

GUIDELINES FOR TERMINAL CLEANING CO-ORDINATION

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Directorate/Department responsible for Policy:	Infection Control, Diagnostics Housekeeping, Facilities
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This policy etc. covers: (Please tick ✓ relevant box below)

Healthcare Standards (CORE)	C04a	Monitor	
Healthcare Standards (DEVELOPMENTAL)		Finance	
Service Development Strategy		Performance Management	
Local Delivery Plan		Business Planning	
Assurance Framework		Complaints	

Other (Please specify): Hygiene Code (Health Act 2006),
NHSLA Risk Management Standards for Acute Trusts, 4.9

Note: This policy has been assessed for any equality, diversity or human rights implications.

Controlled document

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1. NOTIFICATION OF TERMINAL CLEANING REQUIREMENT

- 1.1 The decision to terminally clean and reopen a ward/area following an outbreak of infection will be made by the Chief Operating Officer or Deputy once the Infection Prevention and Control Team has advised that the patients and staff in the affected area do not pose an infection risk to new admissions.
- 1.2 Confirmation that terminal cleaning can proceed will be given at the Daily Capacity Review meeting (bed meeting). When required a member of the housekeeping services supervisory/management team will attend these meetings.
- 1.3 The Infection Prevention and Control Team will endeavour to give 24 hours' notice that a clean is likely. This should allow time for adequate arrangements and staffing to be made available. It should be noted that in extreme circumstances less notice may be given.

2. STAFF

- 2.1 The number of staff required to complete a regular template ward (see below*) clean in one day is:
 - 6 Housekeeping staff (to include incumbent ward housekeeper and domestic assistant)
 - 1 housekeeping supervisor (to stay for duration of clean if availability allows)
 - 3 unregistered nurses
- 2.2 On larger wards an additional housekeeping and unregistered nurse may be required.

3. CO-ORDINATOR

- 3.1 A terminal clean co-ordinator will be identified by the Directorate Lead Nurse/Senior Matron, who will be responsible for ensuring that the terminal clean is carried out correctly in accordance with agreed method statements, whilst minimising disruption to patient care. The co-ordinator might be the Matron, Sister or Deputy.
- 3.2 It will be the responsibility of the co-ordinator, in conjunction with the housekeeping supervisor, to communicate progress as appropriate to the site management team and escalate any problems or difficulties in a timely manner to either the housekeeping services management team or the senior matron/lead nurse.
- 3.3 The co-ordinator will liaise closely with the housekeeping supervisor and together they will :
 - 3.3.1 Identify the order in which the various parts of the ward will be cleaned.
 - 3.3.2 Ensure that patients are moved as early in the day as possible out of the area where cleaning will start.
 - 3.3.3 Identify when breaks are taken by housekeeping and nursing staff so that it is coordinated and the progress of the clean is not disrupted.
 - 3.3.4 On completion of the clean, the co-ordinator will check and sign off the checklist to confirm that the ward is cleaned and completed to their satisfaction. (See appendix 2)

4. RESPONSIBILITIES

- 4.1 Housekeeping Services staff will undertake all cleaning of the environment, fixtures and fittings (except grilles and radiators) and the taking down and re-hanging of all curtains
- 4.2 Nursing staff will strip and remake beds (post clean) remove and clean or dispose of (as appropriate) all patient equipment in accordance with the Trust decontamination policy
- 4.3 Estates Services staff will where required clean grilles, vents and remove radiator covers and clean radiators (if applicable)
- 4.4 Each work discipline should have detailed work method statements for their designated cleaning responsibilities
- 4.5 A summary of cleaning can be found in appendix 1.

5. TIMESCALES FOR CLEANING

5.1 There are a number of variables which will ultimately affect the time that is taken to complete an outbreak clean of an infected ward; not least the number of patients still accommodated on the ward and their dependency in terms of transfer between bed spaces or side rooms as the clean is undertaken.

5.2 However, it is recognised that time scales need to be identified to ensure that colleagues can plan for the ward re-opening:

Therefore approximate times are:

- Regular template wards* e.g. Okement, Exe = 10 hours
- Modular wards e.g. Kenn / Bovey / Bolham / Dyball / Tavy= 12 hours
- Clyst/ Creedy / Durbin ward – 16 hours

5.3 On template wards where there are fewer beds e.g. Mere ward, then it is anticipated that the outbreak clean will be completed in a shorter time frame than that stated.

5.4 Additional time (usually 3 hours) will be required if there is a requirement to decontaminate using hydrogen peroxide vapour.

6. EQUIPMENT AND DECONTAMINATION CHEMICALS

6.1 All relevant cleaning equipment and chemical solutions will be provided by Housekeeping Services.

6.2 Usually, cleaning and disinfection will be undertaken using a 1000ppm solution of NaDCC (e.g. Chlor-Clean). However, the product used will depend on the type of outbreak and will be advised by the Infection Prevention and Control Team.

6.3 In some circumstances there may be a requirement to use hydrogen peroxide vapour (HPV) for decontamination but this will only be used upon instruction from the Director of Infection Prevention and Control or their deputy.

6.4 The use of HPV must be use in accordance with the Hydrogen Peroxide Decontamination Protocol and the required permit to work completed before use.

7. MANAGEMENT

7.1 Outbreak cleaning requires a multi-disciplinary approach and therefore planning will be undertaken by the following staff:

- Housekeeping Manager (or deputy)
- Trust Patient Flow Lead
- Infection Prevention and Control Nurse
- Lead Nurse or Senior Matron

8. POST OUTBREAK CLEAN

8.1 The ward will be checked and signed off by the co-ordinator. Site Practitioners must be informed by the co-ordinator as soon as possible that the ward is ready to be re-opened.

9. REFERENCE DOCUMENTS

9.1 Hydrogen Peroxide Decontamination Protocol, June 2008 (Housekeeping Services)

TERMINAL CLEANING OF WARD

- Where possible, decant patients into an empty bay or dayroom.
- Clean thoroughly, and remove, patient equipment before terminal cleaning of the environment commences (e.g. hoists, pumps, drip stands, nebulizer compressors etc.).
- Dispose of any disposable patient care items as clinical waste e.g. wipes, pads, tissues, oxygen masks and tubing etc.
- Strip the bed linen and place in appropriate bag for laundering.
- Dispose of any remaining debris/rubbish into a clinical waste bag.
- Remove curtains and place in appropriate bag for laundering.
- Clean the environment thoroughly using a combined detergent and NaDCC solution 1000ppm (e.g. Chlor-clean) and yellow colour coded cloths and mop heads (as detailed below). Rinse any metal objects with water to remove chlorine residues. Steam cleaners may only be used for difficult to clean equipment
 - Dust walls and clean all visible splash marks
 - Clean curtain rails, overhead light and 'Patientline' equipment.
 - Clean patient equipment that cannot be removed, (e.g. suction/oxygen points, monitors)
 - Clean mattresses, bed frames & wheels.
 - Clean hand washing sinks and any en-suite facilities
 - Clean bed tables, chairs & lockers. This includes inside, underside and all wheels
 - Clean all other surfaces
 - Wet mop vinyl flooring.
- Hang clean curtains.
- Ensure all communal areas are also cleaned thoroughly e.g. bathrooms, shower rooms and toilet areas. Ensure main ward thoroughfare has been thoroughly cleaned.
- Clean all patient handrails and door handles.
- Ensure dirty utility room and sluice are cleaned thoroughly. **Thoroughly clean all parts of each commode (seat, lid, arms, backrest, legs and underside). Reprocess all pans and urinals in the bedpan washer or dispose of opened boxes of pulp products and contact Procurement Dept for replacements.**
- Ward to open once cleaning is complete and surfaces are dry.

Colour code:



Usually nursing responsibility



Usually housekeeping responsibility

CO-ORDINATORS CHECKLIST FOR TERMINAL WARD CLEAN

Ward Name

Date of Clean

Signature of co-ordinator

(To be signed after clean to confirm that area is cleaned and completed to their satisfaction)

<u>TASK TO BE COMPLETED</u>	TICK WHEN COMPLETED
1. Contact General Service to provide a yellow clinical waste bin and separate skip for all soiled linen and curtains. These will be delivered to the ward being cleaned	
2. Wear the appropriate personal protective equipment (PPE).	
3. Strip beds of linen, place in red water-soluble bag and then in a red laundry bag. Leave at the appropriate collection point.	
4. Remove all curtains. Remove all hooks and place in a bowl of chlorinated water. Place curtains in a red water-soluble bag and then in a red laundry bag. Leave at the appropriate collection point	
5. Remove all crockery, cutlery, water jugs and glasses and cups to the catering trolley for return or to the ward pantry for washing (if applicable)	
6. Dispose of flowers and place vases in the sluice for cleaning.	
7. Dispose of throwaway items i.e. serviettes, tissues and disposable locker bags and sponge ear covers only of Patient line & hospital radio headsets.	
8. Remove surface hand towels, gloves and aprons only from dispensers	
9. Remove and dispose of all large items of litter etc from the floor	
10. Tie all clinical and domestic waste bags and place for disposal.	
11. Move all furniture to the centre of the room and invert all chairs and tables	
12. High dust the environment, especially curtain tracks, high window ledges, walls above hand height, ceiling corners and light fittings	
13. Damp dust the periphery of the room/area, especially notice boards, lamps, pipework, radiators, and light sockets. Walls only require washing if visibly contaminated.	
14. Particular attention is to be paid to cleaning objects that are frequently handled e.g. door handles, bath rails etc.	
15. Wipe clean non-washable furniture	
16. Clean the mattresses and all parts of the bed.	
<u>TASK TO BE COMPLETED</u>	TICK WHEN COMPLETED
17. Clean all medical equipment e.g. drip stands, PAT slides, hoists, commodes etc.. Steam cleaning can be used for equipment that is difficult to clean	

18. All sanitary ware to be thoroughly cleaned	
19. All Patient Line equipment is to be wiped over	
Hard Floors:	
20. Static mop all hard floors to remove any dust and debris.	
21. Damp mop Floors	
Soft Floors:	
22. Vacuum floor to remove any dust or debris	
23. Steam clean carpeted floors	
24. Re-hang fresh clean curtains	
25. Move all furniture back to its original place	

This form is to be returned to housekeeping services where it will be retained for performance monitoring / reporting purposes

Thank you