GP 22

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NHS

Community Infection Prevention and Control Policy for General Practice

(also suitable for adoption by other healthcare providers, e.g. Dental Practice, Podiatry)

Safe management of the care environment

SAFE MANAGEMENT OF THE CARE ENVIRONMENT

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GP 22

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This document has been adopted as a Policy by:

Organisation: ..... …

Signature: ..... Name: .....

Job title: .....

Adoption date: .....

Review date: .....

Any variation to this Policy should be risk assessed, evidence-based, authorised through local governance channels and documented below. The Community Infection Prevention and Control (IPC) Team, Harrogate and District NHS Foundation Trust, cannot endorse or be held responsible for any variations.

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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'.

- All clinical and non-clinical staff should have personal responsibility and accountability for maintaining a clean and safe care environment.
- 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 and control (IPC). The designated lead must have the authority to set and challenge standards of cleanliness.
- A clean environment reduces the cumulative 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, are adept at surviving in the environment for long periods and, therefore, enhanced cleaning with disinfection is required when a patient has a confirmed or suspected 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, Control 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 General Practice'.
- **When caring for patients in relation to any new or emerging infection,**

staff should refer to the latest national infection prevention and control guidance.

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* provides a framework for General Practice to follow as shown in the 'Compliance grid' below. The guidance issued in April 2021 contains a number of helpful tools and resources.

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. 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

Compliance	Standard	Description	Evidence	Tools and resources
				demonstrates compliance against the standard. Manual processes are also available.
Requirement for patient areas, optional for non-patient 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 patient areas, optional for non-patient 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.
Requirement for patient-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 patient-facing areas.	See note below.
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.

Note: Commitment to cleanliness charters for General Practice available to download at www.infectionpreventioncontrol.co.uk.

Each General Practice premises should have a cleaning plan with clear cleaning schedules and frequencies, so patients, staff and the public, know what they can expect.

If the Practice contracts cleaning services, the standards and auditing process should be written into the contract.

The *National Standards of Healthcare Cleanliness* provide advice and guidance on:

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

The standards provide:

- The basis for the Practice to develop service level agreements or local procedures
- A benchmark against which to compare services
- Resources to deliver safe cleaning standards
- An ongoing performance management process
- A framework for auditing and monitoring
- A tool for improving patient and visitor satisfaction

This document will assist Practices 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

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 the Practice's 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.

Staff who undertake cleaning tasks should be 'Bare below the elbows' and follow the Practices 'Uniform Policy', refer to the 'Hand hygiene Policy for General Practice' and the 'Safe management of linen, including uniforms and workwear Policy for General Practice'.

Waste generated from cleaning tasks should be disposed of appropriately, refer to the 'Safe disposal of waste, including sharps Policy for General Practice'.

4. Equipment used for cleaning

- Use colour coded equipment (see section 9) for cleaning different areas.
- Single use disposable cleaning cloths are recommended as best practice.
- Cleaning equipment should be stored clean and dry after use in a designated area.
- Disposable mop heads, which should be discarded after use, are recommended as best practice.
- Reusable mop heads should be washed in the bucket in detergent and warm water after use, rinsed and stored upright to dry. Reusable mop heads should be discarded if visibly stained and replaced regularly depending on the frequency of use.
- Equipment, e.g. mops, should not be stored overnight in disinfectants or disinfectant solutions. 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 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 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 parts per million 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 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.
- Each toilet should have its own toilet brush and holder. Best practice is to use toilet brushes that are stored suspended in their holder, to allow them to air dry and avoid them sitting in stagnant water in the bottom of the holder. Dispose of 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 Control of

Substances Hazardous to Health (COSHH) Regulations.

Detergents

Detergent wipes or general purpose neutral detergent, warm water, and single use disposable cloths are recommended.

Disinfectants

Disinfectants are not required for routine cleaning. Disinfection should be performed following a consultation/treatment with a patient who has a confirmed or suspected infection. It should also be used following contamination with blood or body fluids, refer to the 'Safe management of blood and body fluid spillages Policy for General Practice'.

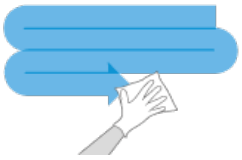
- Cleaning is **essential** before disinfection is carried out. A disinfectant will not be effective if contamination with organic matter, e.g. dirt, debris, blood, vomit, faeces, and/or microorganisms, such as bacteria and viruses, is present. Therefore, if the disinfectant is not a '2 in 1' detergent and disinfectant product, the environment should be cleaned before a disinfectant is used.
- When using disinfectant products, always wear personal protective equipment (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/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 bactericidal should be used for disinfecting surfaces after dealing with a patient with a confirmed infection, e.g. MRGNB, MRSA, or suspected viral infection. A dual acting product made into a solution at a dilution of 1,000 parts per million (ppm), or the use of a wipe will be effective in decontaminating the 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 and/or blood stained body fluids when a dilution of 10,000 ppm should be used.
- A sporicidal product should be used if the patient is confirmed or suspected to have an infection caused by spores, e.g. *Clostridioides difficile,* refer to the '*Clostridioides difficile* Policy for General Practice' 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 MRSA and MRGNB, but is not effective against Norovirus and *Clostridioides*

difficile.

- To ensure efficacy, disinfectant solutions must be made up to the manufacturer's instructions, 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.

6. Cleaning and disinfecting procedure

- Cleaning is **essential** before disinfection is carried out, unless a '2-in-1' cleaning and disinfecting product is used.
- The correct PPE must be worn, and hands cleaned after removing and disposing of each item of PPE.
- When cleaning and disinfecting, clean top to bottom, clean to dirty. Large and flat surfaces should be cleaned using an 'S' shaped pattern, starting at the point furthest away, overlapping slightly, but taking care not to go over the same area twice. This cleaning motion reduces the amount of microorganisms, such as bacteria and viruses, that may be transferred from a dirty area to a clean area.



- Flooring should be decontaminated last, using the technique above. In the event that the flooring is carpeted, it should be shampooed or steam cleaned.
- Detailed guidance on how to perform common cleaning tasks can be found in the NHS England *National Standards of Healthcare Cleanliness: healthcare cleaning manual.*

7. Blood and body fluid spillages

Refer to the 'Management of blood and body fluid spillages Policy for General Practice'.

8. Furniture, fixtures, fittings and toys

- 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).
- The provision of magazines and toys for patients, e.g. in waiting areas,

should be risk assessed. If toys are provided, they should be wipeable and in good condition, these should be decontaminated on a regular basis.

9. 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.

All cleaning materials and equipment (reusable and disposable), e.g. mops, buckets, cloths, aprons and gloves, should be colour coded.

Cleaning products such as detergent, bleach and other disinfectants do not need to be colour coded.

A colour coded chart should be displayed in the cleaner's room, see Table 1 below.

Table 1

National colour coding scheme - for cleaning materials and equipment in primary care medical and dental premises	
All GP Practices are recommended to adopt the national colour code for cleaning materials (see below). All cleaning items (reusable and disposable, e.g. mops, buckets, cloths, aprons and gloves, should be colour coded.	
RED	Sanitary areas, including sinks in sanitary areas
BLUE	General areas, e.g. waiting rooms and consulting rooms, including sinks in general areas
GREEN	Kitchens
YELLOW	Treatment and minor operation rooms

10. Evidence of good practice

It is recommended that, for assurance purposes, audits to assess the standard of cleanliness are carried out in accordance with the *National Standards of Healthcare Cleanliness 2021*. An audit tool is available to download at www.infectionpreventioncontrol.co.uk.

11. Infection Prevention and Control resources, education and training

The Community IPC Team have produced a wide range of innovative

educational and IPC resources designed to assist your General Practice in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infection 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:

- 27 IPC Policy documents for General Practice
- Preventing Infection Workbook: Guidance for General Practice
- IPC CQC inspection preparation Pack for General Practice
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for General Practice Staff

In addition, we hold educational study 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 and related guidance*

NHS England (2022, updated 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*

NHS England and NHS Improvement (2021) *National Standards of Healthcare Cleanliness 2021: Supporting documents* www.england.nhs.uk/publication/national-standards-of-healthcare-cleanliness-2021-supporting-documents/#heading-4