



**Community Infection Prevention and Control  
Policy for Care Home settings**

# Safe management of the care environment

**SAFE MANAGEMENT OF THE CARE  
ENVIRONMENT**

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Job Title: .....

Date Adopted: .....

Review Date: .....

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# SAFE MANAGEMENT OF THE CARE ENVIRONMENT

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## 1. Introduction

This Policy is one of the 10 'Standard infection control precautions' (SICPs) referred to by NHS England and NHS Improvement.

*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 staff should know and understand the importance of thorough cleaning.
- A clean environment reduces the risk of transmission of infection posed by micro-organisms, such as bacteria, viruses and fungi, 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. *Clostridioides difficile* spores, can survive in the environment for long periods and, therefore, enhanced cleaning with a sporicidal disinfectant solution is required when a resident has a known or suspected *Clostridioides difficile* colonisation or 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.

## 2. Cleaning and disinfection

Cleaning is **essential** before disinfection is carried out. A disinfectant solution is not effective if there is dirt or visible soiling, e.g. faeces, blood.

**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, vomit, 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 further reduces the number of micro-organisms to a level at which they are less harmful. Disinfection is only effective if the equipment or surface is thoroughly cleaned with a detergent solution first. Disinfectant should be used when dealing with blood/body fluid spillages or when a service user has a known or suspected infection.

When using disinfectants, manufacturer's instructions must be followed in order to achieve safe practice.

### 3. Cleaning plan

Each care home should have a cleaning plan in place. The following examples of what the plan should include are given in national guidance, and include:

- The standards to be achieved
- The clear allocation of responsibility for cleaning of all areas of, and items within, the premises
- The person in overall charge of cleaning (usually the Registered Manager)
- Cleaning schedules and frequencies
- The systems to be used to measure outcomes
- The reports required and the member(s) who should receive them
- Operational and training policies and procedures which include how the care home 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. There should be no gaps in the record. If a cleaning task cannot be performed, the reason should be documented.

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.

## 4. Cleaning schedules and records

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 **all** areas of the home, including hairdressers, storage, linen, laundry and sluice rooms.
- Cleaning records should be dated and signed by the person undertaking the cleaning.
- Cleaning records should document any gaps in cleaning, e.g. room not cleansed as resident is in hospital, not be left blank.

## 5. Choice of cleaning product

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

### Detergents

- Warm water and pH neutral detergent or detergent wipes are suitable for many cleaning activities.
- Select and use a good quality pH neutral detergent or detergent wipe.
- Neutral liquid detergents, e.g. Hospec, classed as anionic and non-ionic have the best detergent activity.

### Disinfectants

- Disinfectants are not required for routine cleaning. They should be used when cleaning equipment and areas occupied by a resident with a known or suspected infection. Refer to the 'Isolation Policy for Care Home settings' and the 'Safe management of care equipment Policy for Care Home settings'.
- A disinfectant will not be effective if there is dirt or visible soiling present, e.g. urine, faeces, 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, e.g. Chlor-Clean tablets, Actichlor plus, Clinell Universal Wipes, PDI Sanicloth Universal and Vernacare Tuffie 5. This means equipment does not need to be cleaned before disinfection.

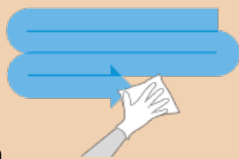
- To ensure a disinfectant solution works effectively, it is important that the correct amount of disinfectant and water are used. If a weaker solution is used, the micro-organisms will not be killed, too strong, and equipment or surfaces can be damaged:
  - If a chlorine-based disinfectant solution is used it should be at a dilution of 1,000 parts per million (ppm) unless the item is contaminated with blood, when a dilution of 10,000 ppm should be used
  - As diluted chlorine-based disinfectant solutions are unstable and become less effective after 24 hours, a new solution should be made each day
  - When using disinfectant products, always wear disposable gloves and apron and, if indicated, eye protection
- Appropriate spillage kits should be used for disinfecting surfaces following a blood or body fluid spillage.

## 6. Equipment used for cleaning

- Clean hands and wear appropriate personal protective equipment (PPE).
- Use colour coded equipment (see Section 10) for cleaning different areas.
- Cleaning cloths should be disposable single use.
- Cleaning equipment should be stored clean and dry after use in a designated area.
- Reusable mop heads should be laundered daily. Mop heads should be replaced regularly depending on the frequency of use and whenever visibly stained.
- Mop buckets should be cleaned after use, dried with paper towels, then disinfected and stored inverted to air dry in the housekeeping/cleaners equipment store where available.
- 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 their original containers 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.
- Store toilet brushes to air dry in toilet brush holders.
- Each toilet should have its own toilet brush and holder.
- Dispose of toilet brushes when visibly stained.

## 7. Best practice for cleaning

- Staff should wash hands before putting and after removing and disposing of each item of PPE, e.g. pair of gloves, apron.
- Cushions, e.g. seat, pressure relieving, wheelchair, should be cleaned regularly and have removable covers to allow inspection of the inside surface of the cover and the cushion.
- Underneath surfaces, e.g. chairs, tables, should be cleaned and inspected regularly.
- Detailed guidance on how to perform common cleaning tasks can be found in the National Patient Safety Agency (NPSA) Guidance on specifications for cleanliness.

Best practice for cleaning	
1. <b>Work from clean to dirty areas</b>	Start cleaning in the cleanest areas and finish in the dirtier areas, e.g. when cleaning the bathroom, leave the toilet until last and use a separate cloth
2. <b>Work from high to low areas</b>	This helps to prevent cross-infection as it stops contamination of clean areas from dirty areas. When cleaning or 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 amount of micro-organisms that may be transferred from a dirty area to a clean area. 
3. <b>Leave all surfaces clean and dry</b>	It is important to leave cleaned surfaces as dry as possible. This helps to prevent mould and bacterial growth
4. <b>Change cleaning solutions and cloths often</b>	One of the main causes of contamination is the use of one cloth for all cleaning. Change your cleaning solution and cloth when it looks dirty so that you are removing dust and dirt and are not just moving it from one area to another. Separate cloths should be used for cleaning bathrooms and toilets. These cloths should <b>not</b> be used to clean other areas, e.g. kitchen
5. <b>Wash your hands often</b>	Dirty hands and dirty gloves soil clean surfaces. Wash your reusable domestic gloves after use and then wash your hands



## 8. Safe management of blood/blood stained body fluid spillages

Refer to the 'Safe management of blood and body fluids Policy for Care Home settings'.

## 9. Safe management of body fluid spillages

Refer to the 'Safe management of blood and body fluids Policy for Care Home settings'.

## 10. Furniture, fixtures, fittings and sensory aids

- 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).
- Sensory aids should be in good condition and be cleaned on a regular basis, e.g. weekly, with detergent wipes or pH neutral detergent, e.g. Hospex, and warm water and included in the cleaning schedule.

## 11. 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 colour coded chart should be displayed in the cleaner's room, such as the 'National colour coding scheme for cleaning materials and equipment in care homes' poster, see Table 1.

Table 1

National colour coding scheme - for cleaning materials and equipment in care homes	
All care homes 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>	Bathrooms, showers, toilets, basins and bathroom floors
<b>BLUE</b>	General areas, including lounges, offices, corridors and bedrooms
<b>GREEN</b>	Kitchens areas, including satellite kitchen areas and food storage areas
<b>YELLOW</b>	Bedrooms when someone has an infection and is cared for in their own room (isolated)

## 12. 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 Care Home in achieving compliance with *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance* and CQC registration requirements.

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

- 29 IPC Policy documents for Care Home settings
- 'Preventing Infection Workbook: Guidance for Care Homes'
- 'IPC CQC Inspection Preparation Pack for Care Homes'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Care Homes'

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).

## 13. 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: Guidance on setting and measuring performance outcomes in care homes*

National Patient Safety Agency (2009) *The Revised Healthcare Cleaning Manual*

NHS England and NHS Improvement (March 2019) *Standard infection control precautions: national hand hygiene and personal protective equipment policy*