Environmental Cleaning Policy

**Summary** The Environmental Cleaning Policy aims to identify the functional areas in a healthcare facility that require cleaning and/or disinfection and outline the frequencies to achieve the minimum cleaning standard for those areas; and outline Key Performance Indicators for measuring cleaning service performance in achieving a uniform approach to environmental cleaning in healthcare facilities.

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**Functional group** Clinical/Patient Services - Infectious Diseases, Governance and Service Delivery


**Distributed to** Public Health System, Health Associations Unions, NSW Ambulance Service, Ministry of Health, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes

**Audience** All NSW Health staff

Secretary, NSW Health

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.
ENVIRONMENTAL CLEANING POLICY

PURPOSE

Effective environmental cleaning of healthcare facilities is an essential part of NSW Health’s initiatives for the prevention and control of healthcare associated infections.

The purpose of this Policy is to:

• Identify the functional areas in a healthcare facility that require cleaning and/or disinfection and outline the frequencies to achieve the minimum cleaning standard for those areas;
• Outline the Key Performance Indicators (KPIs) for measuring cleaning service performance in achieving a uniform approach to environmental cleaning in healthcare facilities.

Keeping healthcare facilities clean is the responsibility of every healthcare worker.

MANDATORY REQUIREMENTS

It is the responsibility of each health service to identify all functional areas within each healthcare facility and to ensure that the cleaning and auditing of those functional areas is in accordance with the Policy.

IMPLEMENTATION

NSW Ministry of Health:
• Provides the mandatory requirements and standards for the implementation of this Policy.

Clinical Excellence Commission:
• Provides tools to support the implementation, monitoring and evaluation of this Policy.

Chief Executives and Health Service Executive Managers:
• Provide the resources to ensure compliance with this Policy.
• Ensure that contracts with external cleaning companies comply with this Policy.
• Ensure compliance with the environmental cleaning standards is monitored and evaluated.

General Managers:
• Ensure implementation of this Policy.

Directors of Clinical Governance:
• Support the General Managers in the implementation of this Policy.
• Ensure compliance with the Environmental Cleaning Policy is monitored, evaluated and reported to the relevant local management committee.

Health Facility Managers:
• Ensure their healthcare facility is well-maintained and clean.
• Monitor compliance with the environmental cleaning standards.

Cleaning Service Managers/Supervisors:
• Ensure the environmental cleaning standards are met in their jurisdictions.
• Ensure cleaning staff comply with the environmental cleaning standards.
• Ensure cleaning staff comply with Infection Prevention & Control standards.
• Ensure there are appropriate resources to meet the standards.
POLICY STATEMENT

• Ensure cleaning staff have access to task specific training and education.
• Ensure staff and contractors are competent in performing cleaning tasks.
• Ensure cleaning procedures are documented, available and relevant to staff.
• Monitor and audit cleaning performance and ensure required levels of compliance.

Managers and Department Heads:
• Ensure the patient environment is well-maintained and clean.
• Monitor compliance with the environmental cleaning standards.

Infection Prevention and Control Professionals (ICPs):
• Provide advice on infection prevention and control aspects of environmental cleaning.
• Provide advice on cleaning and disinfection requirements for all risk categories, during outbreaks of communicable disease and during refurbishments, renovations and construction.
• Provide advice for minimising risk associated with inadequate environmental cleaning management.

Infection Prevention & Control Committees or Quality & Safety Committees:
• Review the results of the internal cleaning audits and recommend action to executive management and Health Support Services (HSS) as required.

Cleaning staff:
• Undertake environmental cleaning in accordance with this Policy, the Environmental Cleaning Standard Operating Procedures, the advice of their Cleaning Service Manager/Supervisor and the advice of relevant ward/unit staff or ICPs.

All staff:
• Are responsible for ensuring a safe environment including all environmental hygiene concerns.
• Comply with this Policy when undertaking cleaning.
• Are expected to escalate risks (i.e. identified environmental hygiene or maintenance deficiencies) through line management and call upon the relevant experts to develop risk management strategies to manage risk.

ASSOCIATED DOCUMENT


REVISION HISTORY

<table>
<thead>
<tr>
<th>Version</th>
<th>Approved by</th>
<th>Amendment notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD2012_061</td>
<td>Director-General</td>
<td>New Policy. This Policy supersedes:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Section 5 of the Environmental Cleaning of Infection Control Policy PD2007_036</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cleaning Service Standards, Guidelines and Policy for NSW Health Facilities, August 1996</td>
</tr>
</tbody>
</table>

ATTACHMENT

Environmental Cleaning Policy.
Environmental Cleaning Policy

Issue date: November 2012
PD2012_061
1 BACKGROUND

1.1 About this document

NSW Health is committed to ensuring the health and safety of all patients, visitors and staff in healthcare facilities and providing a safe and healthy working environment. This commitment includes minimising the risk to patients, staff and others from acquiring healthcare associated infections through development and implementation of systems and strategies that reduce the risk of infection and manage infections effectively when they occur.¹

Cleaning outcomes can be achieved in various ways and this Policy encourages innovative and efficient cleaning methods. This Policy does not prescribe equipment, products and processes; the Standard Operating Procedure modules that accompany this Policy focus on the methods, equipment and processes. This Policy focuses on the quality cycle in maintaining a clean health care environment.

1.2 Legislative requirements

All public health organisations and their staff have a duty of care under common law to take all reasonable steps to safeguard patients, visitors and staff from infection.

The Workplace Health and Safety (WH&S) Act 2011² provides a balanced and nationally consistent framework to secure the health and safety of workers and workplaces by:

- Protecting workers and other persons against harm to their health, safety and welfare through the elimination or minimisation of risks arising from work or from specified types of substances or equipment,
- Promoting the provision of advice, information, education and training in relation to work health and safety,
- Providing a framework for continuous improvement and progressively higher standards of work health and safety.

1.3 Definitions

<table>
<thead>
<tr>
<th><strong>Cleaning</strong></th>
<th>The removal of visible soil, inorganic and organic contamination from devices or a surface, using either the physical action of scrubbing with a surfactant/detergent and water, or with appropriate chemical agents.³</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disinfection</strong></td>
<td>Destruction of pathogenic and other kinds of micro-organisms by thermal or chemical means.⁴</td>
</tr>
<tr>
<td><strong>Element</strong></td>
<td>The surface, article or fixture that needs to be cleaned.⁵</td>
</tr>
<tr>
<td><strong>Functional Area</strong></td>
<td>Any location in a healthcare facility that requires cleaning.⁶</td>
</tr>
<tr>
<td><strong>Healthcare facility</strong></td>
<td>For the purpose of this Policy, a healthcare facility is any facility or service that delivers healthcare services. Healthcare facilities include hospitals, multi-purpose services, aged care facilities, emergency services, ambulatory care services,</td>
</tr>
</tbody>
</table>

³ The removal of visible soil, inorganic and organic contamination from devices or a surface, using either the physical action of scrubbing with a surfactant/detergent and water, or with appropriate chemical agents.

⁴ Destruction of pathogenic and other kinds of micro-organisms by thermal or chemical means.

⁵ The surface, article or fixture that needs to be cleaned.

⁶ Any location in a healthcare facility that requires cleaning.
<table>
<thead>
<tr>
<th><strong>Aboriginal Medical Services</strong></th>
<th>community health services and community based health services such as needle and syringe programs.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Immuno-suppressed</strong></td>
<td>Having an immune system that has been impaired by disease or treatment or as defined by the local Infectious Disease service.</td>
</tr>
<tr>
<td><strong>Must</strong></td>
<td>Indicates a mandatory action.</td>
</tr>
<tr>
<td><strong>Outbreak</strong></td>
<td>Where the incidence of infections or colonisations is greater than the expected rate within a specific area over a defined period of time.</td>
</tr>
<tr>
<td><strong>Should</strong></td>
<td>Indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action.</td>
</tr>
<tr>
<td><strong>Staff</strong></td>
<td>For the purpose of this Policy, staff refers to any person working in any capacity within NSW Health, including contractors, students and volunteers.</td>
</tr>
<tr>
<td><strong>Weighting</strong></td>
<td>An aspect of the cleaning standards auditing and scoring process that reflects the importance of various elements within different functional area risk categories.</td>
</tr>
</tbody>
</table>

## 2 CLEANING REQUIREMENTS

### 2.1 Environmental Cleaning Standard Operating Procedures

Detailed best practice procedures for environmental cleaning in healthcare facilities are contained in the *Environmental Cleaning Standard Operating Procedures*. This Policy should be read in conjunction with these *Procedures*.

Healthcare facilities should comply with the *Environmental Cleaning Standard Operating Procedures*.

The *Environmental Cleaning Standard Operating Procedures* are divided into modules that cover processes required to implement a comprehensive environmental cleaning program.


### 2.2 Documentation of cleaning procedures

Cleaning procedures must be documented and available to relevant staff. The documentation must include:

a. Healthcare facility accountability and reporting lines;

b. Minimum cleaning and disinfection frequencies and methods, including chemicals used and specific training required by staff;

c. Equipment used, maintenance and servicing of equipment and financial asset identification; and
d. Contingency plans, including outbreak management and leave requirements of cleaning staff.

2.3 Accountability

If cleaning services are provided in-house, the accountability for all aspects of cleaning and staff lies with the healthcare facility management. When staff such as wards persons are given dual roles that include cleaning, it is essential that the cleaning component is not compromised.

Where a healthcare facility purchases some or all of its cleaning service from an external provider, the roles, responsibilities and relationship between the facility and external provider must be clearly defined and documented.

The clarity of the cleaning requirements of a healthcare facility is paramount to ensure that the facility, cleaning service management and cleaning team have the same understanding of the tasks and requirements to maintain a clean healthcare facility. Both the facility and the cleaning team must ensure that cleaning is undertaken safely and that both parties are working towards and assessing the same outcomes as outlined in Table 2.

It is recommended that a cleaning manager (employee or external) is included as a member of the facility’s Infection Prevention & Control Committee or relevant other committees.

A healthcare facility or external contractor must provide staff that are trained in the requirements of cleaning a healthcare facility. Staff must be trained as soon as practical from commencement of employment. Content for training must include infection prevention and control principles, WH&S principles, correct procedures of cleaning tasks to be performed, safe use and purpose of chemicals. Education and training of staff that clean must be ongoing and site specific to the healthcare facility. Records of education and training must be held by the facility or external provider and made available on request.

2.4 Building maintenance versus cleaning

As buildings and fixtures age they become more difficult to clean and maintain in an acceptable condition. Cleaning services should not be expected to contribute to infrastructure maintenance or make capital expenditure for building repairs.

Where cleaning ends and maintenance/engineering work begins is always an area of dispute. A healthcare facility’s policies must be clear on this point. An audit should be conducted of the facility that records problems with existing infrastructure that may make it difficult or impossible to meet the cleaning standards. This audit should record those areas that require repair, resurfacing, repainting or recovering. This audit should be done in conjunction with a Cleaning Supervisor, a Facilities/Maintenance Manager and an Infection Prevention & Control Professional (ICP). This audit should be conducted every three to five years as a facility’s infrastructure ages. Where infrastructure problems are identified to increase the risk of infection (i.e. worn porcelain, lack of storage, thread bare carpet), this should be addressed using a risk stratified process to reflect part of the overall organisational infrastructure priorities. This will ensure infection risks can be identified and escalated within the facility.
Infrastructure problems should not be reflected in the outcome of an internal cleaning audit, unless it poses a serious infection risk. The auditor must take into consideration existing infrastructure problems and make record of them in the audit report.

3 RISK CATEGORIES

3.1 Concept of risk
The concept of risk is referred to throughout this Policy due to the variety of problems that inadequate cleaning can cause. The three types of risk this policy is based on are:

- The risk of infection/colonisation for patients/visitors/staff;
- A WH&S risk for staff and public; and
- The risk of a poor public image for the healthcare facility.

A clearly defined contract between a cleaning service and a health service forms the foundation of a sound risk management program. It is vital that the relative risk and likelihood of occurrence of events associated with cleaning are identified, assessed and addressed.

3.2 Elements
An element refers to any item that requires cleaning; this can be a surface, object, article, equipment or fixture. A comprehensive list of elements identified within a healthcare facility can be found in the Environmental Cleaning Standard Operating Procedures, http://www.cec.health.nsw.gov.au/programs/hai. Regardless of where an element is located within the facility it should be cleaned as outlined in the Environmental Cleaning Standard Operating Procedures.

In addition a weighting of each element should be applied in conjunction with the location of that element. Weighting an element will help to determine the frequency and intensity of cleaning.

3.3 Functional areas
A functional area refers to any area in a healthcare facility that requires cleaning. The functional areas have been grouped under four risk categories: extreme, high, medium and low.\(^9\) These risk categories reflect the frequency and intensity of cleaning required to meet minimum cleaning outcomes (see Table 1). Each facility must determine the frequency and intensity of cleaning each functional area that is required to meet the cleaning standards. It is recommended that High and Medium Risk Functional areas start with a daily clean, then intensity and capacity are increased from there.

Where bathrooms, corridors, storerooms, stock rooms, meeting rooms, offices, and lounge rooms etc provide direct open access into the functional area, these areas must receive the same level of cleaning as the functional area itself. Bathroom/toilet cleaning frequency requires adjustment dependent on the number of people accessing it, such as public foyer toilets.
Examples of functional areas in each risk category have been provided but this list is not exhaustive (see Table 1). Every healthcare facility must list all departments/locations in the facility based on the risk categories provided in this policy.

### 3.3.1 Extreme risk areas

The functional areas in this category represent areas that pose the greatest risk of transmission of infection. Patients in these areas are very susceptible to infection or are undergoing highly invasive procedures. In addition surgical instruments and stock are stored in these areas. Cleaning outcomes must be achieved through the highest level of cleaning intensity and frequency.

The use of disinfectants as part of routine cleaning is only required in:

- Extreme Risk areas;
- As part of outbreak management; and
- Terminal cleaning following an MRO/infectious disease in any functional area.

For the use of an environmental cleaning disinfectant for any other reason staff must contact the ICP for advice and approval that is based on the risk of contamination to patients and others.

### 3.3.2 High risk areas

The functional areas in this category represent areas that pose a high risk of infection transmission because: patients are susceptible to infection, invasive procedures are conducted here and sterile supplies are stored here. Cleaning outcomes must be maintained by a frequent cleaning schedule with capacity for rapid spot cleaning.

### 3.3.3 Medium risk areas

The functional areas in this category represent areas that pose a medium risk of infection where this risk must be minimised. Cleaning outcomes must be maintained through regularly scheduled cleaning with capacity for spot cleaning.

### 3.3.4 Low risk areas

The functional areas in this category represent areas where the risk of infection is low. It is important that good hygiene is maintained to ensure public confidence in the healthcare facility. Cleaning outcomes must be maintained through regularly scheduled cleaning or via a project clean with capacity for spot cleaning.
3.3.5 Change to functional area weighting

At any time a healthcare facility can increase the weighting of a functional area if the patients in that area are at an increased risk of infection, such as during an outbreak. Once this risk is no longer a factor that area can return to its previous functional category. The decision to increase a functional area’s weighting and when to return to its original category must be in conjunction with the local ICP, cleaning management and local facility management. No functional area should have its original weighting reduced.

Each risk category has its own timeframe for rectifying identified issues when they occur (see Table 1). This timeframe has been developed to minimise the time a patient is placed at risk of infection whilst the issue is being corrected.

Table 1: Functional areas categorised according to risk
(Note: refer to the Standard Operating Procedures for a more comprehensive listing)

<table>
<thead>
<tr>
<th>Risk category</th>
<th>Examples of functional areas</th>
<th>Frequency of Cleaning/Disinfection</th>
<th>Timeframe for rectifying problems</th>
</tr>
</thead>
</table>
| Extreme       | Operating theatres, intensive care units both adult and paediatric, central sterile supply department, level 2 & 3 nurseries, delivery suites, emergency departments, areas where highly invasive procedures are undertaken, microbiological laboratories, areas/departments/wards with immuno-suppressed patients such as burns, haematology, oncology, transplant, infectious diseases, renal dialysis. | Operating theatres:  
• Before the first patient, between each case and at the end of the list.  
All other areas:  
• Minimum daily clean/disinfect with capacity for more.  
• Capacity of rapid spot cleaning/disinfection.  
• Clean & disinfect toilets at least twice daily and check toilets at least twice more daily and spot clean. | Within 6 hours |
| High          | General wards, pharmacy – sterile production area, special clinic treatment area, emergency ambulances/rescue vehicles/ambulance station casualty rooms/fixed wing and rotary wing aircraft, level 1 nursery. | • Minimum daily clean.  
• Capacity for rapid spot cleaning.  
• Clean toilets at least daily and check toilets at least twice daily and spot clean. | Within 12 hours |
| Medium        | Pathology labs, outpatient departments, non-emergency transport vehicles, pharmacy, medical imaging, kitchenettes, patient accommodation, mortuary, public areas and waiting rooms, cafeterias, patient activity areas like day rooms, hospital foyer. | • Daily clean.  
• Capacity for spot cleaning.  
• Clean daily and check toilets at least twice daily and spot clean.  
• Clean main foyer toilets at least three times a day and check toilets at least three more times daily and spot clean. | Within 48 hours |
| Low           | Ambulance stations, offices, courtyards, outdoor areas, engineering workshops, non-patient transport vehicles, medical records, education/conference areas, plant rooms, car parks. | • Clean as required.  
• Planned project cleaning.  
• Capacity for spot cleaning.  
• Clean toilets at least daily. | Within 72 hours |

This policy only refers to small ward based kitchenettes. Kitchens were food is stored, prepared and cooked commercially or on a large scale, are not covered by this policy. These types of kitchens are under the Food Safety Act 1994 which must be followed.
4 AUDITS

4.1 Internal Audits

Health facilities require a continuous comprehensive approach to measuring cleaning outcomes. Internal audits must be performed in all functional areas across all risk categories. This systematic program of internal auditing (including results achieved) must be clearly documented. Accompanying this Policy is an internal audit template http://www.cec.health.nsw.gov.au/programs/hai that outlines the basic requirements for auditing by facilities. This template can be modified to suit the individual needs of facilities; however the core functional areas, the acceptable quality level and frequency may not be changed.

Cleaning audit scores must be equal to or higher than the specified acceptable quality level for each functional area. The frequency of auditing each functional area depends on the risk category allocated to that area. Table 2 provides the specified frequency and acceptable quality level for each risk category.

Table 2: Audit Frequency for Risk Categories

<table>
<thead>
<tr>
<th>Functional Area Risk Category</th>
<th>Required Frequency of Auditing</th>
<th>Acceptable Quality Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extreme</td>
<td>Over a period of one month 50% of rooms in every Extreme Risk area are audited once</td>
<td>90%</td>
</tr>
<tr>
<td>High</td>
<td>Over a period of 2 months 50% of rooms in every High Risk area are audited once</td>
<td>88%</td>
</tr>
<tr>
<td>Medium</td>
<td>Over a period of 3 months 50% of rooms in every Moderate Risk area are audited once</td>
<td>85%</td>
</tr>
<tr>
<td>Low</td>
<td>Over a period of 12 months 50% of rooms in every Low Risk area are audited once</td>
<td>75%</td>
</tr>
</tbody>
</table>

Internal audits can be undertaken by a person who has a thorough knowledge of cleaning standards and the cleaning processes required by a healthcare facility. An auditor should possess the communication, numeracy and analytical skills required to conduct an audit. An auditor can be a member of the cleaning service, an employee of the facility not related to the cleaning service or area being audited, or an employee of the external service provider. An auditor should always be accompanied by a staff member of the area being audited, (such as the department manager), to ensure issues are identified, ratified and validated by the area.

The cleaning staff should also be engaged in the audit result process so that they may understand any areas of non-compliance and, where relevant, their role in rectifying these.

Feedback must be provided to the individual areas along with a plan to rectify any highlighted problems. Results of audits, together with quality improvement plans and outcomes, must be tabled at the healthcare facility’s Quality & Risk Committee and the Infection Prevention & Control Committee.
While at least 50% of the rooms within a Functional area are to be audited over the frequency period, the other 50% of the rooms are to be audited in the following audit period. The auditor must always refer to the previous audit to understand what sections were audited, identify any previous actions and to know what sections are required to be audited.

Health facilities have 12 months from the release of this Policy to achieve the acceptable quality level for each risk category.

### 4.2 External Audits

In addition to internal audits it is recommended that facilities undertake an external audit every two years, conducted by a qualified auditor not employed by the healthcare facility or cleaning provider. The external auditor may be a person from a third party external agency or a person employed at another facility within the local health district/network. The external cleaning audit should review the healthcare facility’s internal auditing program, all the audit results, variance results, action plans and policies related to cleaning and auditing. Reporting and feedback must be provided back to the healthcare facility executive management team, Quality & Safety Committee and Infection Prevention & Control Committee.

It is recommended that if a healthcare facility fails an audit, another external audit is scheduled within 12 months. If the facility passes that second audit, then the cycle for external audits reverts back to two yearly. If the facility fails that second audit, then the external audit cycle should remain yearly until the facility passes.

### 4.3 Additional Methods for Evaluating Cleaning

Each facility must decide whether to include other forms of evaluation of cleaning. This may be warranted as an additional validation control process or conducted after an outbreak of an MRO or infectious disease.

The fluorescent gel testing may be warranted for use in Extreme Risk areas for high touch surfaces. It must be noted that this method only assesses that the correct cleaning method and process was used to clean the item, it does not assess environmental contamination or biodburden\textsuperscript{11}. Fluorescent gel testing is also a useful tool for education and training purposes.

Microbiological testing is only recommended as part of outbreak management investigations and must not be used as part of routine evaluation of cleaning\textsuperscript{11}. 
## IMPLEMENTATION PLANNER

### ENVIRONMENTAL CLEANING POLICY

#### IMPLEMENTATION PLANNER

| FOR: Chief Executives, Health Service Executives, General Managers, Directors of Clinical Governance |
| DATE: |
| Responsibility and personnel to implement the Environmental Cleaning Policy not assigned |
| Comments/Actions: |
| Support to line managers to mandate Environmental Cleaning Policy standards in their areas not provided |
| Comments/Actions: |
| No environmental cleaning standards within the healthcare facility |
| Comments/Actions: |

#### IMPLEMENTATION STANDARD

<table>
<thead>
<tr>
<th>Current compliance status (✓)</th>
<th>Actions Required</th>
<th>Assigned to</th>
<th>Target Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Started</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partially Completed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

- Responsibility and personnel to implement the Environmental Cleaning Policy have been assigned
- Support provided to line managers to mandate the Environmental Cleaning Policy in their areas
- Staff/contractors undertaking cleaning are trained in cleaning health facilities
- Managers and department heads take appropriate action including performance review of staff undertaking cleaning when necessary

#### COMPLIANCE STANDARD

- Environmental cleaning is promoted across the public health organisations
- The Environmental Cleaning Policy is successfully implemented within all healthcare facilities in the public health organisation
- In-service and other education is provided to staff/contractors undertaking cleaning
- Responsibility to undertake cleaning audits and display audit results is assigned

#### LEADERSHIP STANDARD

- Facilities
  - Set environmental cleaning as an institutional priority
  - Recognise the role of staff/contractors undertaking cleaning as a key component of the reduction of healthcare associated infections
  - Provide routine feedback to staff/contractors on compliance with environmental cleaning

Note: The Implementation Planner is not mandatory, but is recommended; it is a tool to assist Local Health District/Networks in monitoring the implementation of this Policy.
5 REFERENCES


