

National Manual of Assets and Facilities Management Volume 6, Chapter 20

Horizontal / Vertical Cleaning Plan Healthcare

Document No. EOM-ZM0-PL-000068 Rev 001



Horizontal / Vertical Cleaning Plan Healthcare

Document Submittal History:

Revision:	Date:	Reason For Issue
000	28/03/2020	For Use
001	18/08/2021	For Use



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Table of Contents

1.0	PURPOSE	5
2.0	SCOPE	5
3.0	DEFINITIONS	6
4.0	REFERENCES	7
5.0	RESPONSIBILITIES	8
5.1	Facility Director	8
5.2	Medical/Clinical Director	8
5.3	Infection Control Director	8
5.4	Entity Facilities Manager	8
5.5	Contractors/Cleaning Service Provider	9
5.6	Cleaning Services Contract Manager	9
5.7	Soft Services Manager	10
5.8	Health, Safety and Environment Representative	10
5.9	Cleaning Supervisor	10
5.10	All Employees	11
6.0	PROCESS	11
6.1	Preparation	11
6.1.1	Key Components of the Cleaning Plan	12
6.1.2	Setting Plan Objectives, and Performance Targets	12
6.1.3	Stakeholder Management	12
6.1.4	Establishing Manpower Requirements	13
6.1.5	Contingency Planning	13
6.2	Implementation	13
6.2.1	Chemical and Consumables Inventory	13
6.2.2	Cleaning Equipment, Machinery, and Tools Inventory	14
6.2.3	Frequency and Form of Cleaning	15
6.3	Health Safety and Environment (HSE) Requirements	17
6.3.1	Managing Risk	18
6.3.2	Risk Assessments and Method Statements (RAMS)	18
6.3.3	Job Hazard Analysis (JHA)	19
6.3.4	Signage	19
6.3.5	Safety Incident Management and Reporting	20
6.4	Training	21
7.0	ATTACHMENTS	21
	Attachment 1 – Sample Cleaning Chemicals and Consumables Inventory	22
	Attachment 2 – Sample Cleaning Machinery and Equipment Inventory	23
	Attachment 3 – Acceptance Levels for Cleaning Tasks	27
	Attachment 4 – EOM-ZM0-TP-000158 – Frequency Cleaning Schedule Template for Healthcare	28



1.0 PURPOSE

The purpose of this document is to provide Entity and Facility Management Company (FMC) guidance in developing and improving cleaning plans within the healthcare sector. These are the standardized cleaning plans, in compliance with leading industry standards and best practice.

Implementing guidance contained herein shall enable the Entity and/or FMC to maintain consistent levels of infection prevention and control through well maintained, and clean healthcare facilities, which meet expectations of staff, patients, and visitors.

This document features guidance regarding the following key elements which will help to implement the cleaning plans for healthcare facilities:

- Responsibilities of cleaning staff, Facilities Management (FM), medical staff, and other facility users involved in maintaining a clean healthcare environment
- Cleaning activities and frequencies based on The National Specifications for Cleanliness in the UK's National Health Service (NHS) (2007)
- Auditing, evaluations, and monitoring compliance
- Record keeping and reporting
- Training
- Health, Safety and Environment (HSE) requirements
- Incident management

2.0 SCOPE

The scope of this document includes cleaning plans for all functional areas within healthcare facilities, including all clinical and non-clinical areas.

The document uses The National Specifications for Cleanliness in the NHS (2007) as the basis for arranging and organizing the cleaning activities in a healthcare facility. The NHS specification provides a means of structured cleaning based on assessing risk and assigning a risk rating to each location within a healthcare facility. This risk rating then assigns a cleaning frequency and associated cleaning activities based on that risk rating.

There are four risk ratings and the Entity's Plan should adopt these for every area in the facility. These risk ratings are:

- Very High Risk – for example an Operating Theater (OT), or Intensive Care Unit (ICU)
- High Risk – for example a dental surgery, where invasive techniques are performed but the patient is unlikely to be in a vulnerable state
- Significant Risk – for example a circulation area or waiting area in an Out Patient Department (OPD)
- Low Risk – for example an office space occupied by a non-clinical employee

The Standard also describes audit frequencies that should be adopted and aligned to the risk category of the area. This audit is not a visual inspection, although these still have value in identifying both good quality work and work where improvement is deemed to be needed. A visual inspection, while important, is a subjective measure and each individual may make a different judgement on the same location.

The audit tools are described in greater detail in EOM-ZO0-PR-000065 Cleaning Horizontal / Vertical Procedure for Healthcare. The purpose of using the Auditing tool and the associated checklist is to provide the Entity with an objective measurement of clinical cleanliness and to drive continuous improvement in infection control standards and reduce the incidences of Hospital Acquired Infections (HAI).

By adopting this objective standard in addition to the regular regime of visual inspections, the Entity is able to provide assurance to their patients and visitors that not only is their facility visually of a high standard of cleanliness, but also the level of clinical cleanliness can be objectively demonstrated.

In planning, agreeing and implementing the risk categorization of its facility, the Entity should refer directly to The National Specifications for Cleanliness in the NHS (2007) and take building layout plans, identify the



Horizontal / Vertical Cleaning Plan Healthcare

risk categorization of each area and work with its Cleaning Services Provider (CSP) to determine minimum manpower requirements to deliver those minimum standards.

It is important to note that levels of supervision may increase beyond current numbers, because it would generally be the Supervisor that undertakes the audit process on behalf of the CSP both in conjunction with the Entity and, sometimes alone.

Plans for catering facilities within the healthcare environment are covered by food hygiene laws and are not included in this document, except where the catering facility forms an integral part of another functional area for which catering is not the primary purpose such as a ward kitchen, beverage bay, or staff room.

The Entity shall be responsible for determining whether the size of specific catering facilities shall be governed by guidance contained herein, or by regulations falling outside the scope of this document.

Components of cleaning plans covered herein include:

- Identification of risk ratings for each area or department of the healthcare facility using The National Specifications for Cleanliness in the NHS (2007)
- Identification of cleaning requirements based on the risk rating in The National Specifications for Cleanliness in the NHS (2007)
- Setting cleaning frequencies and work schedules
- Providing Risk Assessments and Method Statements (RAMS) and Job Hazard Analysis (JHA) associated with cleaning tasks
- Contingency planning
- Measuring cleaning effectiveness based on visual assessment
- Implementing corrective actions
- Establishing and maintaining competence of staff
- Conducting performance analysis and implementing improvement actions
- Record keeping and reporting

For the purpose of this document, “a Healthcare Facility” has been defined as any location where healthcare is provided including, but not limited to:

- Hospitals
- Clinics
- Nursing homes
- Dental care facilities
- Psychiatric institutes/facilities

Guidance herein does not cover cleaning of mechanical and electrical equipment internal parts. For example, cleaning interiors of Heating, Ventilation and Air Conditioning (HVAC) systems and lift shafts shall form part of Planned Preventative Maintenance (PPM) activities undertaken by Mechanical, Electrical and Plumbing (MEP) staff. Further guidance can be found within the National Manual of Assets and Facility Management, Volume 6 (e.g. Mechanical System, HVAC Electrical System, Elevators and Escalators)

3.0 DEFINITIONS

Term	Definitions
Consumables	Items such as disinfectants, chemicals, paper towels, hand soap liquid, and treatment agents which are used as part of cleaning activities
Frequency	Time period under which repetition of tasks shall be carried out to maintain the expected cleanliness at all times
Inspection	Visual observation of a stationary or operating asset, and physical areas
Schedule	Cleaning activities and resource requirements presented in a tabular format against time
Tool	Manual or powered hand-held cleaning tools used in the process of cleaning the facilities



Term	Definitions
Point of Work Risk Assessment	A checklist referred to by operatives at the work location immediately before carrying out a task
Abbreviations	
BICSc	British Institute of Cleaning Science
CBAHI	Saudi Central Board for Accreditation of Healthcare Institutions
CCU	Cardiac Care Unit
CIMS	Cleaning Industry Management Standard
COSHH	Control of Substances Hazardous to Health
CSP	Cleaning Service Provider
FM	Facilities Management
HR	Human Resources
HSE	Health Safety and Environment
HVAC	Heating, Ventilation and Air Conditioning
ICU	Intensive Care Unit
ISO	International Organization for Standardization
JCI	Joint Commission International
JHA	Job Hazard Analysis
KPI	Key Performance Indicator
MEP	Mechanical, Electrical and Plumbing
MEWP	Mobile Elevated Working Platform
NHS	National Health Service (UK)
NIGP	National Institute of Governmental Purchasing
NMA&FM	National Manual of Assets and Facilities Management
OEM	Original Equipment Manufacturer
OSHA	Occupational Safety and Health Administration
PAT	Portable Appliance Testing
POWRA	Point of Work Risk Assessment
PPE	Personal Protective Equipment
PPM	Planned Preventative Maintenance
RAMS	Risk Assessment and Method Statement
SDS	Safety Data Sheet
SLA	Service Level Agreement
SMART	Specific, Measurable, Achievable, Realistic, Timebound
WHSWR	The Workplace (Health, Safety, and Welfare) Regulations 1992

Table 1: Definitions

4.0 REFERENCES

- British Institute of Cleaning Science (BICS)
- Cleaning Industry Management Standard (CIMS 3000:2008)
- Control of Substances Hazardous to Health (COSHH) Regulations (UK, 2002)
- International Organization for Standardization (ISO 45001:2018) – Standard for Occupational Health and Safety
- International Organization for Standardization (ISO 9001:2015) – Quality System Standard
- Joint Commission International (JCI)
- Health and Social Care Act 2008
- National Health Service (NHS), UK – The National Specifications for Cleanliness, 2007
- National Institute of Governmental Purchasing (NIGP), US Organization – Principles and Practices of Public Procurement
- National Manual of Assets and Facilities Management (NMA&FM) Volume 14, Chapter 2 – Emergency Management Procedure (EOM-ZE0-PR-000001)
- Occupational Safety and Health Administration (OSHA) – Working at Height (29 CFR 1926.500-503)
- Occupational Safety and Health Administration (OSHA) – Personal Protective Equipment (PPE) {3151-12R (2004)}
- Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI) – Second Edition 2011



- Workplace Health, Safety and Welfare Regulations (WHSWR), 1992

5.0 RESPONSIBILITIES

This section outlines the roles and associated responsibilities of all personnel directly or indirectly involved in successful establishment and delivery of cleaning plans within Healthcare Facilities.

5.1 Facility Director

The facility director is a member of the Entity's senior leadership team who sponsors and enables the delivery of policies associated with maintaining a clean healthcare environment. The facility director holds overall accountability of staff and the activities relevant to cleaning which take place within the healthcare facility.

Responsibilities associated with this role include:

- Securing and monitoring the facility's financial budget for cleaning activities sufficient to meet cleanliness standards within each healthcare facility based on inputs from the facility manager
- Reviewing and approving contractor performance reports and driving change across the Entity based on feedback from patients, staff, contractors, and visitors
- Approving budgets for resources such as consumables, equipment, and staffing up to Entity-prescribed budgetary approval thresholds

5.2 Medical/Clinical Director

The Entity Medical/Clinical Director is responsible for ensuring the alignment between the cleaning contractors cleaning activity and the day to day operation of the healthcare facility.

Responsibilities associated with this role include:

- Review and validation of the contractor's Cleaning Policies and Procedures
- Review of cleaning schedules to ensure no interruption in medical activity
- Review of audit output scores to identify any required follow-up action
- Ensure periodic review of the contractor's performance related to clinical activity

5.3 Infection Control Director

The Entity Infection Control Director is responsible for ensuring that the cleaning contractor's cleaning activity conforms with and aligns with the Entity's Infection Control Policies and Procedures.

Responsibilities associated with this role include:

- Review and validation of the contractor's cleaning policies and procedures
- Accountability for ensuring the cleaning audit program is undertaken and actions are recorded and followed up
- Ensure periodic review of the contractor's performance related to infection control

5.4 Entity Facilities Manager

The FM is responsible for the successful management of the soft services cleaning services provider. The soft services cleaning provider should be appointed under a Service Level Agreement (SLA) and they are responsible for managing and operating cleaning services throughout the healthcare facility in compliance with Entity requirements. The Entity FM will oversee and manage the contractor's performance.

The FM at a healthcare facility shall ensure:



- Compliance with the requirements of statutory legislation, facility and appointed contractor local policies and procedures
- Staff are inducted and trained, whether directly employed or provided by subcontractor, including any site-specific training required by the Entity. This includes specific induction training
- Formal, written Risk Assessments and Method Statements (RAMS) are in place for all work activities
- Monitor the Cleaning Services Contractor to establish compliance with policies, procedures and Safe Systems of Work (SSOW)
- Cleaning budgets are prepared
- Cleaning related activity plans are maintained in accordance with latest standards and best practice including NHS 2007, Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI), and Entity-specific requirements
- Monitoring training, performance, and appraisals are completed

5.5 Contractors/Cleaning Service Provider

All cleaning tasks delegated by the Entity to a Cleaning Service Provider (CSP) shall fall under a Service Level Agreement (SLA). The CSP shall conform to the requirements of the SLA, and performance shall be measured via contractually agreed upon KPIs. The SLA shall also outline, as a minimum: manpower requirements, training needs, and specifications (e.g., cleaning equipment, technology, tools, machinery, chemicals, and consumables.) It shall be defined in line with standards published in this document, and by professional cleaning institutions such as British Institute of Cleaning Science (BICS) and Joint Commission International (JCI).

The CSP appointed under SLA is responsible for managing and operating cleaning services throughout the healthcare facility in compliance with Entity requirements.

Deliverables associated with the SLA may include, for example:

- An organization structure suitable to the needs of managing the delivery of cleaning in the Entity's facility
- Risk Assessments and Method statements (RAMS) and JHA covering all cleaning activities
- Task descriptions, work schedules, and cleaning plans
- Emergency plans for cleaning activities

It is essential to hire professional cleaning contractors with extensive experience in the cleaning industry, specifically in the healthcare sector who possess staff with adequate training and qualifications in the field.

Note: The Entity shall oversee vendor selection; selection of appropriate CSP is a key area and shall be undertaken in conjunction with the procurement team using a transparent contractor evaluation procedure that ensures impartiality and transparency and prevents any potential conflicts of interest.

5.6 Cleaning Services Contract Manager

All cleaning tasks delegated by the Entity to a Soft Service Cleaning Provider shall fall under a Service Level Agreement (SLA) managed by the Cleaning Services Contract Manager.

They shall be responsible for ensuring that their organization conforms to the contracted requirements, service levels and Key Performance Indicators (KPIs). At a smaller facility, it is likely that the role of Contract Manager and Soft Services Manager is combined.

Responsibilities associated with this role include:

- Successful delivery of cleaning activities in line with contracted KPIs
- Delivering cleaning services to the satisfaction of the Entity's senior managers, clinicians, patients, staff, and visitors
- Ensure staff involved in delivering cleaning services have received the appropriate information, instruction, and training in order for them to undertake their work safely



- Record all training activity and ensure that any refresher training needed is undertaken at the specified frequency
- Identifying remedial works and areas of improvement
- Identifying staffing requirements and conducting interviews
- Leadership of Supervisors and defining objectives

Deliverables associated with the SLA may include, for example:

- An organization structure suitable to the needs of managing the delivery of cleaning in the Entity's facility
- RAMS and Job Hazard Analysis (JHA) covering all cleaning activities
- Task descriptions, work schedules, and Cleaning Plans
- Emergency Plans for cleaning activities

It is essential to hire professional cleaning contractors with extensive experience in the cleaning Industry, specifically in the healthcare sector who possess staff with adequate training and qualifications in the field.

5.7 Soft Services Manager

At a larger healthcare facility, it is likely that the role of Soft Services Manager will report to the Cleaning Services Contract Manager. This is because they will have a large complement of staff and combining this with the overall contract management may be too onerous. It is likely that they will have an overall responsibility for the Operation and Management (O&M) of the laundry.

Responsibilities associated with this role include:

- Review and management of Supervisor performance
- Preparation of data for inclusion in reports
- Ensure cleaning schedules are prepared and approved in-line with the resource requirement of the facility
- Operatives' work activity is monitored to ensure that tasks are completed in the anticipated time
- Operatives' compliance to safe working procedures and adherence to the specified activities is compliant with the procedure
- Work Orders (WO) and work activity is closed on the Computerized Maintenance Management System (CMMS) in a timely manner
- Review of open and overdue WO
- Interview and selection of operatives
- Training and induction of operatives

5.8 Health, Safety and Environment Representative

Responsibilities of the Health, Safety and Environment (HSE) Representative include the following:

- Overseeing appropriate implementation of all industry HSE standards including the Control of Substances Hazardous to Health (COSHH) within cleaning operations and plans
- Overseeing and monitoring the quality reporting systems of contracted services carrying out cleaning work within the Healthcare Facility
- Ensuring RAMS and JHA are in place
- Identifying hazards to building users, equipment, and the environment while cleaning works are in progress
- Recommending and supporting the implementation of risk mitigation and control measures
- Ensuring compliance with appropriate cleaning policies, procedures, standards, and best practice
- Monitoring and controlling healthcare facility safety performance by carrying out quality and safety audits, setting thresholds, and employing reporting and feedback as part of continuous improvement

5.9 Cleaning Supervisor



Horizontal / Vertical Cleaning Plan Healthcare

A Cleaning supervisor is accountable for the actions of cleaning personnel and holds overall responsibility for the implementation of cleaning plans and procedures

Other key responsibilities include:

- Managing and monitoring cleaning staff performance.
- Continuous monitoring of standards, both self-monitoring and technical audits
- Preparing and arranging cleaning schedules for approval by the facility manager
- Identifying resource requirements and areas of improvement

5.10 All Employees

Entity staff (medical and non-medical) operating within healthcare facilities have a responsibility to keep their workplace safe, clean, and tidy.

Staff shall, as a minimum:

- Support the aims and objectives of the Entity's cleaning plans by employing behavioral best practice, for example, helping maintain in-patient room cleanliness by placing debris in the waste bin rather than leaving it for cleaning personnel
- Under no circumstances exhibit unsafe behavior
- At all times report unsafe practices, hazards, and near-miss incidents through the Entity's reporting protocols

6.0 PROCESS

Figure 1 (below) shows the process which shall be followed in order to successfully implement cleaning plans for healthcare facilities:

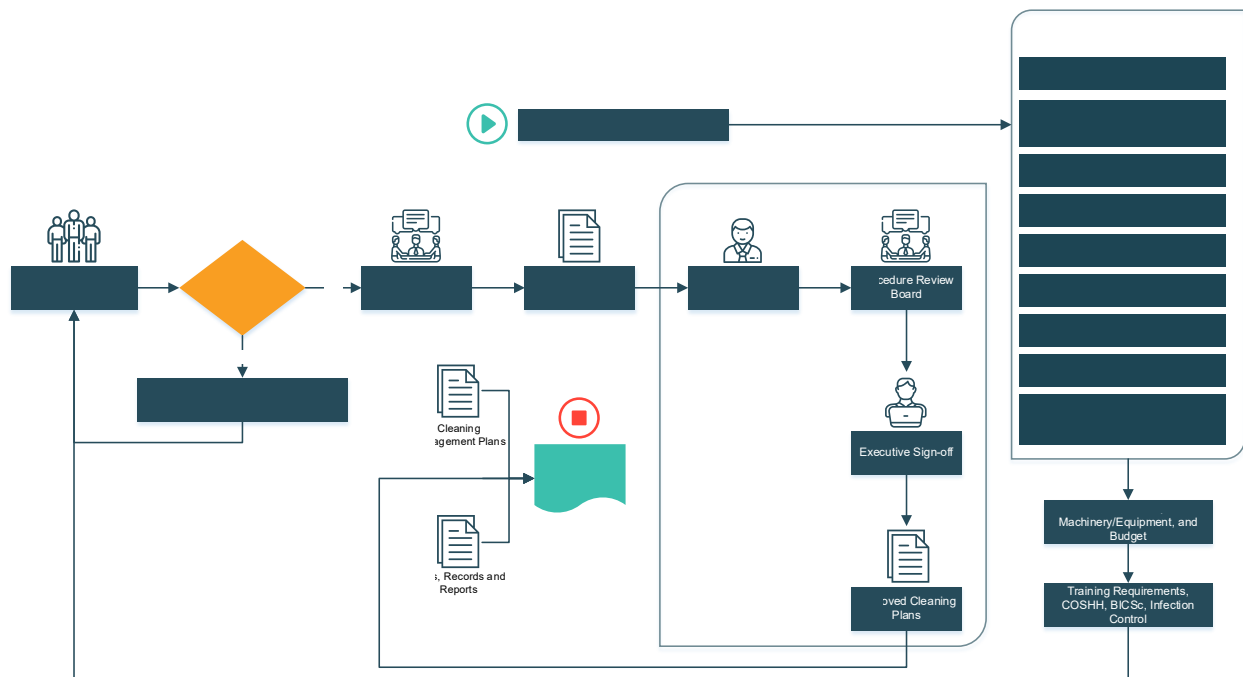


Figure 1: Cleaning Plans Implementation Process for Healthcare Facilities

This section outlines operational best practice, training requirements, and methods of cleaning which shall help to maintain infection prevention and control within the healthcare facility (e.g., reduction of the risk of transmission of microorganisms and cross contamination).

6.1 Preparation



6.1.1 Key Components of the Cleaning Plan

Key components of the cleaning plan include, but are not limited to:

- Risk Assessments and Method statements (RAMS)
- Procurement of all necessary safety equipment and PPE
- Operative training requirements matrix and training records of operatives which prove compliance
- Induction requirements
- Facility specific requirements
- Management of stakeholders e.g., contractors, medical and non-medical staff, visitors, patients
- Performance level requirements for elements such as cleanliness levels, response times, conformance to working hours
- Code of conduct
- Resource matrix.
- Facility layouts showing locations of all areas covered by the cleaning plan with (BISC color codes), tools, equipment, chemicals, and consumables
- Cleaning schedule (showing resources against time) for all locations
- Auditing requirements
- Organizational charts for Entity and contractors showing interface points
- Contact details of Entity and contractor's key personnel
- Infection prevention and control policies and procedures
- Procedures of the cleaning services provider
- Fixed asset register for areas covered under the cleaning plan
- Asset inventory for tools, equipment, chemicals, and consumables
- A means of requesting, reporting, and recording reactive work
- A communications plan

6.1.2 Setting Plan Objectives, and Performance Targets

The Entity shall set its own aim for a cleaning program using the following statement as guidance:

“The Entity aims to improve current cleanliness levels within its healthcare facilities year-on-year and provide a healthy atmosphere for staff, patients, and visitors”

In order to help the Entity to meet its aim for the cleaning program, it shall set objectives which are Specific, Measurable, Achievable, Realistic, and Time bound (SMART).

Setting SMART objectives involves the following steps:

- Establish a baseline for cleanliness levels within each facility through means such as:
 - Visual inspection
 - Analyze trends of non-compliance instances against existing and historical KPIs
 - Review historical complaints
 - Review time stamping
 - Review HSE reports concerning loss-time and near-miss incidents related to cleaning
 - Carry out surveys which target all facility users e.g., contractors, medical and non-medical staff, visitors, patients
- Map the requirements of cleaning standards against facility requirements
- Implement a monitoring and targeting approach against the cleanliness levels baseline
- Carry out periodic reviews of latest cleaning standards, technologies, guidelines, and best practice laid out by professional cleaning bodies; then ensure that cleaning related documentation, and targets are updated accordingly. Amendments to performance level requirements shall be discussed and agreed between the Entity and the CSP before targets are revised

6.1.3 Stakeholder Management

Stakeholders are healthcare facility users who are affected by or involved in the cleaning program. These include contractors, medical and non-medical staff, visitors, and patients.



A “Stakeholder Management Matrix” shall be established and maintained by the facility manager and be developed using the same inputs as those which were used to develop objectives and performance targets.

6.1.4 Establishing Manpower Requirements

Manpower requirements shall be determined by the CSP based on inputs provided by the Entity.

Such inputs shall include:

- Facility layouts
- List of areas included under the cleaning program, including corresponding floor areas
- Facility asset register
- Facility operating hours
- Performance level requirements
- Details of problem areas within the Facility such as, but not limited to:
 - Damaged hard flooring
 - Damaged carpets
 - Greasy floors
 - Faulty drainage
 - Locations prone to flooding
 - Locations with high impact due to sandstorms
- A list of peak times, number of users, and details of operations for each area

Such information will enable the CSP to determine the resources (e.g., manpower, tools, consumables, equipment) required to maintain specific levels of cleanliness within the healthcare facility.

Maximizing accuracy of information provided to contractors during the procurement phase helps in cost optimization and performance enhancement of cleaning activities within the healthcare facilities.

Contractors shall carry out a pre-bid site visit to the healthcare facility before submitting proposals to the Entity.

6.1.5 Contingency Planning

Arrangements shall be made to meet peak loads, and contingency plans need to be in place in the event of an outbreak, industrial action, utility failure or other events that may cause cleaning services to be compromised. An example of adequate resourcing is by ensuring that public washrooms have additional cleaning at prayer times to avoid unsightly mess from increased use. The facility manager shall review peak times and locations with the CSP, and plan accordingly.

The facility manager shall also collaborate with the CSP to establish a process for requesting additional cleaning input (e.g., reactive cleaning).

During emergency incidents such as infection outbreaks and natural calamities, an appointed person shall attend emergency management meetings and agree actions on behalf of the CSP.

6.2 Implementation

6.2.1 Chemical and Consumables Inventory



Horizontal / Vertical Cleaning Plan Healthcare

The Cleaning Service Provider (CSP), in collaboration with the cleaning supervisor, shall regularly undertake an inventory of chemicals held at the healthcare facility and record their rate of use.

Safe storage considerations shall be reflected within the risk assessment and all cleaning associated chemicals shall be stored in a room specified for the storage of chemicals (i.e. fitted with appropriate fire and life safety systems, and ventilation systems). The room shall be accessible only by the facility manager, cleaning supervisor, and dedicated staff via lockable access door.

Hard copies of documentation such as Safety Data Sheet (SDS) and cleaning material manufacturer information shall be stored in a fire-proof cabinet accessible only by the facility manager and the cleaning supervisor via lockable drawers.

All chemicals shall feature the manufacturer's original label showing the chemical properties, warning signs, and expiration dates. Refer to **Attachment 1** for further details.

The CSP shall receive Entity consent for chemicals used on site. Chemicals shall include only municipality-approved treatments. In case the CSP wishes to use a chemical product that has not been approved by the Entity in writing, it shall obtain written authority from the municipality or CBAHI prior to use.

6.2.2 Cleaning Equipment, Machinery, and Tools Inventory

The CSP, in collaboration with the cleaning supervisor, shall regularly undertake an inventory of the cleaning equipment held at the healthcare facility and record their condition. Such equipment includes e.g., vacuum cleaners, auto-scrubbers, water sucking machines, high-speed buffing machines. All assets shall be maintained in line with OEM recommendations.

An equipment inventory shall feature key information such as make and model, purchase date, storage location, location of equipment manuals, accessories, current condition, Portable appliance testing (PAT), and reference to repair and maintenance log.

Non-mechanical hand tools, as shown in Figure 2 (below) shall also be featured as part of an equipment inventory. Such equipment includes e.g., mops, buckets, spray bottles, brushes, dust cloths. The inventory shall include key information such as product name and manufacturer, quantities, and storage locations.

Modern cleaning methods have now moved away from traditional cloths, dusters, mops, and brooms and now increasingly rely on microfiber as the optimal cleaning methods. Removable mop heads and brush heads that can be laundered provide the best defense against the spread of unwanted infection in any multi-user facility. Due to their absorbency and construction, they also use far less water than traditional 'Kentucky Mops' and attract and retain lesser dust and dirt, thereby providing improved cleaning outcomes when compared to traditional broom and dustpan, and wet mop methods of cleaning.

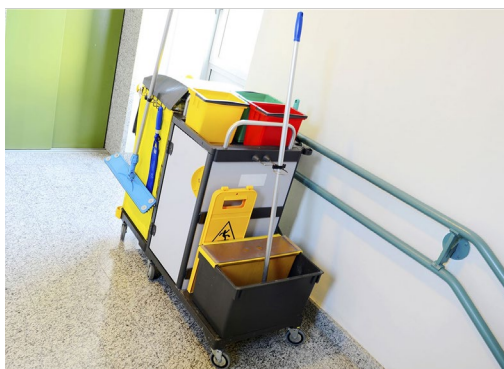


Figure 2: Non-mechanical Hand Tools

All non-mechanical hand tools shall be regularly inspected and replaced or repaired as necessary. Where appropriate, all equipment must also have necessary maintenance checks conducted by qualified persons in accordance with OEM recommendations (refer to **Attachment 2**).



6.2.3 Frequency and Form of Cleaning

All cleaning activity in a Healthcare Facility should be based on the requirements of based on The National Specifications for Cleanliness in the NHS (2007). This will initially define the frequency that specific areas of the healthcare facility will require for cleaning.

Frequency of cleaning is also governed by several factors, such as: Entity's cleaning, and infection prevention and control policies, risk assessments, performance requirements, and reactive cleaning requirements.

Cleaning schedules shall be established by the CSP with agreement from the facility manager prior to implementation. Such schedules shall cover all planned cleaning activities.

Reactive cleaning shall be carried out, as required, in line with cleaning procedures, performance requirements under the SLA, and a well-defined reactive cleaning process (refer to **Attachment 4**).

6.2.3.1 Daily Scheduled Cleaning

Such services form part of routine cleaning throughout the healthcare facility. Areas shall include, but not be limited to, reception areas, waiting areas, pharmacies, wards, consulting rooms, and administration areas.

Daily cleaning schedules shall be actioned irrespective of the perceived cleanliness of the area. For example, even if the floor in a ward appears visibly clean, daily cleaning is still required.

Daily cleaning schedules cover routine cleaning for all areas and surfaces which are accessible with non-mechanical hand tools and cleaning equipment from ground level without the use of scaffold, ladder, or Mobile Elevated Working Platform (MEWP). For example, fixtures, fittings, furnishings, floors, walls, glass (or portions thereof) which can be accessed from ground level shall require daily cleaning.

Cleaning tasks forming part of daily cleaning schedules include e.g., damp dusting, damp mopping, sweeping, litter collection, waste disposal, removing marks from surfaces, replenishing consumables (e.g., hand wash, paper towels, hand sanitizer).

6.2.3.2 Reactive Cleaning

Reactive cleaning is any cleaning which is carried out by the CSP that was not accounted for within cleaning schedules. Reactive cleaning is carried out on an "as needed" basis in line with a request lodged by stakeholders (e.g., Contractors, medical and non-medical staff, visitors, patients).

Reactive cleaning service requirements shall be outlined within the SLA. Examples of Reactive Cleaning include requests associated with chronic leakages, spillage on the floor or furniture, and addressing damage carried to the premises (e.g., graffiti, other vandalism, or caused in error)

Reactive cleaning shall be assigned a hierarchy of response depending on the nature of the request. For example, spillage of body fluid in a public space such as vomit on the floor poses a greater health risk than spillage of a beverage on upholstery.

6.2.3.3 Emergency Cleaning

Emergency cleaning is that associated with emergency incidents and shall be executed during the post emergency phase. Examples include cleaning associated with fire, flood, and traffic collisions. For further guidance regarding emergency incidents, refer to NMA&FM Volume 14, Chapter 2 – Emergency Management Procedure (EOM-ZE0-PR-000001).

6.2.3.4 Deep Cleaning

Deep cleaning schedules are periodic activities, scheduled in advance and agreed between the CSP and the Entity.



Deep cleaning activities often require an area to be entirely cleared. For example, in order to undertake a deep clean of a hospital ward, all patients and equipment therein shall be transferred into another vacant ward. Deep cleaning shall be scheduled at the time of low traffic (e.g., during off-peak hours, or night shift). However, it can also be carried out during normal working hours if the ward can be decanted.

Deep cleaning is often a time-critical activity. Therefore, turnaround time for the area being cleaned shall be kept to a minimum.

As a result of the number of additional activities to be undertaken when compared with daily or weekly cleaning, deep cleaning often involves larger quantities of manpower and greater use of tools and equipment such as heavy duty scrubbing machines, scaffolding, and MEWPs. Cleaning plans and associated RAMS, and JHA shall reflect the additional requirements.

6.2.3.5 External Areas

Cleaning of external areas is important to conserve building integrity, enhance the Entity's reputation, and to portray the best possible image of the healthcare facility to the public. The CSP shall allocate a team dedicated to cleaning and maintaining external areas on a daily basis.

External areas include, but are not limited to:

- Roads
- Car parks
- Hard standing areas
- Pavements and walkways
- Steps
- Dustbins
- Rooftops
- Water features
- Terraces
- Canopies
- Furnishings
- Sand and gravel areas
- Lawns and landscaped areas

Building exterior cleaning such as window cleaning (e.g., glass, frames, ledges), cladding, and all forms of external design structure, shall also be included. Depending on the construction materials involved, consideration shall be given to water washing external walls and sand blasting as required.

Accessible windows (e.g., glass, frames, ledges), shall be cleaned on a regular, weekly, or as needed basis, taking into consideration weather conditions.

All high level glass above five meters are to be cleaned as per requirement. As a minimum, it is advisable that this is undertaken every three months. This cleaning is often undertaken by a specialist contractor due to high risk access requirements which exceed the competence level of typical CSP. Dependent on the facility, window cleaning may require rope access systems, cranes, boom lifts, scaffolding, MEWPs, and building cradle systems. RAMS and JHA shall be in place prior to undertaking any work from height. Building access infrastructure shall be tested and certified as part of the PPM schedule.

If road closures are required to undertake planned cleaning, then the CSP shall ensure that a municipality permit is granted prior to undertaking work (Refer to **Attachment 4**).



6.2.3.6 Internal Areas

The CSP shall be responsible for daily cleaning of internal areas. Internal areas include, but are not limited to:

- All floors (e.g., tiled, vinyl, carpeted)
- Occupied and unoccupied patient rooms with fittings and fixtures
- All hospital wards
- Examination rooms
- Intensive Care Unit (ICU)
- Cardiac Care Unit (CCU)
- Radiology
- Laboratories
- Triage
- Operating theatres
- Accident and emergency
- All entrances/exits
- Foyers
- Reception areas
- Storerooms
- Cloak rooms
- Kitchens and tea rooms
- Lecture rooms
- Guest rooms
- Administrative rooms and offices
- Libraries
- Recreational areas
- Prayer rooms
- Washrooms with all fittings
- Roller blinds and curtains
- Elevators (e.g., passenger, cargo)
- Escalators and stairwells
- Internal walls, skirting, coving, and facings
- Furniture
- Electrical fixtures
- All internal windows (e.g., glass, frames, ledges), cladding, skylights
- Atriums

RAMS and JHA shall be in place prior to undertaking any work from height. Building access infrastructure shall be tested and certified as part of PPM schedule. Refer to **Attachment 3** for sample of acceptance levels of cleaning tasks.

6.3 Health Safety and Environment (HSE) Requirements

The CSP's HSE representative is responsible for the identification of hazards and preparation of RAMS for the approval of the facility manager and the Entity's health and safety officer.

Emphasis shall be placed by the Entity and the CSP on the control of chemicals and protection of the environment. For example, the CSP shall use only Entity-approved chemicals and shall dispose-of such chemicals in a controlled manner that limits the risk of damage to the environment. Chemicals are considered as controlled waste under KSA Law and shall be processed in compliance with the Statutory Requirements (SC) of the Law and NMA&FM Volume 5, Chapter 17 – Waste Management Procedures for Healthcare (EOM-ZO0-PR-000077).



6.3.1 Managing Risk

The CSP shall not, under any circumstances, prescribe PPE without having carried out a risk assessment. The hierarchy of risk control outlined within Figure 3 (below) shall be followed when prescribing risk mitigations.

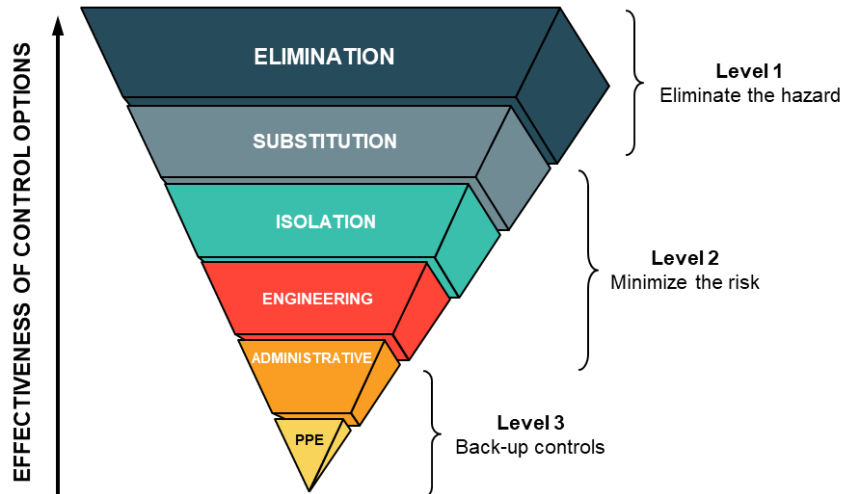


Figure 3: Hierarchy of Risk Control

Where PPE is justifiably prescribed as a measure of risk mitigation based on a risk assessment, mandatory blue notices as shown in Figure 4 (below) shall be strategically placed throughout the healthcare facility and be featured as part of task specific cleaning procedures.



Figure 4: Personal Protective Equipment

The workplace and cleaning activities shall be periodically reassessed for changes in operating conditions that affect the risk profile. For example, if new chemicals, machinery, equipment, staff; or changes in scope occur, a revised risk assessment is required. This periodic reassessment of risk shall also include trend analysis of injury and illness records to identify areas of concern and determine if the risk assessment needs to be revised. Appropriate corrective action shall be agreed between the CSP and the Entity during risk workshops. The suitability of existing PPE, safety devices, and machinery, including an evaluation of its condition and age, shall be included in periodic risk assessments.

6.3.2 Risk Assessments and Method Statements (RAMS)

The following shall form part of the RAMS, as a minimum:

- Risk assessments for the facility
- JHA for each cleaning activity



Horizontal / Vertical Cleaning Plan Healthcare

- Method statements for each cleaning activity
- Standard Operating Procedures (SOPs) for the use of cleaning chemicals showing e.g., direction of use, dilutions, water temperatures, application time, appropriate disposal methods
- Maintenance schedule for the upkeep of cleaning equipment
- Portable Appliance Test (PAT) records for each electrical appliance
- List of approved chemicals and equipment with SDS
- Chemical handling procedures

6.3.3 Job Hazard Analysis (JHA)

A JHA derived from RAMS shall be undertaken by the cleaning supervisor or working party leader prior to commencement of any cleaning activity.

Basic information contained within the JHA shall include the following:

- Description of area
- Emergency procedure
- Cleaning procedure being executed
- Hazards identified
- Mitigation measures
- Stakeholders operating in the area
- Confirmation by each member of the working party that the risks and mitigation measures are understood

No operative may commence work until they have received the most recent pre start briefing and JHA covering the work to be undertaken.

6.3.4 Signage

All staff operating within the healthcare facility (e.g., medical, non-medical staff) shall be trained in basic safety requirements of the facility such as fire and life safety procedure and use of safety caution boards (e.g., "Wet Floor", "Cleaning in Progress") as illustrated in Figure 5.



Figure 5: Safety Caution Board

The CSP shall use the color coding system for tools and equipment such as buckets, mops, and hand-cloths to help reduce the risk of cross contamination. BISC color codes outlined in Table 2 provided below, shall be used by each healthcare facility, and all cleaning staff shall be trained in its application.

Colors	Description
	General Areas



Horizontal / Vertical Cleaning Plan Healthcare

	Washroom Areas
	Food Areas
	Infection Isolation

Table 2: BISCs Color Codes

6.3.5 Safety Incident Management and Reporting

It is the responsibility of the Entity to manage the healthcare facility in such a way as to minimize safety incidents. The Entity shall target a zero-accident rate.

A safety incident refers to any event which causes or could potentially cause harm to people or damage to assets. It includes injury, illness, slips, trips, and falls as a result of work related activities.

The Entity shall have a process of incident reporting in place and the CSP shall comply with this process. The health and safety of patients, visitors, staff, contractors, and sub-contractors shall be the Entity's top priority.

Should safety incidents occur, they shall be reported and investigated to ensure that the possibility of recurrence or further risk is minimized. The Entity's Health and Safety Officer shall be responsible for leading all such investigations.

The development of a culture in which hazards are identified, reported and investigated is central to the minimization of their occurrence. Identifying a hazardous situation does not entail placing the blame on a particular individual; rather, it is characterized by taking the appropriate measures to ensure the avoidance of harm to people and damage to assets.

The Entity and the CSP shall ensure that:

- An incident reporting framework is established and applied to cleaning activities
- Ensure Ministry of Labor department are appropriately notified of all reportable occurrences or events
- Hazards, accidents, and near-misses are reported at the earliest opportunity
- The health and safety officer collates data regarding safety incidents; carries out safety investigations, and publishes their findings in reports; carries out trend analysis regarding safety performance; and takes action to reduce the number of incidents and associated consequences
- All staff are trained in the principles of safety incident reporting and investigation

On occurrence of a work related safety incident:

- The cleaning supervisor shall advise the Facility Manager and the health and safety officer of the safety incident (e.g., injuries, near-misses, accidents, illnesses)
- All injuries and illnesses shall be assessed by a qualified first aider to determine whether further medical treatment is required
- If medical treatment is required, the line manager must ensure that suitable arrangements are made for transport to a doctor or hospital and that the employee is at no time left alone during the process
- Staff shall seek immediate medical attention in the following cases:
 - Eye injuries, including foreign objects between the eye and eye lid
 - When injury or illness involves a chemical, the SDS and any other information which may have been prepared for such incidents must accompany the injured person to the doctor or hospital



6.4 Training

The CSP shall have a robust training program in place for its staff, and shall provide training for key Entity personnel.

The training program shall include the following basic training:

- Code of conduct
- Risk management
- Working at height
- Manual handling / Ergonomics
- Facility specific training
- Cleaning task specific courses
- Cleaning techniques
- Use of chemicals
- Courses for the use of specific equipment
- HSE training
- Infection prevention and control
- Preventing sharps injuries
- Hand hygiene

The Entity shall consider the use of external professional cleaning institutions such as BICS, which offers training courses for cleaning.

Training records, including a “Training and Skills Matrix”, shall be maintained locally by the CSP with visibility to the Entity for audit purposes.

7.0 ATTACHMENTS

Attachment 1: Sample Cleaning Chemicals and Consumables Inventory

Attachment 2: Sample Cleaning Machinery and Equipment Inventory

Attachment 3: Acceptance Levels for Cleaning Tasks

Attachment 4: EOM-ZM0-TP-000158 – Frequency Cleaning Schedule Template for Healthcare



Attachment 1 – Sample Cleaning Chemicals and Consumables Inventory

Item Description	Purpose
Carpet Shampoo	Carpet Cleaning
Floor Polish	Polishing
Hard Floor Stripper	Stripping polished floors – not Marble
Marble Floor Polish	Polishing Marble or travertine floors
Microfiber Mop Head	Washable, Detachable Mop Head
Red Pad	Floor Buffing
Green Scrubbing Pad	Floor Scrubbing
Hand Brush	Sweeping
Dustpan	Sweeping
Toilet Bleach/Disinfectant	Toilet Cleaning
Toilet Brush	Bowl cleaning
Toilet Deodorant Cakes	Odor Deodorizer for Urinals and Toilets
Air Freshener	Air Purification
General Purpose Disinfectant/Surface Cleaner	All-surface cleaner
Window Cleaner	Glass Cleaning
Stainless Steel Polish	Polishing Stainless Steel Surfaces
Brass Polish	Polishing Brass Fittings
Janitorial Trolleys	Capable of holding all required janitorial equipment and cleaning products/chemicals
Rubber/Latex/Nitrile Gloves	Hand Protection
Spray Gun	Propellant with long nozzle
Spray Bottles	Close Range Propellant
Wax-based Polish	Furniture Polish
Microfiber Cloths	Various – General Purpose
Microfiber Mop heads	Floor Mopping
Microfiber Sweeping Heads	Floor Sweeping
Microfiber High Level Dusting Tool	To Reach areas above head height
Scouring Pads	Handy use
Buckets	Various – General Purpose
Scraper	For the removal of chewing gum and other such substances.
Waste Bags – Various sizes	Waste Collection
Blood/Miscellaneous Spill Kit	Cleaning of Body Fluids






Attachment 2 – Sample Cleaning Machinery and Equipment Inventory

Description	Purpose	Illustrative Image
Road Sweeper – (Tennant Sentinel shown)	Large Area External Road Sweeping	
Ride on Sweeper (Poli Ride Raptor shown)	External Hard Landscaping Surface Cleaning	
Ride on Scrubber Dryer – (Hefter Clean Tech shown)	Large scale interior floor cleaning	
Scrubber Dryer – Walk Behind – (Hefter Turnado shown)	Small scale interior floor cleaning	
Floor Buffer/Burnisher – (Karcher shown)	Polishing/Shining Interior Hard surfaces – including Marble	
Wet and Dry Vacuum – (Draper shown)	Wet cleaning and surface cleaning	
Heavy Duty Vacuum Cleaner – (NACS shown)	Large scale floor cleaning	




Horizontal / Vertical Cleaning Plan Healthcare

Backpack Vacuum Cleaner – (Makita shown)	Mobile Cleaning	
Carpet Shampooing Machine – (Daimler shown)	Carpet Cleaning	
Carpet/ Hard Floor Dryer – (Karcher shown)	Drying carpet and hard floor surfaces	
High Pressure Water Jet Machine – (Oertzen shown)	High pressure external surface washing	
Jet Washer – (Karcher shown)	External building and hard landscaping surface cleaning	
Mobile Tower Scaffold – High Level Cleaning – (Gorilla shown)	For longer duration high level cleaning	
Fiberglass Extension Ladder – Fire Retardant – (Youngman shown)	Extendible lady for short-term high level cleaning	
Fiberglass Step Ladder – Fire Retardant – (Youngman shown)	Medium height cleaning	





Horizontal / Vertical Cleaning Plan Healthcare

Trolley – (Rubbermaid shown)	Waste Collection – Trolley with fixed sides	
Microfiber Cleaning Cloths	General Purpose Cleaning of all Surfaces	
Microfiber High Dusting Tool – (Geerpres shown)	To Reach areas for High Dusting from Ground Level	
Microfiber Mop – (Amazon supplier shown)	For Damp Mopping floors – removable washable pad	
Dust Control Mopping Products – (Frumcare shown)	For Dust Removal from Floors	
Janitorial Trolley – (Rubbermaid shown)	To hold all janitorial products	
Glass Cleaning Kit	Cleaning internal or external glazing	
Extension Pole	High window washing	
Safety Signs – (Safety Signs model shown)	Warning Sign	



Horizontal / Vertical Cleaning Plan Healthcare

Extension Roll Cable – (Brennenstuhl shown)	To extend the operating range of electrically powered tools	
Hose Pipe Reel	External Washing	



Horizontal / Vertical Cleaning Plan Healthcare

Attachment 3 – Acceptance Levels for Cleaning Tasks

ALL AREAS	ACCEPTABLE ON COMPLETION OF TASK	ACCEPTABLE BETWEEN CLEANING TASKS	UNACCEPTABLE
GENERAL			
Removal of loose debris	Free from litter, debris, dust and loose foreign matter	Debris arising from usage between cleans	Build-up of litter, debris, dust and loose foreign matter
Removal of impact debris	Free from impact debris such as chewing gum, labels.	Debris arising from usage between cleans	Build-up of impact debris
HARD FLOORS			
1. a) Spot mop	Dry and free from spillages, removable stains, superficial marks and loose debris	Debris and spillages arising from usage between cleans	Build-up of spillages, removable stains, superficial marks and loose debris
b) Full mop	Has uniform appearance and is dry and free from spillages, removable stains, superficial marks and loose debris	Debris and spillages arising from usage between cleans	Build-up of spillages, removable stains, superficial marks and loose debris. Having a non- uniform appearance
1. Scrub	Dry and free from spillages, removable stains, ingrained dirt, scuffmarks and impacted debris. Of uniform appearance	Debris and scuff marks arising from usage between cleans	Build-up of removable stains, spillages, ingrained dirt, scuffmarks and impacted debris. Of non-uniform appearance
2. Burnish/ Polish	Dry and free from removable stains, spillages, scuffmarks and debris. Has even sheen	Debris and scuff marks arising from usage between cleans	Non-uniform appearance, build-up of removable stains, spillages, loose debris and scuff marks
SOFT FLOORS			
1. a) Spot Clean	Free from visible loose debris, dust, fluff and lint, removable stains and matter	Debris arising from usage between cleans	Accumulation of removable debris, dust, fluff, lint and stains around soft floor edges and bases of furniture
(b) Full suction clean	Free from visible loose debris, dust, fluff and lint. Overall even appearance	Debris arising from usage between cleans	Build-up of removable debris, dust, fluff and lint. Accumulation of the above around soft floor edges and bases of furniture
2. Deep clean	Free from impacted debris, dust, fluff and lint. Overall bright appearance. Free from removable stains. Odor free	Debris arising from usage between cleans.	Build-up of impacted and loose debris. Removable stains. Unacceptable odor
VERTICAL SURFACES AND HIGH LEVEL			
1. Dust	Free from visible loose debris, dust and cobwebs	Debris arising from usage between cleans	Build-up of loose debris and dust on vertical surfaces and at points of contact with horizontal surfaces
2. a) Damp wipe/spot-wash	Free from impacted debris, dust, cobwebs and removable stains/ graffiti	Debris, dust and stains arising from usage between cleans.	Build-up of impacted debris and dust on vertical surfaces. Removable of stains



Horizontal / Vertical Cleaning Plan Healthcare

Attachment 4 – EOM-ZM0-TP-000158 – Frequency Cleaning Schedule Template for Healthcare

SI Code	Non-movable Fixtures and Fittings		Frequency
WALLS AND SKIRTING			
WS-1	(i)	Internal walls and skirting are free from blood or body substances, dust, dirt, stains and cobwebs	Based on The National Specifications for Cleanliness in the NHS (2007)
WS-2	(ii)	Light switches are free from fingerprints, stains and any other marks	Based on The National Specifications for Cleanliness in the NHS (2007)
WS-3	(iii)	Wall-mounted alcohol hand rub dispensers should be visibly clean and free from blood or body substances, dust, dirt, debris or spillages	Based on The National Specifications for Cleanliness in the NHS (2007)
WS-4	(iv)	Hand-wash dispensers should be free from product build-up around the nozzle. Splashes on the wall, floor, sink should not be present	Based on The National Specifications for Cleanliness in the NHS (2007)
CEILINGS, HIGH AREAS, CURTAIN RAILS			
CHC-1	(i)	Ceilings are free from dust, dirt, lint, stains, film and cobwebs	Based on The National Specifications for Cleanliness in the NHS (2007)
CHC-2	(ii)	Light covers and diffusers are free from dust, dirt, lint, cobwebs and insects	Based on The National Specifications for Cleanliness in the NHS (2007)
CHC-3	(iii)	High shelves and the tops of cupboards are free from dust, dirt, lint, cobwebs and insects	Based on The National Specifications for Cleanliness in the NHS (2007)
CHC-4	(iv)	Curtain rails and pelmets are free from dust, dirt, lint, cobwebs and insects	Based on The National Specifications for Cleanliness in the NHS (2007)
WINDOWS			
W-1	(i)	Internal surfaces of glass are free from streaks, spots, fingerprints and smudges	Based on The National Specifications for Cleanliness in the NHS (2007)
W-2	(ii)	Window frames, tracks and ledges are clear and free from dust, dirt, marks and spots	Based on The National Specifications for Cleanliness in the NHS (2007)
DOORS			
D-1	(i)	Doors and door frames are free from dust, dirt, lint, fingerprints and cobwebs	Based on The National Specifications for Cleanliness in the NHS (2007)
D-2	(ii)	Door grilles and other ventilation outlets are kept unblocked and free from dust, dirt, lint and cobwebs	Based on The National Specifications for Cleanliness in the NHS (2007)
D-3	(iii)	Door tracks and door jambs are free from dirt, lint and other debris	Based on The National Specifications for Cleanliness in the NHS (2007)
HARD FLOORS (NON-CARPET)			
HF-1	(i)	The floor is free from dust, dirt, litter, stains, film, water or other liquids	Based on The National Specifications for Cleanliness in the NHS (2007)
HF-2	(ii)	Inaccessible areas (edges, corners and around furniture) are free from dust, dirt, lint and cobwebs	Based on The National Specifications for Cleanliness in the NHS (2007)
HF-3	(iii)	Polished or buffed floors are of a uniform luster	Based on The National Specifications for Cleanliness in the NHS (2007)
HF-4	(iv)	Signage boards and precaution boards	Based on The National Specifications for Cleanliness in the NHS (2007)
SOFT FLOORS (INCLUDES ALL CARPETS AND CARPET TILES)			
SF-1	(i)	The floor is free from dirt, litter, stains, badly worn areas, rips or tears	Based on The National Specifications for Cleanliness in the NHS (2007)
SF-2	(ii)	Inaccessible areas (edges, corners and around furniture) are free from dirt, lint, stains and cobwebs	Based on The National Specifications for Cleanliness in the NHS (2007)



Horizontal / Vertical Cleaning Plan Healthcare

DUCTS, GRILLES, AND VENTS			
DGV-1	(i)	All ventilation outlets are kept unblocked and free from dust, lint, cobwebs, mold and marks	Based on The National Specifications for Cleanliness in the NHS (2007)
DGV-2	(ii)	All ventilation outlets are kept clear and uncluttered following cleaning	Based on The National Specifications for Cleanliness in the NHS (2007)
ELECTRICAL FIXTURES AND APPLIANCES			
EF-1	(i)	Electrical fixtures and appliances are free from grease, dirt, dust, deposits, and stains	Based on The National Specifications for Cleanliness in the NHS (2007)
EF-2	(ii)	Motor vents for example are clean and free from dust and lint	Based on The National Specifications for Cleanliness in the NHS (2007)
EF-3	(iii)	Insect killing devices are free from dead insects and are clean and functional	Based on The National Specifications for Cleanliness in the NHS (2007)
EF-4	(iv)	Medical/Drug Refrigerators are clean and free from ice build-up	Based on The National Specifications for Cleanliness in the NHS (2007)
EF-5	(v)	Computer screens, keyboards, telephones are free from dust, lint, and fingermarks	Based on The National Specifications for Cleanliness in the NHS (2007)
FURNISHINGS AND FIXTURES			
FF-1	(i)	Hard surface furniture is free from dust, spots, film, fingerprints and spillages	Based on The National Specifications for Cleanliness in the NHS (2007)
FF-2	(ii)	Soft surface furniture is free from stains, lint, rips and worn areas	Based on The National Specifications for Cleanliness in the NHS (2007)
FF-3	(iii)	Furniture legs, wheels and castors are free from mop strings, film, dust and cobwebs	Based on The National Specifications for Cleanliness in the NHS (2007)
FF-4	(iv)	Inaccessible areas (edges, corners, folds and crevices) are free from dust, dirt, lint and stains	Based on The National Specifications for Cleanliness in the NHS (2007)
FF-5	(v)	Window blinds or curtains are free from spots, stains, cobwebs, lint and obvious signs of wear and tear	Based on The National Specifications for Cleanliness in the NHS (2007)
FF-6	(vi)	Bedside curtains are free from stains, rips and tears	Based on The National Specifications for Cleanliness in the NHS (2007)
FF-7	(vii)	Equipment is free from tapes/plastic for example, which may compromise cleaning	Based on The National Specifications for Cleanliness in the NHS (2007)
FF-8	(viii)	Shelves, benchtops, cupboards and wardrobes/lockers are clean inside and out and free from dust, litter and stains	Based on The National Specifications for Cleanliness in the NHS (2007)
FF-9	(ix)	Internal plants are free from dust and litter	Based on The National Specifications for Cleanliness in the NHS (2007)
FF-10	(x)	Fire extinguishers and fire alarms are free from dust, dirt and cobwebs	Based on The National Specifications for Cleanliness in the NHS (2007)
KITCHENETTE FIXTURES AND APPLIANCES			
KF-1	(i)	Fixtures, surfaces and appliances are free from grease, dirt, dust, deposits, stains and cobwebs	Based on The National Specifications for Cleanliness in the NHS (2007)
KF-2	(ii)	Exhaust filters (interior and exterior) are free from grease and dirt on inner and outer surfaces	Based on The National Specifications for Cleanliness in the NHS (2007)
KF-3	(iii)	Motor vents and grilles for example are clean and free from dust and lint	Based on The National Specifications for Cleanliness in the NHS (2007)
KF-4	(iv)	Refrigerators/freezers are clean and free from ice build-up	Based on The National Specifications for Cleanliness in the NHS (2007)



Horizontal / Vertical Cleaning Plan Healthcare

WET AREAS			
TOILET AND BATHROOM FIXTURES			
T-1	(i)	Toilet porcelain and plastic surfaces are free from smudges, smears, body fluids, soap build-up and mineral deposits	Based on The National Specifications for Cleanliness in the NHS (2007)
T-2	(ii)	Sink porcelain and tap fittings are free from smudges, smears, body fluids, soap build-up and mineral deposits	Based on The National Specifications for Cleanliness in the NHS (2007)
T-3	(iii)	Metal surfaces, shower screens and mirrors are free from streaks, smudges, soap build-up and oxide deposits	Based on The National Specifications for Cleanliness in the NHS (2007)
T-4	(iv)	Wall tiles, tile grout and wall fixtures (including dispensers) are free from dust, smudges/streaks, mold, soap build-up and mineral deposits	Based on The National Specifications for Cleanliness in the NHS (2007)
T-5	(v)	Shower curtains and bath mats are free from stains, smears, odors, mold and body fats	Based on The National Specifications for Cleanliness in the NHS (2007)
T-6	(vi)	Plumbing fixtures are free from smears, dust, soap build-up and mineral deposits	Based on The National Specifications for Cleanliness in the NHS (2007)
T-7	(vii)	Sanitary disposal units are functional, not over-full, and external surfaces are clean	Based on The National Specifications for Cleanliness in the NHS (2007)
PATIENT ROOM EQUIPMENT			
PATIENT ROOM FURNITURE			
PR-1	(i)	Bed and bed frame, bedside locker, chair, wheel table: all parts of the items should be visibly clean and free from blood or body substances, dust, dirt, debris and spillages	Based on The National Specifications for Cleanliness in the NHS (2007)
PR-2	(ii)	Furniture legs, wheels and castors are free from dust and cobwebs	Based on The National Specifications for Cleanliness in the NHS (2007)
MEDICAL EQUIPMENT			
PR-3	(i)	Equipment is free from dust, dirt, smudges, fingerprints, blood and body substances	Based on The National Specifications for Cleanliness in the NHS (2007)
PR-4	(ii)	Equipment is free from tapes/plastic that may compromise cleaning	Based on The National Specifications for Cleanliness in the NHS (2007)
PR-5	(iii)	Equipment legs, wheels and castors are free from mop strings, film, dust and cobwebs	Based on The National Specifications for Cleanliness in the NHS (2007)
BEDSIDE WALL MOUNTS, OXYGEN AND SUCTION CONNECTORS			
PR-6	(i)	All parts including wall underneath should be visibly clean and free from blood or body substances, dust, dirt, debris and spillages	Based on The National Specifications for Cleanliness in the NHS (2007)
ENVIRONMENT			
WASTE RECEPTACLES			
ENV-1	(i)	All waste bins, linen bins, sharps containers are no more than 3/4 full	Based on The National Specifications for Cleanliness in the NHS (2007)
ENV-2	(ii)	Waste/rubbish bins, sharps containers and linen skips are clean, and free from stains	Based on The National Specifications for Cleanliness in the NHS (2007)
GENERAL ISSUES AND TIDINESS			
GT-1	(i)	The area appears tidy and uncluttered	Based on The National Specifications for Cleanliness in the NHS (2007)
GT-2	(ii)	Floor space is clear, only occupied by furniture and fittings designed to sit on the floor	Based on The National Specifications for Cleanliness in the NHS (2007)
GT-3	(iii)	Furniture is maintained in a fashion that allows for cleaning	Based on The National Specifications for Cleanliness in the NHS (2007)



Horizontal / Vertical Cleaning Plan Healthcare

GT-4	(iv)	Staff areas	Based on The National Specifications for Cleanliness in the NHS (2007)
FIRE EXITS AND STAIRWELLS			
FS-1	(i)	The area is free from dust, dirt, cobwebs, litter, stains and spills	Based on The National Specifications for Cleanliness in the NHS (2007)
ODOR CONTROL			
OC-1	(i)	All areas including furniture and fixtures should be odor free	Based on The National Specifications for Cleanliness in the NHS (2007)
<p>Department Name: _____ Room Reference No: _____</p> <p>Name of Cleaning Worker: _____ Signature: _____</p> <p>Date: _____ Time: _____</p>			