CH 24

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Community Infection Prevention and Control Policy for Care Home settings

Safe management of the care environment

SAFE MANAGEMENT OF THE CARE ENVIRONMENT

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CH 24

SAFE MANAGEMENT OF THE CARE ENVIRONMENT

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Organisation: ..... …

Signed: .....

Job Title: .....

Date Adopted: .....

Review Date: .....

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SAFE MANAGEMENT OF THE CARE ENVIRONMENT

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SAFE MANAGEMENT OF THE CARE ENVIRONMENT

1. Introduction

This Policy is one of the 'Standard infection control precautions' (SICPs) referred to by NHS England in the *National infection prevention and control manual (NIPCM) for England*.

The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance requires that registered providers of health and social care "Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections".

- There should be a designated lead for cleaning and disinfection of the environment, who may be the same person as the lead for infection prevention.
- A clean environment reduces the risk of transmission of infection posed by microorganisms, such as bacteria and viruses, in that environment.
- Outbreaks of infection have been associated with environmental contamination.
- Most microorganisms are found in dust and dirt, so cleaning or vacuuming alone can often cause significant reductions in the amount of organisms in the environment.
- Some microorganisms, e.g. *Clostridioides difficile* spores, can survive in the environment for long periods and, therefore, enhanced cleaning with a sporicidal disinfectant solution is required when a resident has confirmed or suspected *Clostridioides difficile* colonisation or infection.
- Hands regularly come into contact with surfaces. If hands are not decontaminated, they will transfer any organisms present. This risk is always present, but will increase if environmental cleaning is neglected.
- Numerous agents and cleaning solutions are mentioned within this guidance. As with all substances, Care of Substances Hazardous to Health (COSHH) guidance and manufacturer's instructions must be followed in order to achieve safe practice.
- Always use SICPs and, where required, 'Transmission based precautions' (TBPs), refer to the 'SICPs and TBPs Policy for Care Home Settings'.
- **When caring for residents in relation to COVID-19 or any other new emerging infections, staff should refer to national infection prevention and control guidance.**

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2. Cleaning and disinfection

Cleaning:	A process to remove contamination using 'fluid', usually detergent with warm water, and 'friction' - either mechanical or physical, leaving the surface or care equipment visibly clean. Cleaning must precede disinfection for the process to be effective
Disinfection:	A process to remove or reduce pathogenic (harmful) microorganisms using a disinfecting agent. The ability to kill spores is dependent on the type of disinfectant used. Some disinfectants are deactivated by organic matter. Cleaning must precede disinfection for the process to be effective, either using separate cleaning and disinfecting agents in a two-step process or a combined '2 in 1' product that cleans and disinfects in one step

3. Standards of healthcare cleanliness

The *National Standards of Healthcare Cleanliness* (see 'Compliance grid' below) provides advice and guidance on:

- What cleaning is required
- How the care home can demonstrate cleaning services meet these standards

The standards:

- Provide the basis for the care home to develop service level agreements or local procedures
- Act as a benchmark against which to compare services
- Establish optimum levels of resource to deliver safe cleaning standards
- Are part of an ongoing performance management process
- Provide a framework for auditing and monitoring
- Are a tool for improving resident and visitor satisfaction

This document will assist care homes in:

- Assigning cleaning responsibilities
- Developing safe cleaning frequencies
- Identifying and risk assessing functional areas to determine cleaning frequencies and levels of auditing and monitoring
- Governance
- Auditing processes

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National Standards of Healthcare Cleanliness compliance grid

Compliance	Standard	Description	Evidence	Tools and resources
Requirement	**Cleaning responsibilities**	Organisations must produce a cleaning responsibility framework using a multidisciplinary approach, which is reviewed on an annual basis to ensure it remains fit for purpose. A communication plan is produced to ensure everyone is clear on responsibilities.	Cleaning responsibility framework and communication plan available on request by CQC/NHS Improvement. Evidence of annual review process.	Specimen cleaning responsibility framework. Specimen communication plan.
Requirement	**Audit frequency**	Organisations should plan and conduct cleaning audits based on the cleaning frequencies for the functional risk category.	Evidence of the frequency of audit and the detail of outcome should be detailed against each functional area on a plan.	Electronic audit tools are available to capture the audit tools; companies have designed and developed systems and processes that will capture information that demonstrates compliance against the standard. Manual processes are also available.
Requirement for resident areas, optional for non-resident areas	**Audit – display of star ratings**	First 6 months continue to display cleaning only percentage scores. Next 6 months display cleaning only star rating. Next 6 months display whole organisation cleaning star rating. (Implementation period 18 months.)	Organisations should identify an area where the cleaning only percentage score/star rating can be displayed where it is immediately visible to the public.	Organisations will need to develop tools to display the star ratings and update as necessary to ensure they are the most up-to-date document on display.
Requirement for resident areas, optional for non-resident areas	**Efficacy checks**	Efficacy checks should be undertaken for functional risk categories 1, 2, 3 and 4 at least annually; efficacy checks for FR5 and 6 are optional.	Efficacy checks should be available for audit on request and should have a minimum compliance level of 80% in all functional risk areas.	Template efficacy check document.

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Compliance	Standard	Description	Evidence	Tools and resources
Requirement for resident-facing areas	**Commitment to cleanliness charter posters**	It is mandatory in public areas to display information that details cleaning frequencies and processes.	Commitment to cleanliness displays to be visible in all resident-facing areas.	
Requirement	**Elements, frequencies and performance parameter**	Organisations must produce a specification detailing cleaning elements, frequencies and performance parameter based on functional risk categories. The specification must at least meet the safe standards as outlined in the document.	Cleaning specification available on request by CQC and NHS Improvement. Evidence of annual review process.	Example of elements within document which can be applied locally.
Requirement	**Functional risk categories**	Organisations must assign all functional areas to one of the six functional risk categories.	Cleaning specification available on request by CQC and NHS Improvement. Evidence of annual review process.	Example of risk categories within document which can be applied locally.

Where cleaning (regular, periodic or 'one off') is provided by external contractors, cleaning plans should also set out the management arrangements in place to ensure the provider delivers against the contract. Contracting out cleaning services does not mean contracting out responsibility, there should be suitable arrangements in place to monitor standards of cleaning and to deal with poor or unsatisfactory performance.

Training, including the use of cleaning and disinfecting products, and hand hygiene, should be provided to all cleaning staff and other staff who undertake cleaning tasks. They should be clear about their roles, responsibilities and understand the importance of thorough cleaning.

4. Equipment used for cleaning

- Use colour coded equipment (see Section 10) for cleaning different areas.
- Cleaning cloths should be disposable single use.
- Cleaning equipment should be stored clean and dry after use in a designated area.

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- Disposable mop heads should be discarded after use.
- Reusable mop heads should be laundered daily. Mop heads should be replaced regularly depending on the frequency of use and whenever visibly stained.
- Equipment, e.g. mops, should not be stored overnight in disinfectants. If disinfection is required, the mop head should be washed in detergent and warm water, rinsed and then soaked for 30 minutes in a chlorine-based disinfectant solution at 1,000 parts per million (ppm), or equivalent product as per manufacturer's instructions, rinsed and then stored upright to dry.
- Mop buckets should be washed with detergent and warm water and dried with paper towels or stored inverted upside down to air dry on a suitable surface to allow drainage. If disinfection is required, buckets should also be wiped with a chlorine-based disinfectant at 1,000 ppm, or equivalent product as per manufacturer's instructions, and stored upside down to air dry.
- Floor scrubbing machines, steam cleaners and carpet shampoo machines, should be designed to enable tanks to be emptied, cleaned and dried.
- Cleaning products should be stored in their original containers in a designated lockable area.
- Toilet brushes should be cleaned thoroughly after use in the toilet pan. Place the toilet brush head beneath the water level and flush the toilet.
- Store toilet brushes to air dry in toilet brush holders.
- Each toilet should have its own toilet brush and holder.
- Dispose of toilet brushes when visibly stained.

5. Choice of cleaning product

- Limit the number of products used to avoid inappropriate use.
- Always check manufacturers' instructions.
- Products should be stored and used in accordance with Care of Substances Hazardous to Health (COSHH) Regulations and manufacturer's instructions must be followed in order to achieve safe practice.

Detergents

- Warm water and general purpose neutral detergent or detergent wipes are suitable for many cleaning activities.
- Neutral liquid detergents, e.g. Hospec, classed as anionic and non-ionic have the best detergent activity.
- Single use disposable cloths are recommended.

Disinfectants

- Disinfectants are not required for routine cleaning. Disinfection should be

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used for equipment and areas occupied by a resident with a confirmed or suspected infection. Refer to the 'Isolation Policy for Care Home settings', and 'Safe management of blood and body fluid spillages Policy for Care Home settings'.

- Cleaning is **essential** before disinfection is carried out. A disinfectant will not be effective if contamination with organic matter, e.g. dirt, debris, blood, vomit, urine, faeces, and/or microorganisms, such as bacteria and viruses, is present. Therefore, if the disinfectant is not a '2 in 1' detergent and disinfectant product, e.g. Clinell Universal Wipes, Chlor-Clean tablets, the environment should be cleaned before a disinfectant is used.
- When using disinfectant products, always wear PPE, e.g. disposable gloves, apron, and risk assess the need for facial protection.
- No disinfectant acts instantly - to ensure efficacy, always follow the manufacturer's guidance on contact time (how long the product needs to be left on the surface), and whether the product should be left to air dry or wiped/rinsed off. Be aware that a product's contact time will vary, depending on the confirmed or suspected pathogenic microorganism(s) present.
- Some disinfectants and '2 in 1' detergent and disinfectant wipes/fluids can damage surfaces if they are not compatible with the surface material.
- Do not use chlorine-based disinfectant solutions on wooden or fabric surfaces.
- Disinfectants which are virucidal and bacterial should be used for disinfecting surfaces after dealing with a resident with a confirmed infection, e.g. MRGNB, MRSA, or suspected viral infection. A dual acting product, e.g. Chlor-Clean, Actichlor plus, made into a solution at a dilution of 1,000 ppm, or the use of a wipe, such as Clinell Universal, will be effective in decontaminating surfaces adequately.
- If a chlorine-based disinfectant solution is used it should be at a dilution of 1,000 ppm unless the item is contaminated with blood, when a dilution of 10,000 ppm should be used, as per manufacturer's instructions.
- A sporicidal product should be used if the resident is confirmed or suspected to have an infection caused by spores, e.g. *Clostridioides difficile*, refer to the '*C. difficile* Policy for Care Home settings' for further information.
- Alcohol wipes can be used, but as they do not contain a cleaning agent, surfaces should first be wiped with a detergent wipe or solution of general purpose neutral detergent and warm water. Alcohol is effective against MRGNB and MRSA, but is **not** effective against Norovirus and *Clostridioides difficile.*
- To ensure efficacy, disinfectant solutions must be made up to the manufacturer's instruction, i.e. measure the product and water accurately, no guesses. The date and time the solution was made up should be documented.
- Discard solutions as per manufacturer's instructions, e.g. chlorine-based disinfectant solutions should be disposed of 24 hours after making up.

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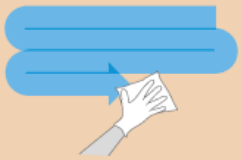
6. Best practice for cleaning

- Staff should wash hands before putting on and after removing and disposing of PPE.
- Cushions, e.g. seat, pressure relieving, wheelchair, should be cleaned regularly and have removable covers to allow inspection of the inside surface of the cover and the cushion.
- Underneath surfaces, e.g. chairs, tables, should be cleaned and inspected regularly.
- Detailed guidance on how to perform common cleaning tasks can be found in the *National Standards of Healthcare Cleanliness 2021* and the *National Standards of Healthcare Cleanliness*: *healthcare cleaning manual* (2022).

Best practice for cleaning	
1. Work from clean to dirty areas	Start cleaning in the cleanest areas and finish in the dirtier areas, e.g. when cleaning the bathroom, leave the toilet until last and use a separate cloth
2. Work from high to low areas	This helps to prevent cross-infection as it stops contamination of clean areas from dirty areas. When cleaning or disinfecting, clean all surfaces using an 'S' shaped pattern, starting at the point furthest away, overlapping slightly, taking care not to go over the same area twice. This cleaning motion reduces the amount of microorganisms that may be transferred from a dirty area to a clean area 
3. Leave all surfaces clean	It is important to leave cleaned surfaces as dry as possible. This helps to prevent mould and bacterial growth. Disinfected surfaces should be left to air dry as per manufacturer's instructions
4. Change cleaning solutions and cloths often	One of the main causes of contamination is the use of one cloth for all cleaning. Change your cleaning solution and cloth when it looks dirty so that you are removing dust and dirt and are not just moving it from one area to another. Separate cloths should be used for cleaning bathrooms and toilets. These cloths should **not** be used to clean other areas, e.g. kitchen
5. Wash your hands often	Dirty hands and dirty gloves soil clean surfaces. Wash your reusable domestic gloves after use and then wash your hands

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7. Safe management of blood/blood stained body fluid spillages

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

8. Safe management of body fluid spillages

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

9. Furniture, fixtures, fittings and sensory aids

- Surfaces should be smooth, wipeable and non-impervious to facilitate effective cleaning.
- Damaged surfaces should be repaired or replaced.
- When purchasing new furniture, fixtures and fittings, ensure that the item can be easily cleaned (in accordance with the manufacturer's instructions).
- Sensory aids should be in good condition and be cleaned on a regular basis, e.g. weekly, with detergent wipes or general purpose neutral detergent, e.g. Hospec, and warm water and included in the cleaning schedule. They should be cleaned immediately if visibly soiled.

10. Colour coding of cleaning equipment

- Colour coding of cleaning materials and equipment ensures that these items are not used in multiple areas, therefore, reducing the risk of transmission of infection from one area to another, e.g. toilet to kitchen.
- In accordance with the *National Standards of Healthcare Cleanliness 2021*, all cleaning materials and equipment, e.g. disposable cloths, mops, buckets, aprons and gloves, should be colour coded.
- Cleaning products such as bleach and disinfectants do not need to be colour coded.
- A colour coded chart should be displayed in the cleaner's room, such as the 'National colour coding scheme for cleaning materials and equipment in care homes' poster, see table below.

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National colour coding scheme - for cleaning materials and equipment in care homes	
All care homes are recommended to adopt the national colour code for cleaning materials (see below). All cleaning items, e.g. disposable cloths, mops, buckets, aprons and gloves, should be colour coded	
RED	Bathrooms, showers, toilets, basins and bathroom floors
BLUE	General areas, including lounges, offices, corridors and bedrooms
GREEN	Kitchens areas, including satellite kitchen areas and food storage areas
YELLOW	Bedrooms when someone has an infection and is cared for in their own room (isolated)

11. Infection Prevention and Control resources, education and training

See Appendix 1 for the 'Safe management of the care environment: Quick reference guide'.

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance* and CQC registration requirements.

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

- 30 IPC Policy documents for Care Home settings
- Preventing Infection Workbook: Guidance for Care Homes
- IPC CQC inspection preparation Pack for Care Homes
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for Care Homes

In addition, we hold IPC educational training events in North Yorkshire.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

12. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections*

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and related guidance

NHS England (2022, updated April 2023) *National infection prevention and control manual (NIPCM) for England*

NHS England (2022) *National Standards of Healthcare Cleanliness: healthcare cleaning manual*

NHS England and NHS Improvement (2021) *National Standards of Healthcare Cleanliness 2021*

13. Appendices

Appendix 1: Safe management of the care environment: Quick reference guide

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Appendix 1: Safe management of the care environment: Quick reference guide

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Safe management of the care environment: Quick reference guide

Introduction

- There should be a designated lead for cleaning and disinfection of the environment, who may be the same person as the lead for infection prevention.
- A clean environment reduces the risk of transmission of infection posed by microorganisms, such as bacteria and viruses, in that environment.
- Outbreaks of infection have been associated with environmental contamination.
- Most microorganisms are found in dust and dirt, so cleaning or vacuuming alone can often cause significant reductions in the amount of organisms in the environment.
- Some microorganisms, e.g. *Clostridioides difficile* spores, can survive in the environment for long periods and, therefore, enhanced cleaning with a sporicidal disinfectant solution is required when a resident has confirmed or suspected *Clostridioides difficile* colonisation or infection.
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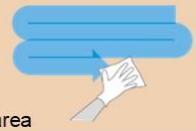
Best practice for cleaning	
1. Work from clean to dirty areas	Start cleaning in the cleanest areas and finish in the dirtier areas, e.g. when cleaning the bathroom, leave the toilet until last and use a separate cloth
2. Work from high to low areas	This helps to prevent cross-infection as it stops contamination of clean areas from dirty areas. When cleaning or disinfecting, clean all surfaces using an 'S' shaped pattern, starting at the point furthest away, overlapping slightly, taking care not to go over the same area twice. This cleaning motion reduces the amount of microorganisms that may be transferred from a dirty area to a clean area 
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5. Wash your hands often	Dirty hands and dirty gloves soil clean surfaces. Wash your reusable domestic gloves after use and then wash your hands

For further information, please refer to the full Policy which can be found at www.infectionpreventioncontrol.co.uk/care-homes/policies/

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Safe management of the care environment: Quick reference guide

Cleaning and disinfection definitions	
Cleaning:	A process to remove contamination using 'fluid', usually detergent with warm water, and 'friction' - either mechanical or physical, leaving the surface or care equipment visibly clean. Cleaning must precede disinfection for the process to be effective
Disinfection:	A process to remove or reduce pathogenic (harmful) microorganisms using a disinfecting agent. The ability to kill spores is dependent on the type of disinfectant used. Some disinfectants are deactivated by organic matter. Cleaning must precede disinfection for the process to be effective, either using separate cleaning and disinfecting agents in a two-step process or a combined '2 in 1' product that cleans and disinfects in one step

National colour coding scheme - for cleaning materials and equipment in care homes	
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RED	Bathrooms, showers, toilets, basins and bathroom floors
BLUE	General areas, including lounges, offices, corridors and bedrooms
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YELLOW	Bedrooms when someone has an infection and is cared for in their own room (isolated)

National Standards of Healthcare Cleanliness 'Compliance grid':

- Cleaning responsibility framework
- Audits
- Display star ratings
- Efficacy checks
- Commitment to cleanliness
- Charter posters
- Cleaning specification
- Functional risk categories

Equipment used for cleaning

- Use detergent wipes or general purpose neutral detergent and single use disposable cloths.
- Cloths: dispose of after use and/or if visibly stained.
- Mop heads: single use, dispose after use/reusable, wash in detergent and warm water, rinse and store upright to dry. Replace regularly and if visibly stained.
- Mop buckets: wash in detergent and warm water and dry with paper towels or stored upside down.
- Use disinfectants for equipment and areas occupied by a resident with a confirmed or suspected infection and for management of blood and body fluid spillages.

For further information, please refer to the full Policy which can be found at www.infectionpreventioncontrol.co.uk/care-homes/policies/

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