



National Standards of Healthcare Cleanliness: healthcare cleaning manual

11 May 2022

Contents

| | |
|---|---|
| National Standards of Healthcare Cleanliness: healthcare cleaning manual..... | 1 |
| Introduction..... | 2 |
| General Principles of Cleaning and Disinfection..... | 3 |
| Cleaning Methodologies | 6 |

Introduction

Clean, safe healthcare environments are a vital contribution to patient safety as well as providing a clear public impression and expectation of quality care.

Cleaning, infection prevention, and patient safety are all intrinsically linked. It is therefore vitally important to demonstrate good practice, knowledge, skills and performance to achieve the required standards of healthcare cleanliness.

The cleaning methodologies include 50 environmental elements. Each element has been reviewed and will be periodically updated to incorporate the outcome of evidence based environmental research, proactive infection prevention initiatives, collaboration with equipment and materials manufacturers, and staff training guidance.

As a 'Live Digital Document' the aim is to provide healthcare facilities cleaning services access to the latest guidelines to support good practice and enable constant quality improvement.

We recognise that the methodology used across organisations will vary according to type of building, location, activity, fabric and so on. It is therefore important that each healthcare facility undertakes its own risk assessment to determine which is the best methodology to use based on health and safety, effective use of resources, consideration of service-users, and environmental factors.

The cleaning methodologies include references to traditional methods of cleaning as well as modern technical textiles and equipment. The selection of materials and their corresponding methods remain at the discretion of each facility.

However, we recommend that organisations minimise the use of abrasive pads as routine use will damage surfaces over time, which in turn will make them more difficult to clean and disinfect effectively. A disposable non-abrasive pad should be used to remove stubborn stains as a last resort and should not be routine practice.

The full collection of cleaning methodologies is available from the NHS Estates and Facilities Collaboration Hub. If you are not already a member of this workspace and would like to join, please contact England.efmportalsubmissions@nhs.net to request access.

General Principles of Cleaning and Disinfection

This section outlines detailed methodologies for cleaning or cleaning and disinfecting in a healthcare environment. It is impractical to list all items or areas to be addressed so it is important that the principles behind effective cleaning and disinfection are understood so that they can be applied when addressing elements not listed below.

Definitions

The terms cleaning, disinfection, decontamination, and sterilisation are often used interchangeably but they are different, and it is important to understand this difference when 'cleaning' in patient care environments.

Cleaning - Cleaning involves fluid – usually detergent and water – and 'friction' – the mechanical or physical removal of organic matter including dirt, debris, blood, and bodily fluids. Microorganisms are removed rather than killed.

Whilst cleaning alone may be sufficient in areas such as foyers, offices, corridors and other low risk environments, the addition of disinfection to cleaning is more appropriate in many healthcare environments.

Cleaning alone will leave a surface or equipment visibly clean if carried out effectively. Cleaning is an essential pre-requisite to effective disinfection. Disinfectants, some more than others, are readily deactivated in the presence of organic matter.

Disinfection - Disinfection is the process of eliminating or reducing harmful microorganisms from inanimate objects and surfaces.

'Cleaning' within a healthcare / clinical environment e.g. in higher risk areas usually involves increased cleaning frequencies and the use of a disinfectant to protect vulnerable patients.

Assessment of cleanliness by visual inspection alone may not provide adequate assurance that the number of potentially harmful microorganisms in the environment have been reduced to a sufficient level to provide a safe environment of care and more objective methods of assessing cleanliness should be considered.

Sterilisation - Sterilisation is the process of killing all microorganisms and is achieved through physical or chemical means and is not a process used in the context of environmental decontamination. Sterilisation is used for critical items i.e.

objects or instruments that enter or penetrate sterile tissues, cavities or the bloodstream that can cause a high risk of infection if contamination takes place with any microorganism.

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

Choice of cleaning / disinfecting agent

Local policy should outline where and when detergent and water alone are sufficient and where a detergent and disinfectant (or combined cleaning and disinfecting agent) is required.

Staff should familiarise themselves with the local policy and how to make up any cleaning / disinfecting solutions in line with manufacturers' instructions. Staff should be trained in how to prepare any disinfectants safely in a well-ventilated area using the appropriate personal protective equipment (PPE). They should also be aware of how to store unused product and how to dispose of it safely.

Contact time

A disinfectant will need time in contact with a surface to allow it to work. Staff should be aware of the contact times of the disinfectants in use locally. The surface should remain wet long enough for the contact time to be achieved and realistic contact times for use in a busy healthcare environment should be a consideration when selecting products for use.

Direction of cleaning

To minimise recontamination of an area and transfer of microorganisms, clean from

- top to bottom
- clean to dirty

When dusting horizontal surfaces in a patient room, high areas such as those above shoulder height should be done first followed by all other elements. Dusting technique should not disperse the dust, (i.e. use damp cloths/dusting devices).

Floor cleaning should be completed last when cleaning a defined area. It is important to place adequate signage when floor cleaning is in progress to prevent slips, trips and falls on wet floors. Do not remove signage until the floor is totally dry.

Cleaning action

Clean large and flat surfaces using an 'S' shape pattern, starting at the point furthest away from you, overlapping slightly and without going back over the area to avoid recontamination.

High touch surfaces

High-touch surfaces in patient care and procedural areas, such as door handles, call bells, light switches, cot sides etc. should be cleaned more frequently than surfaces with minimal hand contact.

Transference

Cleaning solutions can become contaminated during use and continued use of a contaminated solution may transfer microorganisms to each subsequent surface being cleaned. Therefore, cleaning solutions should be regularly replaced in accordance with the manufacturer's instructions and more frequently when cleaning heavily soiled areas, when solutions appear visibly dirty and immediately after cleaning blood and body fluid spills e.g. when using a socket mop.

Microorganisms can also be transferred between surfaces on cleaning cloths and wipes as well as hands. To minimise the risk of 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 so as to utilise all surface areas of the cloth, including the front and back, and used in such a way to avoid cross contamination whilst maximising efficiency. Staff should be trained in how to fold and use the cloth effectively and safely.
- when using pre-impregnated disposable wipes the general principle is 'one wipe, one surface'. Using one wipe at a time (rather than a 'scrunched up ball of several wipes) ensures that a flat wipe covers an optimal surface area depositing the correct amount of detergent/disinfectant on the surface being decontaminated; maximises the use of all of the wipe surface; minimises the risk of transfer of microorganisms and is more cost effective. Some procedures will require more than one wipe and they should be disposed of once dry, visibly soiled and between different surfaces/pieces of equipment.

'Don't buy it if you can't clean it'

Due consideration should be given to how equipment, medical devices and surfaces are to be decontaminated before they are purchased.

Manufacturers should provide clear and achievable instructions with regards to cleaning and disinfection. If necessary, advice should be sought from the infection control team when purchasing equipment or medical devices, or during new build or refurbishment projects.

Cleaning Methodologies

Details of the cleaning methodologies are available as a separate document.

Other related documents and support material

The National Standards of Healthcare Cleanliness;
<https://www.england.nhs.uk/estates/>.

A wide variety of posters and videos which support the Healthcare Cleaning Manual are also available from the NHS Estates Collaboration Hub; [NHS Estates Collaboration Hub](#)

NHS staff who require membership of the Hub can request this by e-mailing england.efmportalsubmissions@nhs.net