

Regional Healthcare Hygiene and Cleanliness Standards

CONTENTS

Introduction

- 1. Purpose***
- 2. Background and Context***
- 3. Review Process***
- 4. Development of Revised Hygiene and Cleanliness Standards***
- 5. Scope of the Revised Hygiene and Cleanliness Standards***
- 6. Next Steps***

Regional Healthcare Hygiene and Cleanliness Standards

- 1. Trust Systems and Governance***
- 2. General Environment***
- 3. Patient Linen***
- 4. Waste and Sharps***
- 5. Patient Equipment***
- 6. Hygiene Facilities***
- 7. Hygiene Practices***

Appendix 1 – Membership of the Hygiene and Cleanliness Reference Group

Appendix 2 – References

Introduction

1. Purpose

The attached Regional Healthcare Hygiene and Cleanliness Standards provide a common set of overarching hygiene and cleanliness standards for all hospitals and other healthcare facilities in Northern Ireland. The standards have been developed in response to the need for a clear, consistent approach to the monitoring of hygiene and cleanliness by Trusts, commissioners, inspectors and others.

2. Background and Context

In November 2009 the Minister for Health, Social Services and Public Safety established a review team, supported by a Hygiene and Cleanliness Reference Group, to drive up cleanliness standards in hospitals and other healthcare facilities, following the most recent publication of RQIA unannounced hygiene inspection reports.

There were two key strands of work undertaken by the review team:

1. To ensure that rigorous monitoring arrangements are in place to check that the required standards of hygiene and cleanliness are being met in all facilities
2. To ensure that maximum benefit is achieved from the RQIA hygiene inspection arrangements, which serve as a driver for the continuing improvement of hygiene and cleanliness standards across HSC

Underpinning these strands is the need to ensure that the appropriate standards and guidance are in place to guide HSC behaviour and protect patients, and that these standards are clear, unambiguous and consistent across HSC. It is also important that the RQIA inspections make use of an audit tool explicitly aligned to those standards, enabling them to make a balanced assessment of compliance against the same standards to which Trusts and staff work.

3. Review Process

The relevant standards, guidance and audit tools in place across the UK, including the audit tool used by RQIA to inspect Trust facilities, were identified and collated by the review team in order to expose the critical areas in which guidance and assessment are necessary in order to ensure acceptable standards of hygiene and cleanliness in HSC facilities. Particular consideration was given to the draft *Quality Improvement Tools* developed by the Infection Prevention Society, which are intended to supersede the Infection Control Nurses Association *Audit Tools for Monitoring Infection Control Standards* on which the audit tool used by RQIA was substantially based. The review process included a wide range of documents relating to hygiene and cleanliness which have evolved over a number of years and have been produced by a range of different individuals and organisations. These standards cover a wide range of areas including environmental cleanliness, cleaning, estates management, infection prevention and control, management of medical equipment, decontamination, clinical care and environmental health.

The review process presented a clear rationale and considerable scope for the harmonisation and rationalisation of existing standards into **one common set of overarching hygiene and cleanliness standards for all hospitals and other health and social care facilities in Northern Ireland.**

4. Development of Revised Hygiene and Cleanliness Standards

The Hygiene and Cleanliness Reference Group, comprising individuals from HSC and other key interest groups with knowledge and expertise in relation to hygiene and cleanliness, was established to support the review process and provide quality assurance in respect of the revised hygiene and cleanliness standards. The membership of the Reference Group is provided at Appendix 1. A framework for the revised standards, incorporating the critical areas identified through the review of existing standards, guidance and audit tools, was developed and approved by the Reference Group.

This agreed framework was then populated using the evidence-based standards consulted during the review process, provided at Appendix 2.

5. Scope of the Revised Standards

The revised standards are intended to assess healthcare hygiene, general cleanliness and state of repair of health and social care facilities and aspects of infection prevention and control, not only from a professional perspective but also as would be observed by patients, visitors and members of the public. This document provides a common set of overarching hygiene and cleanliness standards for all hospitals and other healthcare facilities in Northern Ireland. All Trusts will be asked to assure themselves, at Trust board level, that they are compliant with these standards, and RQIA hygiene inspections will be carried out on the basis of these standards. The standards will be supplemented by more detailed and specialist guidance of areas and activities impacting on hygiene and cleanliness, for example infection control, microbial prescribing, estates management, clinical care and environmental health. These areas will continue to be assessed within Trusts, and by RQIA as required, using the appropriate standards and audit processes already in place or developed and shared with facilities prior to inspection.

The broad areas covered in the standards are:

1. **Trust Systems and Governance:** Trust policies and procedures in relation to key hygiene and cleanliness issues; communication of policies and procedures; roles and responsibilities for hygiene and cleanliness issues; internal monitoring arrangements; arrangements to address issues identified during internal monitoring; communication of internal monitoring results to staff
2. **General Environment:** cleanliness and state of repair of public areas; cleanliness and state of repair of ward/department infrastructure; cleanliness and state of repair of patient bed area; cleanliness and state of repair of toilets, bathrooms and washrooms; cleanliness and state of repair of ward/department facilities; availability and cleanliness of isolation facilities; provision of information for staff, patients and visitors

3. **Patient Linen:** storage of clean linen; handling and storage of used linen; ward/department laundry facilities
4. **Waste and Sharps:** waste handling; availability and storage of sharps containers
5. **Patient Equipment:** cleanliness and state of repair of general patient equipment
6. **Hygiene Facilities:** hand wash facilities; alcohol hand rub; availability of PPE; availability of cleaning equipment and materials; staff changing facilities
7. **Hygiene Practices:** hand hygiene procedures; handling and disposal of sharps; use of PPE; use of isolation facilities and implementation of infection control procedures; cleaning of ward/department; staff uniform and work wear

Although the standards assess cleanliness of elements within the healthcare environment, they do not specify standards on cleaning methods or on the risk assessment of functional areas and elements to determine the frequencies at which these areas should be cleaned and audited. It is expected that these frequencies will be determined and implemented on a local level using existing guidance, for example the DHSSPS *Cleanliness Matters Toolkit* and the NPSA *National Specifications for Cleanliness in the NHS*.

6. Next Steps

At a meeting of the Reference Group on 13 April 2010 it was agreed that the next steps to be taken forward were as follows:

1. An audit tool explicitly linked to these standards for healthcare hygiene and cleanliness will be developed for use by Trusts (for self-assessment) and by

RQIA (for inspection). This work will be taken forward by RQIA in conjunction with Trusts and DHSSPS.

2. The audit tool will then be piloted by RQIA in conjunction with one or more Trusts prior to its adoption throughout HSC and the commencement of any future RQIA hygiene inspection programme.

Regional Healthcare Hygiene and Cleanliness Standards

1. Trusts/Organisations Systems and Governance Arrangements

- 1.1. The Trust has established and communicated policies and procedures in relation to key hygiene and cleanliness issues (including environmental cleanliness, infection prevention and control, cleaning, waste management, sharps handling, linen management, equipment management, decontamination, disinfection, staff uniform and work wear, inoculation injury, planned programmes for mattress and curtain replacement)***
- 1.2. The Trust has effectively communicated policies and procedures in relation to key hygiene and cleanliness issues to staff, including through appropriate induction and ongoing training commensurate with their roles***
- 1.3. The Trust has established clear roles and responsibilities for key hygiene and cleanliness issues with clear lines of accountability throughout the organisation, including at Trust Board level***
- 1.4. The Trust has established effective ongoing internal monitoring arrangements including the involvement of users in relation to key hygiene and cleanliness processes and procedures***
- 1.5. The Trust has robust arrangements in place to ensure that issues identified during internal monitoring and audit are addressed in a timely and effective manner***
- 1.6. The Trust has appropriate mechanisms for communicating the results and actions of internal monitoring and audit to the relevant staff at all levels throughout the Trust***

2. General Environment

2.1. Cleanliness and state of repair of general public areas

2.1.1. The entrances and exits of the facility are in a good state of repair, visibly clean, uncluttered and fresh smelling

2.1.2. The reception areas of the facility are in a good state of repair, visibly clean, uncluttered and fresh smelling

2.1.2.1. Walls, including skirting, are in a good state of repair and visibly clean

2.1.2.2. Wall fixtures (e.g. light switches, pull cords, radiators, mirrors, notice boards) are in a good state of repair and visibly clean

2.1.2.3. The flooring is impermeable, in a good state of repair and visibly clean

2.1.2.4. Soft flooring is in a good state of repair and visibly clean

2.1.2.5. Doors, including frames, are in a good state of repair and visibly clean

2.1.2.6. Windows, including frames, are in a good state of repair and visibly clean

2.1.2.7. Window curtains and blinds are in a good state of repair and visibly clean

2.1.2.8. High and low surfaces (e.g. desk tops, shelves and window sills) are impermeable, in a good state of repair, visibly clean and uncluttered

2.1.2.9. Air vents are visibly clean

2.1.2.10. Furniture (e.g. tables, chairs and stools) is made of impermeable material, in a good state of repair and visibly clean

2.1.2.11. Electrical equipment (e.g. televisions, display screens, telephones, computers, fans) is visibly clean

2.1.2.12. Other aspects of the reception area (e.g. ceilings) are in a good state of repair and visibly clean

2.1.3. The corridors and stairs of the facility are in a good state of repair, visibly clean, uncluttered and fresh smelling

2.1.3.1. Walls, including skirting, are in a good state of repair and visibly clean

2.1.3.2. Wall fixtures are in a good state of repair and visibly clean

2.1.3.3. The flooring is impermeable, in a good state of repair and visibly clean

- 2.1.3.4. *Soft flooring is in a good state of repair and visibly clean*
- 2.1.3.5. *Doors, including frames, are in a good state of repair and visibly clean*
- 2.1.3.6. *Windows, including frames, are in a good state of repair and visibly clean*
- 2.1.3.7. *Window curtains and blinds are in a good state of repair and visibly clean*
- 2.1.3.8. *High and low surfaces are impermeable, in a good state of repair, visibly clean and uncluttered*
- 2.1.3.9. *Air vents are visibly clean*
- 2.1.3.10. *Furniture is made of impermeable material, in a good state of repair and visibly clean*
- 2.1.3.11. *Electrical equipment is visibly clean*
- 2.1.3.12. *Other aspects of the corridors and stairs are in a good state of repair and visibly clean*

- 2.1.4. *The toilets in general public areas are in a good state of repair, visibly clean, uncluttered and fresh smelling*
 - 2.1.4.1. *Walls, including skirting, are in a good state of repair and visibly clean*
 - 2.1.4.2. *Wall fixtures are in a good state of repair and visibly clean*
 - 2.1.4.3. *The flooring is impermeable, in a good state of repair and visibly clean*
 - 2.1.4.4. *Doors, including frames, are in a good state of repair and visibly clean*
 - 2.1.4.5. *Windows, including frames, are in a good state of repair and visibly clean*
 - 2.1.4.6. *Window curtains/blinds are in a good state of repair and visibly clean*
 - 2.1.4.7. *High and low surfaces are impermeable, in a good state of repair, visibly clean and uncluttered*
 - 2.1.4.8. *Air vents are visibly clean*
 - 2.1.4.9. *The toilet cubicle is in a good state of repair, visibly clean, uncluttered and free from inappropriate items*
 - 2.1.4.10. *The toilet fittings and other equipment (e.g. taps, holders, dispensers and raised toilet seats) are in a good state of repair and visibly clean*
 - 2.1.4.11. *Dedicated hand hygiene facilities are available in the toilet cubicle (specification on hand hygiene facilities is provided at 6.1)*
 - 2.1.4.12. *Other aspects of the toilet cubicle are in a good state of repair, visibly clean and uncluttered*

2.2. Cleanliness and state of repair of ward/department/facility infrastructure

2.2.1. The area is in a good state of repair, visibly clean, uncluttered and fresh smelling

2.2.1.1. *Walls, including skirting, are in a good state of repair and visibly clean*

2.2.1.2. *Wall fixtures are in a good state of repair and visibly clean*

2.2.1.3. *The flooring is impermeable, in a good state of repair and visibly clean*

2.2.1.4. *Soft flooring is in a good state of repair and visibly clean*

2.2.1.5. *Doors, including frames, are in a good state of repair and visibly clean*

2.2.1.6. *Windows, including frames, are in a good state of repair and visibly clean*

2.2.1.7. *Window curtains and blinds are in a good state of repair and visibly clean*

2.2.1.8. *High and low surfaces are impermeable, in a good state of repair, visibly clean and uncluttered*

2.2.1.9. *Air vents are visibly clean*

2.2.1.10. *Furniture is made of impermeable material, in a good state of repair and visibly clean*

2.2.1.11. *Electrical equipment is visibly clean*

2.2.1.12. *Other aspects of the area are in a good state of repair, visibly clean and uncluttered*

2.3. Cleanliness and state of repair of patient bed area

2.3.1. The patient bed area is in a good state of repair, visibly clean, uncluttered and fresh smelling

2.3.1.1. *Walls, including skirting, are in a good state of repair and visibly clean*

2.3.1.2. *Wall fixtures are in a good state of repair and visibly clean*

2.3.1.3. *The flooring is impermeable, in a good state of repair and visibly clean*

2.3.1.4. *Doors, including frames, are in a good state of repair and visibly clean*

2.3.1.5. *Windows, including frames, are in a good state of repair and visibly clean*

2.3.1.6. *Window curtains and blinds are in a good state of repair and visibly clean*

- 2.3.1.7. *High and low surfaces are impermeable, in a good state of repair, visibly clean and uncluttered*
- 2.3.1.8. *Air vents are visibly clean*
- 2.3.1.9. *Furniture is made of impermeable material, in a good state of repair and visibly clean*
- 2.3.1.10. *Bed and trolley bases, including bed rails, are in a good state of repair and visibly clean*
- 2.3.1.11. *Mattresses and mattress covers are impervious, in a good state of repair and visibly clean*
- 2.3.1.12. *Pillows and pillow covers are impervious, in a good state of repair and visibly clean (the use of impervious pillow covers in mental health settings should be subject to appropriate risk assessment)*
- 2.3.1.13. *Bed curtains are in a good state of repair and are visibly clean*
- 2.3.1.14. *Electrical equipment, including bedside entertainment systems, is visibly clean*
- 2.3.1.15. *Patient call bells are in a good state of repair and visibly clean*
- 2.3.1.16. *Patients' personal items (e.g. cards, clothing and suitcases) are visibly clean and stored appropriately*
- 2.3.1.17. *Other aspects of the patient bed area are in a good state of repair, visibly clean and uncluttered*

2.4. Cleanliness and state of repair of bathrooms, washrooms and toilets on ward/department

- 2.4.1. The bathrooms and washrooms are in a good state of repair, visibly clean, uncluttered and fresh smelling
 - 2.4.1.1. *Walls, including skirting, are in a good state of repair and visibly clean*
 - 2.4.1.2. *Wall fixtures are in a good state of repair and visibly clean*
 - 2.4.1.3. *The flooring is impermeable, in a good state of repair and visibly clean*
 - 2.4.1.4. *Doors, including frames, are in a good state of repair and visibly clean*
 - 2.4.1.5. *Windows, including frames, are in a good state of repair and visibly clean*
 - 2.4.1.6. *Window curtains and blinds are in a good state of repair and visibly clean*

- 2.4.1.7. *High and low surfaces are impermeable, in a good state of repair, visibly clean and uncluttered*
- 2.4.1.8. *Air vents are visibly clean*
- 2.4.1.9. *The bathroom/washroom fittings (e.g. baths, showers) are in a good state of repair and visibly clean*
- 2.4.1.10. *Shower curtains and anti-slip mats are visibly clean and free from mould*
- 2.4.1.11. *Bathroom furniture and fittings (e.g. taps, holders, dispensers, hand rails, shower chairs and hoists) are visibly clean*
- 2.4.1.12. *Bathrooms and washrooms are free from any inappropriate items*
- 2.4.1.13. *All toiletries are single patient use*
- 2.4.1.14. *Dedicated hand hygiene facilities are available*
- 2.4.1.15. *Other aspects of the bathrooms/washrooms are in a good state of repair, visibly clean and uncluttered*

- 2.4.2. *The toilets are in a good state of repair, visibly clean, uncluttered and fresh smelling*
 - 2.4.2.1. *Walls, including skirting, are in a good state of repair and visibly clean*
 - 2.4.2.2. *Wall fixtures are in a good state of repair and visibly clean*
 - 2.4.2.3. *The flooring is impermeable, in a good state of repair and visibly clean*
 - 2.4.2.4. *Doors, including frames, are in a good state of repair and visibly clean*
 - 2.4.2.5. *Windows, including frames, are in a good state of repair and visibly clean*
 - 2.4.2.6. *Window curtains and blinds are in a good state of repair and visibly clean*
 - 2.4.2.7. *High and low surfaces are impermeable, in a good state of repair, visibly clean and uncluttered*
 - 2.4.2.8. *Air vents are visibly clean*
 - 2.4.2.9. *The toilet cubicle is in a good state of repair, visibly clean, uncluttered and free from inappropriate items*
 - 2.4.2.10. *The toilet fittings and other equipment are in a good state of repair and visibly clean*
 - 2.4.2.11. *Dedicated hand hygiene facilities are available in the toilet cubicle*
 - 2.4.2.12. *Other aspects of the toilet cubicle are in a good state of repair, visibly clean and uncluttered*

2.5. Cleanliness, storage space, state of repair and layout of ward/department facilities

2.5.1. The treatment room/clinical work area is in a good state of repair, visibly clean, uncluttered and fresh smelling

2.5.1.1. Walls, including skirting, are in a good state of repair and visibly clean

2.5.1.2. Wall fixtures are in a good state of repair and visibly clean

2.5.1.3. The flooring is impermeable, in a good state of repair and visibly clean

2.5.1.4. Doors, including frames, are in a good state of repair and visibly clean

2.5.1.5. Windows, including frames, are in a good state of repair and visibly clean

2.5.1.6. Window curtains and blinds are in a good state of repair and visibly clean

2.5.1.7. High and low surfaces are impermeable, in a good state of repair, visibly clean and uncluttered

2.5.1.8. Air vents are visibly clean

2.5.1.9. Furniture is made of impermeable material, in a good state of repair and visibly clean

2.5.1.10. The facility is free from any inappropriate items

2.5.1.11. All equipment and products are stored appropriately

2.5.1.12. Dedicated hand hygiene facilities are available

2.5.1.13. There is a designated work surface for clinical procedures

2.5.1.14. Dressing trolleys/trays are in a good state of repair, visibly clean and uncluttered

2.5.1.15. There is sufficient storage space, and shelves and cupboards are in a good state of repair, visibly clean and uncluttered

2.5.1.16. All products are stored appropriately and off the floor

2.5.1.17. The drug refrigerator is visibly clean and used for the storage of drugs only

2.5.1.18. Other aspects of the environment are in a good state of repair, visibly clean and uncluttered

2.5.2. The clean utility is in a good state of repair, visibly clean, uncluttered and fresh smelling

2.5.2.1. Walls, including skirting, are in a good state of repair and visibly clean

- 2.5.2.2. *Wall fixtures are in a good state of repair and visibly clean*
- 2.5.2.3. *The flooring is impermeable, in a good state of repair and visibly clean*
- 2.5.2.4. *Doors, including frames, are in a good state of repair and visibly clean*
- 2.5.2.5. *Windows, including frames, are in a good state of repair and visibly clean*
- 2.5.2.6. *Window curtains and blinds are in a good state of repair and visibly clean*
- 2.5.2.7. *High and low surfaces are impermeable, in a good state of repair, visibly clean and uncluttered*
- 2.5.2.8. *Air vents are visibly clean*
- 2.5.2.9. *Furniture is made of impermeable material, in a good state of repair and visibly clean*
- 2.5.2.10. *The facility is free from any inappropriate items*
- 2.5.2.11. *All equipment and products are stored appropriately*
- 2.5.2.12. *Dedicated hand hygiene facilities are available*
- 2.5.2.13. *There is a designated work surface for clinical procedures*
- 2.5.2.14. *Dressing trolleys/trays are in a good state of repair, visibly clean and uncluttered*
- 2.5.2.15. *There is sufficient storage space, and shelves and cupboards are in a good state of repair, visibly clean and uncluttered*
- 2.5.2.16. *All products are stored appropriately and off the floor*
- 2.5.2.17. *The drug refrigerator is visibly clean and used for the storage of drugs only*
- 2.5.2.18. *Other aspects of the environment are in a good state of repair, visibly clean and uncluttered*

2.5.3. The dirty utility/sluice is in a good state of repair, visibly clean, uncluttered and fresh smelling

- 2.5.3.1. *Walls, including skirting, are in a good state of repair and visibly clean*
- 2.5.3.2. *Wall fixtures are in a good state of repair and visibly clean*
- 2.5.3.3. *The flooring is impermeable, in a good state of repair and visibly clean*
- 2.5.3.4. *Doors, including frames, are in a good state of repair and visibly clean*
- 2.5.3.5. *Windows, including frames, are in a good state of repair and visibly clean*
- 2.5.3.6. *Window curtains and blinds are in a good state of repair and visibly clean*
- 2.5.3.7. *High and low surfaces are impermeable, in a good state of repair, visibly clean and uncluttered*

- 2.5.3.8. Air vents are visibly clean*
- 2.5.3.9. Furniture is made of impermeable material, in a good state of repair and visibly clean*
- 2.5.3.10. The facility is free from any inappropriate items*
- 2.5.3.11. All equipment and products are stored appropriately*
- 2.5.3.12. The rack for the storage of bed pans is in a good state of repair and visibly clean*
- 2.5.3.13. There is a dedicated deep sink for washing used equipment*
- 2.5.3.14. There is a sluice hopper available for the disposal of body fluids*
- 2.5.3.15. The macerator or bed pan washer disinfectant is in a good state of repair and visibly clean*
- 2.5.3.16. Other aspects of the environment are in a good state of repair, visibly clean and uncluttered*

- 2.5.4. The domestics' room is in a good state of repair, visibly clean, uncluttered and fresh smelling*
 - 2.5.4.1. There is a dedicated room for the storage of cleaning equipment*
 - 2.5.4.2. Walls, including skirting, are in a good state of repair and visibly clean*
 - 2.5.4.3. Wall fixtures are in a good state of repair and visibly clean*
 - 2.5.4.4. The flooring is impermeable, in a good state of repair and visibly clean*
 - 2.5.4.5. Doors, including frames, are in a good state of repair and visibly clean*
 - 2.5.4.6. Windows, including frames, are in a good state of repair and visibly clean*
 - 2.5.4.7. Window curtains and blinds are in a good state of repair and visibly clean*
 - 2.5.4.8. High and low surfaces are impermeable, in a good state of repair, visibly clean and uncluttered*
 - 2.5.4.9. Air vents are visibly clean*
 - 2.5.4.10. Furniture is made of impermeable material, in a good state of repair and visibly clean*
 - 2.5.4.11. The facility is free from any inappropriate items*
 - 2.5.4.12. All equipment and products are stored appropriately and off the floor*
 - 2.5.4.13. There is a disposal unit for the disposal of fluids*
 - 2.5.4.14. Dedicated hand hygiene facilities are available*

2.5.4.15. Other aspects of the environment are in a good state of repair, visibly clean and uncluttered

2.5.5. The kitchen is in a good state of repair, visibly clean, uncluttered and fresh smelling

2.5.5.1. Walls, including skirting, are in a good state of repair and visibly clean

2.5.5.2. Wall fixtures are in a good state of repair and visibly clean

2.5.5.3. The flooring is impermeable, in a good state of repair and visibly clean

2.5.5.4. Doors, including frames, are in a good state of repair and visibly clean

2.5.5.5. Windows, including frames, are in a good state of repair and visibly clean

2.5.5.6. Window curtains and blinds are in a good state of repair and visibly clean

2.5.5.7. High and low surfaces are impermeable, in a good state of repair, visibly clean and uncluttered

2.5.5.8. Air vents are visibly clean

2.5.5.9. Furniture is made of impermeable material, in a good state of repair and visibly clean

2.5.5.10. The facility is free from any inappropriate items

2.5.5.11. All equipment and products are stored appropriately

2.5.5.12. Dedicated hand hygiene facilities are available

2.5.5.13. Kitchen fittings and appliances are in a good state of repair and visibly clean

2.5.5.14. Other aspects of the environment are in a good state of repair, visibly clean and uncluttered

2.6. Availability and cleanliness of isolation facilities (using single rooms) on ward

2.6.1. Availability of isolation facilities

2.6.1.1. There is at least one room available on the ward in the event that patients require isolation

- 2.6.1.2. *The isolation room has doors that can be closed to separate it from the rest of the ward*
- 2.6.1.3. *Hand hygiene facilities are accessible both in and outside the room*
- 2.6.1.4. *A dedicated/en suite toilet and bathroom facility or an allocated commode is available*
- 2.6.2. The isolation facilities are visibly clean, uncluttered and free from visible damage
- 2.6.2.1. *Refer to specification for ward/department, patient bed area and bathrooms/washrooms and toilets at 2.2, 2.3 and 2.4, above*

2.7. Availability and accessibility of appropriate information for staff, patients and visitors

- 2.7.1. Promotional hand hygiene posters are displayed at hand wash basins and in general clinical areas and are visible to staff, patients and visitors
- 2.7.2. Information leaflets on hand hygiene and infection prevention are available for patients and visitors
- 2.7.3. Up to date cleaning schedules detailing all equipment and staff responsibilities for dedicated areas and equipment are clearly displayed
- 2.7.4. Clear instructions are in place for staff and visitors when a patient is in isolation (e.g. notice on door advising of precautions in place)
- 2.7.5. Information leaflets are available for patients with common infections i.e. MRSA, *Clostridium difficile*.
- 2.7.6. Posters on household and clinical waste segregation are clearly displayed on ward/department
- 2.7.7. Posters on colour coding and segregation of linen are clearly displayed on ward/department .
- 2.7.8. A poster on the management of an inoculation injury is displayed clearly on ward/department
- 2.7.9. All posters can be effectively cleaned (i.e. are laminated) and are fixed appropriately to a notice board or wall
- 2.7.10. Local contact telephone numbers are available to staff to obtain advice pertaining to infection prevention and control

3. Patient Linen

3.1. Effectiveness of arrangements for storage of clean linen on ward/department

- 3.1.1. There is a designated storage area for clean linen
- 3.1.2. Clean linen is stored separately from used linen
- 3.1.3. Clean linen is stored appropriately and above floor level
- 3.1.4. The clean linen store is in a good state of repair, visibly clean, uncluttered and free from inappropriate items
- 3.1.5. Shelving is impermeable, in a good state of repair and visibly clean
- 3.1.6. All linen is in a good state of repair and visibly clean
- 3.1.7. Walls including skirting is visibly clean and in a good state of repair
- 3.1.8. Light switches, pull cords are visibly clean and in a good state of repair
- 3.1.9. Radiators are visibly clean and in a good state of repair
- 3.1.10. Flooring is impermeable, in a good state of repair and visibly clean
- 3.1.11. Doors, including frames are visibly clean and in a good state of repair
- 3.1.12. Windows, including frames are visibly clean and in a good state of repair
- 3.1.13. Window sills are visibly clean and in a good state of repair
- 3.1.14. Window curtains and blinds are in a good state of repair and visibly clean
- 3.1.15. Air vents are clean

3.2. Effectiveness of arrangements for handling and storage of used linen on ward/department

- 3.2.1. Used linen is placed immediately into the appropriate colour-coded bags/containers at point of use
- 3.2.2. Water soluble bags are used for heavily soiled or infected linen
- 3.2.3. Used linen bags/containers are less than $\frac{2}{3}$ full, visibly clean and in a good state of repair
- 3.2.4. Linen skips are in a good state of repair and visibly clean
- 3.2.5. Used linen is stored in an appropriate, designated area until collection
- 3.2.6. Staff wear appropriate PPE when handling soiled/contaminated linen

3.3. Laundry facilities on wards (if available)

- 3.3.1. Washing machines are used in agreement with the Infection Control Team and comply with HSG95(18)
- 3.3.2. Washing machines are situated in an appropriate, designated area
- 3.3.3. An externally exhausted tumble dryer is also available
- 3.3.4. Dedicated hand hygiene facilities are available
- 3.3.5. A sink is available for hand washing patient clothing
- 3.3.6. If laundry facilities are used by patients guidance on using the appliances is available
- 3.3.7. The area is visibly clean, uncluttered, free from inappropriate items, in a good state of repair ,away from food preparation areas
- 3.3.8. Walls, including skirting are visibly clean and in a good state of repair
- 3.3.9. Shelving and cupboards are visibly clean, in a good state of repair, uncluttered, made from impermeable material
- 3.3.10. Light switches, including pull cords are visibly clean and in a good state of repair
- 3.3.11. Radiators are visibly clean and in a good state of repair
- 3.3.12. Flooring is visibly clean, in a good state of repair, made from impermeable material
- 3.3.13. Doors, including frames are visibly clean and in good state of repair
- 3.3.14. Windows, including frames are visibly clean and in a good state of repair
- 3.3.15. Window curtains/blinds are clean and in a good state of repair
- 3.3.16. Window sills are clean and in a good state of repair
- 3.3.17. Horizontal surfaces are clean, in a good state of repair, uncluttered, made from impermeable material
- 3.3.18. Air vents are clean

4. Waste and Sharps

4.1. Effectiveness of arrangements for handling, segregation, storage and disposal of waste on ward/department

- 4.1.1. A range of bins appropriate for the clinical environment is available
- 4.1.2. Waste is segregated and disposed of in the appropriate waste bin
- 4.1.3. Waste bins are available at all dedicated hand wash facilities for the disposal of paper towels
- 4.1.4. Waste bins are lidded, foot-pedal operated, in a good state of repair and visibly clean
- 4.1.5. Separate waste streams are available, especially for offensive and infectious waste, and are used correctly
- 4.1.6. Waste bags are capable of being securely tied
- 4.1.7. Waste bags are stored appropriately in a designated and secure area prior to collection
- 4.1.8. Waste bags are not tied onto trolleys or containers
- 4.1.9. Waste bins are less than $\frac{2}{3}$ full
- 4.1.10. Suction waste is disposed of in a manner which prevents spillage
- 4.1.11. Outside waste containers/ storage compound area are secure, clean and tidy

4.2. Availability, use and storage of sharps containers on ward/department

- 4.2.1. Sharps containers in use on wards/departments conform to current Safe Management of healthcare waste standards
- 4.2.2. Sharps containers are assembled correctly, labelled/tagged with date, locality and signature on assembly, and changed in accordance with local policy
- 4.2.3. Sharps containers are free from protruding sharps and have not been filled above the fill line
- 4.2.4. Sharps containers are visibly clean
- 4.2.5. Sharps containers are temporarily closed between use
- 4.2.6. In use sharps containers are safely positioned and out of reach of vulnerable people

- 4.2.7. Locked, tagged and signed sharps containers are stored in a secure facility away from public access until collected for disposal
- 4.2.8. Sharps trays are compatible with the sharps bins in use
- 4.2.9. Sharps trays are visibly clean
- 4.2.10.A secured or empty sharps bin is available on the emergency trolley

5. Patient Equipment

5.1. Cleanliness and state of repair of general patient equipment on ward/department

- 5.1.1. Bed pans, urinals and patient wash bowls are in a good state of repair, visibly clean and stored correctly to minimise contamination
- 5.1.2. Commodes are in a good state of repair, visibly clean, ready for use and identified as such
- 5.1.3. Catheter stands and IV stands/pumps are visibly clean
- 5.1.4. Trolleys (e.g. drugs, notes and linen trolleys) are in a good state of repair, visibly clean and uncluttered
- 5.1.5. Monitoring and physiological equipment is in a good state of repair and visibly clean, (ECG, oxygen saturation and blood gas machine)
- 5.1.6. Blood pressure monitoring equipment is visibly clean
- 5.1.7. Stethoscopes are visibly clean
- 5.1.8. Blood glucose monitoring equipment is visibly clean
- 5.1.9. Mobility equipment (e.g. hoists, walking aids and wheelchairs) are in a good state of repair and visibly clean
- 5.1.10. Toys in paediatrics areas are visibly clean and made of a cleanable material
- 5.1.11. Stored patient equipment (e.g. IV stands, pumps, mattresses, bariatric equipment) is in a good state of repair, visibly clean, ready for use and identified as such
- 5.1.12. Specialist equipment (e.g. ultrasound equipment, nebulisers and suction machines) is visibly clean and dry
- 5.1.13. Equipment shared between wards/departments (e.g. wheelchairs) is visibly clean
- 5.1.14. Staff can describe the symbol used to indicate single use items
- 5.1.15. Items of equipment in contact with patients or at risk of contamination from blood or body fluids are either designated as single use and disposed of after each patient use or are reusable and appropriately decontaminated between patients
- 5.1.16. All sterile items are in date remain in packaging until ready for use and there is evidence of stock rotation

- 5.1.17. Disposable suction liners are used and changed between patient use
- 5.1.18. Oxygen masks and nasal cannulae single use and changed in accordance with local policy
- 5.1.19. Water cooler, ice machine are mains supplied, visibly clean and in a good state of repair and serviced regularly
- 5.1.20. Ventilator equipment used according to manufacturers instructions is visibly clean, used with a filter and in a good state of repair and serviced regularly
- 5.1.21. Handling equipment (Pat slides, Easy slides, Handling belts, standing aids) are visibly clean and in a good state of repair

6. Hygiene Facilities

6.1. Availability and cleanliness of hand wash sinks and consumables on ward/department

- 6.1.1. Dedicated hand hygiene facilities are accessible and located near to the point of care/treatment/patient bed space, in accordance with local and national guidance
- 6.1.2. The hand wash basin is in a good state of repair, visibly clean and free from any inappropriate items
- 6.1.3. The hand wash basin is plug free and overflow free
- 6.1.4. The waste is offset so that the water does not flow directly into it
- 6.1.5. Elbow operated or sensor taps are available. If no elbow operated or sensor taps are available staff are aware of how to turn the taps off with a paper towel
- 6.1.6. Mixer taps or thermostatically controlled water are available
- 6.1.7. The liquid soap dispenser is wall mounted, visibly clean and soap is dispensed from a single use cartridge
- 6.1.8. The paper towel dispenser is enclosed and visibly clean
- 6.1.9. Hand moisturiser dispensers are available on the ward/department and are visibly clean

6.2. Availability (access and supply), visibility and cleanliness of alcohol hand rub containers on ward/department

- 6.2.1. Alcohol based hand rub bottles are available at the point of care/treatment/bed space (i.e. within arm's reach)
- 6.2.2. Alcohol based hand rub dispensers are visibly clean and hand rub is dispensed from a single use cartridge
- 6.2.3. Alcohol based hand rub bottles are available on clinical procedure trolleys
- 6.2.4. Alcohol based hand rub bottles are wall mounted in treatment rooms
- 6.2.5. Alcohol based hand rub bottles are available at the entrances/exits of the ward/department

6.3. Availability of PPE on ward/department

- 6.3.1. Single use plastic aprons are easily accessible in all ward areas and are stored appropriately away from the risk of contamination
- 6.3.2. A range of sizes of sterile and non-sterile powder-free gloves conforming to CE mark are easily accessible in all ward areas and are stored appropriately away from the risk of contamination or heat sources
- 6.3.3. Appropriate face protection is available where there is a risk of body fluid splashing onto the face or eyes

6.4. Availability, storage and use of materials and equipment for general cleaning of ward/department

- 6.4.1. Cleaning/disinfectant products are available for the decontamination of equipment and environment and are stored appropriately in accordance with COSHH
- 6.4.2. Cleaning products for the routine cleaning of equipment and environment are available, made up to the correct dilution and discarded according to Manufactures guidelines
- 6.4.3. Spillage kits are available for use on blood and body fluid spillages
- 6.4.4. Re-usable bed pans and urinals are processed through a washer disinfecter
- 6.4.5. Mop handles, mop heads and buckets are in a good state of repair, visibly clean and stored appropriately
- 6.4.6. Equipment and machinery used for cleaning is in a good state of repair, visibly clean and stored appropriately

7. Hygiene Practices (observed)

7.1. Effective hand hygiene procedures undertaken by staff

- 7.1.1. The correct hand wash/hand rub technique is used (refer to WHO 'How to Hand Wash'/'How to Hand Rub' images/posters)
- 7.1.2. Hand hygiene is performed at each of the WHO moments (refer to 'My 5 Moments for Hand Hygiene' and prior to donning and following removal of PPE)
- 7.1.3. Staff can indicate when it is appropriate to use alcohol hand rub
- 7.1.4. Staff can indicate when it is appropriate to use antibacterial solutions
- 7.1.5. Patients are offered hand hygiene facilities after using the commode/bed pan
- 7.1.6. Patients are offered hand hygiene facilities before meals
- 7.1.7. Staff perform hand hygiene before serving meals

7.2. Safe handling and disposal of sharps by staff

- 7.2.1. Sharps are disposed of safely and at the point of use
- 7.2.2. Used sharps are disposed of without re-sheathing
- 7.2.3. Used needles and syringes are discarded as a complete single unit
- 7.2.4. Training has been provided where needle safe devices are in use
- 7.2.5. Staff are aware of how to manage a needlestick/inoculation contamination injury

7.3. Effective use of PPE by staff

- 7.3.1. Single use plastic aprons are worn when in contact or anticipated contact with blood/body fluids, contact with contaminated items or significant physical contact
- 7.3.2. Single use aprons are worn as single use items and changed between every patient and between different episodes of care on the same patient
- 7.3.3. Polythene gloves are only used for non-care activities (e.g. food handling and domestic cleaning)

- 7.3.4. Gloves are worn when in contact or anticipated contact with blood/body fluids or in potential contact with contaminated items
- 7.3.5. Gloves are removed after each patient activity and hand hygiene performed
- 7.3.6. Eye and face protection is worn by staff when anticipating contact with blood, body fluids and chemicals with a high risk of splashing into the face and eyes
- 7.3.7. Plastic aprons are worn by staff when serving meals and drinks
- 7.3.8. PPE is disposed of immediately after use in the appropriate waste stream

7.4. Correct use of isolation using single room facilities and implementation of infection control procedures by staff

- 7.4.1. Patients/residents requiring contact isolation are in a single room or appropriate cohort
- 7.4.2. If a single room is not available and a cohort not feasible there is a documented risk assessment of the patient/resident
- 7.4.3. Care pathways/care plans are maintained and an assessment of the ongoing need for all precautions is made for patients/residents with alert conditions/organisms
- 7.4.4. PPE is available to staff before they enter the isolation room
- 7.4.5. PPE is worn when in contact with the patient/resident or their immediate environment
- 7.4.6. PPE is removed and disposed of in the isolation room, and hand hygiene performed before leaving the isolation room
- 7.4.7. All waste is disposed of immediately into the hazardous waste stream
- 7.4.8. Used linen is placed in an alginate bag and then placed in an appropriate colour coded linen skip for removal to appropriate designated area.
- 7.4.9. Staff and visitors are made aware of any additional precautionary measures
- 7.4.10. The patient/resident is aware of the rationale for their placement under isolation precautions
- 7.4.11. The patient/resident is provided with a relevant information leaflet where available
- 7.4.12. Coughing patients/residents are taught 'cough etiquette'
- 7.4.13. Reusable equipment is dedicated for the patient's/resident's use

- 7.4.14. The patient's/resident's environment is cleaned daily with a suitable detergent and/or disinfectant
- 7.4.15. Separate colour coded cleaning equipment is in use for contact precautions areas/rooms
- 7.4.16. Hand hygiene is performed before/on entering and before /after leaving the room/cohort area

7.5. *Effective cleaning of ward/department by staff*

- 7.5.1. All equipment is routinely cleaned between patients with general purpose detergent or as per local policy/manufacture's instructions where this differs
- 7.5.2. Staff are aware of correct dilution rates for disinfectants in use and can describe which solutions should be used for routine cleaning
- 7.5.3. Staff are aware of the procedures to be used when removing blood and body fluid spillages
- 7.5.4. Manufacturers' instructions are available for the decontamination of equipment
- 7.5.5. Information on disinfectants and dilution charts are available to staff
- 7.5.6. Data sheets are available for disinfectants used by nursing/domestic staff (COSHH)
- 7.5.7. There is a mechanism to ensure that urgent cleaning (e.g. of toilets) can be carried out as needed ('rapid response')
- 7.5.8. Staff are aware of the need for decontamination and a certificate before equipment is maintained /serviced/repaired
- 7.5.9. Staff are aware to contact IPC for advice prior to purchasing new equipment

7.6. *Staff uniform and work wear*

- 7.6.1. Staff wear short sleeves or roll sleeves to elbow length before carrying out clinical procedures
- 7.6.2. Staff do not wear any loose clothing such as unsecured ties or scarves
- 7.6.3. Staff must change as soon as is practical if uniform or clothes become visibly soiled or contaminated with fluids

- 7.6.4. All staff working in clinical areas should secure long hair, tied back and off the collar
- 7.6.5. Wrist or hand jewellery must not be worn by clinical staff when carrying out clinical procedures (a single plain band ring is acceptable)
- 7.6.6. Clinical staff should keep finger nails short and clean
- 7.6.7. Clinical staff must not wear false nails or nail varnish for direct patient care
- 7.6.8. Foot wear worn in the clinical areas should be suitable for purpose and comply with the relevant health and safety requirements

Appendix 1 – Membership of the Hygiene and Cleanliness Reference Group

Dean Sullivan	DHSSPS
Liz Mitchell	DHSSPS
Anne Mills	DHSSPS
Bernie Stuart	DHSSPS
Mary Hinds	PHA
Lourda Geoghegan	PHA
Liz Colgan	RQIA
Bronagh Scott	NHSCT
Charlotte McArdle	SEHSCT
Anita Carroll	SHSCT
Brenda Creaney	BHSCT
Carolyn Mason	RCN
Janice Bell	Marie Curie Hospice Belfast, on behalf of PCC
Pamela Dooley	Unison

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