

Say No to Infection Fact Sheet: Cleaning & Disinfection Booklet



The principles behind effective cleaning and disinfection must be understood and applied to all cleaning tasks including cleaning equipment.

Definitions

Cleaning: physically removes contamination but does not necessarily destroy micro-organisms. It involves 'fluid' – usually detergent and water, and 'friction' – the mechanical or physical removal of organic matter including dirt, debris, blood, and bodily fluids. Micro-organisms (germs) are removed rather than killed. Cleaning with warm water and neutral detergent is a prerequisite to effective disinfection or sterilization.

Disinfection: Process of eliminating or reducing harmful micro-organisms from inanimate objects and surfaces. May not necessarily inactivate some microbial agents, such as certain viruses and bacterial spores. In residential/nursing home setting, increased cleaning frequencies and the use of a disinfectant to protect vulnerable residents are required. Assessment of cleanliness by visual inspection alone, may not provide adequate assurance that the number of potential harmful microorganisms in the environment, have been reduced to a sufficient level to provide a safe environment of care.

Sterilisation: The process of killing all micro-organisms through physical or chemical means. Sterilisation is used only for critical items, i.e., objects or instruments that enter or penetrate sterile tissues, cavities, or the bloodstream.

Decontamination: Cleaning, disinfection and sterilisation are all decontamination processes. In the context of the environment or non-critical equipment (i.e., equipment or devices that are in contact with intact skin only), the term is usually refers to cleaning and disinfection, either using separate cleaning and disinfecting agent in a two-step process, or a '2 in 1' product that cleans and disinfects in one step.

Cleaning procedure

- The correct personal protective equipment (PPE) must be worn, and hands cleaned after removing each item of PPE, e.g., pair of gloves, apron.
- When cleaning and disinfecting, clean all surfaces using an 'S' shaped pattern from clean to dirty, top to bottom, taking care not to go over the same area twice. This cleaning motion reduces the number of micro-organisms, such as bacteria, viruses and fungi, that may be transferred from a dirty area to a clean area.
- Dusting technique should not disperse the dust (i.e., use damp cloths/dusting devices). High horizontal surfaces should be cleaned first.
- Floor cleaning should be completed last when cleaning a defined area.
- Detergent wipes or pH neutral detergent, and warm water and single use disposable cloths are recommended.
- Cleaning is essential before disinfection or sterilisation is carried out.

High Touch Surfaces

High touch surfaces in residential/nursing homes such as door handles, call bells, light switches, handrails, grab rails etc. should be cleaned more frequently than surfaces with minimal hand contact.

All equipment that has been cleaned must be dried thoroughly before storage.

Transfer of micro-organisms

During use, cleaning solutions can become contaminated and need to be regularly replaced in accordance with manufacturer's instructions, to prevent transfer of micro-organisms from one surface to the next. Their replacement may need to be more frequent when cleaning heavily soiled areas, when solutions appear to be visibly dirty, and immediately after cleaning blood and body fluid spills e.g., when using a socket mop. Micro-organisms can be transferred via cleaning cloths and wipes as well as hands, care should be taken to avoid cross contamination.

- When using a cloth and bucket, avoid 'double dipping' used cloths into the bucket containing clean solution or into the container of unused pre-soaked clean cloths.
- Cleaning cloths such as microfibre cloths should be folded and rotated in a manner to utilise all surface areas of the cloth and used such as way to avoid cross contamination. Ideally staff should be trained in how to fold and use the cloth effectively and safely.
- When using disposable cleaning wipes, the general principle is 'one wipe, one surface'. Using one wipe at a time ensures that a flat wipe covers an optimal surface area depositing the correct amount of detergent/disinfectant on the surface being cleaned. This minimises the risk of transfer of micro-organisms and is most cost effective.

Disinfection

- A disinfectant should be used for equipment that has been in contact with non-intact skin, mucous membranes, body fluids or a resident with a known or suspected infection.
- Disinfectants can be in the form of a wipe, e.g., 70% alcohol, or as solution made from chlorine releasing tablets, liquids or granules.
- A disinfectant will not be effective if there is dirt or visible soiling present, e.g., urine, blood. Therefore, if the disinfectant does not contain a detergent, the equipment should be cleaned before a disinfectant is used.
- Some disinfectant products contain both a detergent and a disinfectant. This means equipment does not need to be cleaned before disinfection.
- To ensure a disinfectant solution works effectively, it is important that the correct amount of disinfectant and water are used. If a weaker solution is used, the micro-organisms will not be killed, too strong, and equipment or surfaces can be damaged.
- When using disinfectant products, always wear disposable apron and gloves and, if indicated, facial protection.
- 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.

- When disinfecting equipment, always follow the manufacturer's instructions, some equipment will have specific instructions which should be followed. Manufacturers should provide clear and achievable instructions with regards to cleaning and disinfection.

Think before you buy, can this be cleaned effectively?

Choice of cleaning / disinfectant agent

The care homes standard operating procedures should outline where and when detergent and water alone are sufficient and where detergent, and disinfectant (or combined cleaning and disinfectant agent) is required.

Contact Time

A disinfectant will need time in contact with the surface to allow it to work. Care home staff should be aware of the contact times of the disinfectants used within the home. The surface should remain wet long enough for the contact time to be achieved and realistic contact times should be a consideration when selecting products to use.

Sterilisation

It is unlikely that invasive reusable medical devices, e.g., surgical instruments, endoscopes, would be used in a care home setting. Any such medical device would have to be identifiable throughout its use and decontamination cycles to ensure traceability. Decontamination must be performed at an accredited Decontamination Services Facility.

Alternatively, single use disposable equipment can be used.

Infection risks and categories

The choice of decontamination method depends on the risk of infection to the person coming into contact with the equipment or medical device.

To determine the appropriate method of decontamination, it is necessary to carry out a risk assessment for every medical device that is used. Broadly these can be divided into three categories (high, medium, and low risk).

Risk Assessment Chart

Level of risk	Description	Method of Decontamination	Examples
High risk	Include all reusable medical devices that are used in close contact with a break in the resident's skin or mucous membranes and devices that enter a sterile body area of the resident.	They need to be sterilized if reusable, but single-use items are preferred.	Surgical instruments, syringes, needles and catheters.
Medium risk	Items which come into contact with mucous membranes or items contaminated with particularly virulent or readily transmittable organisms, and items that are intended for use on immunocompromised residents.	The appropriate method of decontamination is cleaning followed by disinfection (or sterilisation) Disinfect using disinfectant wipes or a chlorine-based disinfectant.	Respiratory equipment and thermometers. Equipment contaminated with body fluids.
Low risk	Items that come into contact with intact skin or does not come into contact with the resident.	Clean using detergent wipes or pH neutral detergent, and warm water. However, disinfection may be necessary if there is a known infection risk.	Washing bowls, baths, furniture, floors, walls and sinks.

[Click here for further information](#)

Safe management of the care environment

- Each care setting should have a cleaning plan in place which should include standards to be achieved, cleaning schedules and frequencies.
- Keeping a high standard of environmental cleanliness is important in the care home setting as the residents are often elderly and vulnerable to infections.
- Outbreaks of infection have been associated with environmental contamination and poor cleaning practices.
- The environment must be kept clean and dry and clear from clutter and equipment to reduce the spread of infection.

- The most common areas in care homes that become easily contaminated with micro-organisms are toilets, waste bins and tables.
- Store and display non-essential items to aid effective cleaning.
- Furniture/fixtures and floorings that are in a poor state of repair can have micro-organisms hidden in their cracks and crevices.
- All furniture and fixtures should be in a good state of repair in the care setting.

Surfaces should be smooth, wipeable and non-impervious to facilitate effective cleaning.



It is essential that all care home staff are aware and familiar with the correct cleaning procedures for the equipment in the home. It is also important that any issues with the environment cleanliness and or maintenance are reported immediately to the care home manager, whose responsibility it is, to act on the issues identified.

The overall responsibility for the cleanliness of the environment is usually the registered manager.

Cleaning schedules and records

- Cleaning schedules should include the frequency of and method of environmental cleaning.
- There should be a cleaning schedule to cover all areas of the home which should include storage, linen, laundry, sluice and hairdressers.
- Cleaning records should be signed and dated by the person undertaking the cleaning.
- Any gaps in cleaning should be documented in the cleaning records, not left blank e.g., when a room is not cleaned if a resident is in hospital.
- It is recommended that weekly audits are undertaken to assess the standards of cleanliness in the environment.

Example of a cleaning schedule for a resident's room

Cleaning Record A: Residents room and en-suite

Room number:

Week Commencing:

Task Group	Task Activity	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Daily Tasks								
Toilet	Clean and check (clean once, check once)							
Toilet brush holder	Clean and check (clean once, check once)							
Soap and handtowels	Clean dispensers and replenish supplies							
Glass panels or mirror/ceramic wall tiles/wet wall	Check for marks and spot clean							
Sanitary fittings (wash-hand basin, sink, taps, fixtures)	Clean and check (clean once, check once)							
High level	Check for cleanliness, spot clean							
Furnishings	Remove debris							
	Damp clean							
Radiators	Check for marks and spot clean							
Low level	Check for cleanliness, spot clean							
Paintwork (walls and doors)	Check for marks and spot clean							
Refuse	Collect refuse and dispose							
	Check bin and spot clean							
	Replace liners							
Floors Hard/Soft	Remove debris							
	Dust control or suction clean							
	Damp mop							
	Check for spills, stains etc.							

Weekly Tasks	
Glass panels or mirrors/ceramic wall tiles or wet wall	Clean
High level surfaces	Clean ledges, pipes, directional signs
Low level	Damp clean
Telephone	Clean
Window blinds	Suction clean
Paintwork (walls and doors)	Remove marks
Refuse	Clean holders and containers
Floors Hard/Soft	Buff/burnish or scrub
	Suction dry
Less Frequent tasks*	Refer to yearly tasks record and note any activities undertaken

British Standards & European numbers and what do they mean?

The British and European Standards for chemical disinfection are not a new concept to the cleaning industry, with the intense spotlight now on the importance of killing viruses, it's vital to recognise the cleaning products that comply with current hygiene legislation and are able to stop the spread.

BS EN standard means that the product has passed tests and is shown to reduce different viruses, bacteria, fungi, yeast and spores. If a BS EN standard product is not used there is no assurance that it will work effectively.

BS EN 14476 - is a standard test which is conducted in a laboratory which proves that the chemical that is being tested contains antiviral ingredients. Many cleaning products that are available over the counter do not include the **BS EN 14476** standard, meaning they are unable to claim their ability to kill viruses that settle and grow on our surfaces. Cleaning products with the **BS EN 14476** certificate demonstrate that they are able to kill a number of viruses including Norovirus, Poliovirus, Adenovirus and Influenza, due to its antiviral ingredients.

BS EN 1276 – is a standard test meaning antibacterial (In other words, prevents the growth and spread of harmful bacteria). It is a European standard used in the hospitality industry and food preparation. Kills bacteria, effective against Salmonella, Listeria, E-coli, *C-diff*, Norovirus and MRSA.

Decontamination/cleaning cupboard

This area should be solely used for storing of cleaning materials and equipment only.

Ideally the room should have:

- A hand wash sink
- Slop-hopper or janitorial unit.
- Space should be provided for mops, buckets, a vacuum cleaner, scrubbing/polishing machine (for hard floors) and other appropriate cleaning equipment.

Deep Cleaning for Care Homes

Deep cleaning (also referred to as terminal cleaning) is an additional form of enhanced environmental cleaning within the care home environment in addition to the daily cleaning.

Deep cleaning is the thorough manual cleaning of all surfaces, floors, soft furnishings, and reusable equipment either within the whole environment or in an area of the home e.g., individual resident room once an outbreak or incidence of infectious disease has been declared over.

Deep cleaning that should be undertaken after:

- Outbreaks of infectious disease, for example COVID-19, Norovirus, Clostridioides *difficile*, influenza – including the whole environment i.e., fixtures and fittings
- Post isolation period- individual resident room(s)
- After vacating a room (discharge, transfer or death) – individual resident room(s)

Staff carrying out any cleaning duties including deep cleaning should firstly be trained on the safe use of cleaning products, have a knowledge of Control of Substances Hazardous to Health (COSHH), and received training on the use of appropriate Personal Protective Equipment (PPE) in line with the current UKHSA COVID-19 guidance.

Equipment required for a deep clean

PPE should always be worn when carrying out cleaning tasks, this includes disposable gloves, an apron, and a face/eye protection i.e., visor if at risk of splash contamination.

- New colour coded cloths and mop heads for each room and dispose of after use
- Cleaning and disinfectant products, **either a**
- Combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine **OR** a neutral detergent and warm water followed by disinfection (1000 ppm available chlorine)

- Cleaning solutions should be changed for each episode of cleaning and when moving from one room or environment to another, and when water is visibly dirty or contaminated, followed by a freshly made chlorine-based disinfectant solution, at 1,000 parts per million
- Vacuum cleaner fitted with a high particulate filter (HEPA filter) if available
- Steam cleaner or carpet shampoo machine (can be used for carpets, upholstery and curtains/blinds that cannot be removed, always consult manufacturers guidance/instructions)

Please note:

Chlorine-based disinfectants may damage soft furnishings, wooden fixtures & fittings, carpets & some furniture. Therefore, detergent, and warm water, steam cleaner or carpet shampoo machine, should be used as appropriate.

Items that cannot be cleaned using these methods should be steam cleaned or discarded.

Always follow manufacturers dilution and contact times.

Deep Cleaning procedure

Before entering the room to deep clean

- The member of staff responsible for undertaking cleaning should be trained in the process
- Co-ordinate with the person in charge to ensure access to the room
- Collect all cleaning equipment and appropriate waste bags, cleaning trollies should not enter the room
- Hand hygiene is performed before donning (putting on) PPE
- Donning (putting on) PPE as per PHE guidance.
- Follow the 'Procedure for a deep clean of a resident's room'

Upon completion of the deep clean

- Doffing (removing) PPE as per PHE guidance before leaving the room
- Ensure all PPE is disposed of in double bagged, tied waste bags
- Any disposable items e.g., mop heads, cloths should be discarded and replenished for next task

Handling of waste

- All waste must be double bagged, tied and discarded into the clinical waste stream. If there is no clinical waste stream, use domestic black bags, label with date and time, store securely in a designated waste disposal area for 72 hours and then discard as household waste.

Handling of linen

- Remove and place in a red water soluble (alginate) bag, tie then place in a secondary clear bag and tie. When removed from the room, place directly into the nearby appropriately coloured laundry linen bag.
- Do not re-handle used/infectious linen when bagged
- Laundry must be labelled, dated and stored whilst waiting for collection in a designated, safe, lockable area in line with laundry policy

Recommended deep cleaning records (please use and adapt to your own care home)

Procedure for a deep clean of a resident's room

Procedure for a deep clean of a resident's room				
	Task	Instructions	Signature	Date
1	Consumable items	Dispose of all consumables, e.g., flowers, chocolates, waste, PPE, tissues, paper towels, toilet rolls, into appropriate double bagged, tied bags.		
2	Windows	Open window(s) to improve the airflow and ventilation whilst using detergent and disinfectant products		
3	Re-usable equipment e.g. glucometer, blood pressure	Clean and disinfect in line with manufactures guidance before removing from the room. Equipment should not be returned to the room until the deep clean has been completed		
4	Window curtains, soft furnishings, e.g. cushion covers	Laundry wherever possible (see 5 below) or if not possible, steam clean.		
5	Linen, towels and other laundry	Remove and place in a red water soluble (alginate) bag, tie then place in a secondary clear bag and tie. When removed from the room, place directly into the nearby appropriately coloured laundry linen bag. Ensure laundry skips are emptied regularly. Note: laundry must be stored in a designated safe lockable area whilst awaiting laundering or collection from contractor.		
6	Lamp shades	Remove shade and if wipeable, clean and disinfect, or steam clean. If not wipeable with disinfectant or unable to be steam cleaned, they should be disposed of with other waste (see 'Consumables' above).		
7	Curtain tracks	Clean and disinfect		
8	Picture rails, ledges, dado rails	Clean and disinfect		
9	Light switches, pull cords, door handles	Clean and disinfect. Where pull cords are in situ cover with a cleanable cover to enable effective cleaning, including touch point cleaning		
10	Windows	Clean and disinfect		
11	Furniture	Clean and disinfect		
12	Bed frame and mattress, bed rails and bumpers	Clean and disinfect. Both sides of the mattress should be cleaned, checking the cover for visible signs of tears and staining, unzip and check inside cover and foam mattress for stains. If evidence of staining, mattress and cover should be replaced.		

13	Radiators	Remove radiator cover. Clean and disinfect cover and radiator		
14	Skirting boards	Clean and disinfect		
15	Carpet	Vacuum followed by steam cleaning or carpet cleaning machine		
16	Flooring – washable	Clean and disinfect		
17	Ensuite	Clean and disinfect all surfaces e.g. soap dispensers, paper towel holder, bathroom cabinet, shelving, shower, sink, tap, toilet handle, raised toilet seat, toilet, toilet roll holder, waste bin, Replace/laundry shower curtain. Clean and disinfect or replace bathmat. Replace toilet brush		
18	Stock	Restock room with consumable Note: do not overstock. Any spare items should be stored in enclosed cupboards to protect from contamination. NB Toilet rolls should be stored within a lidded container to prevent any cross-infection from inappropriate storage		
19	Make bed	Put new, clean linen onto the bed		
20	Hang curtains	Hang clean curtains to replace curtains removed. If not removed steam clean		
21	Documentation	Complete, sign and date document NB Document any concerns escalated e.g., damages to furniture, surfaces, equipment, or any tasks not completed.		

Procedure for the deep clean of communal areas/spaces e.g., Lounge and dining rooms

Procedure for a deep cleaning Communal space: Lounge and dining rooms (this is not an inclusive list)				
	Task	Instructions	Signature	Date
1	Consumable items	Dispose of all consumables e.g., flowers, fruit bowls chocolates, open food, tissues – NB good practice to remove any items in the wider home environment that is not currently being use (declutter		
2	Re-usable equipment e.g., wheelchairs	Avoid storing equipment in communal spaces. Clean and disinfect before removing and storing in a dedicated storage area.		
3	Windows	Open window(s) to improve the airflow and ventilation whilst using detergent and disinfectant products		
4	Window curtains, blinds, soft furnishings, e.g. scatter cushion covers	Launder wherever possible (see 5 below) or if not possible, steam clean.		
5	Linen, and other laundry items	Remove and place in a red water soluble (alginate) bag, tie then place in a secondary clear bag and tie. When removed from the room, place directly into the nearby laundry skip and transfer as soon as possible to the laundry room. Note: laundry must be stored in a designated safe lockable area whilst awaiting laundering or collection from contractor.		
6	Lamp shades	Remove shade and if wipeable, clean and disinfect, or steam clean. If not wipeable with disinfectant or unable to be steam cleaned, they should be disposed of with other waste (see 'Consumables' above).		
7	Curtain tracks	Clean and disinfect		
8	Picture rails, ledges, dado rails	Clean and disinfect		
9	Light switches, door handles	Clean and disinfect		
10	Window	Clean and disinfect		
11	Furniture (dining tables, chairs)	Clean and disinfect		
12	Electrical units (tablets TV, audio, keyboards)	Consider putting a wipeable cover on the device/item. Refer to manufacturer's instructions on cleaning items. If no instructions available use alcohol-based wipes or products containing at least 70% alcohol, dry surface thoroughly		
13	Sofa/chair frames	Clean and disinfect. All items should withstand detergent and disinfectant cleaning.		

		Alternatively, items will need to be steam cleaned		
14	Radiators	Remove radiator cover. Clean and disinfect cover and radiator		
15	Skirting boards	Clean and disinfect		
16	Carpet	Vacuum followed by steam cleaning or carpet cleaning machine		
17	Flooring – washable	Clean and disinfect		
18	Hang curtains	Hang clean curtains to replace curtains removed. If not removed steam clean		
19	Documentation	Complete, sign and date document NB Document any concerns escalated e.g., damages to furniture, surfaces, equipment or any tasks not completed.		

Procedure for the deep cleaning communal equipment

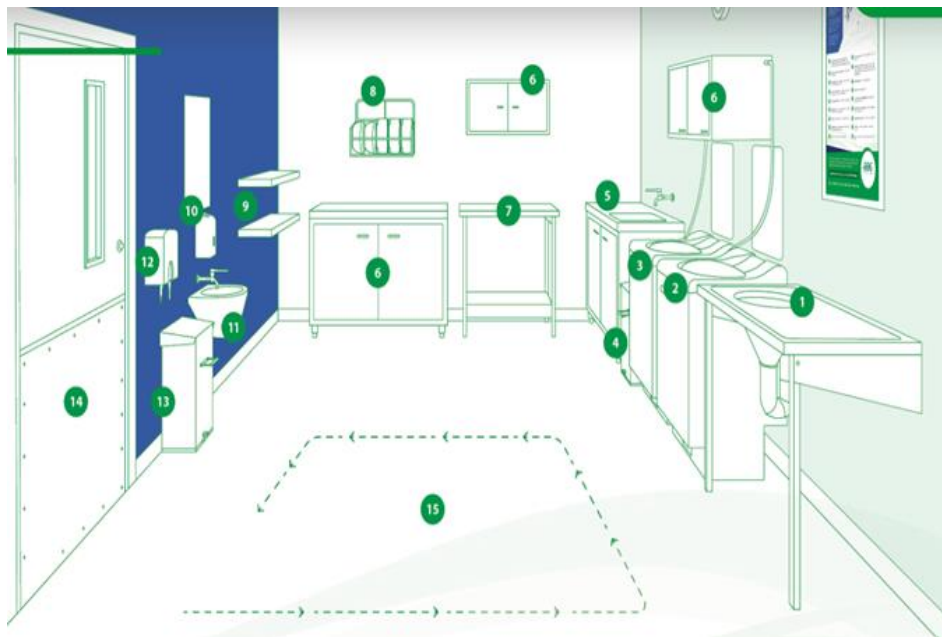
Procedure for the deep cleaning communal equipment				
NB: all equipment should be cleaned after every single use and identified as clean				
	Task	Instructions	Signature	Date
1	Trolleys (Domestic, laundry, beverage, medicines, dressing)	Do not take trolleys into resident rooms where possible. Clean and disinfect all trolleys as part of the deep clean process (include undersides and wheels)		
2	Hoists	Clean and disinfect		
3	Keypads	Clean and disinfect		
4	Touch screens	Clean and disinfect		
5	Electronic devices	Clean and disinfect (consider covers to ease cleaning)		
6	Staff facilities/toilets	Clean and disinfect		
7	Clerical/admin areas	Clean and disinfect (ensure all computers have cleanable covers e.g., keyboard to enable effective cleaning Clean and disinfect stationary. Do not share items where possible.		
8	Clinical equipment (observation machines, pulse oximeters)	Clean and disinfect		
9	Ornaments	During an outbreak clean, disinfect items and put away into storage until the outbreak is declared over. Clean and disinfect		
10	Hair dressing equipment	Clean and disinfect. All items should be cleaned between and as part of the deep clean process at the end. Where possible use single use items		
11	Maintenance equipment	Clean and disinfect. All tools should be cleaned between uses and as part of the deep clean process at the end of an outbreak. Ensure the storage of tools is within a container/bag that can withstand cleaning (not fabric)		
12	Documentation	Complete, sign and date document NB Document any concerns escalated e.g., damages to furniture, surfaces, equipment or any tasks not completed.		

The Sluice (dirty utility area)

The disposal of human waste is also a vital consideration in the management and control of infections and a well thought out and designed facility should accommodate this. The sluice is an important consideration for any care home facility and can help with the prevention and reduce the spread of norovirus, *C. diff* and E-coli/ or other gram-negative blood stream infections (GNBSIs) as well as keeping staff safe.

The layout of a sluice room (dirty utility) is as important as the equipment that is within. The aim is that staff and anything entering the room should exit clean and or disinfected.

Please see below of a potential design of a fully equipped sluice room and key of required equipment (courtesy of Dolphin)



- | | |
|------------------------------------|---|
| 1 Disposal/Slop Hopper | 10 Liquid soap dispenser |
| 2 Washer disinfectant | 11 Stainless steel handwash basin |
| 3 Pulp macerator | 12 Paper towel dispenser |
| 4 Foot-operated clinical waste bin | 13 Pedal bin |
| 5 Deep stainless steel sink | 14 Fire door (depending on local regulations) |
| 6 Storage cupboards | 15 Sealed floor covering (vinyl or similar) |
| 7 Work surface | 16 Tiled or aseptic laminate walls |
| 8 Wall-mounted rack | 17 Extractor fan |
| 9 Shelving | 18 Lighting |

The Sluice (dirty utility area) best practice guidance continued ...

A dirty utility area should facilitate good cleaning and incorporate the following:

- **An area for cleaning items of equipment** - space and facilities for the holding, reprocessing, or disposing of bedpans, urinals and vomit bowls are required. Unused bedpans and linen-bag carriers can also be stored in this area.
- An area for testing urine and safe disposal.
- The disposal of body fluids including water contaminated with body fluids, exudate etc. A slop-hopper is recommended for disposal of body fluids and a separate sink for decontaminating equipment. NB: patients 'wash water' should not be emptied down clinical wash hand basins.
- **The decontamination of commodes** -where commodes are to be used, there should be sufficient space allowed for their decontamination and storage.
- An area to temporarily hold items requiring reprocessing.
- Clinical washing of hands after activity in the dirty utility room - a clinical wash-hand basin is necessary, to also include liquid soap, hand gel and a covered paper towels dispenser. **NB: there should be a separate hand wash sink from the cleaning equipment deep sink.**
- Apron and glove dispensers should be provided for ease of access to PPE.
- There needs to be a clear demarcation between clean/unused equipment and soiled/dirty equipment.
- Clean and dirty areas should be kept separate, and the workflow patterns of each area should be clearly defined.

National Standards of Healthcare Cleanliness 2021

The National standards of healthcare cleanliness 2021 (the national standards) apply to all healthcare settings – acute hospitals, mental health, community, primary care, dental care, ambulance trusts, GP surgeries and clinics, and care homes, regardless of the way cleaning services are provided.

They provide a common understanding of what it means to be a clean healthcare setting and give healthcare organisations in England a framework for detailing the required cleaning services and how 'technical' cleanliness and the efficacy of the cleaning process should be assessed

The 2021 standards reflect modern methods of cleaning, infection prevention and control (IPC), and important considerations for cleaning services during a pandemic; and emphasise transparency to assure patients/residents, the public and staff that safe standards of cleanliness have been met.

The standards provide clear advice and guidance on:

- what cleaning is required
- how organisations can demonstrate cleaning services meet these standards

They seek to drive improvements while being flexible to meet the different and complex requirements of all healthcare settings.

Each healthcare setting can decide how their cleaning services are best organised for their own environment, but meeting aspects of the new standards is mandatory.

Mandatory requirements

- Functional risk categories –An example of a high-risk functional risk area is a sluice room and a low risk functional areas would be an office/non clinical area.
- Element's frequencies and performance parameters
- Cleaning responsibilities
- Audit frequency
- Star ratings which need to be displayed that can go from 1 to 5
- Efficacy checks
- Commitment to cleanliness charter

At present only acute organisations have to comply to these new national guidelines, however it would be seen to be best practice to acknowledge these standards within your own organisation.

Please see the link below:

<https://www.england.nhs.uk/wp-content/uploads/2021/04/B0271-national-standards-of-healthcare-cleanliness-2021.pdf>