



## **Community Infection Prevention and Control Guidance for General Practice**

(also suitable for adoption by other healthcare providers,  
e.g. Dental Practice, Podiatry)

# **Environmental cleanliness**

**Version 1.00  
December 2017**

**ENVIRONMENTAL CLEANLINESS**

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## Contents

## Page

1. Introduction.....	4
2. Cleaning plan .....	5
3. Cleaning schedules .....	5
4. Choice of cleaning product .....	6
5. Equipment used for cleaning .....	7
6. Cleaning procedure .....	7
7. Blood/blood stained body fluid spillages .....	7
8. Body fluid spillages.....	8
9. Furniture, fixtures, fittings and toys .....	8
10. Colour coding of cleaning equipment.....	8
11. Infection Prevention and Control resources, education and training.....	9
12. References .....	10

# ENVIRONMENTAL CLEANLINESS

## ENVIRONMENTAL CLEANLINESS

### 1. Introduction

The *Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance* 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 General Practice staff should know and understand the importance of thorough cleaning.
- 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 for long periods and, therefore, enhanced cleaning with disinfectants is required when a patient has a known or suspected infection.
- Hands regularly come into contact with surfaces. If hands are not decontaminated, they will transfer any organisms present. This risk is always present, but will increase if environmental 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, both 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 less harmful and is only effective if the equipment or surface is thoroughly cleaned with a detergent solution beforehand. Many products now contain both a detergent and a disinfectant, these dual acting products, e.g. Chlor-Clean, Actichlor plus, Clinell Universal Wipes, 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 and manufacturer’s instructions must be followed in order to achieve safe practice.

## 2. Cleaning plan

Each General Practice premises should have a cleaning plan in place. The following examples of what the plan should include are given in the National Patient Safety Agency, *National specifications for cleanliness in the NHS Guidance on setting and measuring performance outcomes in primary care medical and dental premises*, and include:

- The standards to be achieved
- The clear allocation of responsibility for cleaning of all areas of, and items within, the premises
- A designated person who leads on cleaning and decontamination of the environment
- Members of staff responsible for cleaning
- Cleaning schedules and frequencies
- Systems to be used to measure outcomes
- The reports required and the member(s) of practice staff who should receive them
- Operational and training policies and procedures which include how the General Practice will ensure all staff receive appropriate training prior to being allocated specific cleaning tasks
- The risk assessment protocols
- How cleaning services, operations and controls dovetail with arrangements for infection control, including training for all cleaning staff in infection control policies and procedures

A documented record of cleaning undertaken should also be made as evidence of cleaning.

Where cleaning (regular, periodic or 'one off') is provided by external contractors, cleaning plans should also set out the management arrangements in place to ensure the provider delivers against the contract. Contracting out cleaning services does not mean contracting out responsibility, there should be suitable arrangements in place to monitor standards of cleaning and to deal with poor or unsatisfactory performance.

## 3. Cleaning schedules

It is recommended that weekly audits to assess the standard of cleanliness of the environment be carried out. An audit tool is available to download at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).

There should be a cleaning schedule covering waiting rooms, consultation rooms, treatment areas, minor surgery rooms and any other areas. Cleaning schedules should be dated and signed by the person undertaking the cleaning.

#### 4. Choice of cleaning product

- Limit the number of products used to avoid inappropriate use.
- Always check manufacturers' instructions.
- Refer to COSHH data sheet.

##### Detergents

- Warm water and neutral detergent or detergent wipes are suitable for many cleaning activities.
- Select and use a good quality neutral detergent or detergent wipe.
- Liquid detergents classed as anionic and non-ionic have the best detergent activity.

##### Disinfectants

- Disinfectants are not required for routine cleaning.
- Spillage kits should be used for disinfecting surfaces following a blood or body fluid spillage containing a hypochlorite solution or granules at a concentration of 10,000 parts per million (ppm).
- Disinfectants which are virucidal and bactericidal should be used for disinfecting surfaces after dealing with a patient with a known infection, e.g. MRSA, MRGNB or suspected infection. A dual acting product, e.g. Chlor-Clean, Actichlor plus, made into a solution at a concentration of 1,000 ppm, or the use of a wipe, such as Clinell Universal, will be effective in decontaminating the surfaces adequately.
- Alcohol wipes can be used, but as they do not contain a cleaning agent, surfaces should first be wiped with a detergent wipe or solution of neutral detergent and warm water. Alcohol is effective against MRSA and MRGNB, but is not effective against Norovirus and *Clostridium difficile*.
- To ensure efficacy, disinfectant solutions must be made up to the manufacturer's instructions, i.e. measure the product and water accurately, no guesses.
- Discard solutions as per manufacturer's instructions, e.g. hypochlorite solutions should be disposed of 24 hours after making up.

## 5. Equipment used for cleaning

- Use colour coded equipment (see section 10) for cleaning different areas.
- Cleaning cloths should be single-use.
- Cleaning equipment should be stored clean and dry after use in a designated area.
- Mop heads should be washed in the bucket in detergent and warm water after use, rinsed and stored upright to dry. Mop heads should be replaced regularly depending on the frequency of use.
- Equipment, e.g. mops, should not be stored overnight in disinfectants or disinfectant solutions. If disinfection is required, the mop head should be washed in detergent and warm water, rinsed and then soaked for 30 minutes in a hypochlorite solution at 1,000 ppm, rinsed and then stored upright to dry.
- Mop buckets should be cleaned after use and dried with paper towels or stored upside down to dry on a suitable surface to allow drainage.
- Floor scrubbing machines, steam cleaners and carpet shampoo machines, should be designed to enable tanks to be emptied, cleaned and dried.
- Cleaning products should be stored in a designated lockable area.
- Toilet brushes should be cleaned thoroughly after use in the toilet pan. Place the toilet brush head beneath the water level and flush the toilet.
- Each toilet should have its own toilet brush and holder.

## 6. Cleaning procedure

- When cleaning, the golden rule is to work from the cleanest area towards the dirtiest area. This greatly reduces the risk of cross-contamination.
- Treatment rooms and minor surgery rooms should be cleaned daily or on the days they have been used.

## 7. Blood/blood stained body fluid spillages

- Blood and blood stained body fluid spillages should be dealt with promptly.
- An appropriate blood spillage kit should be used for dealing with blood/blood stained body fluid. The spillage kit should be used as per the manufacturer's instructions.
- Personal protective equipment (PPE) should be worn.

- The spillage and contents of the pack should be disposed of as infectious waste.
- The use of a chlorine-based disinfectant solution or granules may cause damage when dealing with a spillage on carpets or soft furnishings. Therefore, the use of detergent and warm water alone is advised, a carpet cleaning machine or steam cleaner can be used where practicable.

### 8. Body fluid spillages

- Body fluid spillages, e.g. urine, vomit, should be dealt with promptly.
- An appropriate spillage kit should be used for dealing with non-blood stained body fluids, e.g. urine, faeces, vomit. The spillage kit should be used as per the manufacturer's instructions.
- It is important to use the correct spillage kit and not place a chlorine-based product directly on urine as toxic fumes are released.
- PPE should be worn.
- The spillage and contents of the pack should be disposed of as infectious waste or offensive waste.
- The use of a chlorine-based disinfectant solution or granules may cause damage when dealing with a spillage on carpets or soft furnishings. Therefore, the use of detergent and warm water alone is advised, a carpet cleaning machine or steam cleaner can be used where practicable.

### 9. Furniture, fixtures, fittings and toys

- Surfaces should be smooth, wipeable and non-impervious to facilitate effective cleaning.
- Damaged surfaces should be repaired or replaced.
- When purchasing new furniture, fixtures and fittings, ensure that the item can be easily cleaned (in accordance with the manufacturer's instructions).
- Toys should be wipeable and in good condition, these should be cleaned on a regular basis, e.g. weekly, with detergent and warm water and included in the cleaning schedule.
- Magazines are allowed in waiting rooms.

### 10. Colour coding of cleaning equipment

Colour coding of cleaning materials and equipment ensures that these items are not used in multiple areas, therefore, reducing the risk of transmission of infection from one area to another, e.g. toilet to kitchen.

In accordance with the National Patient Safety Agency, all cleaning materials and equipment, e.g. disposable cloths, mops, buckets, aprons and gloves, should be colour coded.

Cleaning products such as bleach and disinfectants do not need to be colour coded.

A relevant National Patient Safety Agency colour coded chart should be displayed in the cleaner's room, see Table 1.

**Table 1**

National colour coding scheme - for cleaning materials and equipment in primary care medical and dental premises	
All GP Practices are recommended to adopt the national colour code for cleaning materials (see below). All cleaning items, e.g. disposable cloths, mops, buckets, aprons and gloves, should be colour coded.	
<b>RED</b>	Sanitary areas, including sinks in sanitary areas.
<b>BLUE</b>	General areas, e.g. waiting rooms and consulting rooms, including sinks in general areas.
<b>GREEN</b>	Kitchens.
<b>YELLOW</b>	Treatment and minor operation rooms.

## 11. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Practice in achieving compliance with the *Health and Social Care Act 2008* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- Over 20 IPC Guidance documents (Policies) for General Practice
- 'Preventing Infection Workbook for General Practice'
- 'IPC CQC Inspection Preparation Pack for General Practice'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Advice Bulletin for GP Practice Staff'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and 'Mock IPC CQC Inspections'. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).

### 12. References

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance*

National Patient Safety Agency (2010) *The national specifications for cleanliness in the NHS Guidance on setting and measuring performance outcomes in primary care medical and dental premises*

<http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=75245%20>

National Patient Safety Agency (2009) *The Revised Healthcare Cleaning Manual* [www.nrls.npsa.nhs.uk/resources/?EntryId45=61830](http://www.nrls.npsa.nhs.uk/resources/?EntryId45=61830)