such as high consequence infectious diseases (HCIDs) are suspected or confirmed. Local board governance procedures should be followed.

Refer to local policy but consideration should be given to the following:

- enhanced/ increased frequency cleaning can be requested of Domestic Services by a member of the IPCT/ Clinical Service or as part of the Multidisciplinary Team (MDT) decision making process at a Problem Assessment Group (PAG) or Incident Management Team (IMT) meeting where there is a suspected or confirmed outbreak or infection related incident
- domestic services representation should be made available to support the MDT during the PAG/ IMT process
- in the absence of a PAG/ IMT, regular communication between the IPCT and Domestic Services Team is essential to agree step up/ step down of enhanced and/ or increased frequency cleaning arrangements
- internal NHS board operational arrangements to enact and enable this request will be the responsibility of Domestic Services

Procedure must be agreed as per local arrangements and determined by management structures within NHS boards.

Figure 2.1 - Example of a management structure within a NHS board



Record Keeping

- 2.12. Effective record management ensures that NHS boards can maintain and provide key documentation which may be requested by external stakeholders such as HIS during an inspection. It also ensures that NHS boards act in accordance with legal requirements, standards, evidence-based and professional work practices. Locally, specific records that should be kept are work schedules, log sheets detailing any additional tasks, FMT audit results and any action plans developed because of exception reports. Records should be retained for a minimum of one year and maximum of two years, refer to your local board policy for the retention of documentation.

When to use additional Risk Assessments

- 2.13. Included within this guidance are risk assessments for each daily cleaning task with additional risk assessments for isolation and terminal cleans where these are requested. Appendix B contains a risk assessment template for use when alterations to domestic service provision are required.

3. Compliance monitoring

Introduction

- 3.1. Throughout the year, NHS boards will monitor all their facilities which deliver healthcare services.
- 3.2. The national monitoring framework is an agreed minimum approach to auditing for all NHS boards in Scotland. It provides a set of evidence-based principles which will provide organisational quality assurance of all safe and clean care auditing and supports a quality improvement approach that is in line with national Infection Prevention and Control (IPC) standards.

There are two components to the monitoring:

- audits carried out on a routine basis by Domestic Services/ IPC Auditors
 - audits carried out on a scheduled basis by peer review teams involving IPC, Nurse Managers, Estates and Quality Assurance Teams and public members
- 3.3. Cleanliness is assessed using an observational process in accordance with the technical requirements set out within this document. The requirements vary depending on the type of area being assessed and the scores are weighted to reflect risk. For example, elements within an operating theatre (such as, floors, furniture/ fittings) will receive a higher weighting than the same elements in a lower risk area such as an office in a non-clinical department.
- 3.4. Any issues identified, must be actioned and reported as per local board process and policy.
- 3.5. Audit information is available to local staff following the audit and managers can access their audit data at any given time.

Peer and public review

- 3.6. The Peer and Public Review Audit process provides an independent systematic approach to the involvement of members of the public and other professionals in the auditing process, supporting confidence in the delivery of the Facilities Monitoring Framework and the Domestic Services provision to a ward/ department or site.
- 3.7. Peer Review may include representation from any of the following groups:
- domestic services
 - IPC professionals
 - professional Managers, estates representatives and members of the NHS board Quality Team (if applicable)
- 3.8. Peer Review provides an opportunity to involve and engage with colleagues during the monitoring process, strengthening communication between the teams and sharing learning

from the process. Results of this review will be fed back to those who have been involved in the process.

- 3.9. Public Involvement Review provides public assurance of the quality of audit activity and supports the review process. The role of the member of public is to observe the monitoring process and provide a communication route to their Public Partnership Forum (PPF) or another recognised accountable forum.
- 3.10. Compliance Monitoring is an integral part of cleaning service provision and should be carried out with full involvement of service providers.
- 3.11. Further information can be found in the [National Facilities Monitoring Framework Manual \(Scottish Health Facility Note \(SHFN\) 01-01\)](#), National Services Scotland (NSS) website.

4. Staff training and development

Introduction

- 4.1. In June 2013, NHS Education for Scotland (NES) and Health Facilities Scotland (HFS) (now NHSScotland Assure) published the 'Education Pathways for Estates Services' and the 'Education Pathways for Facilities Services'. The Pathways were designed to help staff access the learning and qualifications which were most appropriate to their role, their career aspirations and to the service. They were aimed as national tools to support succession, service and personal development planning in estates and facilities services across NHSScotland. Since 2020, the delivery of qualifications has changed such that the Education Pathways in their existing form were becoming outdated.
- 4.2. Learning for Career Success is a website to support workforce and provides a more tailored approach to finding the right qualification in line with your skills and interests.

Figure 4.1 - Image of the Learning for career success website



- 4.3. This website has been developed for the support workforce and enables you to find out more about work-based qualifications and how to access these using a handy qualifications finder.
- 4.4. The website had been created for colleagues already working in the support workforce who are interested in exploring options to develop their current job, find inspiration from others, and learn about different careers within the NHS. The website also provides a platform for anyone interested in a support workforce role and includes links to the NHSScotland Careers website and routes to find NHSScotland vacancies.
- 4.5. Alongside providing a qualifications finder, Learning for Career Success also has information on recognition of prior learning, personal development planning and how to create an inclusive workplace.

- 4.6. NES has developed the Scottish Infection Prevention and Control Education Pathway (SIPCEP) which is hosted on the Infection Prevention and Control (IPC) Zone on Turas Learn. This provides learning on all Standard Infection Control Precautions (SICPs) in line with the National Infection Prevention and Control Manual (NIPCM).

If you have any questions or feedback relating to [learning and career development resource](#), please contact wideningaccess@nes.scot.nhs.uk

Review of Training Programmes

- 4.7. Training programmes for all grades of domestic services staff, including Operatives and Supervisors, should be developed along with their Personal Development Plans (PDPs).
- 4.8. All new domestic services staff should receive comprehensive induction training on cleaning protocols, use of equipment, SICPs and the NHSScotland National Cleaning Services Specification (NCSS) before commencing independent duties.
- 4.9. Training guidance for equipment fault reporting and adverse event reporting to ensure staff at all grades are aware of the importance of reporting and how to report.
- 4.10. A record of all training must be maintained, and routine training provided to all staff on a regular basis. The content of training programmes must be subject to regular review and updates so that best practice, new developments and any legislative changes are incorporated.
- 4.11. Some Scottish Ambulance Service (SAS) locations employ domestic service contractors who have their own training in place.
- 4.12. To further promote and underpin consistency in training, it is recommended that there should be national reference materials/ packages available throughout NHSScotland, such as, the NHSScotland National Education and Training Framework for Domestic Services.
- 4.13. Staff training and development is a core activity in any department involving domestic services and a structured approach to training should be developed and controlled by an appropriate Service Manager, with the support of Infection Prevention and Control Teams (IPCT) and other relevant Healthcare Professionals where required.
- 4.14. The Healthcare Improvement Scotland (HIS) Infection prevention and control standards - Standard 6, ensures that the organisation uses evidence-based IPC policies, procedures and guidance.

5. General guidance

Infection prevention and control

- 5.1. The [National Infection Prevention and Control Manual \(NIPCM\)](#) was first published in January 2012 by the Chief Nursing Officer (CNO). The NIPCM and Care Home Infection Prevention and Control Manual (CHIPCM) are considered best practice in all health and care settings.
- They aim to:
- make it easy for care staff to apply effective infection prevention and control (IPC) precautions
 - reduce variation, promote standardisation, and optimise IPC practices throughout Scotland
 - help reduce the risk of Healthcare Associated Infections (HAIs)
 - help align practice, monitoring, quality improvement and scrutiny
- 5.2. The Standard Infection Control Precautions (SICPs) referred to in this document are described in detail within Chapter 1 of the NIPCM. The NIPCM also contains supporting materials and resources such as the NIPCM: HAI Compendium which provides an overview of current national policy, guidance and supporting materials on HAI, decontamination, and other related topics.
- 5.3. The ten elements of SICPs are:
- Patient Placement/ Assessment for infection risk
 - Hand Hygiene
 - Respiratory and Cough Hygiene
 - Personal Protective Equipment (PPE)
 - Safe Management of Care Equipment
 - Safe Management of the Care Environment
 - Safe Management of Linen
 - Safe Management of Blood and Body Fluid Spillages
 - Safe Disposal of Waste (including sharps)
 - Occupational Safety: Prevention and Exposure Management (including sharps)

Equipment Colour Coding

- 5.4. All NHS organisations should adopt the colour code below for cleaning materials.
- 5.5. The National Colour Coding Programme, 2012, stated that while colour coding is required for flat or conventional mopping systems, colour coding is not required for micro-fibre

mopping systems that are single use systems. The letter also states that colour coding is not required for single use disposable PPE (such as, aprons, gloves):

- **Red** - bathrooms, washrooms, showers, toilets, basins and bathroom floors
- **Blue** - general areas including wards, all clinical departments, offices and basins in public areas
- **Green** - ward kitchen areas and patient food service at ward level
- **Yellow** - isolation areas

Note 1: The Colour Coding Programme is a mandatory requirement.

Figure 5.1 - The national colour coding programme



6. Guide to the cleaning services specification

Introduction

- 6.1. This section provides guidance on the interpretation and local application of the NHSScotland National Cleaning Services Specification (NCSS). It must be read in conjunction with Section 8, Professional Risk Assessments. The NCSS is based upon the accurate deployment of resources in accordance with the level of risk. Generic risk assessments have been developed according to each task definition; these are detailed within Section 8.

Task definitions

- 6.2. These are arranged by surface/ category to be cleaned and include all relevant tasks. Each surface/ category is allocated a number indicating the Task Group number from the original 2009 specification and running from Group 1 - Group 16.

Generic risk assessments have been compiled for each task definition, and these can be found in Section 8 of this document.

To develop a cleaning plan for a ward room or identify the applicable Task Groups (for example, Group 1 Floors, Group 2 Sanitary Fittings, Group 3 Furniture, and so on. Use the risk assessments in Section 8 for each task to determine the required cleaning frequency and precautions, then follow the Standard Operating Procedures (SOPs) in Section 9 to carry out the tasks to the required standard.

Table 6.1 - Depicts the description for each associated Task Group

Task Group	Description
Task Group 1	Floors
Task Group 2	Sanitary fixtures and fittings
Task Group 3	Furniture, fixtures and fittings
Task Group 4	Low level surfaces
Task Group 5	High level surfaces
Task Group 6	Telephones and patient entertainment systems (as per local policy)
Task Group 7	Paintwork
Task Group 8	Glass partitions, panels and wall finishes
Task Group 9	Curtains and screens
Task Group 10	Window blinds
Task Group 11	Cleaning dispensers and replenishing consumables

Task Group	Description
Task Group 12	Waste collection and disposal
Task Group 13	Cleaning equipment
Task Group 14	Patient transport, ambulance vehicles and ambulance stations
Task Group 15	No longer required
Task Group 16	Ward kitchen/ pantry appliances

7. Cleaning services area guide

Introduction

- 7.1. The NHSScotland National Cleaning Services Specification (NCSS) 2009 had areas listed under coding from A - M and the decision to split these was made due to the high level of overlap.

Table 7.1 - Depicts clinical and non-clinical areas with a NHS board

Clinical	Non-clinical
Ambulances and other patient transport vehicles*	Bin recess
Consult/ treatment/ clean utility room	Cafeterias
Day rooms/ recreation	Changing rooms/ locker rooms
Dirty utility	Chapels
Domestic Services Room (DSR)	Chute rooms
DSR	Corridors
High risk in-patient	DSR
Isolation room	Entrances to non-patient care area
Laboratory/ pharmacy including dispensary and aseptic wards	Fire escape stairs
Reception areas	Foyers/ public communal areas
Rehabilitation pools	Lecture rooms
Single patient room	Lifts
Single room en-suite	Offices
Staff changing rooms	On call rooms/ relatives' rooms
Staff sanitary facilities	Prayer rooms
Sterile services	Public toilets/ mother and baby rooms/ residential bath/ shower and WC
Sterile services-wash room	Residential communal areas
Theatre lifts	Residential kitchen
Theatre/ Intensive Care Unit (ICU/ Neonatal Intensive Care Unit (NICU)/ Cardiac Care Units (CCU)/ High Dependency Unit (HDU)/ Special Care Baby Unit (SCBU)	Residential private areas (bedrooms)

Clinical	Non-clinical
Therapy workshops, such as plaster rooms, orthotics, hairdressers and others	Sanctuary rooms
Waiting areas	Shops/ banks
Ward bed area	Staff rest room/ pantry/ kitchen
Ward corridors, ward offices	Stairs
Ward dining rooms	Storerooms
Ward pantry/ kitchen (not production kitchen)	Waiting area
Ward sanitary area	Workshops
Ward storerooms	Not applicable

*Within ambulance stations most areas are considered non-clinical except for laundry, sluice, consumable storage, staff changing and sanitary facilities.

Index of Monitoring Codes

- 7.2. Each room type has an alphanumeric specification code, for example, a DSR has the specification code A12. The listings below shown as Clinical and Non-Clinical should simplify the structure for the end user.

Some rooms, may be coded differently depending on the area in which they are in. For example, an office in a Health Centre may be coded differently to an office in a hospital. Refer to the Monitoring Framework for detail.

Clinical - In-patient acute

- 7.3. Examples of in-patient acute room areas are bed areas, day room, clinical clean and dirty utility area, wards, corridor and stairs.

Table 7.2 - Risk Code A

Alphanumeric Code	Room Type	Area
A1	Bed area/ day room/ clinical clean and dirty utility areas/ ward corridor and stairs	In-patient ward
A3	Sanitary area	In-patient ward
A5	Ward pantry/ kitchen	In-patient ward
A6	Offices	In-patient ward
A8	Storeroom	In-patient ward

Alphanumeric Code	Room Type	Area
A10	Dining room	In-patient ward
D7	Entrance/ steps/ ramps	Wards/ departments
D9	Staff changing/ sanitary areas	Wards/ departments
D17	Fire escape stairs	In-patient wards
A12	DSR	All areas

Clinical - High risk patient areas

- 7.4. Examples of high-risk patient room areas are ICU, CCU, Renal, HDU, Oncology, Haematology, Orthopaedics, Cardio Thoracic, Neurosurgery, Infectious Diseases Unit and Accident and Emergency (A&E), Admission Units and Neonatal and SCBUs.

Table 7.3 - Risk Code B

Alphanumeric Code	Room Type	Area
B1	Bed area/ A&E treatment area/ day room/ clinical clean and dirty utility areas/ ward corridor and stairs	In-patient ward
A3	Sanitary area	In-patient ward
A5	Ward pantry/ kitchen	In-patient ward
A6	Offices	In-patient ward
A8	Storeroom	In-patient ward
A10	Dining room	In-patient ward
D7	Entrance/ steps/ ramps	Wards/ departments
D9	Staff changing/ sanitary areas	Wards/ departments
D17	Fire escape stairs	In-patient wards
A12	DSR	All areas

Clinical - In-patient continuing care

- 7.5. Examples of in-patient continuing care room areas are in-patient wards and continuing care wards.

Table 7.4 - Risk Code C

Alphanumeric Code	Room Type	Area
C11	Day room/ day dining room/ recreation	In-patient ward
A1	Bed area/ day room/ clinical clean and dirty utility areas/ ward corridor and stairs	In-patient ward
A3	Sanitary area	In-patient ward
A5	Ward pantry/ kitchen	In-patient ward
A6	Offices	In-patient ward
A8	Storeroom	In-patient ward
A10	Dining room	In-patient ward
D7	Entrance/ steps/ ramps	Wards/ departments
D9	Staff changing/ sanitary areas	Wards/ departments
D17	Fire escape stairs	In-patient wards
A12	DSR	All areas

Clinical - Departments

- 7.6. Examples of clinical department room areas are treatment rooms, consulting rooms, patient changing, clinical clean and dirty utility area, domestic services rooms and so on.

Table 7.5 - Risk Code D

Alphanumeric Code	Room Type	Area
D1	Treatment room/ patient changing/ clinical clean/ dirty utility areas	Consulting room/ departments
D2	Sanitary area/ rehabilitation pool	Departments
D3	Office/ reception area/ lecture rooms/ meeting rooms/ corridors/ stairs and lifts	Departments
D7	Entrance/ steps and ramps	Wards/ departments
D9	Staff changing/ sanitary area	Departments

Alphanumeric Code	Room Type	Area
D14	Clinical workshop	Departments
D16	Store	Departments
D17	Fire escape stairs	Wards/ departments
E13	Pantry	Departments
A12	DSR	All areas

Non-Clinical - Departments

- 7.7. Examples of non-clinical department room areas are offices and computer services.

Table 7.6 - Risk Code E

Alphanumeric Code	Room Type	Area
E3	Office and computer services non-clinical	Departments
D3	Office/ reception area/ lecture rooms/ meeting rooms/ corridors/ stairs and lifts	Departments
E10	Staff dining room/ coffee lounge	Departments
E11	Tea bar/ cafeteria	Departments
E12	Shop/ bank	Departments
E13	Pantry	Departments
E15	Workshop – works department	Departments
D7	Entrance/ steps/ ramps	Wards/ departments
D9	Staff changing/ sanitary area	Departments
D16	Store	Departments
D17	Fire escape stairs	Departments
A12	DSR	All areas

Non-Clinical - Residential accommodation

- 7.8. Examples of non-clinical residential accommodation room areas are bedrooms, bed sitting rooms, private sitting rooms and offices, sanitary areas, utility areas.

Table 7.7 - Risk Code F

Alphanumeric Code	Room Type	Area
F1	Bedroom, sitting room, private sitting room, office, sanitary, utility	Residential accommodation
F2	Sanitary area - communal	Residential accommodation
F4	Pantry/ kitchen	Residential accommodation
F5	On call room/ relatives room	Residential accommodation
F6	Communal stairs, corridor, entrance, sitting room, recreation room	Residential accommodation
A12	DSR	All areas

Clinical - Clinic and health centres

- 7.9. Example of clinic and health centre room areas are consulting rooms, treatment rooms, dirty utility, domestic services room, dispensaries, corridors, waiting areas, entrances, lifts and stairs.

Table 7.8 - Risk Code G

Alphanumeric Code	Room Type	Area
G1	Consulting room/ clinic treatment room/ corridors/ waiting areas/ entrances/ lifts and stairs/ clinically clean and dirty utility areas/ workshops and dispensaries/ day room (for day hospitals)	Clinics/ health centres
G3	Public and patient changing sanitary areas and staff rest rooms	Clinics/ health centres
G7	Office	Clinics/ health centres
G10	High risk treatment room	Clinics/ health centres

Alphanumeric Code	Room Type	Area
D16	Store	Clinics/ health centres
D17	Fire escape stairs	Clinics/ health centres
E13	Pantry	Clinics/ health centres
I4	Local decontamination room	Clinics/ health centres
A12	DSR	All areas

Clinical - Very high-risk patient areas

- 7.10. Example of very high-risk patient room areas are theatres, transplant and bone marrow units, day surgery.

Table 7.9 - Risk Code H

Alphanumeric Code	Room Type	Area
H1	Theatre/ associated anterooms, transplant unit and bone marrow	Very high risk
H2	Corridors within theatres, transplant units and bone marrow	Very high risk
A3	Sanitary	In-patient ward
A6	Office	In-patient ward
A5	Ward pantry/ kitchen	In-patient ward
E10	Staff lounge	Departments
A12	DSR	All areas

Clinical

- 7.11. Example of clinical room areas are laboratories, pharmacies, central decontamination units and sterile fluid preparation and sterile services and aseptic units

Table 7.10 - Risk Code I

Alphanumeric Code	Room Type	Area
I1	Laboratory, pharmacy	Departments
I2	Pharmacy sterile fluid preparation, sterile services department	Departments

Alphanumeric Code	Room Type	Area
D7	Entrance/ steps/ ramps	Wards/ departments
D9	Staff changing/ sanitary area	Departments
E3	Office and computer services	Departments
E10	Staff lounge	Departments
I3	Cleanroom	Sterile preparation area/ Central Decontamination Unit (CDU)
I4	Washroom	CDU
A12	DSR	All areas
D2	Sanitary area	Wards
D3	Office/ reception area/ lecture rooms/ meeting rooms/ corridors/ stairs and lifts	Departments
D14	Clinical workshop	Outer areas
D16	Store	Wards
E13	Staff kitchen area	Wards
H2	Changing accommodation	Clean room, changing area

Clinical - Ambulances and other patient transport vehicles

Table 7.11 - Risk Code J

Alphanumeric Code	Room Type	Area
J1	Ambulance and other patient transport vehicles	Vehicle departments

Clinical - Isolation clean

Table 7.12 - Risk Code K

Alphanumeric Code	Room Type	Area
K	Isolation clean	In-patient area

Clinical - Discharge clean

Table 7.13 - Risk Code L

Alphanumeric Code	Room Type	Area
L	Discharge clean	In-patient area

Clinical - Terminal clean

Table 7.14 - Risk Code M

Alphanumeric Code	Room Type	Area
M	Terminal clean	In-patient area

8. Professional risk assessments

- 8.1. The risk assessments are based on the:
 - infection risk versus public perception risk and are measured against a 3x3 matrix, taken from the Standard for Planning and Measuring Hospital Cleanliness Publicly Available Specification (PAS) 5748:2014 publication
 - these risk assessments are not a substitute for local NHS board Health and Safety Risk Assessment
- 8.2. The Risk Assessments have been developed for each cleaning task detailed in the NHSScotland National Cleaning Services Specification (NCSS) that may be required within NHSScotland In-Patient and Out-Patient Care Facilities. These risk assessments enable the organisation to confidently demonstrate, by reference to the Task Risk Assessment, the need to vary the frequency or prioritise tasks in the case of contingency. Each NHS board is responsible for using this guidance to generate their own specific local risk assessments working in collaboration with relevant staff groups such as the Infection Prevention and Control Team (IPCT), the Health and Safety Officer.
- 8.3. Deviation from recommended frequency on basis of risk assessment must be documented. This is a recommendation within the current literature review - Routine Cleaning of the Care Environment.
- 8.4. These Risk Assessments are measured on two categories which are as follows:
 - infection prevention and control (IPC)
 - perception and confidence risk (patients, staff and visitors)

Figure 8.1 - 3 x 3 matrix for Infection and Confidence risk

Infection risk	3	3	6	9
	2	2	4	6
	1	1	2	3
		1	2	3
Perception risk				

- 8.5. Elements carry a certain risk irrespective of where they are. A toilet for instance carries a high risk for both infection and confidence. A floor is a low risk for infection, but a high risk for confidence. NHS boards are required to assess elements on a three-point numeric scale

for infection and confidence risk with the combined outcomes expressed as Red, Amber or Green (RAG).

Likewise, for some parts of a site, the risk of poor standards of cleaning is greater than in others. A poorly cleaned main entrance carries a particular risk of damaging confidence. Functional areas are also risk assessed on a similar, three point numeric and then RAG-rated basis.

Note 2: Risk assessments cannot guarantee a specific standard of cleanliness within any given area as the impact would vary depending on several local contributory factors. It remains the responsibility, locally, to monitor each area on an on-going basis and amend frequency of tasks accordingly to achieve an acceptable quality output.

Note 3: Items which fall under a rolling maintenance contract, with a local agreement in place for example, vending machine, ice machines and so on, require a local risk assessment to be in place to ensure these items are being maintained effectively.

Figure 8.2 - Cleaning Specification Code Risk Matrix (A1 - A12)

	Bed area/ day room/ clinical clean and dirty utility areas/ ward corridor and stairs			Sanitary Area			Ward Pantry/ Kitchen			Offices			Storeroom			Dining room			Domestic Service Room (DSR)		
Cleaning Specification Code	A1			A3			A5			A6			A8			A10			A12		
Item Checked	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG
Floors	1	3	3	1	3	3	1	3	3	1	2	2	1	1	1	1	3	3	1	2	2
Toilet/Wash hand basin/sink	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9
Furniture and Fittings	3	3	9	3	3	9	3	3	9	2	1	2	2	1	2	3	3	9	3	3	9
Low Level	1	3	3	1	3	3	1	2	2	1	1	1	1	1	1	1	2	2	1	3	3
High Level	1	3	3	1	2	2	1	2	2	1	1	1	1	1	1	1	2	2	1	3	3
Telephones	2	3	6							2	2	4	2	1	2	2	3	6			
Paintwork	1	3	3	1	2	2	1	1	1	1	1	1	1	1	1	1	2	2	1	2	2
Glasswork	1	3	3	1	2	2	1	1	1	1	1	1	1	1	1	1	2	2	1	2	2
Curtains and Screens	2	3	6	2	3	6				1	1	1	2	1	2	2	3	6	1	1	1
Window Blinds	1	1	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2
Soap/Handtowels	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9
Refuse	2	3	6	2	3	6	2	3	6	1	1	1	2	1	2	2	3	6	2	3	6
Cleaning Equipment																			3	3	9
Appliances							2	2	4												

Figure 8.3 - Cleaning Specification Code Risk Matrix (B1 - D9)

	Bed area/day room/ clinical clean and dirty utility areas/ ward corridor and stairs			Day room/ day dining room/ recreation			Treatment room/ patients changing/ clinical clean/ dirty utility areas			Sanitary area/ rehabilitation pool			Office/ reception area/ lecture rooms/ meeting rooms/ corridors/ stairs and lifts			Entrance/steps /ramps			Staff changing/ sanitary area		
Cleaning Specification Code	B1			C11			D1			D2			D3			D7			D9		
Item Checked	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG
Floors	1	3	3	1	3	3	1	3	3	1	3	3	1	2	2	1	3	3	1	2	2
Toilet/Wash hand basin/sink	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9
Furniture and Fittings	3	3	9	3	3	9	3	3	9	3	3	9	2	1	2	2	3	6	3	1	3
Low Level	1	3	3	1	3	3	1	3	3	1	3	3	1	1	1	1	2	2	1	1	1
High Level	1	3	3	1	3	3	1	3	3	1	3	3	1	1	1	1	2	2	1	1	1
Telephones	2	3	6	2	3	6	2	3	6				2	2	4	2	3	6	2	1	2
Paintwork	1	3	3	1	2	2	1	2	2	1	2	2	1	1	1	1	2	2	1	1	1
Glasswork	1	3	3	1	2	2	1	2	2	1	2	2	1	1	1	1	2	2	1	1	1
Curtains and Screens	2	3	6	2	3	6	2	3	6	2	3	6	1	1	1	1	2	2	2	1	2
Window Blinds	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Soap/Handtowels	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9
Refuse	2	3	6	2	3	6	2	3	6	2	3	6	1	1	1	2	3	6	2	2	4
Cleaning Equipment																					

Figure 8.4 - Cleaning Specification Code Risk Matrix (D14 - E12)

	Clinical workshop			Store			Fire escape stairs			Office and computer services non-clinical			Staff dining room/coffee lounge			Tea bar/cafeteria			Shop/bank		
Cleaning Specification Code	D14			D16			D17			E3			E10			E11			E12		
Item Checked	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG
Floors	1	2	2	1	1	1	1	2	2	1	1	1	2	2	4	2	2	4	1	2	2
Toilet/Wash hand basin/sink	3	3	9	3	3	9							3	3	9	3	3	9			
Furniture and Fittings	2	1	2	2	1	2	1	2	2	1	1	1	2	2	4	2	2	4			
Low Level	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	1	2	2
High Level	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	1	2	2
Telephones	2	1	2	2	1	2				2	1	2	2	1	2	2	2	4			
Paintwork	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	1	2	2
Glasswork	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2
Curtains and Screens	2	1	2	2	1	2				1	1	1	1	1	1	1	2	2	1	2	2
Window Blinds	1	1	1	1	1	1				1	1	1	1	1	1	1	1	1	1	1	1
Soap/Handtowels	3	3	9	3	3	9							3	3	9	3	3	9			
Refuse	2	1	2	2	1	2				2	1	2	2	2	4	2	2	4	2	2	4
Cleaning Equipment																					

Figure 8.5 - Cleaning Specification Code Risk Matrix (E13 - H1)

	Pantry			Workshops works department			Consulting room/ clinic treatment room/ corridors/ waiting areas/ entrances/ lifts and stairs/ clinically clean and dirty areas/ workshops and dispensaries			Public and patient changing sanitary areas and staff rest rooms			Office			High risk treatment room			Theatre, transplant unit/bone marrow		
Cleaning Specification Code	E13			E15			G1			G3			G7			G10			H1		
Item Checked	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG
Floors	2	2	4	1	1	1	1	3	3	1	3	3	1	2	2	1	3	3	2	3	6
Toilet/Wash hand basin/sink	3	3	9	2	1	2	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9
Furniture and Fittings	2	2	4	2	1	2	3	3	9	3	3	9	2	1	2	3	3	9	3	3	9
Low Level	1	1	1	1	1	1	1	3	3	1	3	3	1	1	1	1	3	3	2	3	6
High Level	1	1	1	1	1	1	1	3	3	1	2	2	1	1	1	1	3	3	2	3	6

Figure 8.6 - Cleaning Specification Code Risk Matrix (E13 - H1 continued)

	Pantry			Workshops works department			Consulting room/ clinic treatment room/ corridors/ waiting areas/ entrances/ lifts and stairs/ clinically clean and dirty areas/ workshops and dispensaries			Public and patient changing sanitary areas and staff rest rooms			Office			High risk treatment room			Theatre, transplant unit/bone marrow		
Cleaning Specification Code	E13			E15			G1			G3			G7			G10			H1		
Item Checked	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG
Telephones	2	1	2	2	1	2	2	3	6				2	2	4	2	3	6	2	3	6
Paintwork	1	1	1	1	1	1	1	2	2	1	2	2	1	1	1	1	2	2	2	3	6
Glasswork	1	1	1	1	1	1	1	2	2	1	2	2	1	1	1	1	2	2	2	3	6
Curtains and Screens	1	1	1				2	3	6	2	3	6	1	1	1	2	3	6	2	3	6
Window Blinds	1	1	1	1	1	1	1	1	1	1	2	2	1	1	1	1	1	1	1	2	2
Soap/Handtowels	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9
Refuse	2	2	4	2	1	2	2	3	6	2	3	6	1	1	1	2	3	6	2	3	6
Cleaning Equipment																					
Appliances																					

Figure 8.7 - Cleaning Specification Code Risk Matrix (H2 - J1)

	Changing accommodation and corridors			Laboratory, pharmacy			Pharmacy sterile fluid, aseptic suite preparation/ SSD			Clean room			Washroom			Ambulance vehicle		
Cleaning Specification Code	H2			I1			I2			I3			I4			J1		
Item Checked	IC	PP	RAG	IC	P P	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG	IC	PP	RAG
Floors	2	3	6	2	2	4	3	3	9	2	2	4	2	2	4	1	3	3
Toilet/Wash hand basin/sink	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9			
Furniture and Fittings	3	2	6	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9
Low Level	2	2	4	2	2	4	3	3	9	2	2	4	2	2	4	1	3	3
High Level	2	2	4	2	2	4	3	3	9	2	2	4	2	2	4	1	3	3
Telephones	2	3	6	2	3	6	3	3	9	2	3	6	2	3	6	2	2	4
Paintwork	1	2	2	2	1	2	3	3	9	2	1	2	2	1	2	1	3	3
Glasswork	2	2	4	1	1	1	3	3	9	1	1	1	1	1	1	1	3	3
Curtains and Screens	2	3	6															
Window Blinds	1	1	1	1	1	1	3	3	9	1	1	1	1	1	1	1	1	1
Soap/Handtowels	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9
Refuse	2	3	6	2	2	4	3	3	9	2	2	4	2	2	4	2	2	4
Cleaning Equipment																		
Appliances																		

- 8.6. Generic Risk Assessments have been compiled to be used during the following scenarios to:
- develop a safe system of work to ensure that appropriate resources are deployed
 - change the designated use within a particular area causing need for increased or decreased cleaning frequencies, for example theatres, Accident and Emergency (A&E) and over-flow wards
 - develop work of In-patient acute room areas are schedules to effectively deploy resources
 - to support cases for increasing workforce or to support transferring staffing resources from lower risk areas to higher risk areas/ tasks

Figure 8.8 - Generic Risk Assessment for Cleaning Floors

Unique ID	Associated risks <i>If the hazard is not controlled or removed</i>	Persons affected	What are the current control measures <i>Provide details of control measures already in place. If measures are detailed in other documents, state where</i>	What, if any, further control measures are required <i>Note the action required, responsible person and target date</i>	Risk Rating <i>Clinical area</i>	Risk Rating <i>Non-Clinical area</i>
Floor cleaning	<ul style="list-style-type: none"> - slips, trips and falls - HAI and reputational risk - loss of confidence if public see dirty floors (public perception risk) - complaints - poor publicity - negative environmental audits and HEI inspection reports - damaged or poorly maintained floors prohibits effective cleaning - routine cleaning duties are overlooked due to additional ad hoc work 	<ul style="list-style-type: none"> - patients - staff - visitors - contractors 	<ul style="list-style-type: none"> - NHSScotland National Cleaning Services Specification and incorporated SOPs - monitoring - responding to audit results - training and retraining of staff - supervision - appropriately maintained equipment - National Infection Prevention and Control Manual - communication links between facilities and nursing staff 	<ul style="list-style-type: none"> - clear guidance must be available in each ward department to identify where additional tasks are requested to be carried out - continued review of national guidance - review and analyse audit results from NHSScotland Facilities Monitoring Tool - develop generic action plan within the system identifying increased cleaning if required 	Amber	Amber

Risk Assessment number:

Figure 8.9 - Generic Risk Assessment for Low Level Surfaces

Unique ID	Associated risks <i>If the hazard is not controlled or removed</i>	Persons affected	What are the current control measures <i>Provide details of control measures already in place. If measures are detailed in other documents, state where</i>	What, if any, further control measures are required <i>Note the action required, responsible person and target date</i>	Risk Rating <i>Clinical area</i>	Risk Rating <i>Non-Clinical area</i>
Low Level	<ul style="list-style-type: none"> - HAI and reputational risk - loss of confidence if public see dirty low-level surfaces (public perception risk) - complaints - poor publicity - negative environmental audits and HEI Inspection Reports - inability to clear debris – transfer to equipment and patient contamination - damaged or poorly maintained low-level surfaces prohibits effective cleaning - routine cleaning duties are overlooked due to additional ad hoc work 	<ul style="list-style-type: none"> - patients - staff - visitors - contractors 	<ul style="list-style-type: none"> - NHSScotland National Cleaning Services Specification and incorporated SOPs - monitoring - responding to audit results - training and retraining of staff - supervision - appropriately maintained equipment - National Infection Prevention and Control Manual - communication links between facilities and nursing staff 	<ul style="list-style-type: none"> - clear guidance must be available in each ward department to identify where additional tasks are requested to be carried out - continued review of national guidance - review and analyse audit results from NHSScotland Facilities Monitoring Tool - develop generic action plan within the system identifying increased cleaning if required 	Amber	Green

Risk Assessment number:

Figure 8.10 - Generic Risk Assessment for High Level Surfaces

Unique ID	Associated risks <i>If the hazard is not controlled or removed</i>	Persons affected	What are the current control measures <i>Provide details of control measures already in place. If measures are detailed in other documents, state where</i>	What, if any, further control measures are required <i>Note the action required, responsible person and target date</i>	Risk Rating <i>Clinical area</i>	Risk Rating <i>Non-Clinical area</i>
High Level	<ul style="list-style-type: none"> - HAI and reputational risk - loss of confidence if public see dirty high-level surfaces (public perception risk) - complaints - poor publicity - negative HEI Inspection reports - spillage - damaged or poorly maintained high-level surfaces prohibits effective cleaning - falling debris - equipment and patient contamination - routine cleaning duties are overlooked due to additional ad hoc work 	<ul style="list-style-type: none"> - patients - staff - visitors - contractors 	<ul style="list-style-type: none"> - NHSScotland National Cleaning Services Specification and incorporated SOPs - monitoring - responding to audit results - training and retraining of staff - supervision - appropriately maintained equipment - National Infection Prevention and Control Manual - communication links between facilities and nursing staff 	<ul style="list-style-type: none"> - clear guidance must be available in each ward department to identify where additional tasks are requested to be carried out - continued review of national guidance - review and analyse audit results from NHSScotland Facilities Monitoring Tool - develop generic action plan within the system identifying increased cleaning if required 	Amber	Green

Figure 8.11 - Generic Risk Assessment for Paintwork

Unique ID	Associated risks <i>If the hazard is not controlled or removed</i>	Persons affected	What are the current control measures <i>Provide details of control measures already in place. If measures are detailed in other documents, state where</i>	What, if any, further control measures are required <i>Note the action required, responsible person and target date</i>	Risk Rating Clinical area	Risk Rating Non-Clinical area
Paintwork	<ul style="list-style-type: none"> - HAI and reputational risk - loss of confidence if public see dirty paintwork (public perception risk) - damaged or poorly maintained paintwork prohibits effective cleaning - routine cleaning duties are overlooked due to additional ad hoc work 	<ul style="list-style-type: none"> - patients - staff - visitors - contractors 	<ul style="list-style-type: none"> - NHSScotland National Cleaning Services Specification and incorporated SOPs - monitoring - responding to audit results - training and retraining of staff - supervision - appropriately maintained equipment - National Infection Prevention and Control Manual - communication links between facilities and nursing staff 	<ul style="list-style-type: none"> - clear guidance must be available in each ward department to identify where additional tasks are requested to be carried out - continued review of national guidance - review and analyse audit results from NHSScotland Facilities Monitoring Tool - develop generic action plan within the system identifying increased cleaning if required 	Amber	Green

Risk Assessment number:

Figure 8.12 - Generic Risk Assessment for Internal Glasswork

Unique ID	Associated risks <i>If the hazard is not controlled or removed</i>	Persons affected	What are the current control measures <i>Provide details of control measures already in place. If measures are detailed in other documents, state where</i>	What, if any, further control measures are required <i>Note the action required, responsible person and target date</i>	Risk Rating Clinical area	Risk Rating Non-Clinical area
Glasswork	<ul style="list-style-type: none"> - HAI and reputational risk - loss of confidence if public see dirty glasswork (public perception risk) - complaints - poor publicity - negative environmental audits and HEI inspection Reports - damaged or poorly maintained glasswork prohibits effective cleaning - routine cleaning duties are overlooked due to additional ad hoc work 	<ul style="list-style-type: none"> - patients - staff - visitors - contractors 	<ul style="list-style-type: none"> - NHSScotland National Cleaning Services Specification and incorporated SOPs - monitoring - responding to audit results - training and retraining of staff - supervision - appropriately maintained equipment - National Infection Prevention and Control Manual - communication links between facilities and nursing staff 	<ul style="list-style-type: none"> - clear guidance must be available in each ward department to identify where additional tasks are requested to be carried out - continued review of national guidance - review and analyse audit results from NHSScotland Facilities Monitoring Tool - develop generic action plan within the system identifying increased cleaning if required 	Amber	Green

Risk Assessment number:

Figure 8.13 - Generic Risk Assessment for Curtains and Screens

Unique ID	Associated risks <i>If the hazard is not controlled or removed</i>	Persons affected	What are the current control measures <i>Provide details of control measures already in place. If measures are detailed in other documents, state where</i>	What, if any, further control measures are required <i>Note the action required, responsible person and target date</i>	Risk Rating Clinical area	Risk Rating Non-Clinical area
Curtains and Screens	<ul style="list-style-type: none"> - HAI and reputational risk - loss of confidence if public see dirty curtains and screens (public perception risk) - lack of privacy and dignity - general appearance - lack of replacement curtain - damaged or poorly maintained curtains and screens prohibits effective cleaning - routine cleaning duties are overlooked due to additional ad hoc work 	<ul style="list-style-type: none"> - patients - staff - visitors - contractors 	<ul style="list-style-type: none"> - NHSScotland National Cleaning Services Specification and incorporated SOPs - monitoring - responding to audit results - training and retraining of staff - supervision - appropriately maintained equipment - National Infection Prevention and Control Manual - communication links between facilities and nursing staff 	<ul style="list-style-type: none"> - clear guidance must be available in each ward department to identify where additional tasks are requested to be carried out - continued review of national guidance - review and analyse audit results from NHSScotland Facilities Monitoring Tool - develop generic action plan within the system identifying increased cleaning if required 	Amber	Green

Risk Assessment number:

Figure 8.14 - Generic Risk Assessment for window blinds

Unique ID	Associated Risks <i>If the hazard is not controlled or removed</i>	Persons affected	What are the current control measures <i>Provide details of control measures already in place. If measures are detailed in other documents, state where</i>	What, if any, further control measures are required <i>Note the action required, responsible person and target date</i>	Risk Rating Clinical area	Risk Rating Non-Clinical area
Window Blinds	<ul style="list-style-type: none"> - HAI and reputational risk - loss of confidence if public see stained or marked window blinds (public perception risk) - damaged or poorly maintained window blinds prohibits effective cleaning - routine cleaning duties are overlooked due to additional ad hoc work 	<ul style="list-style-type: none"> - patients - staff - visitors - contractors 	<ul style="list-style-type: none"> - NHSScotland National Cleaning Services Specification and incorporated SOPs - monitoring - responding to audit results - training and retraining of staff - supervision - appropriately maintained equipment - National Infection Prevention and Control Manual - communication links between facilities and nursing staff 	<ul style="list-style-type: none"> - clear guidance must be available in each ward department to identify where additional tasks are requested to be carried out - continued review of national guidance - review and analyse audit results from NHSScotland Facilities Monitoring Tool - develop generic action plan within the system identifying increased cleaning if required 	Amber	Green

Risk Assessment number:

Figure 8.15 - Generic Risk Assessment for Sanitary Fixtures and Fittings

Unique ID	Associated risks <i>If the hazard is not controlled or removed</i>	Persons affected	What are the current control measures <i>Provide details of control measures already in place. If measures are detailed in other documents, state where</i>	What, if any, further control measures are required <i>Note the action required, responsible person and target date</i>	Risk Rating <i>Clinical area</i>	Risk Rating <i>Non-Clinical area</i>
Sanitary Fixtures and Fittings	<ul style="list-style-type: none"> - HAI and reputational risk - loss of confidence if public and patients see dirty/damaged sanitary fixtures and fittings (public perception risk) - Inability to clean therefore risk of infection/cross contamination - damaged or poorly maintained sanitary fixtures and fittings prohibits effective cleaning - routine cleaning duties are overlooked due to additional ad hoc work 	<ul style="list-style-type: none"> - patients - staff - visitors - contractors 	<ul style="list-style-type: none"> - NHSScotland National Cleaning Services Specification and incorporated SOPs - monitoring - responding to audit results - training and retraining of staff - supervision - appropriately maintained equipment - National Infection Prevention and Control Manual - communication links between facilities and nursing staff 	<ul style="list-style-type: none"> - clear guidance must be available in each ward department to identify where additional tasks are requested to be carried out - continued review of national guidance - review and analyse audit results from NHSScotland Facilities Monitoring Tool - develop generic action plan within the system identifying increased cleaning if required 	Red	Red

Risk Assessment number:

Figure 8.16 - Generic Risk Assessment for Furniture, Fixture and Fittings

Unique ID	Associated risks <i>If the hazard is not controlled or removed</i>	Persons affected	What are the current control measures <i>Provide details of control measures already in place. If measures are detailed in other documents, state where</i>	What, if any, further control measures are required <i>Note the action required, responsible person and target date</i>	Risk Rating <i>Clinical area</i>	Risk Rating <i>Non-Clinical area</i>
Furnishings, Fixtures and Fittings	<ul style="list-style-type: none"> - HAI and reputational risk - loss of confidence if public see dirty furniture, fixtures or fittings (public perception risk) - increase in complaints - damaged or poorly maintained furniture, fixtures and fittings prohibits effective cleaning - routine cleaning duties are overlooked due to additional ad hoc work 	<ul style="list-style-type: none"> - patients - staff - visitors - contractors 	<ul style="list-style-type: none"> - NHSScotland National Cleaning Services Specification and incorporated SOPs - monitoring - responding to audit results - training and retraining of staff - supervision - appropriately maintained equipment - National Infection Prevention and Control Manual - communication links between facilities and nursing staff 	<ul style="list-style-type: none"> - clear guidance must be available in each ward department to identify where additional tasks are requested to be carried out - continued review of national guidance - review and analyse audit results from NHSScotland Facilities Monitoring Tool - develop generic action plan within the system identifying increased cleaning if required 	Red	Amber

Risk Assessment number:

Figure 8.17 - Generic Risk assessment for Telephones and Patient Entertainment Systems

Unique ID	Associated risks <i>If the hazard is not controlled or removed</i>	Persons affected	What are the current control measures <i>Provide details of control measures already in place. If measures are detailed in other documents, state where</i>	What, if any, further control measures are required <i>Note the action required, responsible person and target date</i>	Risk Rating <i>Clinical area</i>	Risk Rating <i>Non-Clinical area</i>
Telephones and Patient Entertainment Systems	<ul style="list-style-type: none"> - HAI and reputational risk - loss of confidence if public see dirty telephones and patient entertainment equipment (public perception risk) - damaged or poorly maintained telephones and patient entertainment systems prohibits effective cleaning - routine cleaning duties are overlooked due to additional ad hoc work 	<ul style="list-style-type: none"> - patients - staff - visitors - contractors 	<ul style="list-style-type: none"> - NHSScotland National Cleaning Services Specification and incorporated SOPs - monitoring - responding to audit results - training and retraining of staff - supervision - appropriately maintained equipment - National Infection Prevention and Control Manual - communication links between facilities and nursing staff 	<ul style="list-style-type: none"> - clear guidance must be available in each ward department to identify where additional tasks are requested to be carried out - continued review of national guidance - review and analyse audit results from NHSScotland Facilities Monitoring Tool - develop generic action plan within the system identifying increased cleaning if required 	Red	Amber

Risk Assessment number:

Figure 8.18 - Generic Risk Assessment for Cleaning Dispensers and Replenishing Consumables

Unique ID	Associated risks <i>If the hazard is not controlled or removed</i>	Persons affected	What are the current control measures <i>Provide details of control measures already in place. If measures are detailed in other documents, state where</i>	What, if any, further control measures are required <i>Note the action required, responsible person and target date</i>	Risk Rating Clinical area	Risk Rating Non-Clinical area
Cleaning and Replenishing Consumables	<ul style="list-style-type: none"> - HAI and reputational risk - loss of confidence if public are unable to access consumables (public perception risk) - inability to decontaminate hands as per SICPs - damaged or poorly maintained cleaning dispensers prohibits effective cleaning - routine cleaning duties are overlooked due to additional ad hoc work 	<ul style="list-style-type: none"> - patients - staff - visitors - contractors 	<ul style="list-style-type: none"> - effective procurement processes - staff training - monitoring - signage/product labelling - stock control - National Infection Prevention and Control Manual - communication links between facilities and nursing staff 	<ul style="list-style-type: none"> - clear guidance must be available in each ward department to identify where additional tasks are requested to be carried out - checking dates: stock rotation - review and analyse audit results from NHSScotland Facilities Monitoring Tool - develop generic action plan within the system identifying increased cleaning if required 	Red	Red

Risk Assessment number:

Figure 8.19 - Generic Risk Assessment for waste Collection and Disposal

Unique ID	Associated risks <i>If the hazard is not controlled or removed</i>	Persons affected	What are the current control measures <i>Provide details of control measures already in place. If measures are detailed in other documents, state where</i>	What, if any, further control measures are required <i>Note the action required, responsible person and target date</i>	Risk Rating Clinical area	Risk Rating Non-Clinical area
Waste Collection and Disposal	<ul style="list-style-type: none"> - HAI and reputational risk - loss of confidence if public see dirty and overflowing waste receptacles (public perception risk) - Infection risk (potentially resulting in an outbreak of infection) (HAI) causing a risk to patients and staff - higher risk associated to clinical waste stream due to contents of the bag - unable to clean appropriately damaged or poorly maintained waste bins prohibits effective cleaning - routine cleaning duties are overlooked due to additional ad hoc work 	<ul style="list-style-type: none"> - patients - staff - visitors - contractors 	<ul style="list-style-type: none"> - Work schedules identifying the frequency of refuse collection and disposal and the cleaning of receptacles aligned to the output specification - NHSScotland National Cleaning Specification - National Infection Prevention and Control Manual - communication links between facilities and nursing staff 	<ul style="list-style-type: none"> - clear guidance must be available in each ward department to identify where additional tasks are requested to be carried out - continued review of national guidance - review and analyse audit results from NHSScotland Facilities Monitoring Tool - develop generic action plan within the system identifying increased cleaning if required 	Red	Amber

Risk Assessment number:

Figure 8.20 - Generic Risk Assessment for Cleaning Equipment

Unique ID	Associated risks <i>If the hazard is not controlled or removed</i>	Persons affected	What are the current control measures <i>Provide details of control measures already in place. If measures are detailed in other documents, state where</i>	What, if any, further control measures are required <i>Note the action required, responsible person and target date</i>	Risk Rating <i>Clinical</i>	Risk Rating <i>Non-Clinical area</i>
Cleaning Equipment	<ul style="list-style-type: none"> - HAI and reputational risk - loss of confidence if public see dirty cleaning equipment (public perception risk) - high risk of cross contamination - inability to clean - not fit for purpose - damaged or poorly maintained cleaning equipment prohibits effective cleaning - routine cleaning duties are overlooked due to additional ad hoc work 	<ul style="list-style-type: none"> - patients - staff - visitors - contractors 	<ul style="list-style-type: none"> - training - supervision - auditing - information sharing through expert groups - procurement replacement programme of damaged equipment - National Infection Prevention and Control Manual - communication links between facilities and nursing staff 	<ul style="list-style-type: none"> - clear guidance must be available in each ward department to identify where additional tasks are requested to be carried out - standardising NHSScotland equipment - research and innovation - communication strategy - review and analyse audit results from NHSScotland Facilities Monitoring Tool - develop generic action plan within the system identifying increased cleaning if required 	Red	Red

Risk Assessment number:

Figure 8.21 - Generic Risk Assessment for Patient Transport, Ambulance Vehicles and Ambulance Stations

Unique ID	Associated risks <i>If the hazard is not controlled or removed</i>	Persons affected	What are the current control measures <i>Provide details of control measures already in place. If measures are detailed in other documents, state where</i>	What, if any, further control measures are required <i>Note the action required, responsible person and target date</i>	Risk Rating <i>Clinical</i>	Risk Rating <i>Non-Clinical area</i>
Patient Transport Vehicles	<ul style="list-style-type: none"> - HAI and reputational risk - loss of confidence if public see dirty ambulance vehicles (public perception risk) - complaints - negative HEI and internal inspection reports - prohibits effective cleaning - risk of contamination - slips, trips and falls - injury to self and others - damaged or poorly maintained ambulance vehicles prohibits effective cleaning - routine cleaning duties are overlooked due to additional ad hoc work 	<ul style="list-style-type: none"> - patients - staff - escorts - public - external contractors 	<ul style="list-style-type: none"> - NHSScotland National Cleaning Services Specification and incorporated SOPs - service SOPs - monitoring - training and re-training of staff - supervision - maintenance of equipment (tagging, cleaning records) - responsiveness – incident investigations - National Infection Prevention and Control Manual - communication links between facilities and nursing staff 	<ul style="list-style-type: none"> - clear guidance must be available for each vehicle/station to identify where additional tasks are requested to be carried out - fault reporting - observational awareness - review and analyse audit results from NHSScotland Facilities Monitoring Tool - develop generic action plan within the system identifying increased cleaning if required 	Red	Green

Risk Assessment number:

Figure 8.22 - Generic Risk Assessment for Reusable Colour Coded Equipment

Unique ID	Associated risks <i>If the hazard is not controlled or removed</i>	Persons affected	What are the current control measures <i>Provide details of control measures already in place. If measures are detailed in other documents, state where</i>	What, if any, further control measures are required <i>Note the action required, responsible person and target date</i>	Risk Rating <i>Clinical</i>	Risk Rating <i>Non-Clinical area</i>
Colour Coding	<ul style="list-style-type: none"> - HAI and reputational risk - loss of confidence if colour coding is not followed correctly (public perception risk) - incorrect use of colour coded equipment could result in an increase of infection (potentially resulting in an outbreak of infection) (HAI) causing a risk to patients and staff - damaged or poorly maintained colour coded equipment prohibits effective cleaning - routine cleaning duties are overlooked due to additional ad hoc work 	<ul style="list-style-type: none"> - patients - staff - visitors - contractors 	<ul style="list-style-type: none"> - information in the National Cleaning Specification stating where each colour should be used - Information on posters displayed in Domestic Services Rooms - When staff commences employment full training is given ensuring they are aware of the NHS Scotland Colour Coding Policy - National Infection Prevention and Control Manual - communication links between facilities and nursing staff 	<ul style="list-style-type: none"> - clear guidance must be available in each ward department to identify where additional tasks are requested to be carried out - more signage and promotion of the NHSScotland Colour Coding Policy - review and analyse audit results from NHSScotland Facilities Monitoring Tool - develop generic action plan within the system identifying increased cleaning if required 	Red	Red

Figure 8.23 - Generic Risk Assessment for Appliances

Unique ID	Associated risks <i>If the hazard is not controlled or removed</i>	Persons affected	What are the current control measures <i>Provide details of control measures already in place. If measures are detailed in other documents, state where</i>	What, if any, further control measures are required <i>Note the action required, responsible person and target date</i>	Risk Rating Clinical area	Risk Rating Non-Clinical area
Appliances	<ul style="list-style-type: none"> - HAI and reputational risk - loss of confidence if public see dirty appliances (public perception risk) - damaged or poorly maintained appliances prohibits effective cleaning - routine cleaning duties are overlooked due to additional ad hoc work 	<ul style="list-style-type: none"> - patients - staff - visitors - contractors 	<ul style="list-style-type: none"> - national contract - national equipment specification - information sharing through expert groups - training - supervision - auditing - National Infection Prevention and Control Manual - communication links between facilities and nursing staff 	<ul style="list-style-type: none"> - clear guidance must be available in each ward department to identify where additional tasks are requested to be carried out - continued review of national guidance - communication strategy - review and analyse audit results from NHSScotland Facilities Monitoring Tool - develop generic action plan within the system identifying increased cleaning if required 	Amber	Amber

Risk Assessment number:

Figure 8.24 - Generic Risk Assessment for Isolation Clean

Unique ID	Associated risks <i>If cleaning tasks are not carried out</i>	Persons affected	What are the current control measures <i>Provide details of control measures already in place. If measures are detailed in other documents, state where</i>	What, if any, further control measures are required <i>Note the action required, responsible person and target date</i>	Risk Rating <i>Clinical area</i>	Risk Rating <i>Non-Clinical area</i>
Isolation Clean	<ul style="list-style-type: none"> - HAI and reputational risk - loss of confidence if public see dirty areas (public perception risk) - not compliant with output specification within NHSScotland National Cleaning Services Specification - complaints - poor publicity - damaged or poorly maintained isolation clean area prohibits effective cleaning - routine cleaning duties are overlooked due to additional ad hoc work 	<ul style="list-style-type: none"> - patients - staff - visitors 	<ul style="list-style-type: none"> - NHSScotland National Cleaning Services Specification and incorporated SOPs - training and retraining of staff in the process and wearing of appropriate PPE - supervision - compliance with National Guidance e.g., National Infection Prevention and Control Manual - and colour coding of re-usable equipment section - staff review room/area against generic risk assessment and SOPs and develop frequency of cleaning documented within local work schedules. - communication links between facilities and nursing staff 	<ul style="list-style-type: none"> - clear guidance must be available in each ward department to identify where additional tasks are requested to be carried out - continued review of national guidance and isolation occasion 	Red	Red

Risk Assessment number:

Figure 8.25 - Generic Risk Assessment for Terminal Clean

Unique ID	Associated risks <i>If cleaning tasks are not carried out</i>	Persons affected	What are the current control measures <i>Provide details of control measures already in place. If measures are detailed in other documents, state where</i>	What, if any, further control measures are required <i>Note the action required, responsible person and target date</i>	Risk Rating Clinical area	Risk Rating Non-Clinical area
Terminal Clean	<ul style="list-style-type: none"> - HAI and reputational risk - loss of confidence if public see dirty areas (public perception risk) - not compliant with output specification within NHSScotland National Cleaning Services Specification - complaints - poor publicity - damaged or poorly maintained terminal clean area prohibits effective cleaning - routine cleaning duties are overlooked due to additional ad hoc work 	<ul style="list-style-type: none"> - patients - staff - visitors 	<ul style="list-style-type: none"> - NHSScotland National Cleaning Services Specification and incorporated SOPs - training and retraining of staff in the process and wearing of appropriate PPE - supervision - compliance with national guidance e.g. National Infection Prevention and Control Manual and colour coding of re-usable equipment section - staff review room/area against generic risk assessment and SOPs and develop frequency of cleaning documented within local work schedules. - communication links between facilities and nursing staff 	<ul style="list-style-type: none"> - clear guidance must be available in each ward department to identify where additional tasks are requested to be carried out - continued review of national guidance 	Red	Red

Risk Assessment number:

Figure 8.26 - Generic Risk Assessment for Discharge Clean

Unique ID	Associated risks <i>If cleaning tasks are not carried out</i>	Persons affected	What are the current control measures <i>Provide details of control measures already in place. If measures are detailed in other documents, state where</i>	What, if any, further control measures are required <i>Note the action required, responsible person and target date</i>	Risk Rating Clinical area	Risk Rating Non-Clinical area
Discharge Clean	<ul style="list-style-type: none"> - HAI and reputational risk - loss of confidence if public see dirty areas (public perception risk) - Not compliant with output specification within NHSScotland National Cleaning Services Specification - complaints - poor publicity - damaged or poorly maintained discharge clean area prohibits effective cleaning - routine cleaning duties are overlooked due to additional ad hoc work 	<ul style="list-style-type: none"> - patients - staff - visitors 	<ul style="list-style-type: none"> - NHSScotland National Cleaning Services Specification and incorporated SOPs - training and retraining of staff in the process and wearing of appropriate PPE - supervision - compliance with national guidance e.g., National Infection Prevention and Control Manual - and colour coding of re-usable equipment section - staff review room/area against generic risk assessment and SOPs and develop frequency of cleaning documented within local work schedules. - communication links between facilities and nursing staff 	<ul style="list-style-type: none"> - clear guidance must be available in each ward department to identify where additional tasks are requested to be carried out - continued review of national guidance 	Red	Red

Risk Assessment number:

9. Standard operating procedures

Introduction

- 9.1. This section details the procedures which are specific to the tasks that have been risk assessed and describes each step of the activity that needs to be followed to achieve the standard required. For example, clean to dirty, high to low and adhering to manufacturer's instructions for the use of chemical disinfectants and equipment.

It also details the required outcome to ensure consistency across NHS boards. It is important to emphasise that the required outcome is only achieved at the point that the cleaning process has been completed.

- 9.2. Due to the nature of healthcare; environments will be busy and may become re-contaminated and untidy quickly.

Recommendations for safe Infection Prevention and Control (IPC) practices are made in the [National Infection Prevention and Control Manual \(NIPCM\)](#). These are based on real-time reviews of the current scientific literature (for example Medical Journals) and best practice.

- 9.3. The Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) literature review on the Safe Management of the Care Environment contains evidence that defines the purpose, method and frequency of cleaning.

The NIPCM also contains evidence in relation to hand hygiene, the use of Personal Protective Equipment (PPE) and infection control in the built environment including existing and emerging technologies for decontamination which NHS boards can refer to.

- 9.4. Practices for the prevention and control of infection outlined in the Standard Operating Procedures (SOPs) below are guided by the scientific evidence contained within the NIPCM.

It is the responsibility of each NHS board/ location to ensure that they have the necessary resource to ensure that a clean, safe and pleasant environment is provided in clinical and public facing areas.

It is also the responsibility of staff to ensure that they adhere to their local SOPs and highlight to management where these cannot be followed for any reason.

- 9.5. The following SOPs are designed to provide a minimal cleaning standard for NHS boards to follow. NHS boards can adapt the processes detailed within these SOPs to suit their own local processes however, they must ensure that these meet the required national standards to ensure a clean and safe environment.

- 9.6. Where SOPs are unable to be followed, a local risk assessment must be in place to be able to document and provide the rationale for not following them.

Note 4:

- adherence to colour coding should be followed at all times
- attention should be given to frequently touched surfaces
- check any risk assessment for task or area (Health and Safety (H&S) risk assessment)
- always ensure equipment is clean prior to use
- when using cleaning/ disinfectant solution change solution every 15 minutes or when moving to a new location, in line with manufacturer's instructions

It is important to consider that the cleaning process may introduce slip or trip hazards to an environment. Guidance on slips, trips and cleaning can be found in the Health and Safety Executive's (HSE) (2005) '[Slips and Trips: The importance of Floor Cleaning](#)'.

Soft and hard flooring

- 9.7. **Definition** - all hard and soft flooring including thresholds (such as carpet or floor edging and expanding joints):

- routine cleaning of soft flooring involves removal of debris and suction cleaning of carpeted floors
- routine cleaning of hard flooring applies to all stages of floor cleaning for all surfaces which might attract dirt, dust and spillages

Dust control mopping

- 9.8. **Definition** - applies to the removal of adherent dust and dirt from floor surfaces using dust control mopping equipment.

Detail (collect equipment/ materials)

- PPE which is appropriate for the task observe any notices or special instructions such as an infection risk
- mop frame/ tool
- dustpan and brush/ blade if applicable
- disposable cloth or reusable or disposable mop head
- appropriate bag for soiled mops
- access to waste disposal bin
- caution signs

Before you begin

- decontaminate hands and put on appropriate Personal Protective Equipment (PPE)
- ensure all equipment is clean and in good working order prior to use

Method (follow local policy/ guidance)

- ensure the work area is safe
- place caution signs where appropriate
- decontaminate hands and put on appropriate PPE
- remove any visible debris and dispose of this via correct waste stream
- remove PPE and dispose of this via correct waste stream then decontaminate hands
- put on new PPE
- begin cleaning following safe systems of work and evidence-based principles that is working from clean to dirty to minimise the risk of cross contamination
- cloths/ paper should be disposed of via correct waste stream
- PPE should be removed on completion and disposed of via correct waste stream hands should be decontaminated

When you are finished

- check all areas have been cleaned and report any access to clean issues
- put on PPE before undertaking any cleaning of equipment
- equipment should be returned to the Domestic Services Room (DSR)
- PPE should be removed on completion and disposed of via correct waste stream
- hands should then be decontaminated
- ensure any equipment used is clean, dry, any faults reported before storing correctly
- remove caution signs when the task is completed and the floor is dry/ safe

Required outcomes

- the floor is free of polish or other build-up at the edges and corners or in traffic lanes
- the floor is free of spots, scuffs or scratches on traffic lanes, around furniture and at pivot points
- inaccessible areas (edges, corners and around furniture) are free of dust, grit, lint and spots
- polished or buffed floors are of a uniform lustre
- appropriate signage and precautions are taken regarding pedestrian safety on newly cleaned or wet floors

It is important to consider that the cleaning process may introduce slip or trip hazards to an environment. Guidance on slips, trips and cleaning can be found in the HSE's (2005) ['Slips and Trips: The Importance of Floor Cleaning'](#).

Suction Cleaning

- 9.9. **Definition** - applies to the removal of adherent dust and dirt from floor surfaces using a suction cleaner.

Detail (collect equipment/ materials)

- PPE which is appropriate for the task observe any notices or special instructions for example an infection risk
- suction cleaner and appropriate attachments
- dustpan and brush
- filters/ bags
- access to waste disposal bin
- caution signs

Before you begin

- decontaminate hands and put on appropriate PPE
- ensure all equipment is clean and in good working order prior to use
- assemble the suction cleaner and check that bag and filters (High Efficiency Particulate Arresting (HEPA) if applicable) are in place and serviceable
- unwind cable and run the length of cable through your fingers to ensure that there are no breaks in it

Method (follow local policy/ guidance)

- ensure the work area is safe
- place caution signs where appropriate
- decontaminate hands and put on appropriate PPE
- remove any visible debris and dispose of this via correct waste stream
- begin cleaning following safe systems of work and evidence-based principles such as working from clean to dirty to minimise the risk of cross contamination
- PPE should be removed on completion and disposed of via correct waste stream
- hands should be decontaminated

When you are finished

- check all areas have been cleaned and report any access to clean issues
- put on PPE before undertaking any cleaning of equipment
- equipment should be returned to the DSR
- ensure any equipment used is clean, dry, any faults reported before storing correctly
- PPE should be removed on completion and disposed of via correct waste stream
- hands should then be decontaminated

- remove caution signs when the task is completed and the floor is dry/ safe

Required outcomes

- the floor is free of polish or other build-up at the edges and corners or in traffic lanes
- the floor is free of spots, scuffs or scratches on traffic lanes, around furniture and at pivot points
- inaccessible areas (edges, corners and around furniture) are free of dust, grit, lint and spots
- polished or buffed floors are of a uniform lustre
- appropriate signage and precautions are taken regarding pedestrian safety on newly cleaned or wet floors

It is important to consider that the cleaning process may introduce slip or trip hazards to an environment. Guidance on slips, trips and cleaning can be found in the HSE's (2005) '[Slips and Trips: The Importance of Floor Cleaning](#)'.

Damp mopping

9.10. **Definition** - removal of floor soil or ingrained dirt using mopping system.

Detail (collect equipment/ materials)

- PPE which is appropriate for the task (consider risk of splash/ spray and observe any notices or special instructions for example an infection risk)
- cleaning trolley including mop poles
- mop bucket if applicable
- dustpan and brush/ blade if applicable
- reusable or disposable mop heads
- appropriate cleaning solution
- appropriate bag for soiled mops
- access to waste disposal bin
- caution signs

Before you begin

- decontaminate hands and put on appropriate PPE
- ensure all equipment is clean and in good working order prior to use
- prepare cleaning/ disinfectant solution according to manufacturer's instructions

Method (follow local policy/ guidance)

- ensure the work area is safe
- place caution signs where appropriate

- decontaminate hands and put on appropriate PPE
- remove any larger items of visible debris and dispose of this via correct waste stream
- prepare bucket/ dosing container with water and make up the cleaning solution in accordance with manufacturer's instructions
- begin cleaning following safe systems of work and evidence-based principles such as working from clean to dirty to minimise the risk of cross contamination
- PPE should be removed on completion and disposed of via correct waste stream
- hands should be decontaminated

When you are finished

- check all areas have been cleaned and report any access to clean issues
- put on PPE before undertaking any cleaning of equipment
- equipment should be returned to the DSR
- clean all equipment used thoroughly
- ensure any cleaning/ disinfectant solutions are disposed of safely
- PPE should be removed on completion and disposed of via correct waste stream
- hands should then be decontaminated
- ensure any equipment used is clean, dry, any faults reported before storing correctly
- remove caution signs when the task is completed and the floor is dry/ safe

Required outcomes

- the floor is free of polish or other build-up at the edges and corners or in traffic lanes
- the floor is free of spots, scuffs or scratches on traffic lanes, around furniture and at pivot points
- inaccessible areas (edges, corners and around furniture) are free of dust, grit, lint and spots
- polished or buffed floors are of a uniform lustre
- appropriate signage and precautions are taken regarding pedestrian safety on newly cleaned or wet floors

It is important to consider that the cleaning process may introduce slip or trip hazards to an environment. Guidance on slips, trips and cleaning can be found in the HSE's (2005) '[Slips and Trips: The Importance of Floor Cleaning](#)'.

Machine scrubbing

- 9.11. **Definition** - removal of floor soil, ingrained dirt and scuff marks using a floor scrubbing machine.

Detail (collect equipment/ materials)

- PPE which is appropriate for the task (consider risk of splash/ spray and observe any notices or special instructions for example an infection risk)
- scrubbing machine with disc and scrubbing pad or scrubbing brush
- solution tank
- wet suction machine if required
- appropriate cleaning solution
- buckets, mops or mop frames and microfibre mop head if applicable
- dustpan and brush/ blade if applicable
- appropriate bag for soiled mops
- access to waste disposal bin
- caution signs

Before you begin

- decontaminate hands and put on appropriate PPE
- ensure all equipment is clean and in good working order prior to use (visual check and follow all manufacturer and training guidance)
- prepare cleaning/ disinfectant solution according to manufacturer's instructions

Method (follow local policy/ guidance)

- ensure the work area is safe
- place caution signs where appropriate
- decontaminate hands and put on appropriate PPE
- remove any larger items of visible debris and dispose of this via correct waste stream
- begin cleaning following safe systems of work and evidence-based principles (such as working from clean to dirty) to minimise the risk of cross contamination
- remove caution signs when the floor is dry
- PPE should be removed on completion and disposed of via correct waste stream
- hands should be decontaminated

When you are finished

- check all areas have been cleaned and report any access to clean issues
- put on PPE before undertaking any cleaning of equipment
- equipment should be returned to the DSR
- ensure any cleaning/ disinfectant solutions are disposed of safely
- clean equipment as per manufacturer's instructions
- PPE should be removed on completion and disposed of via correct waste stream

- hands should then be decontaminated
- ensure any equipment used is clean, dry, any faults reported before storing correctly
- remove caution signs when the task is completed, and the floor is dry/ safe

Required outcomes

- the floor is free of polish or other build-up at the edges and corners or in traffic lanes
- the floor is free of spots, scuffs or scratches on traffic lanes, around furniture and at pivot points
- inaccessible areas (edges, corners and around furniture) are free of dust, grit, lint and spots
- polished or buffed floors are of a uniform lustre
- appropriate signage and precautions are taken regarding pedestrian safety on newly cleaned or wet floors

It is important to consider that the cleaning process may introduce slip or trip hazards to an environment. Guidance on slips, trips and cleaning can be found in the HSE's (2005) '[Slips and Trips: The Importance of Floor Cleaning](#)'.

Machine buffing (where applicable)

9.12. **Definition** - provides a uniform, streak free appearance to the floor surface.

Detail (collect equipment/ materials)

- PPE which is appropriate for the task (consider risk of splash/ spray and observe any notices or special instructions for example an infection risk)
- scrubbing machine with disc and buffing pad or buffing brush
- dustpan and brush/ blade if applicable
- access to waste disposal bin
- caution signs

Before you begin

- decontaminate hands and put on appropriate PPE
- ensure all equipment is clean and in good working order prior to use (visual check and follow all manufacturer and training guidance)
- prepare cleaning/ disinfectant solution according to manufacturer's instructions

Method (follow local policy/ guidance)

- ensure the work area is safe
- place caution signs where appropriate
- decontaminate hands and put on appropriate PPE
- remove any visible debris and dispose of this via correct waste stream

- begin cleaning following safe systems of work and evidence-based principles such as working from clean to dirty to minimise the risk of cross contamination
- PPE should be removed on completion and disposed of via correct waste stream
- hands should be decontaminated

When you are finished

- check all areas have been cleaned and report any access to clean issues
- put on PPE before undertaking any cleaning of equipment
- equipment should be returned to the DSR
- PPE should be removed on completion and disposed of via correct waste stream
- hands should then be decontaminated
- ensure any equipment used is clean, dry, any faults reported before storing correctly (visual check and follow all manufacturer and training guidance)
- remove caution signs when the task is completed, and the floor is dry/ safe

Required outcomes

- the floor is free of polish or other build-up at the edges and corners or in traffic lanes
- the floor is free of spots, scuffs or scratches on traffic lanes, around furniture and at pivot points
- inaccessible areas (edges, corners and around furniture) are free of dust, grit, lint and spots
- polished or buffed floors are of a uniform lustre
- appropriate signage and precautions are taken regarding pedestrian safety on newly cleaned or wet floors.

It is important to consider that the cleaning process may introduce slip or trip hazards to an environment. Guidance on slips, trips and cleaning can be found in the HSE's (2005) '[Slips and Trips: The Importance of Floor Cleaning](#)'.

High level cleaning

- 9.13. **Definition** - high surfaces including ledges, pipes, vents, grills, direction signs, curtain rails and screen rails.

Particular attention should be given to the cleaning of high-level surfaces to prevent the build-up of dust.

Detail (collect equipment/ materials)

- PPE which is appropriate for the task (consider risk of splash/ spray and observe any notices or special instructions for example an infection risk)
- cleaning/ disinfectant solution

- access to waste disposal bin
- caution signs
- equipment required such as a high duster frame and head or disposable cloths

Before you begin

- decontaminate hands and put on appropriate PPE
- prepare appropriate cleaning/ disinfectant solution according to manufacturer's instructions

Method (follow local policy/ guidance)

- ensure the work area is safe
- decontaminate hands and put on appropriate PPE
- remove any visible debris and dispose of this via correct waste stream
- begin cleaning following safe systems of work and evidence-based principles such as working from clean to dirty to minimise the risk of cross contamination
- follow manufacturer's instructions for use (including any contact time) of appropriate cleaning/ disinfectant solution (where required)
- clean surfaces may be wiped more than once (using multiple clean cloths/ paper) to increase the removal of microbial contamination
- PPE should be removed on completion and disposed of via correct waste stream
- hands should be decontaminated

When you are finished

- check all areas have been cleaned and report any access to clean issues
- put on PPE before undertaking any cleaning of equipment
- equipment should be returned to the DSR
- ensure appropriate cleaning/ disinfectant solutions are disposed of safely
- PPE should be removed on completion and disposed of via correct waste stream
- hands should then be decontaminated
- ensure any equipment used is dry and stored correctly

Required outcomes

- internal and external walls and horizontal surfaces are free of dust, grit, lint, soil, film, graffiti and cobwebs
- walls and ceilings are free of marks caused by furniture, equipment or site users
- to reduce the risk of cross infection, emphasis requires to be placed on the cleaning of contact surfaces as above

Low level cleaning

- 9.14. **Definition** - low surfaces including ledges, trunking, vents, pipes and partition ledges, skirting and sockets.

Low level cleaning applies to any surface which might attract dust and spillages.

Detail (collect equipment/ materials)

- PPE which is appropriate for the task (consider risk of splash/spray and observe any notices or special instructions for example an infection risk)
- cleaning/ disinfectant solution
- access to waste disposal bin
- caution signs
- equipment required such as a dusting tool and head or disposable cloth or paper

Before you begin

- decontaminate hands and put on appropriate PPE
- prepare appropriate cleaning/ disinfectant solution according to manufacturer's instructions

Method (follow local policy/ guidance)

- ensure the work area is safe
- remove any visible debris and dispose of this via correct waste stream
- begin cleaning following safe systems of work and evidence-based principles such as working from clean to dirty to minimise the risk of cross contamination
- follow manufacturer's instructions for use (including any contact time) of appropriate cleaning solution (where required)
- clean surfaces may be wiped more than once (using multiple clean cloths/ paper) to increase the removal of microbial contamination
- PPE should be removed on completion and disposed of via correct waste stream, hands should be decontaminated

When you are finished

- put on PPE before undertaking any cleaning of equipment
- equipment should be returned to the DSR
- ensure appropriate cleaning solutions are disposed of safely
- PPE should be removed on completion and disposed of via correct waste stream, hands should then be decontaminated
- ensure any equipment used is dry and stored correctly

Required outcomes

- internal and external walls are free of dust, grit, lint, soil, film, graffiti and cobwebs
- walls are free of marks caused by furniture/ equipment or users
- light switches are free of fingerprints, and any other marks
- low level light fittings are free of dust, grit, lint and cobwebs
- to reduce the risk of cross infection, emphasis requires to be placed on the cleaning of contact surfaces as above

Paintwork, walls and doors

- 9.15. **Definition** - wall surfaces, doors and door frames (includes the top of the door frame, handles, hinges, jambs and other door closure mechanisms, door vents, kick plates and door signs). This SOP should also be used for windowsills and window frames.

Paintwork, walls and doors are cleaned in a systematic way to reduce the risk of cross infection.

Detail (collect equipment/ materials)

- PPE which is appropriate for the task (consider risk of splash/ spray and observe any notices or special instructions for example an infection risk)
- cleaning/ disinfectant solution
- access to waste disposal bin
- caution signs
- equipment required such as a dusting tool and head or disposable cloth or paper

Before you begin

- decontaminate hands and put on appropriate PPE
- prepare appropriate cleaning/ disinfectant solution according to manufacturer's instructions

Method (follow local policy/ guidance)

- ensure the work area is safe
- remove any visible debris and dispose of this via correct waste stream
- begin cleaning following safe systems of work and evidence-based principles such as working from clean to dirty to minimise the risk of cross contamination
- follow manufacturer's instructions for use (including any contact time) of appropriate cleaning solution (where required)
- clean surfaces may be wiped more than once (using multiple clean cloths/ paper) to increase the removal of microbial contamination

- PPE should be removed on completion and disposed of via correct waste stream, hands should be decontaminated

When you are finished

- put on PPE before undertaking any cleaning of equipment
- equipment should be returned to the DSR
- ensure appropriate cleaning solutions are disposed of safely
- PPE should be removed on completion and disposed of via correct waste stream, hands should then be decontaminated
- ensure any equipment used is dry and stored correctly

Required outcomes

- internal and external doors and door frames, door handles, kick plates and contact surfaces are free of dust, grit, lint, chewing gum, soil, film, fingerprints and cobwebs
- doors, door frames and contact surfaces are free of marks caused by furniture, equipment or staff
- air vents, grilles and other ventilation outlets are free of dust, grit, soil, film, cobwebs, scuffs and any other marks
- door tracks and door jambs are free of grit and other debris
- to reduce the risk of cross infection emphasis requires to be placed on the cleaning of contact surfaces as above

Changing/ hanging curtains and bed screens

9.16. **Definition** - all curtains and bed screens including rails/ hooks.

Applies when removing and hanging curtains and bed screens in all clinical and non-clinical areas.

If curtains/ screens are being removed from the room bay or cubicle of a patient with a confirmed or suspected transmissible organism, bag and manage as per local policy for infectious linen.

Detail (collect equipment/ materials)

- PPE which is appropriate for the task (consider risk of splash/ spray and observe any notices or special instructions for example an infection risk)
- cleaning/ disinfectant solution
- access to waste disposal bin
- caution signs
- equipment required such as a dusting tool and head or disposable cloth or paper
- curtain hooks and container

- suitable safety ladder/ platform
- laundry bags
- clean curtains

Before you begin

- decontaminate hands and put on appropriate PPE
- prepare appropriate cleaning/ disinfectant solution according to manufacturer's instructions

Method (follow local policy/ guidance)

- ensure the work area is safe
- put on PPE
- remove the curtains and hooks and place in appropriate linen hamper/ appropriate waste stream (if disposable)
- hooks to be placed in cleaning solution following manufacturer's instructions, wash and dry
- remove PPE and dispose of this via correct waste stream then decontaminate hands
- put on new PPE
- place clean hooks on clean curtain and re-hang record date of change
- begin cleaning following safe systems of work and evidence-based principles such as working from clean to dirty to minimise the risk of cross contamination
- follow manufacturer's instructions for use (including any contact time) of appropriate cleaning solution (where required)
- clean surfaces may be wiped more than once (using multiple clean cloths/ paper) to increase the removal of microbial contamination
- PPE should be removed on completion and disposed of via correct waste stream, hands should be decontaminated

When you are finished

- put on PPE before undertaking any cleaning of equipment
- dirty curtains to be disposed of appropriately
- equipment should be returned to the DSR
- ensure appropriate cleaning solutions are disposed of safely
- PPE should be removed on completion and disposed of via correct waste stream, hands should then be decontaminated
- ensure any equipment used is dry and stored correctly

Required outcomes

- curtains, mobile screens and drapes are free from stains, dust, cobwebs, lint. Cords shall be impervious for ease of cleaning
- curtains should be uniformly fitted
- to reduce the risk of cross infection emphasis requires to be placed on the cleaning of contact surfaces
- curtains, mobile screens and drapes are free from stains, dust, cobwebs and lint. Cords shall be impervious for ease of cleaning
- curtains should be uniformly fitted

Sanitary fixtures and fittings

- 9.17. **Definition** - wash hand basins and surrounds (splash back/ integrated plumbing system panels), sinks, baths, showers, toilets, bidets, urinals, including taps, hinges, hoses, plugs, toilet brush and holder, seals and pipes. Includes safety bars and grab rails.

Fixtures and Fittings (including dispensers for hand hygiene and paper products and their contents).

To effectively reduce the risk of cross infection emphasis requires to be placed on the cleaning of contact surfaces such as taps, dispensers and so on.

Detail (collect equipment/ materials)

- PPE which is appropriate for the task (consider risk of splash/ spray and observe any notices or special instructions such as an infection risk)
- disposable cloths or paper
- reusable or disposable mop heads and bucket (if wet room)
- cleaning/ disinfectant solution
- access to waste disposal bin

Before you begin

- decontaminate hands
- ensure all equipment is clean prior to use, assemble where required
- prepare cleaning/ disinfectant solution according to manufacturer's instructions
- remove any items stored on sinks/ basins/ baths/ showers/ toilets/ urinals to avoid potential splash contamination
- ensure water outlets are run/ opened

Method (follow local policy/ guidance)

- ensure the work area is safe
- decontaminate hands and put on appropriate PPE

- remove any visible debris and dispose of this via correct waste stream
- remove PPE and dispose of this via correct waste stream then decontaminate hands
- put on new PPE
- begin cleaning following safe systems of work and evidence-based principles such as working from clean to dirty to minimise the risk of cross contamination
- follow manufacturer's instructions for use (including any contact time) of cleaning/ disinfectant solution
- if a shower tray is present, clean inside and outside. If a wet room, the floor should be mop cleaned last
- any cloth/ paper used to clean drains and/ or outlets should not be used to clean any other part of the sanitary ware
- clean surfaces may be wiped more than once (using multiple cloths/ paper) to increase the removal of microbial contamination
- rinse and dry sanitary ware after cleaning
- ensure shower heads are stored securely in their bracket
- cloths/ paper should be disposed of via correct waste stream
- PPE should be removed on completion and disposed of via correct waste stream, hands should then be decontaminated

When you are finished

- check all areas have been cleaned and report any damage or access to clean issues
- equipment should be returned to the DSR
- put on PPE before undertaking any cleaning of equipment
- ensure any equipment used is dry and stored correctly
- ensure cleaning/ disinfectant solutions are disposed of safely
- PPE should be removed on completion and disposed of via correct waste stream, hands should then be decontaminated

Required outcomes

- to reduce the risk of cross infection emphasis requires to be placed on the cleaning of contact surfaces such as taps, flush handles, light switches, pull cords, dispensers, door handles and so on
- porcelain, cubicle rails and plastic surfaces are free from smudges, smears, body fluids, soap build-up, mineral deposits and manufacturer's labels
- metal surfaces, shower screens and mirrors are free from streaks, soil, smudges, soap build-up and oxide deposits
- wall finishes and fixtures (including soap dispensers and towel holders) are free of dust, grit, smudges/ streaks, mould, soap build-up and mineral deposits

- shower curtains and bathmats are free from stains, smudges, smears, odours, mould and body fluids
- plumbing fixtures are free of smudges, dust, soap build-up and mineral deposits
- sanitary fixtures are free from unpleasant odours
- polished surfaces are of a uniform lustre
- sanitary disposal units are clean, functional and regularly serviced
- consumable items are in sufficient supply
- waste is removed in accordance with local policy
- containers should be free from marks/ stains and so on
- consumable items are in sufficient supply
- to reduce the risk of cross infection, emphasis requires to be placed on the cleaning of contact surfaces such as dispensers

It is important to consider that the cleaning process may introduce slip or trip hazards to an environment. Guidance on slips, trips and cleaning can be found in the HSE's (2005) '[Slips and Trips: The Importance of Floor Cleaning](#)'.

Furniture and fittings

- 9.18. **Definition** - all furniture including beds (undercarriage, head and foot), tables (including over bed tables), desks, lockers, exam couches, chairs, external surfaces of cabinets, bed lights, light switches, light cords, control panels, pictures, general TV, HiFi equipment and remote controls, radiators, ledges, fire extinguishers, clocks, bump bars and buffers. Patient bedside entertainment system, exam lights and patient call buttons (as per local policy).

To reduce the risk of cross infection emphasis requires to be placed on the cleaning of contact surfaces.

Detail (collect equipment/ materials)

- PPE which is appropriate for the task (consider risk of splash/ spray and observe any notices or special instructions for example an infection risk)
- disposable cloths or paper
- cleaning/ disinfectant solution
- access to waste disposal bin
- caution sign

Before you begin

- decontaminate hands
- ensure all equipment is clean prior to use, assemble where required

- prepare cleaning/ disinfectant solution according to manufacturer's instructions
- remove any items appropriate to allow cleaning in line with local policy or allow access to clean

Method (follow local policy/ guidance)

- ensure the work area is safe
- decontaminate hands and put on appropriate PPE
- remove any visible debris and dispose of this via correct waste stream
- begin cleaning following safe systems of work and evidence-based principles such as working from clean to dirty to minimise the risk of cross contamination
- follow manufacturer's instructions for use (including any contact time) of cleaning/ disinfectant solution
- clean surfaces may be wiped more than once (using multiple cloths/ paper) to increase the removal of microbial contamination
- rinse and dry
- cloths/ paper should be disposed of via correct waste stream
- PPE should be removed on completion and disposed of via correct waste stream, hands should then be decontaminated

When you are finished

- check all areas have been cleaned and report any access to clean issues
- equipment should be returned to the DSR
- put on PPE before undertaking any cleaning of equipment
- ensure cleaning/ disinfectant solutions are disposed of safely
- PPE should be removed on completion and disposed of via correct waste stream, hands should then be decontaminated
- ensure any equipment used is dry and stored correctly

Required outcomes

- to reduce the risk of cross infection emphasis requires to be placed on the cleaning of contact surfaces as above
- hard surface furniture is free of spots, soil, film, dust, fingerprints and spillage
- soft furnishings are free from stains, soil, film and dust
- furniture legs, wheels and castors are free from mop strings, soil, film, dust and cobwebs
- edges, corners, folds and crevices are free of dust, grit, lint and spots where accessible
- all high surfaces are free from dust and cobwebs
- equipment is free of tape/ plastic, and so on, which may compromise cleaning
- furniture has no unpleasant odour

- shelves, bench tops, cupboards and wardrobes/ lockers are clean inside and out and free of dust, litter or stains
- internal plants are free of dust and litter
- waste/ bins or containers are clean inside and out, free of stains and mechanically intact
- waste is removed in accordance with local policy
- to reduce the risk of cross infection, emphasis requires to be placed on the cleaning of contact surfaces

It is important to consider that the cleaning process may introduce slip or trip hazards to an environment. Guidance on slips, trips and cleaning can be found in the HSE's (2005) '[Slips and trips: the importance of floor cleaning](#)'.

Ambulance cleaning

9.19. **Definition** - process for the cleaning of the ambulance/ patient transport vehicle applies to all contact surfaces ensuring no dirt, dust, stains or spillages are visible:

- to reduce the risk of cross infection, emphasis is to be placed on the cleaning of all contact surfaces
- process for the cleaning of the ambulance/ patient transport vehicle applies to all contact surfaces ensuring no dirt, dust, stains or spillages are visible
- to reduce the risk of cross infection, emphasis is to be placed on the cleaning of all contact surfaces

Contact surfaces

Detail (collect equipment/ materials)

- PPE which is appropriate for the task (consider risk of splash/ spray and observe any notices or special instructions for example an infection risk)
- cleaning/ disinfectant solution
- access to waste disposal bin
- caution signs
- equipment required such as a long-handled brush or disposable cloths

Before you begin

- decontaminate hands and put on appropriate PPE
- prepare appropriate cleaning/disinfectant solution according to manufacturer's instructions

Method (follow local policy/ guidance)

- ensure the work area is safe
- decontaminate hands and put on appropriate PPE

- remove any visible debris and dispose of this via correct waste stream
- begin cleaning following safe systems of work and evidence-based principles such as working from clean to dirty to minimise the risk of cross contamination
- follow manufacturer's instructions for use (including any contact time) of appropriate cleaning/ disinfectant solution (where required)
- clean surfaces may be wiped more than once (using multiple cloths/ paper) to increase the removal of microbial contamination
- PPE should be removed on completion and disposed of via correct waste stream
- hands should be decontaminated

When you are finished

- check all areas have been cleaned and report any access to clean issues
- put on PPE before undertaking any cleaning of equipment
- equipment should be returned to the DSR
- ensure appropriate cleaning/ disinfectant solutions are disposed of safely
- PPE should be removed on completion and disposed of via correct waste stream
- hands should then be decontaminated
- ensure any equipment used is dry and stored correctly

Required outcomes

- the vehicle interior should be kept clean, tidy, ordered and uncluttered
- the furniture and equipment should be clean, damage free and well maintained
- cleaning frequency for equipment as per service schedule
- requirement for daily and weekly recording of vehicle cleaning

Floors

Detail (collect equipment/ materials)

- PPE which is appropriate for the task (consider risk of splash/ spray and observe any notices or special instructions for example and infection risk)
- cleaning/ disinfectant solution
- access to waste disposal bin
- caution signs
- equipment required such as a long-handled brush or disposable cloths

Before you begin

- decontaminate hands and put on appropriate PPE
- prepare appropriate cleaning/ disinfectant solution according to manufacturer's instructions

Method (follow local policy/ guidance)

- ensure the work area is safe
- decontaminate hands and put on appropriate PPE
- remove any visible debris and dispose of this via correct waste stream
- begin cleaning following safe systems of work and evidence-based principles such as working from clean to dirty to minimise the risk of cross contamination
- follow manufacturer's instructions for use (including any contact time) of appropriate cleaning/ disinfectant solution (where required)
- PPE should be removed on completion and disposed of via correct waste stream
- hands should be decontaminated

When you are finished

- check all areas have been cleaned and report any access to clean issues
- put on PPE before undertaking any cleaning of equipment
- equipment should be returned to the DSR
- ensure appropriate cleaning/ disinfectant solutions are disposed of safely
- PPE should be removed on completion and disposed of via correct waste stream
- hands should then be decontaminated
- ensure any equipment used is dry and stored correctly

Required outcomes

- the vehicle interior should be kept clean, tidy, ordered and uncluttered
- the furniture and equipment should be clean, damage free and well maintained
- cleaning frequency for equipment as per service schedule
- requirement for daily and weekly recording of vehicle cleaning

Vehicle cab area

Detail (collect equipment/ materials)

- PPE which is appropriate for the task (consider risk of splash/ spray and observe any notices or special instructions for example an infection risk)
- cleaning/ disinfectant solution
- access to waste disposal bin
- caution signs
- equipment required such as a long-handled brush or disposable cloths

Before you begin

- decontaminate hands and put on appropriate PPE

- prepare appropriate cleaning/ disinfectant solution according to manufacturer's instructions

Method (follow local policy/ guidance)

- ensure the work area is safe
- decontaminate hands and put on appropriate PPE
- remove any visible debris and dispose of this via correct waste stream
- begin cleaning following safe systems of work and evidence-based principles such as working from clean to dirty to minimise the risk of cross contamination
- follow manufacturer's instructions for use (including any contact time) of appropriate cleaning/ disinfectant solution (where required)
- PPE should be removed on completion and disposed of via correct waste stream
- hands should be decontaminated

When you are finished

- check all areas have been cleaned and report any access to clean issues
- put on PPE before undertaking any cleaning of equipment
- equipment should be returned to the DSR
- ensure appropriate cleaning/ disinfectant solutions are disposed of safely
- PPE should be removed on completion and disposed of via correct waste stream
- hands should then be decontaminated
- ensure any equipment used is dry and stored correctly

Required outcomes

- the vehicle interior should be kept clean, tidy, ordered and uncluttered
- the furniture and equipment should be clean, damage free and well maintained
- cleaning frequency for equipment as per service schedule
- requirement for daily and weekly recording of vehicle cleaning

Vehicle equipment

Detail (collect equipment/ materials)

- PPE which is appropriate for the task (consider risk of splash/ spray and observe any notices or special instructions for example an infection risk)
- cleaning/ disinfectant solution
- access to waste disposal bin
- caution signs
- equipment required such as a long-handled brush or disposable cloths

Before you begin

- decontaminate hands and put on appropriate PPE
- prepare appropriate cleaning/ disinfectant solution according to manufacturer's instructions

Method (follow local policy/ guidance)

- ensure the work area is safe
- decontaminate hands and put on appropriate PPE
- begin cleaning following safe systems of work and evidence-based principles such as working from clean to dirty to minimise the risk of cross contamination
- follow manufacturer's instructions for use (including any contact time) of appropriate cleaning/ disinfectant solution (where required)
- PPE should be removed on completion and disposed of via correct waste stream
- hands should be decontaminated

When you are finished

- check all areas have been cleaned and report any access to clean issues
- put on PPE before undertaking any cleaning of equipment
- equipment should be returned to the DSR
- ensure appropriate cleaning/ disinfectant solutions are disposed of safely
- PPE should be removed on completion and disposed of via correct waste stream
- hands should then be decontaminated
- ensure any equipment used is dry and stored correctly

Required outcomes

- the vehicle interior should be kept clean, tidy, ordered and uncluttered
- the furniture and equipment should be clean, damage free and well maintained
- cleaning frequency for equipment as per service schedule
- requirement for daily and weekly recording of vehicle cleaning

Ambulance patient care equipment

Detail (collect equipment/ materials)

- PPE which is appropriate for the task (consider risk of splash/ spray and observe any notices or special instructions for example an infection risk)
- cleaning/ disinfectant solution
- access to waste disposal bin
- caution signs
- equipment required such as a long-handled brush or disposable cloths

Before you begin

- decontaminate hands and put on appropriate PPE
- prepare appropriate cleaning/ disinfectant solution according to manufacturer's instructions

Method (follow local policy/ guidance)

- ensure the work area is safe
- decontaminate hands and put on appropriate PPE
- begin cleaning following safe systems of work and evidence-based principles such as working from clean to dirty to minimise the risk of cross contamination
- follow manufacturer's instructions for use (including any contact time) of appropriate cleaning/ disinfectant solution (where required)
- clean surfaces may be wiped more than once (using multiple clean cloths/ paper) to increase the removal of microbial contamination
- PPE should be removed on completion and disposed of via correct waste stream
- hands should be decontaminated

When you are finished

- check all areas have been cleaned and report any access to clean issues
- put on PPE before undertaking any cleaning of equipment
- equipment should be returned to the DSR
- ensure appropriate cleaning/ disinfectant solutions are disposed of safely
- PPE should be removed on completion and disposed of via correct waste stream
- hands should then be decontaminated
- ensure any equipment used is dry and stored correctly

Required outcomes

- the vehicle interior should be kept clean, tidy, ordered and uncluttered
- the furniture and equipment should be clean, damage free and well maintained
- cleaning frequency for equipment as per service schedule
- requirement for daily and weekly recording of vehicle cleaning

Isolation room, bay or cohort cleaning

- 9.20. Source isolation is where a patient with known or suspected alert organism or communicable disease is being cared for in a room of their own or where this is not possible, in a bay with minimal contact with other patients. Isolation is also a measure that may be used to protect clinically vulnerable patients from the risk of infection (protective isolation):

- source isolation rooms should be cleaned last
- ensure you have all PPE and equipment in the room prior to cleaning

Where more than one patient is confirmed as having the same alert organism or communicable disease, they may be nursed together separately from other patients. This may be referred to as a 'cohort.'

Isolation rooms or bays should be cleaned at least daily. An Infection Prevention and Control Nurse (IPCN) will advise if increased cleaning frequencies are required in relation to any aspect of environmental cleaning:

- all domestic staff undertaking isolation cleaning should be instructed appropriately and supplied with sufficient and appropriate cleaning equipment to carry out tasks effectively
- each cleaning task should be carried out as detailed in the specific SOPs
- the Senior Charge Nurses or Nurse in Charge should work collaboratively with the Domestic Services Team to highlight the need for isolation cleaning, alongside any special instructions
- all rooms used for isolation purposes should be identified using appropriate Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland TBPs poster or locally agreed poster, refer to local policy regarding communication around isolation cleans
- staff should adhere to the relevant verbal or written instructions provided by the nursing team in relation to hand decontamination, PPE, guidance regarding door closing and waste disposal
- local policy will dictate the responsibility for cleaning patient equipment

Detail (collect equipment/ materials)

- PPE which is appropriate for the task (consider risk of splash/ spray and observe any notices or special instructions such as an infection risk)
- disposable cloths or paper
- cleaning/ disinfectant solution
- access to waste disposal bin
- caution signs
- disposable cloth, micro-fibre cloth, paper or mop heads

Before you begin (follow local policy/ guidance)

- decontaminate hands
- ensure all equipment is clean prior to use, assemble where required
- prepare disinfectant solution according to manufacturer's instructions

Method (follow local policy/ guidance)

- ensure the work area is safe

- decontaminate hands and put on appropriate PPE
- remove any visible debris and dispose of this via correct waste stream
- begin cleaning following safe systems of work and evidence-based principles such as working from clean to dirty to minimise the risk of cross contamination
- follow manufacturer's instructions for use (including any contact time) of cleaning/ disinfectant solution
- check curtains, if visibly stained or soiled remove the curtain and replace with a clean curtain. Place stained or soiled curtain into appropriate colour coded alginate sack for laundering (follow curtain changing SOP)
- clean surfaces may be wiped more than once (using multiple cloths/ paper) to increase the removal of microbial contamination
- rinse and dry
- cloths/ paper should be disposed of via correct waste stream
- PPE should be removed on completion and disposed of via correct waste stream, hands should then be decontaminated

When you are finished

- check all areas have been cleaned and report any access to clean issues
- equipment should be returned to the DSR
- put on PPE before undertaking any cleaning of equipment
- ensure cleaning/ disinfectant solutions are disposed of safely
- PPE should be removed on completion and disposed of via correct waste stream, hands should then be decontaminated
- ensure any equipment used is dry and stored correctly

Required outcomes

- the room/ bed space should be left clean, dry, restocked and ready for occupation by next patient.

Discharge clean

- 9.21. The process is to be followed on discharge/ transfer of a patient with no known or suspected infection prior to reoccupation of the bed space/ single room. Out of hours as per local policy.

To reduce risk of cross infection emphasis requires to be placed on the cleaning of contact surfaces.

Definition - cleaning of bed space or room following discharge/ transfer of a patient with no known or suspected infection

Detail (collect equipment/ materials)

- PPE which is appropriate for the task (consider risk of splash/ spray and observe any notices or special instructions)
- disposable cloths or paper
- cleaning/ disinfectant solution
- access to waste disposal bin
- caution signs
- clean curtain/ screen and step ladder
- equipment required for example cleaning trolley, high duster frame and head, mopping system

Before you begin (follow local policy/ guidance)

- ventilate area where possible
- decontaminate hands and put on appropriate PPE
- ensure all equipment is clean prior to use, assemble where required
- prepare cleaning/ disinfectant solution according to manufacturer's instructions
- check curtain/ screen for marks or staining
- ensure water outlets are run/ opened if present

Method (follow local policy/ guidance)

- ensure the work area is safe
- decontaminate hands and put on appropriate PPE
- remove any visible debris and dispose of this via correct waste stream
- remove PPE and dispose of this via correct waste stream then decontaminate hands
- put on new PPE
- begin cleaning following safe systems of work and evidence-based principles such as working from high to low and clean to dirty to minimise the risk of cross contamination
- follow manufacturer's instructions for use (including any contact time) of cleaning/ disinfectant solution
- change curtain/ screen following appropriate SOP
- clean surfaces following a methodical process such as from highest point of furthest point of room towards the exit, until all furniture, fittings, surfaces and touch points have been cleaned, clean surfaces may be wiped more than once (using multiple cloths/ paper) to increase the removal of microbial contamination
- rinse and dry furniture, fittings, surfaces and touch points after cleaning
- remove PPE and dispose of this via correct waste stream then decontaminate hands
- put on new PPE

- clean wash hand basin, if applicable, as per 'Wash Hand Basins' SOP
- clean sanitary fixtures and fittings if applicable as per 'Sanitary Fixtures and Fittings' SOP
- remove waste bag if used and clean waste bin as per 'Cleaning of Waste Bin Furniture Fixture and Fittings' SOP, replace liner, where appropriate
- remove debris and damp mop floor, as per 'Damp Mopping' SOP
- cloths/ paper and mop heads should be disposed of via correct waste stream
- PPE should be removed on completion and disposed of via correct waste stream, hands should then be decontaminated

When you are finished

- visually check all surfaces, furniture, fixtures and fittings have been cleaned and dried
- report any access to clean issues
- report to clinical team that room/ bed space has been cleaned
- equipment should be returned to the DSR
- put on PPE before undertaking any cleaning of equipment
- ensure cleaning/ disinfectant solutions are disposed of safely
- PPE should be removed on completion and disposed of via correct waste stream, hands should then be decontaminated
- ensure any equipment used is clean, dry, any faults reported before storing correctly

Required outcomes

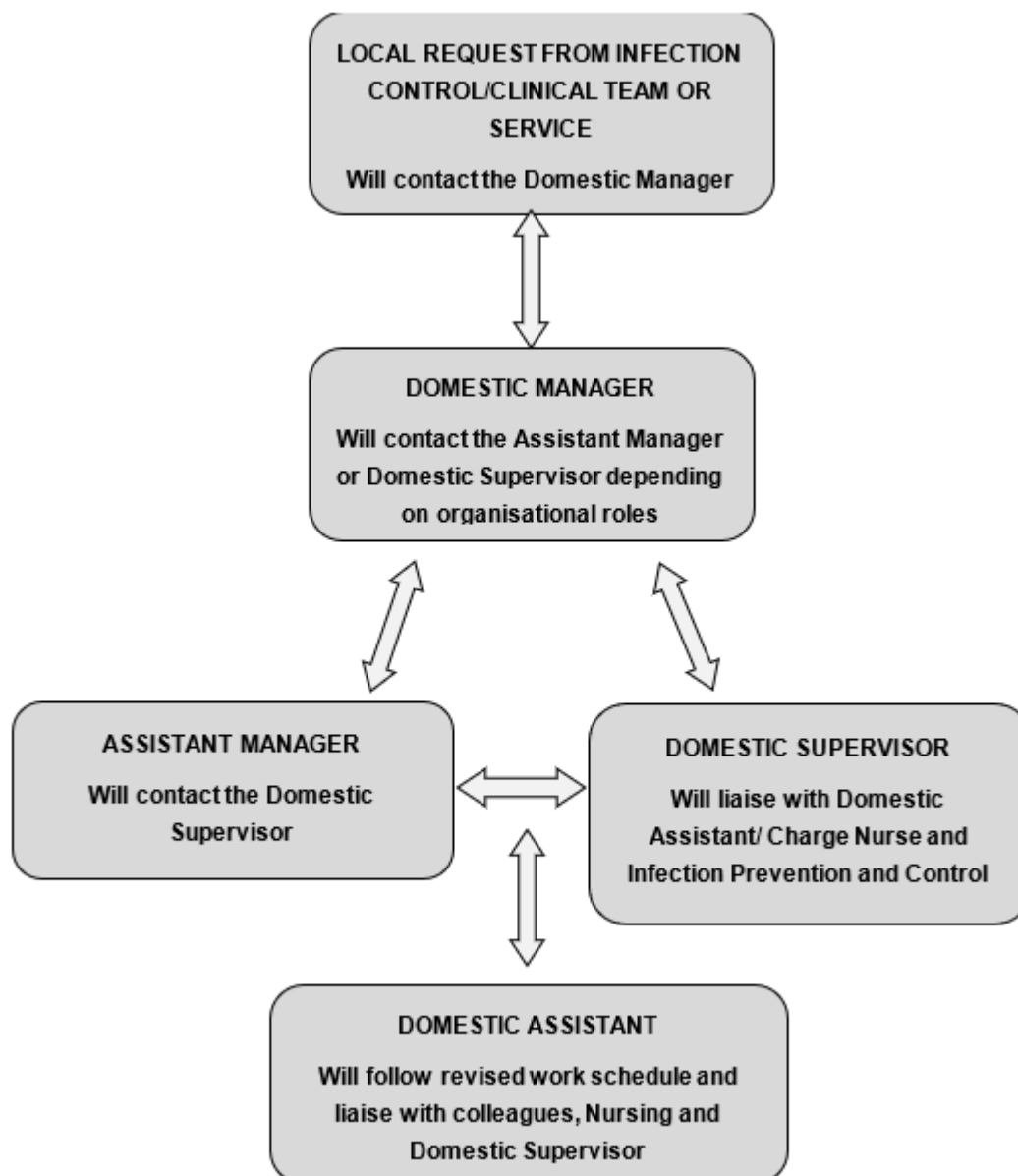
- the room/ bed space should be left clean, dry, restocked and ready for occupation by next patient.

Terminal clean

9.22. **Definition** - cleaning of bed space, room or ward following discharge/ transfer of a patient/ with a known or suspected infection.

Refer to local policy regarding communication around terminal cleans.

Figure 9.1 - Example of communication and notification in the event of a terminal clean



Equipment required (follow local policy/ guidance)

- PPE which is appropriate for the task (consider risk of splash/ spray and observe any notices or special instructions)
- disposable cloths or paper (mop heads and hi duster heads) as per local policy
- disinfectant solution
- access to waste disposal bin
- caution signs
- equipment required for example cleaning trolley, high duster frame and head, mopping system, scrubber dryer
- clean curtain/ screen and step ladder

Before you begin (follow local policy/ guidance)

- ventilate area, where possible
- decontaminate hands and put on appropriate PPE
- ensure all equipment is clean prior to use, assemble where required
- prepare disinfectant solution according to manufacturer's instructions, taking care to observe contact time
- collect water soluble bags and red hamper for curtains
- ensure water outlets are run/ opened if present

Method (follow local policy/ guidance)

- ensure the work area is safe
- decontaminate hands and put on appropriate PPE
- remove any visible debris and dispose of this via clinical waste stream
- remove curtains and hooks, place hooks in disinfectant solution
- remove PPE and dispose of this via clinical waste stream then decontaminate hands
- put on new PPE
- begin cleaning following safe systems of work and evidence-based principles such as working from high to low and clean to dirty to minimise the risk of cross contamination
- follow manufacturer's instructions for use (including any contact time) of disinfectant solution
- clean surfaces following a methodical process such as from highest point of furthest point of room towards the exit, until all furniture, fittings, surfaces and touch points have been cleaned, including walls and paintwork to reach height.
- clean surfaces may be wiped more than once (using multiple cloths/ paper) to increase the removal of microbial contamination
- rinse and dry furniture, fittings, surfaces and touch points after cleaning
- remove PPE and dispose of this via clinical waste stream then decontaminate hands
- put on new PPE
- clean wash hand basin, if applicable, as per Wash Hand Basins SOP
- clean sanitary fixtures and fittings if applicable as per Sanitary Fixtures and Fittings SOP
- damp clean dispensers for paper hand towels and toilet tissue, dry and replace contents
- open soap dispenser and remove soap cartridge damp clean inside the dispenser and dry, replace soap cartridge, close dispenser and damp clean outside dispenser, paying particular attention to the underside, then dry
- remove waste bag and clean waste bin as per Furniture Fixtures and Fittings SOP, replace liner

- remove debris and damp mop floor, as per Damp Mopping SOP using disinfectant solution and allowing for Manufacturer's recommended contact time
- scrub floor using water only
- remove PPE and dispose of this via clinical waste stream
- put on new PPE
- replace curtain with the clean, dry curtain hooks
- cloths and paper, single use mop and high duster heads should be disposed of via clinical waste stream
- launderable mop heads and hi duster heads should be placed in water soluble bag and put into red hamper for laundering
- PPE should be removed on completion and disposed of via clinical waste stream, hands should then be decontaminated

When you are finished

- visually check all surfaces, furniture, fixtures and fittings have been cleaned and dried
- report to clinical team that room/bed space has been terminally cleaned
- equipment should be returned to the DSR
- put on PPE before undertaking any cleaning, using disinfectant solution, of equipment used for the terminal clean
- ensure disinfectant solution is disposed of safely
- PPE should be removed on completion and disposed of via clinical waste stream, hands should then be decontaminated
- ensure any equipment used is clean, dry, any faults reported before storing correctly
- if unable to decant full or part of room for terminal clean, seek guidance from your local Infection Prevention and Control Team (IPCT)

Kitchen, fixtures, fittings and appliances

- 9.23. In areas where domestic staff do not clean the microwaves, local policy needs to be referred and adhered to.

Equipment required

- PPE which is appropriate for the task (consider risk of splash/ spray and observe any notices or special instructions such as an infection risk)
- disposable cloths or paper
- cleaning/ disinfectant solution
- access to waste disposal bin

Before you begin

- decontaminate hands

- ensure all equipment is clean prior to use, assemble where required
- prepare cleaning/ disinfectant solution according to manufacturer's instructions
- report any defective components or microwaves to the senior Charge Nurse and your Line Manager

Method (follow local policy/ guidance)

- ensure the work area is safe
- decontaminate hands and put on appropriate PPE
- wear safety goggles and half fill bucket with warm water, adding the cleaning agent solution both in line with manufacturer's instructions;
- correctly position wet floor signs to identify cleaning is taking place
- remove any visible debris and dispose of this via correct waste stream
- remove PPE and dispose of this via correct waste stream then decontaminate hands
- put on new PPE
- begin cleaning following safe systems of work and evidence-based principles such as working from clean to dirty to minimise the risk of cross contamination
- follow manufacturer's instructions for use (including any contact time) of cleaning/ disinfectant/ cleaning solution

Microwave ovens

- remove all non-electrical components place in a container of water and correctly measured cleaning solution
- remove any gross contamination from removable components with a non-scratch scouring pad - do not use a scouring pad on the internal or external microwave oven
- dampen of cloth - wipe all internal surfaces, section at a time.
- always work from clean to dirty - clean internal elements and cavity then the external parts
- pay particular attention to the control area and door handles
- dry all surfaces with a dry clean disposable cloth
- ensure the floor and any surfaces beneath work area is dry and free from spillages - remove caution floor signs
- reassemble microwave
- ensure completely dry and reconnect power source
- return all equipment to the DSR ensure all equipment is cleaned and stored correctly
- cloths/ paper should be disposed of via correct waste stream
- PPE should be removed on completion and disposed of via correct waste stream, hands should then be decontaminated

Cookers/ Regen ovens strip and clean

- switch off power supply to the appliance
- remove spillage tray, oven tray, pan rests and other removable parts and place in container of water and correctly measured solution of detergent to soak
- wash the internal parts of the oven and grill
- use the green hand pad to remove stubborn stains
- rinse using fresh water and dry
- using a fresh solution of water and neutral detergent repeat this process on all external surfaces of the
- rinse and thoroughly dry
- thoroughly clean spillage tray, oven tray and grill trays using green hand pad to remove stubborn deposits
- rinse with fresh solution of water and detergent and dry surfaces
- thoroughly clean hob, burners, pan rests, controls and all other external surfaces. Dry surfaces
- re-assemble all components of the cooker
- switch on power

Defrosting refrigerator/ deep freeze and clean

- remove all contents and store at appropriate temperature
- check the appliance and cable for damage and breaks including damaged seals, follow reporting procedures in the event of any defects
- do not use green hand pad or abrasive pads to remove sticky stubborn marks/ spillages as this will damage the surface
- remove shelves and ice trays, wash, rinse and dry
- damp clean the external parts of the fridge/ freezer
- once completely defrosted empty and clean the drip tray
- damp clean the condenser panel at the back of the refrigerator, if applicable, to reduce energy consumption
- damp clean the inside compartments and door paying particular attention to the door seals, rinse and dry
- replace shelves and trays
- switch on power

- when the appropriate temperatures have been achieved replace the stock:
 - the minimal temperatures should be as follows:
 - fridge: 1°C to 4°C
 - freezer: -18°C to -22°C

Strip and clean dishwashers

- remove visible bits of food daily from inside the filter well and the bottom of the dishwasher
- wipe down the door edges and gasket to get rid of any debris and remove and clean the filter
- deep-clean the interior with a cleaning cycle
- wipe the exterior, edges and interior of drips, spots and film

Toasters

- turn off the toaster, unplug it from the wall, and ensure it is cool
- remove the crumb tray and any removable racks
- once the crumb tray has been removed, you can shake out any crumbs accumulated inside the toaster
- be careful when shaking the toaster upside down. Make sure you do it vigorously enough to dislodge the crumbs but gently enough not to damage them
- wipe down the exterior surfaces of the toaster with a damp cloth

Water boilers

- remove any gross contamination from removable components with a non-scratch scouring pad including underside and including pipes
- dampen cloth and wipe all external surfaces, section at a time
- rinse using fresh water and dry

Units, cupboards and shelves

- remove any debris and sticky residue from surfaces
- wash all surfaces changing cloths on a regular basis, working from clean to dirty
- pay particular attention to undersides of cabinets, worktops and cupboards and all castors and wheels
- dry all surfaces with a dry clean disposable cloth
- ensure the floor beneath work area is dry and free from spillages
- when you are finished (follow local policy/ guidance)
- check all areas have been cleaned and report any access to clean issues
- equipment should be returned to the DSR

- put on PPE before undertaking any cleaning of equipment
- ensure cleaning/ disinfectant solutions are disposed of safely
- PPE should be removed on completion and disposed of via correct waste stream, hands should then be decontaminated
- ensure any equipment used is dry and stored correctly

Required Outcomes: Microwave

9.24. Following the cleaning process the required standards are as follows:

- appliance is free of grease and dirt on inner and outer surfaces

Required Outcomes: Cooker

9.25. Following the cleaning process the required standards are as follows:

- electrical and cooking fixtures and appliances are kept free from signs of use or non-use
- cooker hoods (interior and exterior) and filters are free of grease and dirt on inner and outer surfaces

Required Outcome: Defrosting refrigerator/ deep freeze and clean

9.26. Following the cleaning process the required standards are as follows:

- refrigerators/ freezers are clean and free of ice build- up

Required Outcome: Units, Cupboards and shelves

9.27. Following the cleaning process the required standards are as follows:

- all surfaces should be free from soils, spots, dust and fingerprints
- edges, corners, wheels and castors are free from soil, dust and film
- furnishings and fittings are free from debris and sticky residue

10. Work schedule

- 10.1. The NHSScotland National Cleaning Services Specification (NCSS) conveys the standards to be maintained within healthcare premises. These are described in the 'Required Outcome' measures, for the range of tasks applicable in most health and care settings.
- 10.2. It is the responsibility of the NHS boards' Representatives to determine the appropriate frequencies for each task across the spectrum of facilities - clinical and non-clinical to enable the required outcomes to be achieved.
- 10.3. The risk assessments for each of the tasks included in the NCSS can be used in part to inform the proposed frequency. A schedule of work should be designed for each area to ensure that staff providing the service have clarity regarding the tasks they are required to perform, and when they should be carried out. This schedule can also be used to inform service users of the details of service provision in their area.
- 10.4. Scottish Ambulance Service (SAS) hold their own cleaning schedule documentation. For stations and patient transport vehicles, there is paper cleaning schedule documentation and for Accident and Emergency (A&E) vehicles it is electronically completed.

The sample work schedule template:

- details the site, locations, operative/s shift times, date of issue, and provides a field to list the specific rooms/ areas of responsibility. Any periodic duties to be undertaken can be noted in this section

It then goes on to:

- detail the tasks which need to be undertaken, with scope for the NHS boards' representatives to detail the frequencies, tailoring them to support the clinical service locally

Sample work schedule - clinical area

- 10.5. Content below is a guide to what can be included in a work schedule.

Figure 10.1 - Sample work schedule for a Clinical Area

Site							
Location/Ward/Department							
Date of Issue							
Bed Areas/Day Room/Entrances/Steps/Ramps/Clinical Clean/Dirty Utility/Staff Changing Areas/Corridor/Stores/Sanitary Areas/Offices/Stairs/Fire Exits/DSR	Frequency per day						
Refuse	MON	TUE	WED	THUR	FRI	SAT	SUN
Collect and dispose of refuse as per local policy, replace liners.							
Clean inside and outside of a refuse holder.							
Furnishings							
Remove debris							
Door handles, desks, lockers, beds (head & foot), tables (wipe tables after each mealtime), over-bed tables, exam couches, chairs, over chair tables, cabinets, bed lights, exam lights, light switches, light cords, control panels, patient call button, pictures, TVs and HiFi equipment, including remote controls, radiators, pipe work, ledges, fire extinguishers, decorative plants, trees and containers, clocks, patient-line units, desk telephones.							
Clean all wheels and castors	# Per week						
Paintwork/Walls, Doors, Glass Partitions, Laminate and Ceramic Wall Finishes							
Remove all marks, wipe door frames, handles, door signs, kick plates, walls, doors and door vents clean all internal glass, laminate and ceramic wall finishes.	# Full Clean # Checks						
Low Level Surfaces							
Clean all dado rails, window ledges, floors, vents, partition ledges, pipes, skirting and any other surfaces which may attract dust, graffiti or spillage	# Full Clean # Checks						

High Level Surfaces							
Clean wall surfaces, ledges, cabinets, furnishings, pipes, vents, grills, direction signs, curtain rails and bed rails which can be reached utilising high dusting tools.	# Per week						
	MON	TUE	WED	THUR	FRI	SAT	SUN
Sanitary Fittings							
Clean wash hand basins and surrounds, bath, showers, toilet, bidets, urinals, soap, toilet roll and towel dispensers inside and out, toilet brush holders, bath/shower mats, pipes, fixtures & fittings. Dry and buff the mirror, metal and ceramic surfaces. Avoid pushing cloths in tap and waste/overflow outlets. Do not let shower head touch drain. Replenish all supplies: liquid soap and paper products.							
Floors Hard/Soft							
Remove debris (Check clean Dining Room after each Mealtime)							
Suction Clean (Mop Sweep)							
Damp Mop							
Spot Mop (Check Clean Dining Room after each Mealtime)							
Buff/Burnish							
Scrub							
Cleaning Equipment							
Clean and dry all equipment, segregate and store safely. Report faults to Supervisor							

Window Curtain/Shower Screens							
Window Blinds, Curtains, Bed Screens and Shower Curtains	As per Curtain Change Plan						
Periodic Duties	As per periodic Plan						

Domestic Manager		Date			
Senior Charge Nurse		Date			

Appendix A Sample work schedule

Figure A.1 - Sample work schedule

Site:	
Location/Ward/Dept:	
Date of Issue:	
Shift Times	
Areas of Responsibility	
Enter details of rooms to be cleaned in this section	
Weekly/Periodic Duties	
Tasks undertaken less frequently than daily may be entered here	

Appendix B Template risk assessment

Figure B.1 - Template for a Risk Assessment

Date of Risk Assessment:

Review Date:

Risk Assessment number:

Unique ID	Associated Risks	Persons affected	What are the current control measures	What, if any, further control measures are required	Risk Rating Clinical area	Risk Rating Non-Clinical area
	<i>If the hazard is not controlled or removed.</i>		<i>Provide details of control measures already in place. If measures are detailed in other documents, state where.</i>	<i>Note the action required, responsible person and target date.</i>		
Insert Task					RED/AMBER/GREEN	RED/AMBER/GREEN

Abbreviations

A&E:	Accident and Emergency
ASM:	Area Service Manager
ARHAI:	Antimicrobial Resistance and Healthcare Associated Infection
CCU:	Coronary Care Unit
CDU:	Central Decontamination Unit
CH IPCM:	Care Home Infection Prevention and Control Manual
CNO:	Chief Nursing Officer
DL:	Director Letter
DSR:	Domestic Services Room
FMT:	Facilities Monitoring Tool
H&S:	Health and Safety
HAI:	Healthcare Associated Infection
HAIRT:	Healthcare Associated Infection Reporting Template Reporting Template
HBE:	Healthcare Built Environment
HCID:	High Consequence Infectious Disease
HDU:	High Dependency Unit
HEPA:	High Efficiency Particulate Arresting
HFS:	Health Facilities Scotland
HIS:	Healthcare Improvement Scotland
HSE:	Health and Safety Executive
ICU:	Intensive Care Unit
IMT:	Incident Management Team
IPC:	Infection Prevention and Control
IPCT:	Infection Prevention and Control Team
IPCN:	Infection Prevention and Control Nurse
MDT:	Multidisciplinary Team

NCSS:	National Cleaning Services Specification
NES:	NHS Education for Scotland
NICU:	Neonatal Intensive Care Unit
NIPCM:	National Infection Prevention and Control Manual
NSS:	National Services Scotland
PAG:	Problem Assessment Group
PAS:	Publicly Available Specification
PDP:	Personal Development Plan
PPE:	Personal Protective Equipment
PPF:	Public Partnership Forum
RAG:	Red, Amber or Green
SAS:	Scottish Ambulance Service
SCBU:	Special Care Baby Unit
SHFN:	Scottish Health Facilities Note
SICPs:	Standard Infection Control Precautions
SIPCEP:	Scottish Infection Prevention and Control Education Pathway
SOPs:	Standard Operating Procedures
SSD:	Sterile Services Department
TBPs:	Transmission Based Precautions

Glossary

Audit - A process which allows for the systematic and critical analysis of the quality of service or specific practices.

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

Healthcare Built Environment (HBE) - The care environment structure and any other fixed or semi-permanent components of the facility with which healthcare staff, patients, and their visitors interact.

Check cleaning - This is a visual check of cleanliness, for spots, spillages, general debris, and so on, at a specified frequency throughout the day. Sufficient cleaning should be carried out to restore the area or item to acceptable standard using the agreed cleaning procedures.

Cleaning Service Provider - Defined as the organisation co-ordinating and delivering cleaning services within specified locations - applies to in-house team, external contractor or Facilities Management Provider.

Clinical areas - Clinical areas are areas where 'clean' clinical procedures are carried out, for example treatment rooms.

Control of Substances Hazardous to Health (COSHH) - These regulations require employers to control exposure to hazardous substances to prevent ill health.

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

Discharge clean - A discharge clean should take place after each patient discharge. Local flexibility is required in order that daily programmed clean can be reprogrammed/reallocated thus avoiding requirement for additional cleaning input.

Domestic Services Room (DSR) - the room which cleaning operatives work from and store their supplies and equipment.

Exception reports - The domestics written reasons for non-completion of tasks contained within their work schedule.

Healthcare Associated Infection (HAI) - Infections that occur because of medical care, or treatment, in any healthcare setting.

High Dependency Unit/ Intensive Care Unit (HDU/ ICU) - This is a clinical area, where patients require a high-level of clinical care, but are not ventilated. Examples would be Special Care Baby Units (SCBU), Medical and Surgical HDUs/ ICU or Intensive Therapy

Unit (ITU): also included in this category would be Cardiac Intensive Care Unit (CICU), Neonatal Intensive Care Unit (NICU), Neurology Intensive Care Unit. This is a clinical area, where patients require a high-level of clinical care, but are not ventilated.

High Efficiency Particulate Arresting (HEPA) - HEPA filters have a high efficiency at arresting or capturing particles.

Incident Management Team (IMT) - a multidisciplinary group with responsibility for investigating and managing an incident.

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.

Microbial contamination - Presence of microorganisms that can cause disease.

Monitoring - The on-going assessment of the outcomes of cleaning processes

Problem Assessment Group (PAG) - A multidisciplinary group convened to undertake initial assessment of an incident.

Publicly Available Specification (PAS) - PAS 5748:2014 - Specification for the planning, application, measurement and review of cleanliness services in hospitals. Used in England and Wales (not used in Scotland).

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.

Point Of Use (POU) filters - POU filters are fitted to outlets (taps and showers) and filter out microorganisms/ debris. They are used to provide rapid protection from waterborne organisms when installed and maintained correctly.

Personal Protective Equipment (PPE) - PPE examples are safety goggles, aprons, gloves, masks as per local policy.

Service user - Defined as patients and visiting public including nursing staff/ clinicians.

Source isolation clean - The cleaning of a room where a patient with known or suspected alert organism or communicable disease is being cared for.

Transmission-based precautions (TBPs) - these are additional measures that are used in conjunction with Standard Infection Control Precaution (SICPs) when caring for patients with a known or suspected infection or colonisation.

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, to minimise the risk of cross infection.

References

1. [The National Infection Prevention and Control Manual \(NIPCM\) Website](#)
2. [HAI Compendium](#), NIPCM website
3. [The Public Health Scotland website](#)
4. [National Facilities Monitoring Framework Manual](#) (Scottish Health Facilities Note (SHFN) 01-01), National Services Scotland (NSS) website
5. [NHSScotland National Cleaning Services Specification](#) (SHFN 01-02), NSS website
6. [The Support Workforce Hub website](#)
7. Publicly Available Specification (PAS) 5748:2014 - Specification for the planning, application, measurement and review of cleanliness in hospitals
8. [Slips and Trips](#), Health and Safety Executive (HSE) website
9. [Water Safety](#) (Scottish Health Technical Memorandum (SHTM) 04-01), NSS website
10. [Chapter 1 - Standard Infection Control Precautions \(SICPs\)](#), NIPCM website
11. [The Provision and Use of work equipment Regulations 1998](#)
12. [Provision and Use of Work Equipment Regulations 1998. Approved Code of Practice and guidance](#), HSE website
13. [Safe Management of the Care Environment \(Environmental Decontamination\)](#)