CLEANING AND DISINFECTION
PROCEDURE ICPr001
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This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. ICPr001 review Dec 20 2
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<thead>
<tr>
<th>Version No.</th>
<th>Date Ratified/Amended</th>
<th>Date of Implementation</th>
<th>Next Review Date</th>
<th>Reason for Change (eg. full rewrite, amendment to reflect new legislation, updated flowchart, minor amendments, etc.)</th>
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<td>1.0</td>
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<td>New cleaning product in use. Name changed in document.</td>
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<td>Decision made by the Chief Nurse and Chief Executive to extend review date to December 2020 due to Covoid-19.</td>
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INTRODUCTION

The Health and Social Care Act 2008 requires that registered providers of health and social care “Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections”. All health and social care workers should know and understand the importance of thorough cleaning. This procedure will ensure that all Northamptonshire Healthcare foundation Trust (NHfT) staff working in Hospitals and the community settings are aware of the practices, which maintains the highest standards of infection prevention and control, thus preventing the spread of infections to staff, patients/service users and visitors.

A clean environment reduces the cumulative risk of transmission of infection posed by micro-organisms in that environment.

Outbreaks of infection have been associated with environmental contamination.

Most micro-organisms are found in dust and dirt, so cleaning or vacuuming alone can often cause significant reductions in the amount of organisms in the environment.

Some micro-organisms, e.g., *Clostridium difficile* spores, are adept at surviving in the environment, and, therefore, enhanced cleaning with disinfectants is required when a service user has a known or suspected infection.

Hands regularly come into contact with surfaces. If hands are not washed, they will transfer any organisms present. This risk is always present, but will increase if cleaning is neglected.

**Cleaning** is a process that removes contaminants including dust, soil, large numbers of micro-organisms and the organic matter that shields them, such as faeces, blood, pus, urine and other body fluids. To ensure effective cleaning, the equipment used and the item to be cleaned should be in a good state of repair.

**Disinfection** is a process that reduces the number of micro-organisms to a level at which they are not harmful and is only effective if the equipment or surface is thoroughly cleaned with a detergent solution beforehand. The use of disinfectants, e.g., household bleach, Milton, or Haz tabs are recommended when dealing with blood/body fluid spillages or where an outbreak of infection has occurred. Dual acting products, e.g., Chlor-Clean, Uni9, will complete the cleaning and disinfecting process in one action.

Numerous agents and cleaning solutions are mentioned within this guidance, as with all substances, COSHH (Care of Substances Hazardous to Health) guidance/manufacturers instructions must be followed, in order to achieve safe practice.
THE CLEANING PROCESS

All surfaces should be visibly clean with no blood and body substances, dust dirt, debris, adhesive tape or spillage.

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

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

Cleaning schedules for Tasks normally carried out by nursing staff are produced and monitored by Modern Matrons or Service managers. All duties relating to cleanliness must be clearly defined and should be clearly and accurately reflected in job descriptions and in agreed Cleaning schedules. Work schedules should be as detailed and complete as possible and include the following:

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

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

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

Work from clean areas to dirty areas.

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

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

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

**C Diff/Norovirus/Diarrhoea**
If a patient is symptomatic in the Department, the area should be deep cleaned with Uni9. For further information see also Clostridium difficile Procedure and Standard Precautions Policy.
Responsibilities
The Senior Nurse is responsible for ensuring that the bay/single room is empty of patients. All linen, disposable items and waste must be removed before the clean can take place. Throughout the procedure the Domestic Supervisor will regularly keep the Matron, nurse in charge of the ward and the Infection Control Team informed of progress.
Privacy & Dignity
During the completion of deep cleans on ward areas the privacy and dignity of patients must be observed at all times. This is not an exhaustive list but must include
- No disruption of the meal service
- As little movement of patients as possible
- No steam cleaning near patients
- Maintaining minimum noise levels
- Making suitable arrangements for critically ill patients
- Making suitable arrangements for confused patients
- Ensure personal belongings are safely stored securely
- Keeping patients informed on the reason of the disruption on their ward
- Keeping patients informed on the progress of the deep clean to give them some indication when they will be moving back to their bay

Communication and Documentation
On completion of the deep clean the Domestic Supervisor must inform the Matron, Senior Infection Control Nurse or the nurse in charge. Only when the Deep Clean has taken place the Infection Control Nurse will verify when the ward can reopen. Each episode of deep clean should be documented for the purpose of an Audit trail. Use Deep Clean Check List.
PREPARATION FOR DEEP CLEAN OF BED SPACES OR WARDS

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

Deep Clean Procedure

- Put on protective clothing
- Make up a solution of Uni9. Use disposable paper cloths
- Discard and replace the following: oxygen tubing, oxygen masks, suction tubing, suction catheter and yanker set, yellow tubing
- Clean all equipment with hypochlorite 1000 ppm, i.e. mattresses, commodes, IV pumps, feeding pumps, patient monitors, resuscitation trolleys, drip stands, hoists, medicine trolleys, CSSD trolleys sphygmomanometers, commodes, manual handling equipment etc. Return to a store area when dry
- Arrange for fans to be cleaned by Estates Department
- Pressure-relieving mattresses - decontaminate as per manufacturers’ instructions (see Decontamination Policy). If rented return as per company guidelines, e.g. Huntleigh
- Remove isolation card from side room/ward doors
- Disposable gloves and plastic apron should be worn
- Ensure nursing responsibilities have been carried out prior to commencing deep clean, staff can work together where required to achieve this
- Remove curtains if required (Appendix 2 & 3) and place in red laundry bag. Vertical blinds to be wiped over
- All carpets must be cleaned. (Carpets are not recommended in clinical areas)
- Wash all surfaces (see separate reference below in relation to wall cleaning) with the solution including - use disposable paper cloths and replace frequently between surfaces
- Paper towels and hand washing agents, e.g. soap/alcohol gel, do not need to be removed from holders - external surface of holders should be cleaned
- Contaminated posters should be wiped over. Patient leaflets in racks should be removed to enable the rack to be cleaned. Visibly clean leaflets can be replaced. Domestics should liaise with ward staff to identify non laminated information on boards which can be discarded
- Ensure that all surfaces are completely clean and dry
• Cleaning equipment must be thoroughly washed and disinfected on completion of clean. Mop head must be returned for washing

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

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

MANAGEMENT OF BLOOD AND BODY FLUIDS SPILLAGES
It is the responsibility of department/ward/unit staff to ensure that blood and body fluid spillage in their area is cleaned up safely and appropriately, by a member of clinical staff. It is the responsibility of the member of staff reporting the spillage to ensure that the health and safety of others is maintained until the spillage is removed, i.e. place wet floor/spillage sign at the site of the spillage. Refer to NHfT Standard Precautions Policy “Procedures for dealing with blood spillages”.

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

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

Treatment of blood and body fluid spills with a chlorine releasing disinfectant prior to removal does not render the spillage ‘safe’ as the disinfectant is inactivated by organic matter and the disinfectant may not penetrate the spillage fully. The main hazard of a spillage is to the individual clearing it up. Therefore, it is more important that the individual dealing with the spillage has received the appropriate education and training in this area.

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

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

Blood Splashes on Floors, Walls and Other Surfaces
Clean immediately with hot water and detergent, using a disposable cloth or mop as appropriate. Dispose of cloths in clinical waste bin or bag.
Blood and Other Body Fluid Spillage on Floors

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

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

Hard Non-Carpeted Surfaces

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

- Wear gloves and plastic aprons and if splashing is possible wear eye protection
- Use a blood spillage kit if available
- Where the spillage may contain sharp material forceps may be used to remove the sharp material, placing it in a sharps bin
- If the spillage is large, soak up the excess fluid using paper towels and carefully place these in an orange (or the appropriate colour) clinical waste bag
- The hard surface can then be decontaminated with a solution containing a chlorine releasing agent reconstituted as per manufacturers’ recommendations, to a concentration of 10,000 parts per million (ppm) available chlorine
- The surface can then be washed with detergent and water

Safety Notice

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

Carpets & Upholstery

- The use of chlorine-releasing agents will bleach and damage carpets etc
- Wear gloves and plastic apron
- For major spillages or where there may be sharp material, use the scoop contained within the blood spillage kit or forceps to remove any sharp material and place it in a sharps bin
- For large spillages use paper towels to mop up the excess fluid
- Dispose of in orange (or appropriate colour) clinical waste bag
- Clean the surface with hot water and general purpose detergent
- As soon as is reasonably practical disinfect using a wet carpet machine for the carpets, or for curtains, loose covers etc send to the laundry for washing or dry cleaning.

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

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

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

<table>
<thead>
<tr>
<th>Risk</th>
<th>Required Service Level</th>
<th>Description of Functional Areas</th>
<th>Monitoring Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant Risk</td>
<td>In these areas, high standards are required for both hygiene and aesthetic reasons. Outcomes should be maintained by regular and frequent cleaning with ‘spot cleaning’ in between.</td>
<td>Out-patient departments, mortuaries. Bathrooms, toilets, staff lounges, offices and other areas adjoining significant-risk functional areas.</td>
<td>3 monthly (or 12 weeks)</td>
</tr>
</tbody>
</table>
COLOUR CODING OF CLEANING EQUIPMENT

National colour coding scheme for hospital cleaning materials and equipment

All NHS organisations should adopt the colour code below for cleaning materials. All cleaning items, for example, cloths (re-usable and disposable), mops, buckets, aprons and gloves, should be colour coded. This also includes those items used to clean catering departments.

- **Red**: Bathrooms, washrooms, showers, toilets, basins and bathroom floors
- **Blue**: General areas including wards, departments, offices and basins in public areas
- **Green**: Catering departments, ward kitchen areas and patient food service at ward level
- **Yellow**: Isolation areas

Your local contact for hospital cleaning is:

SEGREGATION OF LINEN
Infectious dirty linen must be segregated from dirty laundry by first placing in a red soluble bag, then place in red linen bag for removal. (Appendix 4)

HAND HYGIENE
Hand hygiene for all staff in healthcare environments must be performed to trust standard. Hand hygiene for cleaning staff is extremely important and performing the correct hand hygiene procedure will help to stop germs from one patient being moved to other patients. It is important to stop germs moving in this way as when germs move between patients they...
can cause infections. Hand hygiene training is given at induction and update infection control training sessions.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

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

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

Disposable Aprons for Cleaning Activities
Disposable, plastic aprons should be worn for all cleaning tasks in which splashes to clothing are likely to occur. They also need to be worn when cleaning rooms occupied by barrier-nursed patients. This should be clearly indicated in method statements. For certain specialised cleaning tasks (for example, flood response) where contamination of clothing by large amounts of fluid is likely, the use of overalls and waterproof footwear may be indicated by a risk assessment.

WASTE DISPOSAL
The handling and segregation of waste must be undertaken with care refer to the waste management policy. Staff should ensure that they are fully aware of the waste policy and that they follow it closely. Any waste that is, or that might be suspected to be, contaminated with bodily substances should be disposed of as clinical waste. Common examples include medical gloves, aprons, dressings, and catheter bags. Clinical waste bags must always be marked or tagged to ensure that their department of origin can be traced. Plastic tags are issued for this purpose. Members of staff who are in any doubt should consult their supervisor.

Clinical waste containers should be locked at all times and not accessible to the general public.

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

In the hospital setting infected waste must be put into the correct waste stream refer to the waste management policy.
ROOM FUNCTIONALITY CHANGE
Changes to room area functionality may affect the classifying cleaning frequency risk banding. A request for change of functionality must be made to Head of Estates and Facilities.

EQUALITY CONSIDERATIONS
The author has considered the needs of the protected characteristics in relation to the operation of this policy and protocol to align with the outcomes with IP&C Assurance Framework. We have identified that ensuring that communication reaches all vulnerable groups. The service has been designed to ensure communication relevant to any outbreaks or other healthcare associated infections reaches all sections of the community. This includes taking into consideration communication barriers relating to language or specific needs to reach the whole population. IP&C work closely with multi agency groups and community partners where appropriate we will undertake engagement and outreach activity. We targeted action to relevant groups follow public health England’s communication framework. Some groups are particularly vulnerable in relation to their protected characteristics, e.g. age, ethnic minority communities and disability and where we identify that, the expectation is that staff will meet the needs appropriately.

REFERENCES AND BIBLIOGRAPHY
NHS Estates (December 2004), Revised guidance on Contracting for Cleaning. Department of Health


Healthcare Commission (2006/7) Inspection Guide. Domain; Care Environment and amenities. Core Standard C21


Health Service Guidelines (April 1995) National Health Service Arrangements for Used and Infected Linen HSG (95)18
Appendix 1 – Deep Clean Procedure (none curtain launder)

Daily clean when a patient had been clinically diagnosed as infected with C DIFF. Not required daily for MRSA & other known infections diagnosed patients. Normal clean in those cases

**YELLOW COLOUR CODED EQUIPMENT & PPE TO BE USED**
**ORANGE CLINICAL WASTE BAGS TO BE USED**

Collect colour coded equipment (Yellow) mop, bucket, disposable cloths, and clinical bags (orange). Put on allocated Uni9 trolley (as deep clean). Prepare Uni9 solution as guidance card. Cleaning trolley is at all times to remain in corridor, and not taken into infected room/bay. Prior to entering the room, put on protective clothing. (latex/vinyl gloves, apron)

(Nursing or Domestic duty) bedding change, remove white linen bedding and towels. Place into red soluble linen bag. Put in red linen bag external to room,

**START OF CLEAN:** Take required equipment and Uni9, from Uni9 trolley into infected room. Close door to corridor and open window.

Wipe walls with microfiber internal mop, which must be laundered in-house using healthcare wash cycle.

Use Uni9 to wash down all hard surfaces e.g: cabinets, bed tables, chairs, shelving, doors, handles, window ledges, radiators. For electrical equipment use dry yellow microfiber which must be laundered in-house using healthcare wash cycle.

Floor mopped with Uni9 solution

**BATHROOM - EN SUITE**

All surfaces to be washed with Uni9 solution

Shower screen to be cleaned appropriately (If Present)

Floor mopped with Uni9 solution

**EXIT CLEAN**

All waste in orange clinical waste bag. Double bag and tag on exit from cleaned room

Wipe down mop handles and cleaning equipment with Uni9 solution in cleaned room. Once wiped store with Uni9 trolley in corridor.

Place microfibers in red none soluble plastic linen bag for laundering in-house.

Remove protective clothing used throughout Uni9, dispose of with clinical waste

Exit room removing any remaining waste bags and equipment. Close door.
Appendix 2 - Deep Cleaning Procedure (curtain launder)

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

**YELLOW COLOUR CODED EQUIPMENT & PPE TO BE USED**

<table>
<thead>
<tr>
<th>ORANGE CLINICAL WASTE BAGS TO BE USED (site specific option)</th>
<th>Collect colour coded equipment (Yellow) mop, bucket, disposable cloths, laundry bags (red, blue &amp; soluble,) clinical bags (orange) and water filter steamer. Put on allocated deep clean trolley. Prepare Uni9 solution as guidance card: Cleaning trolley at all times is to remain in corridor, and not taken into infected room/bay: Prior to entering the room, put on protective clothing. (latex/vinyl gloves, apron, face mask)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take down all curtains, window/s, bed and dignity. Remove curtain hooks; place hooks in container of Uni9. Put container on windowsill ready for re hanging: For in-house laundering of curtains: Put curtains in a red soluble laundry bag within infected room prior to exit. For Sunlight laundry cleaning, straighten curtain heading tape, place in a red soluble bag, then into a blue laundry bag external to infected room at end of clean attaching laundry slip.</td>
<td></td>
</tr>
<tr>
<td>(Nursing or Domestic duty) Remove white linen bedding and towels. Place into red soluble linen bag. At end of clean, external to room put in red linen bag. For hospital owned linen. When in-house laundering put linen in a red soluble laundry bag. For Sunlight laundry cleaning, place in a red soluble bag, then external to infected room, at end of clean into a blue laundry bag attaching laundry slip.</td>
<td></td>
</tr>
</tbody>
</table>

**START OF DEEP CLEAN:** Take required equipment and Uni9 from deep clean trolley into infected room. Close door to corridor and open window.

Steam clean fabric surfaces first e.g. chairs so airborne spores when settle are cleaned using Uni9

Wipe vinyl blinds with Uni9 solution. Fabric blinds steam clean at same time as fabric chairs.

Wipe walls with microfiber internal mop, which must be laundered in-house using healthcare wash cycle.

Use Uni9 to wash down all hard surfaces e.g.: mattress, bed frame, cabinets inside and out, bed tables, chairs, shelving, doors, handles, window ledges, radiators. For electrical equipment use dry yellow microfiber which must be laundered in-house using health care wash cycle.

Floor mopped with Uni9 solution

**BATHROOM - EN SUITE**

All surfaces to be washed with Uni9 solution

Shower curtains as bed area curtains

Shower screen to be cleaned appropriately (If Present)

Floor mopped with Uni9 solution

**DEEP CLEAN EXIT**

All waste in orange clinical waste bag. Double bag and tag on exit from cleaned room

Wipe down mop handles; steam cleaner with Uni9 solution in cleaned room.

Once wiped store with deep clean

Place microfiber in red non soluble plastic linen bag for laundering in-house.

Remove protective clothing used throughout Uni9, dispose of with clinical waste
Exit room removing any remaining waste bags and equipment. Close door.

Collect clean curtains and re hang. Uses gloves to remove curtain hooks from container on windowsill. Dry with paper towel, attach to curtain as required and re hang curtains.
Appendix 3 - General Cleaning Instructions
### Ward Cleaning Routines

These areas are cleaned in accordance with the NHS National Cleaning Standards: A copy of which is available for inspection. Please ask your Domestic Staff or phone one of the numbers below.

<table>
<thead>
<tr>
<th>Bed &amp; Day Areas</th>
<th>Clinical and Treatment rooms</th>
<th>Kitchen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
<td>Frequency</td>
<td>Item</td>
</tr>
<tr>
<td>Bins</td>
<td>Empty 3 times daily</td>
<td>Bins</td>
</tr>
<tr>
<td>Fixtures and Fittings</td>
<td>One full clean daily</td>
<td>Floors</td>
</tr>
<tr>
<td>Bedside Patient TV (Where present)</td>
<td>One full clean daily</td>
<td>Fixtures and Fittings</td>
</tr>
<tr>
<td>Bedside locker (Where present)</td>
<td>One full clean daily and one check clean daily</td>
<td>Hand to surface contact</td>
</tr>
<tr>
<td>Furniture (Where present)</td>
<td>One full clean daily and one check clean daily</td>
<td>High and low surfaces</td>
</tr>
<tr>
<td>Bed table (Where present)</td>
<td>One full clean daily and two check cleans daily</td>
<td>Spillages</td>
</tr>
<tr>
<td>Patient Day Area</td>
<td>One full clean daily and one check clean daily</td>
<td>Door glass</td>
</tr>
<tr>
<td>Furniture, chairs</td>
<td>One full clean daily and one check clean daily</td>
<td>Replenish soap, paper towels, toilet rolls and hand</td>
</tr>
<tr>
<td>Hand to Surfaces contact</td>
<td>One full clean daily</td>
<td>Dishwasher / Microwave</td>
</tr>
<tr>
<td>High and low surfaces</td>
<td>One full clean twice a week</td>
<td>Fridges / Freezers</td>
</tr>
<tr>
<td>Spillages</td>
<td>Immediate</td>
<td>Sinks / wash basins</td>
</tr>
<tr>
<td>Door and partition glass</td>
<td>One full clean weekly</td>
<td>Ice Machines / Water boilers</td>
</tr>
</tbody>
</table>

### Cleaning Equipment Areas

- Cleaning Cupboards: One full clean weekly
- Cleaning Cupboard Sinks: Two full cleans daily
- Equipment: After each use

<table>
<thead>
<tr>
<th>Clincs, Ward Corridors, Nurses Stations &amp; Office’s</th>
<th>Toilets/Bathrooms/Shower’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
<td>Frequency</td>
</tr>
<tr>
<td>Door and partition glass</td>
<td>One full clean weekly</td>
</tr>
<tr>
<td>Furniture</td>
<td>One full clean daily</td>
</tr>
<tr>
<td>Fixtures and fittings</td>
<td>One full clean daily</td>
</tr>
<tr>
<td>Spillages</td>
<td>Three times daily</td>
</tr>
<tr>
<td>Replenish soap, paper towels, toilet rolls and hand gel</td>
<td>Three times daily</td>
</tr>
<tr>
<td>Hand to Surfaces contact</td>
<td>One full clean daily</td>
</tr>
<tr>
<td>Floors</td>
<td>One full clean daily and two check cleans daily</td>
</tr>
<tr>
<td>High &amp; Low Surfaces</td>
<td>One full clean daily</td>
</tr>
</tbody>
</table>
| Replenish soap, paper towels, toilet rolls and hand gel | Three times daily          | شيئا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا للا L
| Floors                                           | One full clean daily        | Three times daily                                | Three times daily                |
| Should your Hospital cleaning not meet your expectations please call the Hotel Services Manager or Supervisor on the numbers below:- |

- Hotel Services Manager: .......................................................... |
- Hotel Services Supervisor Ext: ................................................. |
- Hotel Services Manager: .......................................................... |
- Mobile Number: ............................................................................ |
- Contact Number: ............................................................................. |
- Ward Manager: .................................................................................. |

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. ICP001 review Dec 2023.
Appendix 4 – Segregation of Linen
CFPP01:04 - COLOUR CODING BAGGING POLICY

LINEN HIRE ITEMS
- White Sunlight Bag

REJECTED LINEN
- Rejected / Return Items Only

INFECTED LINEN HIRE ITEMS
- Inner - dissolvable Red Bag
- Outer - White Sunlight Bag

RTS / CUSTOMERS OWN ITEMS
- Blue Sunlight Bag

INFECTED RTS / CUSTOMERS OWN ITEMS
- Inner - dissolvable Red Bag
- Outer - Blue Sunlight Bag

This bagging policy immediately supersedes all previous linen bagging policies in adherence with DoH document CFPP01:04
Issued October 2012

For more visit us at www.sunlight.co.uk