

CLEANING SERVICE

STANDARDS,

GUIDELINES *and* POLICY

for

NSW HEALTH

FACILITIES

AUGUST 1996

Standards Guidelines and Policy for NSW Public Hospital Cleaning Services

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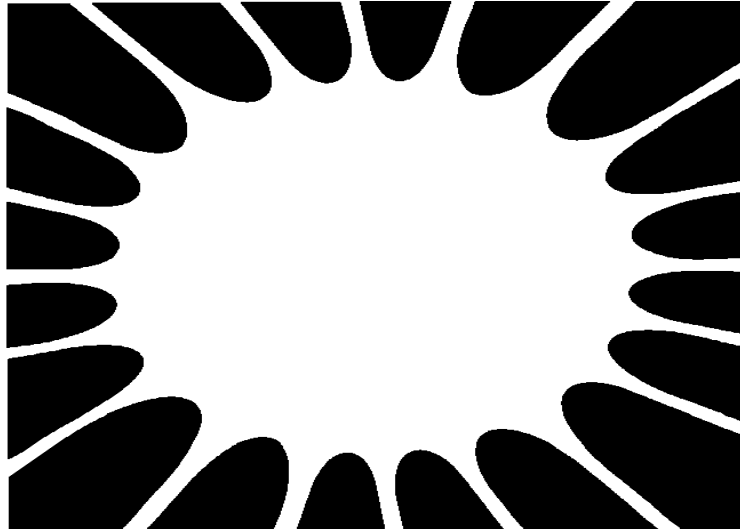
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THE NEW SOUTH WALES GOVERNMENT
Managing better by putting people first

INTRODUCTION

These Standards, Guidelines and Policy for NSW Public Hospital Cleaning Services are an update of the 1989 NSW Department of Health publication Standards for Cleaning Services.

The standards provide hospital executives with a framework to ensure that an effective and efficient cleaning service is provided that meets the needs of all users of hospital facilities. The development of this document is the result of an extensive consultative process with a wide range of user groups, professional associations and industrial bodies.

The Standards have been framed so as to reflect the basic minimum policy standards which must be adhered to, guidelines based on a “best practice” methodology and a quality assurance program that will provide for an on-going monitoring process. The format of the Standards requires the input of hospital management to establish a cleaning program that reflects local policies and requirements to ensure acceptable cleaning standards are maintained.

The Standards do not in any way replace or remove the obligation of employers and employees complying with any subsequent Department of Health, Federal, State and Local Government legislative requirements.

John Wyn Owen
Director-General
Department of Health, NSW

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DISCLAIMER

"Information contained in this document is intended as an advisory guide only. It should not be relied upon as professional advice and should not be regarded as a substitute for detailed advice in particular cases. No responsibility will be accepted by the Department of Health for any injury, loss or damage occasioned by any person acting or refraining from action as a result of reliance on information appearing in this document."

PART A

FREQUENCY AND MONITORING STANDARDS

1. PATIENT AREAS
2. CLINICAL AREAS
3. NON PATIENT AREAS

1. PATIENT AREAS

This section of standards covers all areas where patients are admitted and/or invasive procedures are undertaken.

It includes but is not necessarily limited to such areas as accident and emergency; endoscopy; day only; Operating Rooms/Recovery; Wards (General, Burns, Labour/Delivery, Neo-Natal, ICU, Transplant, etc.); Renal Dialysis.

The section is separated into functional areas for cleaning, viz. FLOORS, FURNITURE AND FITTINGS, AMENITIES.

DEFINITIONS

QUALITY ASSURANCE (INSPECTION) CRITERIA

FUNCTIONS AND FREQUENCIES

CLEANING IN THE OPERATING SUITES

DEFINITIONS
HOSPITAL CLEANING STANDARDS - DEFINITIONS

Specific time periods/frequencies have not been stated in the Standards. Standards have been stated as outcomes that can be measured. Time frames must be determined that reflect hospital policy and local requirements to ensure acceptable cleaning standards are established and maintained.

ROUTINE Is a frequency of cleaning that is performed in functional areas on a predetermined basis set by management according to area usage and the need for cleanliness.

PERIODIC Are those tasks additional to, but in conjunction with, routine tasks, e.g. scrubbing floors, glass cleaning. The frequency of these tasks is determined by the organisation dependent on needs.

PROJECT Are those tasks undertaken in accordance with a planned cleaning program or on a needs basis, e.g. wall washing, carpet shampooing etc.

The cleaning program is determined by the organisation and is planned according to individual needs. Factors to be recognised in the process are:

- i) the function and role of the area
- ii) occupation density, e.g. high, medium, low
- iii) traffic
- iv) nature, type and condition of furnishings, fabric, finishes and surfaces
- v) infection control requirements
- vi) age and location of buildings

A system is to be implemented for the notification and rectification of damaged or deteriorated surfaces/articles which render cleaning ineffective.

Frequencies are to be based on a sound quality assurance program especially as they relate to “routine” cleaning. A set time schedule (rote) is not considered appropriate for routine cleaning. If an area requires cleaning it should be cleaned, if it does not require cleaning it should not be cleaned. Cleaning on the basis of “it has to be cleaned every day even if it does not need it” is not acceptable.

The achievement of an acceptable standard is dependent on the implementation of an effective quality assurance program (**INSPECTION CRITERIA**) and as such the program is to function in accordance with the established inspection criteria and with a period system of review viz.

1. Team leaders to review work of cleaners daily and submit exception reports.
2. Supervisors to review work at locations on an established periodic basis.
3. Management to inspect areas randomly, review complaints and take corrective action.

4. Customer satisfaction surveys of staff, patients/clients and visitors are to be performed periodically.

For steps 2, 3 and 4, a formal reporting and record-keeping system is to be in place detailing:

- i) frequency of reviews, results and action (by whom/when)
- ii) register of complaints
- iii) register of special requests for cleaning

WORK PROGRAM

Management is to ensure that:

- i) an efficient and effective rostering system is in place so that the necessary staff are available to ensure the cleaning standards can be complied with
- ii) a comprehensive and up-to-date plan is maintained of all locations and their particular attributes so that all locations of the health facility are cleaned with special requirements being met. The plan is required to address the questions of **WHAT is to be cleaned, WHERE is it located, WHEN is it to be cleaned and HOW is it to be cleaned**
- iii) an effective quality assurance program is in place so that the requirements of the cleaning standards are complied with

**QUALITY ASSURANCE
INSPECTION CRITERIA - VISIBLE STANDARDS AS
APPLIED DURING CLEANING INSPECTIONS**

Floor

Visible Standard: The floor is free of dust, litter, marks and spots, water or other liquids. Hard floors are free of build-up at the extremities or in traffic lanes. The floor is free of spots, scuffs or scratches on traffic lanes, around furniture and at pivot points. Inaccessible areas (edges, corners and around furniture) are free of dust, lint and spots.

	Meets the visible standard	Does not meet the visible standard
Corridors		
Rooms		
Offices		
Action Required:		

Windows

Visible Standard: External surfaces of glass are clear of all spots and marks. Internal surfaces of glass are clear of all marks like fingerprints and smudges. Window frames and ledges are clear and free of dust, marks and spots.

	Meets the visible standard	Does not meet the visible standard
Corridors		
Rooms		
Offices		
Action Required:		

Walls

Visible Standard: The walls are free of dust or lint.
The walls are free of marks caused by furniture, equipment or staff.
Light switches, doors and door frames are free of fingerprints, scuffs and any other marks.

	Meets the visible standard	Does not meet the visible standard
Corridors		
Rooms		
Offices		
Edges		
Corners		
Action Required:		

Ceilings, Vents and Light Fixtures

Visible Standard: Ceilings are free of dust, spots, soil film and cobwebs.
Vents are free of marks and dust.
Light fixtures are free of marks and dust.

	Meets the visible standard	Does not meet the visible standard
Corridors		
Rooms		
Offices		
Edges		
Corners		
Action Required:		

Furnishings

Visible Standard: Hard surface furniture is free of spots, soil film, dust, fingerprints and spillages.
 Soft surface furniture is free from stains, soil film and dust.
 Furniture legs, wheels and casters are free from mop strings, soil film and dust.

	Meets the visible standard	Does not meet the visible standard
Corridors		
Rooms		
Offices		
Action Required:		

Bathrooms and Toilet Areas

Visible Standard: Porcelain surfaces are free from smudges, smears and mineral deposits.
 Metal surfaces are free from soil, smudges and soap build-up.
 Wall tiles and wall fixtures are free of smudges, mould, soap and mineral build-up.
 Plumbing fixtures are free of smudges, dust, soap and/or mineral build-up.
 Window frames and ledges are clear and free of dust, marks and spots.

	Meets the visible standard	Does not meet the visible standard
Action Required:		

Odours

Standard: The area smells fresh.
There is no odour which is distasteful or unpleasant.

	Meets the visible standard	Does not meet the visible standard
Corridors		
Rooms		
Offices		
Action Required:		

General Tidiness

Visible Standard: Area appears tidy and uncluttered.
Floor space is clear, only occupied by furniture and fittings designed to sit on the floor.
Furniture is maintained in a fashion which allows for cleaning.

	Meets the visible standard	Does not meet the visible standard
Action Required:		

PATIENT AREAS

FUNCTIONS AND FREQUENCIES

CONTENT

A. FLOORS

- Hard**
- Vinyl
 - Vinyl - Low Maintenance
 - Vinyl - Non-Slip
 - Ceramic/Quarry
 - Terazzo
 - Timber
 - Concrete/Epoxy
 - Lino
 - Antistatic
- Soft**
- Carpet
 - Mats/Rugs

B. AMENITIES

- Toilets
- Showers
- Handbasins
- Baths
- Sinks and Sluices

C. FURNITURE AND FITTINGS

- Hard**
- Furniture/Fittings (Includes Benches etc.)
- Soft**
- Furniture/Fittings
- Doors**
- Timber
 - Painted
 - Vinyl
 - Stainless Steel

Walls

Glass

PATIENT AREAS
FUNCTIONS AND FREQUENCIES
CONTENT

Lights

Vents - Standard

Ceilings

Window Coverings - Curtains
- Venetian Blinds
- Vertical Blinds
- Holland Blinds

Escalators

Stainless Steel Surfaces

Bed/Consulting Couches/Cots/Cribs

Bed Screens

Bed Pans Etc.

D. WASTE

General

Sharps

Medical and Related Waste

A. FLOORS

FREQUENCY

ROUTINE PERIODIC PROJECT

A1. HARD FLOORS

VINYL

Electrostatic mop	‡	~	~
Spot mop	‡	~	~
Damp mop	‡	~	~
Dry buff	‡	‡	~
Spray buff	‡	‡	~
Scrub	~	‡	~
Lay polish	~	~	‡
Strip	~	~	‡
Seal	~	~	‡

VINYL - LOW MAINTENANCE

Electrostatic mop	‡	~	~
Spot mop	‡	~	~
Damp mop	‡	~	~
Dry buff	~	‡	~
Scrub	~	~	‡

VINYL - NON-SLIP

Vacuum/Rubbish pick-up	‡	~	~
Damp mop	‡	~	~
Scrub	~	~	‡

CERAMIC/QUARRY

Pick-up rubbish	‡	~	~
Damp mop	‡	~	~
Scrub	~	~	‡

FREQUENCY

ROUTINE PERIODIC PROJECT

A1. HARD FLOORS (cont'd)

TERAZZO (SEALED)

Electrostatic mop	‡	~	~
Spot mop	‡	~	~
Damp mop	‡	~	~
Dry buff	‡	‡	~
Spray buff	‡	‡	~
Scrub	~	‡	~
Lay polish	~	~	‡
Strip	~	~	‡
Seal	~	~	‡

TERAZZO (UNSEALED)

Pick-up rubbish	‡	~	~
Damp mop	‡	~	~
Scrub	~	~	‡

TIMBER (SEALED)

Electrostatic mop	‡	~	~
Spot mop	‡	~	~
Damp mop	‡	~	~
Dry buff	‡	‡	~
Spray buff	‡	‡	~
Scrub	~	‡	~
Lay polish	~	~	‡
Strip	~	~	‡
Seal	~	~	‡

TIMBER (WAXED)

Vacuum	‡	~	~
Damp mop	‡	~	~
Dry buff	‡	‡	~
Strip wax	~	~	‡
Apply wax	~	~	‡

CONCRETE/EPOXY

Sweep	‡	~	~
Hose	‡	~	~
Damp mop	‡	~	~
Wet mop	~	‡	~
Scrub	~	‡	~

FREQUENCY

ROUTINE PERIODIC PROJECT

A1. HARD FLOORS (cont'd)

LINO

Electrostatic dust mop	⌘	~	~
Spot mop	⌘	~	~
Damp mop	⌘	~	~
Dry buff	⌘	⌘	~

ANTISTATIC

Vacuum	⌘	~	~
Spot mop	⌘	~	~
Damp mop	⌘	~	~
Dry buff	⌘	⌘	~
Scrub	~	~	⌘

A2. SOFT FLOORS

CARPET

Spot/stain removal	⌘	~	~
Carpet sweep	⌘	~	~
Spot vacuum	⌘	~	~
Full vacuum	⌘	⌘	~
Pile lift	~	~	⌘
Shampoo	~	~	⌘

MATS AND RUGS

Spot/stain removal	⌘	~	~
Carpet sweep	⌘	~	~
Spot vacuum	⌘	~	~
Full vacuum	⌘	⌘	~
Shampoo	~	~	⌘

B. AMENITIES

FREQUENCY

ROUTINE PERIODIC PROJECT

B1. TOILETS

Pick-up and remove waste	⌘	~	~
Spot clean walls, doors and fittings	⌘	~	~
Replenish consumables	⌘	~	~
Clean toilet bowl and seat	⌘	~	~
Clean urinal and fittings	⌘	~	~
Clean vents/fans	~	⌘	~
Wash walls and doors	~	~	⌘
High dust	~	~	⌘

B2. SHOWERS

Pick-up and remove waste	⌘	~	~
Spot clean walls and fittings	⌘	~	~
Clean shower mats and chairs	⌘	~	~
Clean shower curtain	⌘	~	~
Change shower curtain	~	⌘	~
Clean vents/fans	~	⌘	~
Wash walls and fittings	~	~	⌘
High dust	~	~	⌘

B3. HANDBASIN UNITS

Pick-up and remove waste	⌘	~	~
Clean basin and fixtures	⌘	~	~
Clean splash backs	⌘	~	~
Clean mirrors	⌘	~	~
Clean paper towel dispenser	⌘	~	~
Replenish paper towels	⌘	~	~
Clean and replenish soap dispenser	⌘	~	~

B4. BATHS

Pick-up and remove waste	⌘	~	~
Wash bath, fixtures and fittings	⌘	~	~
Spot clean walls and bath surrounds	⌘	~	~
Clean non-slip mats	⌘	~	~
Clean vents/fans	~	~	⌘
Wash walls and bath surrounds	~	~	⌘
High dust	~	~	⌘

FREQUENCY**ROUTINE PERIODIC PROJECT****B5. SINKS AND SLUICES**

Pick-up and remove waste	‡	~	~
Clean sinks and sluices	‡	~	~
Clean fixtures and fittings	‡	~	~
Clean splash backs	‡	~	~

C. FURNITURE/FITTINGS

FREQUENCY

ROUTINE PERIODIC PROJECT

C1. HARD - FURNITURE/FITTINGS (INCLUDES BENCHES ETC.)

Pick-up and remove waste	⊘	~	~
Spot clean	⊘	~	~
Damp clean	~	⊘	~

C2. SOFT - FURNITURE/FITTINGS

Spot clean fabric/vinyl surfaces	⊘	~	~
Vacuum fabric surfaces	~	⊘	~
Shampoo fabric surfaces	~	~	⊘

C3. DOORS

Timber			
Spot clean	⊘	~	~
Damp clean	~	⊘	~
Painted			
Spot clean	⊘	~	~
Damp clean	~	⊘	~
Vinyl			
Spot clean	⊘	~	~
Damp clean	~	⊘	~
Stainless Steel			
Spot clean	⊘	~	~
Damp clean	~	⊘	~
Polish	~	~	⊘

C4. WALLS

Spot clean	⊘	~	~
Damp clean	~	⊘	~
Wash	~	~	⊘

C5. GLASS

Spot clean	⊘	~	~
Wash	~	~	⊘

PART A - PATIENT AREAS - FURNITURE/FITTINGS **A.16**

FREQUENCY

ROUTINE PERIODIC PROJECT

C6. LIGHTS - STANDARD

Spot clean	⌘	~	~
Damp clean	~	~	⌘

C7. VENTS

Damp wipe	~	~	⌘
Vacuum	~	~	⌘

C8. CEILINGS

Spot clean	⌘	~	~
High dust	~	⌘	~
Wash	~	~	⌘

C9. WINDOW COVERINGS

Curtains

Dust	⌘	~	~
Wash	~	~	⌘

Venetian Blinds

Spot clean	⌘	~	~
Wash	~	~	⌘

Vertical Blinds

Spot clean	⌘	~	~
Wash	~	~	⌘

Holland Blinds

Spot clean	⌘	~	~
Damp clean	~	~	⌘

C10. ESCALATORS (SWITCH "OFF" PRIOR TO WORK)

Vacuum clean treads	⌘	~	~
Wire brush treads	~	⌘	~
Damp clean all surfaces	~	⌘	~

PART A - PATIENT AREAS - FURNITURE/FITTINGS **A.17**

FREQUENCY

ROUTINE PERIODIC PROJECT

C11. STAINLESS STEEL SURFACES (BENCHES, SINKS)

Damp wipe	⌘	~	~
-----------	---	---	---

C12. BED/CONSULTING COUCHES/COTS/CRIBS

Strip (Optional)	⌘	~	~
Spot clean	⌘	~	~
Remove (Optional)	⌘	~	~
Full clean	~	⌘	~

C13. BED SCREENS

Spot clean	⌘	~	~
------------	---	---	---

C14. BED PANS KIDNEY DISHES ETC.

Soak pans and bottles	~	⌘	~
Clean to remove stains	~	⌘	~
Clean sanitiser	~	⌘	~

D. WASTE**FREQUENCY****ROUTINE PERIODIC PROJECT****D1. GENERAL**

Empty waste receptacle	⌘	~	~
Spot clean receptacle	⌘	~	~
Wash receptacle	~	⌘	~

D2. SHARPS

Remove sealed receptacle	⌘	~	~
--------------------------	---	---	---

D3. MEDICAL AND RELATED WASTE

Remove waste	⌘	~	~
--------------	---	---	---

The New South Wales Operating Theatre Association (NSW OTA) believe that the maintenance of the visible standards, set out in this NSW Department of Health document, will assist to create and maintain a safe and clean environment for the surgical patient. A patient's surgical outcome is influenced by the creation and maintenance of a safe and clean environment, efficient housekeeping practice is conducive to the minimisation of microbiological risks for patients and operating suite personnel. The information in this section may be combined with the inspection criteria to establish a cleaning and quality assurance programs which reflect local needs and ensure maintenance of acceptable cleaning standards.

STANDARD 1

THE OPERATING SUITE HAS WRITTEN STANDARDS FOR ENVIRONMENTAL CLEANING

Criteria

- 1.1 Standards of cleaning practice are written, dated, readily available and periodically reviewed by peri-operative nurses in conjunction with the departments of microbiology, cleaning services and infection control.
- 1.2 The standards are based on current and accepted microbiological recommendations.
- 1.3 The standards are measurable and establish accountability.

STANDARD 2

THE PRINCIPLES OF STANDARD PRECAUTIONS FOR BODY SUBSTANCE ISOLATION ARE USED WHEN WRITING POLICIES, PROCEDURES AND GUIDELINES FOR ENVIRONMENTAL CLEANING

Criteria

- 2.1 The cleaning manual includes but need not be limited to policies, procedures and guidelines on:
 - * cleaning after each patient
 - * end of day cleaning
 - * routine environmental cleaning
 - * maintenance of equipment, floors, offices, ancillary rooms, air-conditioning vents
 - * recommended cleaning agents, strengths and dilutents
 - * cleaning material/equipment
 - * disposal of sharps and toxic and hazardous wastes.

STANDARD 3**CLEANING PROCEDURES AND POLICIES ARE DESIGNED TO REDUCE THE RISKS TO BOTH PATIENTS AND PERSONNEL****Criteria**

- 3.1 The cleaning standards are aimed at reducing microbiological risks and occupational injury.
- 3.2 The standards of cleaning practice include but need not be limited to:
- * confinement and decontamination of spillage of blood and body substances
 - * disposal of contaminated fluids and cleaning receptacles
 - * decontamination of instruments and equipment
 - * cleaning of specialised equipment, e.g. diathermy, air powered tools, endoscopes
 - * cleaning of positioning equipment
 - * cleaning of patient's immediate environment
 - * wearing and using protective apparel and equipment

ENVIRONMENTAL CLEANING - EXPLANATORY NOTES

1. Specific areas within the operating suite may contain specialised surfaces or equipment which may require individualised cleaning agents and methods.
2. It is important that cleaning staff are educated to recognise individual area differences and to appreciate areas where sterile conditions apply.
3. ALL blood and body substances are potentially infective and standard precautions are taken when handling any potentially infective material. Cleaning staff wear protective apparel, e.g. gloves, glasses, aprons, masks, as necessary for the specific substance.
 - 3.1 Spillage of blood or body substances should be confined and contained until decontamination can occur. Decontamination should be attended to as soon as practically possible.
 - 3.2 Warm or cold water should be used with the appropriate product according to the manufacturer's instructions.

Note: The use of hot or boiling water for cleaning may cause coagulation of body substances, and the coagulum may protect micro-organisms from destruction.

4. Cleaning solutions are freshly prepared and discarded as soon as the specific cleaning is completed. Disposable cloths for cleaning are recommended and should be discarded immediately following use.
5. Housekeeping measures should include the control of entry of potential contaminants.
6. Airborne contaminants should be controlled by routine cleaning of air-conditioning vents, damp dusting of horizontal surfaces and regular maintenance of equipment.
7. Occupational health and safety policies should be considered when determining cleaning methods and materials. Potentially toxic solutions should be reduced as much as practicably possible.
8. The electrical cleaning equipment complies with the relevant Australian Standards, is maintained regularly and undergoes routine safety checks.
9. The use of neutral detergent and water should be encouraged for all non-specific environmental cleaning provided that the following criteria are met:
 - * the detergent is approved by the Department of Microbiology/ Pharmacy with regard to preparation, efficacy, storage and shelf life, and complies with relevant Australian Standards
 - * the detergent is effective in the specific environment
 - * the detergent is compatible with other agents/materials/equipment which are used in the cleaning process in the specific environment

RECOMMENDED CLEANING SCHEDULE

This recommended cleaning schedule includes but need not be limited to:

1. Immediately prior to the commencement of an operative procedure the environment should be visually inspected for cleanliness and appropriate action taken.
2. Spot cleaning of blood and body substances should be undertaken as soon as practicable with an effective decontaminant, complying with relevant standards.
3. Cleaning after each patient should include spot cleaning of contaminated furniture, equipment, floors and walls.
4. Electro medical equipment is extremely sensitive and may require individualised cleaning methods; cleaning agents; supervision or training of cleaning staff. The use of chemicals or water may lead to damage and/or cause malfunction. Manufacturers and suppliers should be encouraged to provide written instructions relating to care,

CLEANING IN THE OPERATING SUITE

A.22

cleaning and maintenance of equipment supplied. Compliance with manufacturers' instructions is recommended.

5. At the conclusion of the day's operative schedule, operating rooms, anaesthetic rooms, scrub/utility areas, recovery rooms and corridors, furnishings, fixtures, fittings, floors and face plates of vents should be cleaned. These areas should include, but need not be limited to:

	Floors	Bench tops & horizontal surfaces	Furniture & equipment	Sinks	Rubbish Bins & Kick Buckets	Toilets & sluices
Anaesthetic Rooms	“	“	“	“	“	
Operating Rooms	“	“	“	“	“	
Preparation Rooms	“	“	“	“	“	
Disposal Rooms	“	“	“	“	“	“
Recovery Rooms	“	“	“	“	“	“
All Other Areas	“	“	“	“	“	“

6. Additional periodic cleaning is part of good housekeeping. The following suggested time frame for additional periodic cleaning may be modified to accommodate the utilisation of the suite, the design, the standard of air conditioning and the number of personnel within the area.

WEEKLY		
	Shelves & Desks	Curtain Rails
Prep Rooms	“	
Storage rooms	“	
Recovery rooms	“	
Pre anaes rooms	“	“
Patient exam rooms	“	“
Offices	“	
Reception rooms	“	

6 MONTHLY			
	Ceilings Walls/Doors	Light Fittings	Fire/smoke detectors
Anaesthetic rooms	“	“	“
Operating rooms	“	“	“
Recovery rooms	“	“	“
Preparation rooms	“	“	“
Disposal rooms	“	“	“
Patient reception	“	“	“
Examination rooms	“	“	“
All other areas		“	“

ANNUALLY	
	Ceilings/Walls/Doors
All other areas	“

Acknowledgement is made to the use of material incorporated in The Australian Confederation of Operating Room Nurses (ACORN) Standards, Guidelines and Policy Statements, published in May 1995.

2. CLINICAL AREAS

This section of standards covers all clinical areas.

It includes but is not necessarily limited to such areas as laboratories, sterilizing units, dental, mortuary, occupational therapy, OPD, physiotherapy, pharmacy/dispensary, radiology, radiation/oncology.

The section is separated into functional areas for cleaning, viz. FLOORS, FURNITURE AND FITTINGS, AMENITIES.

DEFINITIONS

QUALITY ASSURANCE (INSPECTION) CRITERIA

FUNCTIONS AND FREQUENCIES

DEFINITIONS
HOSPITAL CLEANING STANDARDS - DEFINITIONS

Specific time periods/frequencies have not been stated in the Standards. Standards have been stated as outcomes that can be measured. Time frames must be determined that reflect hospital policy and local requirements to ensure acceptable cleaning standards are established and maintained.

ROUTINE Is a frequency of cleaning that is performed in functional areas on a predetermined basis set by management according to area usage and the need for cleanliness.

PERIODIC Are those tasks additional to, but in conjunction with, routine tasks, e.g. scrubbing floors, glass cleaning. The frequency of these tasks is determined by the organisation dependent on needs.

PROJECT Are those tasks undertaken in accordance with a planned cleaning program or on a needs basis, e.g. wall washing, carpet shampooing etc.

The cleaning program is determined by the organisation and is planned according to individual needs. Factors to be recognised in the process are:

- i) the function and role of the area
- ii) occupation density, e.g. high, medium, low
- iii) traffic
- iv) nature, type and condition of furnishings, fabric, finishes and surfaces
- v) infection control requirements
- vi) age and location of buildings

A system is to be implemented for the notification and rectification of damaged or deteriorated surfaces/articles which render cleaning ineffective.

Frequencies are to be based on a sound quality assurance program especially as they relate to “routine” cleaning. A set time schedule (rote) is not considered appropriate for routine cleaning. If an area requires cleaning it should be cleaned, if it does not require cleaning it should not be cleaned. Cleaning on the basis of “it has to be cleaned every day even if it does not need it” is not acceptable.

The achievement of an acceptable standard is dependent on the implementation of an effective quality assurance program (**INSPECTION CRITERIA**) and as such the program is to function in accordance with the established inspection criteria and with a period system of review viz.

1. Team leaders to review work of cleaners daily.
2. Supervisors to review work at locations on an established periodic basis.
3. Management to inspect areas randomly, review complaints and take corrective action.

4. Customer satisfaction surveys of staff, patients/clients and visitors are to be performed periodically.

For steps 2, 3 and 4, a formal reporting and record-keeping system is to be in place detailing:

- i) frequency of reviews, results and action (by whom/when)
- ii) register of complaints
- iii) register of special requests for cleaning

WORK PROGRAM

Management is to ensure that:

- i) an efficient and effective rostering system is in place so that the necessary staff are available to ensure the cleaning standards can be complied with
- ii) a comprehensive and up-to-date plan is maintained of all locations and their particular attributes so that all locations of the health facility are cleaned with special requirements being met. The plan is required to address the questions of **WHAT is to be cleaned, WHERE is it located, WHEN is it to be cleaned and HOW is it to be cleaned**
- iii) an effective quality assurance program is in place so that the requirements of the cleaning standards are complied with

**QUALITY ASSURANCE
INSPECTION CRITERIA - VISIBLE STANDARDS AS
APPLIED DURING CLEANING INSPECTIONS**

Floor

Visible Standard: The floor is free of dust, litter, marks and spots, water or other liquids. Hard floors are free of build-up at the extremities or in traffic lanes. The floor is free of spots, scuffs or scratches on traffic lanes, around furniture and at pivot points. Inaccessible areas (edges, corners and around furniture) are free of dust, lint and spots.

	Meets the visible standard	Does not meet the visible standard
Corridors		
Rooms		
Offices		
Action Required:		

Windows

Visible Standard: External surfaces of glass are clear of all spots and marks. Internal surfaces of glass are clear of all marks like fingerprints and smudges. Window frames and ledges are clear and free of dust, marks and spots.

	Meets the visible standard	Does not meet the visible standard
Corridors		
Rooms		
Offices		
Action Required:		

Walls

Visible Standard: The walls are free of dust or lint.
 The walls are free of marks caused by furniture, equipment or staff.
 Light switches, doors and door frames are free of fingerprints, scuffs and any other marks.

	Meets the visible standard	Does not meet the visible standard
Corridors		
Rooms		
Offices		
Edges		
Corners		
Action Required:		

Ceilings, Vents and Light Fixtures

Visible Standard: Ceilings are free of dust spots, soil film and cobwebs.
 Vents are free of marks and dust.
 Light fixtures are free of marks and dust.

	Meets the visible standard	Does not meet the visible standard
Corridors		
Rooms		
Offices		
Edges		
Corners		
Action Required:		

Furnishings

Visible Standard: Hard surface furniture is free of spots, soil film, dust, fingerprints and spillages.
 Soft surface furniture is free from stains, soil film and dust.
 Furniture legs, wheels and casters are free from mop strings, soil film and dust.

	Meets the visible standard	Does not meet the visible standard
Corridors		
Rooms		
Offices		

Bathrooms and Toilet Areas

Visible Standard: Porcelain surfaces are free from smudges, smears and mineral deposits.
 Metal surfaces are free from soil, smudges and soap build-up.
 Wall tiles and wall fixtures are free of smudges, mould, soap and mineral build-up.
 Plumbing fixtures are free of smudges, dust, soap, mineral
 Window frames and ledges are clear and free of dust, marks and spots.

	Meets the visible standard	Does not meet the visible standard
Action Required:		

Odours

Standard: The area smells fresh.
 There is no odour which is distasteful or unpleasant.

	Meets the visible standard	Does not meet the visible standard
Corridors		
Rooms		
Offices		
Action Required:		

General Tidiness

Visible Standard: Area appears tidy and uncluttered.
 Floor space is clear, only occupied by furniture and fittings designed to sit on the floor.
 Furniture is maintained in a fashion which allows for cleaning.

	Meets the visible standard	Does not meet the visible standard
Action Required:		

CLINICAL AREAS
FUNCTIONS AND FREQUENCIES
CONTENT

A. FLOORS

- Hard** - Vinyl
- Vinyl - Low Maintenance
- Vinyl - Non-Slip
- Ceramic/Quarry
- Terazzo
- Timber
- Concrete/Epoxy
- Lino
- Antistatic
- Soft** - Carpet
- Mats/Rugs

B. AMENITIES

- Toilets
- Showers
- Handbasins
- Baths
- Sinks and Sluices

C. FURNITURE AND FITTINGS

- Hard** - Furniture/Fittings (Includes Benches etc.)
- Soft** - Furniture/Fittings
- Doors** - Timber
- Painted
- Vinyl
- Stainless Steel

Walls

Glass

CLINICAL AREAS
FUNCTIONS AND FREQUENCIES
CONTENT

Lights - Standard

Vents

Ceilings

Window Coverings - Curtains
- Venetian Blinds
- Vertical Blinds
- Holland Blinds

Escalators

Stainless Steel Surfaces (Includes Benches, Sinks)

Equipment - Beds

D. WASTE

General

Sharps

Medical and Related Waste

A. FLOORS

FREQUENCY

ROUTINE PERIODIC PROJECT

A1. HARD FLOORS

VINYL

Electrostatic mop	⌘	~	~
Spot mop	⌘	~	~
Damp mop	⌘	~	~
Dry buff	⌘	⌘	~
Spray buff	⌘	⌘	~
Scrub	~	⌘	~
Lay polish	~	~	⌘
Strip	~	~	⌘
Seal	~	~	⌘

VINYL - LOW MAINTENANCE

Electrostatic mop	⌘	~	~
Spot mop	⌘	~	~
Damp mop	⌘	~	~
Dry buff	~	⌘	~
Scrub	~	~	⌘

VINYL - NON-SLIP

Vacuum/Rubbish pick-up	⌘	~	~
Damp mop	⌘	~	~
Scrub	~	~	⌘

CERAMIC/QUARRY

Pick-up rubbish	⌘	~	~
Damp mop	⌘	~	~
Scrub	~	~	⌘

FREQUENCY

ROUTINE PERIODIC PROJECT

A1. HARD FLOORS (cont'd)

TERAZZO (SEALED)

Electrostatic mop	‡	~	~
Spot mop	‡	~	~
Damp mop	‡	~	~
Dry buff	‡	‡	~
Spray buff	‡	‡	~
Scrub	~	‡	~
Lay polish	~	~	‡
Strip	~	~	‡
Seal	~	~	‡

TERAZZO (UNSEALED)

Pick-up rubbish	‡	~	~
Damp mop	‡	~	~
Scrub	~	~	‡

TIMBER (SEALED)

Electrostatic mop	‡	~	~
Spot mop	‡	~	~
Damp mop	‡	~	~
Dry buff	‡	‡	~
Spray buff	‡	‡	~
Scrub	~	‡	~
Lay polish	~	~	‡
Strip	~	~	‡
Seal	~	~	‡

TIMBER (WAXED)

Vacuum	‡	~	~
Damp mop	‡	~	~
Dry buff	‡	‡	~
Strip wax	~	~	‡
Apply wax	~	~	‡

CONCRETE/EPOXY

Sweep	‡	~	~
Hose	‡	~	~
Damp mop	‡	~	~
Wet mop	~	‡	~
Scrub	~	‡	~

	FREQUENCY		
	ROUTINE	PERIODIC	PROJECT
A1. HARD FLOORS (cont'd)			
LINO			
Electrostatic dust mop	⌘	~	~
Spot mop	⌘	~	~
Damp mop	⌘	~	~
Dry buff	⌘	⌘	~
ANTISTATIC			
Vacuum	⌘	~	~
Spot mop	⌘	~	~
Damp mop	⌘	~	~
Dry buff	⌘	⌘	~
Scrub	~	~	⌘
A2. SOFT FLOORS			
CARPET			
Spot/stain removal	⌘	~	~
Carpet sweep	⌘	~	~
Spot vacuum	⌘	~	~
Full vacuum	⌘	⌘	~
Pile lift	~	~	⌘
Shampoo	~	~	⌘
MATS AND RUGS			
Spot/stain removal	⌘	~	~
Carpet sweep	⌘	~	~
Spot vacuum	⌘	~	~
Full vacuum	⌘	⌘	~
Shampoo	~	~	⌘

B. AMENITIES

		FREQUENCY		
		ROUTINE	PERIODIC	PROJECT
B1. TOILETS				
	Pick-up and remove waste	T	~	~
	Spot clean walls, doors and fittings	T	~	~
	Replenish consumables	T	~	~
	Clean toilet bowl and seat	T	~	~
	Clean urinal and fittings	T	~	~
	Clean vents/fans	~	T	~
	Wash walls and doors	~	~	T
	High dust	~	~	T
B2. SHOWERS				
	Pick-up and remove waste	T	~	~
	Spot clean walls and fittings	T	~	~
	Clean shower mats and chairs	T	~	~
	Clean shower curtain	T	~	~
	Change shower curtain	~	T	~
	Clean vents/fans	~	T	~
	Wash walls and fittings	~	~	T
	High dust	~	~	T
B3. HANDBASIN UNITS				
	Pick-up and remove waste	T	~	~
	Clean basin and fixtures	T	~	~
	Clean splash backs	T	~	~
	Clean mirrors	T	~	~
	Clean paper towel dispenser	T	~	~
	Replenish paper towels	T	~	~
	Clean and replenish soap dispenser	T	~	~
B4. BATHS				
	Pick-up and remove waste	T	~	~
	Wash bath, fixtures and fittings	T	~	~
	Spot clean walls and bath surrounds	T	~	~
	Clean non-slip mats	T	~	~
	Clean vents/fans	~	~	T
	Wash walls and bath surrounds	~	~	T
	High dust	~	~	T

FREQUENCY**ROUTINE PERIODIC PROJECT****B5. SINKS AND SLUICES**

Pick-up and remove waste	⌘	~	~
Clean sinks and sluices	⌘	~	~
Clean fixtures and fittings	⌘	~	~
Clean splash backs	⌘	~	~

C. FURNITURE/FITTINGS

		FREQUENCY		
		ROUTINE	PERIODIC	PROJECT
C1. HARD - FURNITURE/FITTINGS				
	Pick-up and remove waste	⌘	~	~
	Spot clean	⌘	~	~
	Damp clean	~	⌘	~
C2. SOFT - FURNITURE/FITTINGS				
	Spot clean fabric/vinyl surfaces	⌘	~	~
	Vacuum fabric surfaces	~	⌘	~
	Shampoo fabric surfaces	~	~	⌘
C3. DOORS				
Timber				
	Spot clean	⌘	~	~
	Damp clean	~	⌘	~
Painted				
	Spot clean	⌘	~	~
	Damp clean	~	⌘	~
Vinyl				
	Spot clean	⌘	~	~
	Damp clean	~	⌘	~
Stainless Steel				
	Spot clean	⌘	~	~
	Damp clean	~	⌘	~
	Polish	~	~	⌘
C4. WALLS				
	Spot clean	⌘	~	~
	Damp clean	~	⌘	~
	Wash	~	~	⌘
C5. GLASS				
	Spot clean	⌘	~	~
	Wash	~	~	⌘

PART A - CLINICAL AREAS - FURNITURE/FITTINGS A.38

		FREQUENCY		
		ROUTINE	PERIODIC	PROJECT
C6. LIGHTS - STANDARD				
	Spot clean	☒	~	~
	Damp clean	~	~	☒
C7. VENTS				
	Damp wipe	~	~	☒
	Vacuum	~	~	☒
C8. CEILINGS				
	Spot clean	☒	~	~
	High dust	~	☒	~
	Wash	~	~	☒
C9. WINDOW COVERINGS				
Curtains				
	Dust	☒	~	~
	Wash	~	~	☒
Venetian Blinds				
	Spot clean	☒	~	~
	Wash	~	~	☒
Vertical Blinds				
	Spot clean	☒	~	~
	Wash	~	~	☒
Holland Blinds				
	Spot clean	☒	~	~
	Damp clean	~	~	☒
C10. ESCALATORS (SWITCH "OFF" PRIOR TO WORK)				
	Vacuum clean treads	☒	~	~
	Wire brush treads	~	☒	~
	Damp clean all surfaces	~	☒	~
C11. STAINLESS STEEL SURFACES (BENCHES, SINKS)				
	Damp wipe	☒	~	~

PART A - CLINICAL AREAS - FURNITURE/FITTINGS A.39

FREQUENCY

ROUTINE PERIODIC PROJECT

C12. BED/CONSULTING COUCHES/COTS/CRIBS

Strip (Optional)	⌘	~	~
Spot clean	⌘	~	~
Remove (Optional)	⌘	~	~
Full clean	~	⌘	~

C13. BED SCREENS

Spot clean	⌘	~	~
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C14. BED PANS KIDNEY DISHES ETC.

Soak pans and bottles	~	⌘	~
Clean to remove stains	~	⌘	~
Clean sanitiser	~	⌘	~

D. WASTE

	FREQUENCY		
	ROUTINE	PERIODIC	PROJECT
D1. GENERAL			
Empty waste receptacle	⌘	~	~
Spot clean receptacle	⌘	~	~
Wash receptacle	~	⌘	~
D2. SHARPS			
Remove sealed receptacle	⌘	~	~
D3. MEDICAL AND RELATED WASTE			
Remove waste	⌘	~	~

PART A**3. NON-PATIENT AREAS**

This section of standards covers all non-patient and non-clinical areas.

It includes but is not necessarily limited to all administration and service areas.

The section is separated into functional areas for cleaning, viz. FLOORS, AMENITIES, FURNITURE AND FITTINGS.

DEFINITIONS

QUALITY ASSURANCE (INSPECTION) CRITERIA

FUNCTIONS AND FREQUENCIES

**DEFINITIONS
HOSPITAL CLEANING STANDARDS**

Specific time periods/frequencies have not been stated in the Standards. Standards have been stated as outcomes that can be measured. Time frames must be determined that reflect hospital policy and local requirements to ensure acceptable cleaning standards are established and maintained.

ROUTINE Is a frequency of cleaning that is performed in functional areas on a predetermined basis set by management according to area usage and the need for cleanliness.

PERIODIC Are those tasks additional to, but in conjunction with, routine tasks, e.g. scrubbing floors, glass cleaning. The frequency of these tasks is determined by the organisation dependent on needs.

PROJECT Are those tasks undertaken in accordance with a planned cleaning program or on a needs basis, e.g. wall washing, carpet shampooing etc.

The cleaning program is determined by the organisation and is planned according to individual needs. Factors to be recognised in the process are:

- i) the function and role of the area
- ii) occupation density, e.g. high, medium, low
- iii) traffic
- iv) nature, type and condition of furnishings, fabric, finishes and surfaces
- v) infection control requirements
- vi) age and location of buildings

A system is to be implemented for the notification and rectification of damaged or deteriorated surfaces/articles which render cleaning ineffective.

Frequencies are to be based on a sound quality assurance program especially as they relate to "routine" cleaning. A set time schedule (rote) is not considered appropriate for routine cleaning. If an area requires cleaning it should be cleaned, if it does not require cleaning it should not be cleaned. Cleaning on the basis of "it has to be cleaned every day even if it does not need it" is not acceptable.

The achievement of an acceptable standard is dependent on the implementation of an effective quality assurance program (**INSPECTION CRITERIA**) and as such the program is to function in accordance with the established inspection criteria and with a period system of review viz.

1. Team leaders to review work of cleaners daily.
2. Supervisors to review work at locations on an established periodic basis.
3. Management to inspect areas randomly, review complaints and take corrective action.

4. Customer satisfaction surveys of staff, patients/clients and visitors are to be performed periodically.

For steps 2, 3 and 4 a formal reporting and record-keeping system is to be in place detailing:

- i) frequency of reviews, results and action (by whom/when)
- ii) register of complaints
- iii) register of special requests for cleaning

WORK PROGRAM

Management is to ensure that:

- i) an efficient and effective rostering system is in place so that the necessary staff are available to ensure the cleaning standards can be complied with;
- ii) a comprehensive and up-to-date plan is maintained of all locations and their particular attributes so that all locations of the health facility are cleaned with special requirements being met. The plan is required to address the questions of **WHAT is to be cleaned, WHERE is it located, WHEN is it to be cleaned and HOW is it to be cleaned;**
- iii) an effective quality assurance program is in place so that the requirements of the cleaning standards are complied with.

QUALITY ASSURANCE

INSPECTION CRITERIA - VISIBLE STANDARDS AS APPLIED DURING CLEANING INSPECTIONS

Floor

Visible Standard: The floor is free of dust, litter, marks and spots, water or other liquids. Hard floors are free of build-up at the extremities or in traffic lanes. The floor is free of spots, scuffs or scratches on traffic lanes, around furniture and at pivot points. Inaccessible areas (edges, corners and around furniture) are free of dust, lint and spots.

	Meets the visible standard	Does not meet the visible standard
Corridors		
Rooms		
Offices		
Action Required:		

Windows

Visible Standard: External surfaces of glass are clear of all spots and marks. Internal surfaces of glass are clear of all marks like fingerprints and smudges. Window frames and ledges are clear and free of dust, marks and spots.

	Meets the visible standard	Does not meet the visible standard
Corridors		
Rooms		
Offices		
Action Required:		

Walls

Visible Standard: The walls are free of dust or lint.
The walls are free of marks caused by furniture, equipment or staff.
Light switches, doors and door frames are free of fingerprints, scuffs and any other marks.

	Meets the visible standard	Does not meet the visible standard
Corridors		
Rooms		
Offices		
Edges		
Corners		
Action Required:		

Ceilings, Vents and Light Fixtures

Visible Standard: Ceilings are free of dust spots, soil film and cobwebs.
Vents are free of marks and dust.
Light fixtures are free of marks and dust.

	Meets the visible standard	Does not meet the visible standard
Corridors		
Rooms		
Offices		
Edges		
Corners		
Action Required:		

Furnishings

Visible Standard: Hard surface furniture is free of spots, soil film, dust, fingerprints and spillages.
 Soft surface furniture is free from stains, soil film and dust.
 Furniture legs, wheels and casters are free from mop strings, soil film and dust.

	Meets the visible standard	Does not meet the visible standard
Corridors		
Rooms		
Offices		

Bathrooms and Toilet Areas

Visible Standard: Porcelain surfaces are free from smudges, smears and mineral deposits.
 Metal surfaces are free from soil, smudges and soap build-up.
 Wall tiles and wall fixtures are free of smudges, mould, soap and mineral build-up.
 Plumbing fixtures are free of smudges, dust, soap and/or mineral build-up.
 Window frames and ledges are clear and free of dust, marks and spots.

	Meets the visible standard	Does not meet the visible standard
Action Required:		

Odours

Standard: The area smells fresh.
There is no odour which is distasteful or unpleasant.

	Meets the visible standard	Does not meet the visible standard
Corridors		
Rooms		
Offices		
Action Required:		

General Tidiness

Visible Standard: Area appears tidy and uncluttered.
Floor space is clear, only occupied by furniture and fittings designed to sit on the floor.
Furniture is maintained in a fashion which allows for cleaning.

	Meets the visible standard	Does not meet the visible standard
Action Required:		

NON-PATIENT AREAS
FUNCTIONS AND FREQUENCIES
CONTENT

A. FLOORS

- Hard**
- Vinyl
 - Vinyl - Low Maintenance
 - Vinyl - Non-Slip
 - Ceramic/Quarry
 - Terazzo
 - Timber
 - Concrete/Epoxy
 - Lino
 - Antistatic
- Soft**
- Carpet
 - Mats/Rugs

B. AMENITIES

- Toilets
- Showers
- Handbasins
- Baths
- Sinks and Sluices

C. FURNITURE AND FITTINGS

- Hard**
- Furniture/Fittings (Includes Benches etc.)
- Soft**
- Furniture/Fittings
- Doors**
- Timber
 - Painted
 - Vinyl
 - Stainless Steel

Walls

Glass

NON-PATIENT AREAS
FUNCTIONS AND FREQUENCIES
CONTENT

Lights - Standard

Vents

Ceilings

Window Coverings - Curtains
- Venetian Blinds
- Vertical Blinds
- Holland Blinds

Escalators

D. WASTE

A. FLOORS

FREQUENCY

ROUTINE PERIODIC PROJECT

A1. HARD FLOORS

VINYL

Electrostatic mop	T	~	~
Spot mop	T	~	~
Damp mop	T	~	~
Dry buff	T	T	~
Spray buff	T	T	~
Scrub	~	T	~
Lay polish	~	~	T
Strip	~	~	T
Seal	~	~	T

VINYL - LOW MAINTENANCE

Electrostatic mop	T	~	~
Spot mop	T	~	~
Damp mop	T	~	~
Dry buff	~	T	~
Scrub	~	~	T

VINYL - NON-SLIP

Vacuum/Rubbish pick-up	T	~	~
Damp mop	T	~	~
Scrub	~	~	T

CERAMIC/QUARRY

Pick-up rubbish	T	~	~
Damp mop	T	~	~
Scrub	~	~	T

FREQUENCY

ROUTINE PERIODIC PROJECT

A1. HARD FLOORS (cont'd)

TERAZZO (SEALED)

Electrostatic mop	⌘	~	~
Spot mop	⌘	~	~
Damp mop	⌘	~	~
Dry buff	⌘	⌘	~
Spray buff	⌘	⌘	~
Scrub	~	⌘	~
Lay polish	~	~	⌘
Strip	~	~	⌘
Seal	~	~	⌘

TERAZZO (UNSEALED)

Pick-up rubbish	⌘	~	~
Damp mop	⌘	~	~
Scrub	~	~	⌘

TIMBER (SEALED)

Electrostatic mop	⌘	~	~
Spot mop	⌘	~	~
Damp mop	⌘	~	~
Dry buff	⌘	⌘	~
Spray buff	⌘	⌘	~
Scrub	~	⌘	~
Lay polish	~	~	⌘
Strip	~	~	⌘
Seal	~	~	⌘

TIMBER (WAXED)

Vacuum	⌘	~	~
Damp mop	⌘	~	~
Dry buff	⌘	⌘	~
Strip wax	~	~	⌘
Apply wax	~	~	⌘

CONCRETE/EPOXY

Sweep	⌘	~	~
Hose	⌘	~	~
Damp mop	⌘	~	~
Wet mop	~	⌘	~
Scrub	~	⌘	~

FREQUENCY

ROUTINE PERIODIC PROJECT

A1. HARD FLOORS (cont'd)

LINO

Electrostatic dust mop	‡	~	~
Spot mop	‡	~	~
Damp mop	‡	~	~
Dry buff	‡	‡	~

ANTISTATIC

Vacuum	‡	~	~
Spot mop	‡	~	~
Damp mop	‡	~	~
Dry buff	‡	‡	~
Scrub	~	~	‡

A2. SOFT FLOORS

CARPET

Spot/stain removal	‡	~	~
Carpet sweep	‡	~	~
Spot vacuum	‡	~	~
Full vacuum	‡	‡	~
Pile lift	~	~	‡
Shampoo	~	~	‡

MATS AND RUGS

Spot/stain removal	‡	~	~
Carpet sweep	‡	~	~
Spot vacuum	‡	~	~
Full vacuum	‡	‡	~
Shampoo	~	~	‡

B. AMENITIES

FREQUENCY

ROUTINE PERIODIC PROJECT

B1. TOILETS

Pick-up and remove waste	‡	~	~
Spot clean walls, doors and fittings	‡	~	~
Replenish consumables	‡	~	~
Clean toilet bowl and seat	‡	~	~
Clean urinal and fittings	‡	~	~
Clean vents/fans	~	‡	~
Wash walls and doors	~	~	‡
High dust	~	~	‡

B2. SHOWERS

Pick-up and remove waste	‡	~	~
Spot clean walls and fittings	‡	~	~
Clean shower mats and chairs	‡	~	~
Clean shower curtain	‡	~	~
Change shower curtain	~	‡	~
Clean vents/fans	~	‡	~
Wash walls and fittings	~	~	‡
High dust	~	~	‡

B3. HANDBASIN UNITS

Pick-up and remove waste	‡	~	~
Clean basin and fixtures	‡	~	~
Clean splash backs	‡	~	~
Clean mirrors	‡	~	~
Clean paper towel dispenser	‡	~	~
Replenish paper towels	‡	~	~
Clean and replenish soap dispenser	‡	~	~

B4. BATHS

Pick-up and remove waste	‡	~	~
Wash bath, fixtures and fittings	‡	~	~
Spot clean walls and bath surrounds	‡	~	~
Clean non-slip mats	‡	~	~
Clean vents/fans	~	~	‡

PART A - NON-PATIENT AREAS - AMENITIES

A.54**FREQUENCY****ROUTINE PERIODIC PROJECT**Wash walls and bath surrounds
High dust

~

~

‡

~

~

‡

B5. SINKS AND SLUICESPick-up and remove waste
Clean sinks and sluices
Clean fixtures and fittings
Clean splash backs

‡

~

~

‡

~

~

‡

~

~

‡

~

~

PART A - NON-PATIENT AREAS - FURNITURE/FITTINGS A.55

C. FURNITURE/FITTINGS

FREQUENCY

ROUTINE PERIODIC PROJECT

C1. HARD - FURNITURE/FITTINGS (INCLUDES BENCHES ETC.)

Pick-up and remove waste	⊥	~	~
Spot clean	⊥	~	~
Damp clean	~	⊥	~

C2. SOFT - FURNITURE/FITTINGS

Spot clean fabric/vinyl surfaces	⊥	~	~
Vacuum fabric surfaces	~	⊥	~
Shampoo fabric surfaces	~	~	⊥

C3. DOORS

Timber			
Spot clean	⊥	~	~
Damp clean	~	⊥	~
Painted			
Spot clean	⊥	~	~
Damp clean	~	⊥	~
Vinyl			
Spot clean	⊥	~	~
Damp clean	~	⊥	~
Stainless Steel			
Spot clean	⊥	~	~
Damp clean	~	⊥	~
Polish	~	~	⊥

C4. WALLS

Spot clean	⊥	~	~
Damp clean	~	⊥	~
Wash	~	~	⊥

C5. GLASS

Spot clean	⊥	~	~
Wash	~	~	⊥

PART A - NON-PATIENT AREAS - FURNITURE/FITTINGS A.56

	FREQUENCY		
	ROUTINE	PERIODIC	PROJECT
C6. LIGHTS - STANDARD			
Spot clean	⊥	~	~
Damp clean	~	~	⊥
C7. VENTS			
Damp wipe	~	~	⊥
Vacuum	~	~	⊥
C8. CEILINGS			
Spot clean	⊥	~	~
High dust	~	⊥	~
Wash	~	~	⊥
C9. WINDOW COVERINGS			
Curtains			
Dust	⊥	~	~
Wash	~	~	⊥
Venetian Blinds			
Spot clean	⊥	~	~
Wash	~	~	⊥
Vertical Blinds			
Spot clean	⊥	~	~
Wash	~	~	⊥
Holland Blinds			
Spot clean	⊥	~	~
Damp clean	~	~	⊥
C10. ESCALATORS (SWITCH "OFF" PRIOR TO WORK)			
Vacuum clean treads	⊥	~	~
Wire brush treads	~	⊥	~
Damp clean all surfaces	~	⊥	~

D. WASTE

	FREQUENCY		
	ROUTINE	PERIODIC	PROJECT
Empty waste receptacle	‡	~	~
Spot clean receptacle	‡	~	~
Wash receptacle	~	‡	~

PART B

POLICY STATEMENTS

Chapter 1	Infection Control
Chapter 2	Training and Education
Chapter 3	Waste Management
Chapter 4	Occupational Health and Safety
Chapter 5	Chemicals Materials Cleaning Equipment Machinery
Chapter 6	Commissioning
Chapter 7	Specifications & Contracting
Chapter 8	Colour Coding

PART B

GENERAL

All health care facilities should implement infection cleaning control policies, practices and procedures that incorporate standard (universal) precautions.

Standard (universal) precautions involve the use of protective barriers and practices to protect patients and health care workers from parenteral, mucosal and non-intact skin exposure to blood and body substances, and to minimise the transmission of blood-borne pathogens.

NON-CLINICAL ASPECTS OF INFECTION CONTROL

Cleaning

- Equipment such as cloths, mops and mechanical washing devices should be clean, in working order and should be stored dry between use. Cloths and mop heads should be laundered each day. Preference should be given to detachable mop heads.
- A **neutral detergent** is **recommended** for general cleaning.
- **Disinfectants** are **not recommended** for general cleaning.
- Work surfaces should be cleaned regularly. Surfaces should be cleaned immediately soiling or spills occur, or when visibly soiled.
- Terminal cleaning of walls, blinds and curtains is not recommended, unless they are visibly soiled. Regular cleaning should be undertaken as a good housekeeping measure.
- Disinfectant fogging should not be used.
- Carpets should be vacuum cleaned daily.
- Curtains should be changed on a regular basis and as necessary.

Catering

No special precautions are necessary for the delivery of meals, cutlery and crockery, collection of trays and washing of crockery and cutlery used by patients. Routine hot machine washing (70°C) and routine procedures are adequate.

Laundry and Linen Services

The linen service should have policies and procedures for the collection, transport, processing and storage of linen.

Clean and used linen should be transported and stored separately.

Used linen should be put in bags at the point of generation.

Linen bags should not be overfilled. Overfilling will prevent closure and increase the risk of rupture in transit.

Used linen should not be rinsed or sorted in patient care areas.

Staff should ensure sharps and other objects are not discarded into linen bags.

Contaminated linen (i.e. soiled with blood or body substances) should be stored and transported in leakproof bags. Double bagging of linen is not necessary.

Routine laundry procedures are adequate for the processing of all linen.

BLOOD AND BODY SUBSTANCE SPILLS

- Health care facilities must have management systems in place for quickly dealing with blood and body substance spills.
- Staff involved in the management of spills should:
 - (i) wear protective apparel including gloves
 - (ii) confine and contain the spill
 - (iii) remove the bulk of the blood and body substances with absorbent material
 - (iv) clean the spill site with a detergent solution
 - (v) then wipe the site with disposable towels soaked in a solution of 1% (10,000 ppm) available chlorine

Spills on carpet should be managed as follows:

- (i) mop up as much of the spill as possible using disposable towels; then
- (ii) clean with a detergent and arrange for the carpet to be shampooed with an industrial carpet cleaner as soon as possible.

PART B - CHAPTER 2 - TRAINING AND EDUCATION B.61

Training and education for staff is ideally to be provided by persons suitably qualified.

Qualifications include the following categories.

- Experienced cleaning services personnel with demonstrated skills in both cleaning work practices and instructional techniques.
- Persons employed as human resources development officers.
- Department managers, supervisors, training officers and leading hands, of cleaning departments.
- Health facility in-service co-ordinators.
- Company representatives, i.e. to provide information and operator skills for newly introduced equipment and materials, or to provide update or refresher training.
- Any other person possessing the necessary skills and/or qualifications to deliver quality training.

Training and development programs are ideally composed of the following:

1. **ORIENTATION** to the facility and department.
2. **INDUCTION** to the department.
3. **BASIC CLEANING TECHNIQUES**

The minimum components to include:

- correct use of cleaning compounds
- correct use of cleaning accessories
- correct use of cleaning machinery
- waste management
- dust control
- carpet care and cleaning
- hard floor surfaces care and cleaning
- toilet/bathroom cleaning
- isolation area cleaning
- wall/ceiling
- bed cleaning and patient tidy techniques
- hygiene
- infection control

PART B - CHAPTER 2 - TRAINING AND EDUCATION B.62

The minimum objective to include:

For the trainee to:

- a. **RECOGNISE** the safety features of each task
 - b. **DEMONSTRATE** the correct procedure for each cleaning task, together with safety features
 - c. **IMPLEMENT** these procedures in their day to day work routine
4. **OCCUPATIONAL HEALTH AND SAFETY**
- Legislation
 - Responsibility:
 - personal
 - organisational
 - awareness

Consideration should be given to providing additional personal development opportunities for staff.

Suggested topics:

- Communication skills
- Customer focus
- Quality improvement
- Quality control
- Leadership skills
- Language and literacy skills
- First aid
- Problem solving and grievance handling
- Time management
- Lifting and manual handling techniques
- Fire, evacuation, disaster and security procedures
- Cardiopulmonary resuscitation

The health system is committed to reducing to the minimum level possible the waste generated in the normal course of pursuing a high standard of health care. Where waste generation cannot be avoided, methods must be found to handle, store and dispose of it in the least damaging ways available.

Hospitals should have the following aims with regard to waste minimisation and management:

- To prevent the generation of waste wherever possible, via:
 - * purchasing policies aimed at reuseables and minimum packaging
 - * reuse policies aimed at reducing single-use items whenever possible
 - * recycling policies aimed at reducing waste to landfill and similar expensive disposal options, and
 - * policies of avoiding, to the extent possible, non-biodegradable, polluting, toxic or hazardous substances
- In the context of hospital care and community health care, to identify all items that can be used more than once, that can be recycled, and that will be least harmful to the environment. Wherever possible, items that are not being reused or recycled, or that are not biodegradable should be replaced with more environment friendly items
- To encourage the education of all within the workplace in the reuse, recycling and minimum consumption of resources where feasible
- To encourage ongoing alertness and staff input to new ideas and strategies for waste prevention or minimisation
- To promote the frequent periodic review of workplace waste related practices and policies and their impact on the environment
- To document and quantify the types of waste generated and disposed of through various methods (recycling, landfill, grease traps, incineration)
- To set an example to others in the health and general community in waste management strategies
- To introduce waste tracking systems (possible bar-coding) to assist in identification of areas where waste separation could be improved and to assess quantities and costs (numerical profile development and waste auditing)

Hospital cleaning departments have a major responsibility in respect of the achievement of the above aims. Cleaning managers who are generally responsible for waste management in hospitals are in a position to influence waste policies. This responsibility should be in conjunction with the cleaning standards to ensure that there is continuous improvement in waste management.

PART B - CHAPTER 4 - OCCUPATIONAL HEALTH & SAFETY B.64

Occupational health and safety involves two disciplines which combined, are designed to ensure that people at work are provided with employment which maintains quality health and safety standards.

Occupational health is directed to:

- The promotion and maintenance of the highest degree of physical, mental and social well being of workers in all occupations.
- Ensuring working conditions do not adversely affect workers' health.
- The protection of workers in the workplace from risks resulting from factors adverse to health.
- Ensuring workers are placed in jobs and workplaces suited to their physiological and psychological capabilities.

In summary, the aim of Occupational Health is:

“The adaption of work to people and each person to his or her job.”

Safety is defined as:

- “The condition in which persons are protected from the risks of work injury so far as is practicable in the light of current knowledge, through the control of the working environment, work methods, machinery, plant and equipment, and through measures to influence the human factors conducive to accidents.”

It is the responsibility of all staff to work towards eliminating workplace hazards and risks.

All employers must meet the following:

TRAINING: All staff must receive adequate training to be able to safely perform the role asked of them.

WORKPLACE INSPECTION: Regular inspections should be conducted by all managers to ensure a safe working environment is maintained.

WORKPLACE COMMITTEE: Each workplace must have an occupational health and safety committee to look at safety concerns in the workplace.

ACCIDENT INVESTIGATION/REPORTING: All accidents/incidents should be reported and investigated to ensure safe work practices are followed and an ongoing proactive approach is taken to ensure safety in the workplace.

PART B - CHAPTER 4 - OCCUPATIONAL HEALTH & SAFETY B.65

REHABILITATION: Any staff member injured whilst at work should be afforded the opportunity to return to work as soon as possible under a rehabilitation program to ensure that they can be rehabilitated to pre injury fitness and return to normal duties as soon as possible.

The policy and procedures for the health system are incorporated in the Department of Health “Occupational Health and Safety” Guidelines.

INTRODUCTION

Purchases need to be planned to efficiently support the services provided by the organisation and to achieve the desired results for the patients/clients. What is required and the nature of such items is a consultative process involving the users and the people who have the expert knowledge. The process of selection is important to ensure that the correct item is chosen so that optimum performance can be measured, achieved and maintained throughout the process.

The following criteria should be used in the evaluation:

Purchasing

- comply with current infection control guidelines/policy
- meet Australian Standards
- conform with NSW Health policy and procedures
- meet the tender specifications
- be within NSW State Government contract

Safety

- all electrical equipment should be tested by the local authority prior to use
- noise levels of equipment should be measured to conform with relevant standards
- equipment/Materials should also be evaluated in relation to manual handling and ergonomics (ease of use for operator)
- all equipment should be kept clean and regularly serviced
- chemicals should be safe to use, i.e. non-toxic, non-flammable

Storage

- storage areas should be kept clean and uncluttered
- materials should be kept off the floor, i.e. on shelves
- relevant material on equipment use should be made available to staff at storage points
- storage areas should be kept secure and locked
- regard is to be had for ergonomic and safe work practices

Training

- operators should be instructed in the correct use of chemicals, materials/equipment and machinery prior to use
- regular assessment of operators should be undertaken to ensure safe operating procedures are being maintained

5.1 CHEMICALS

A wide range of soils, including microbial soils, require the use of “chemicals” to facilitate removal.

Chemicals commonly used for hospital cleaning are grouped into the following categories:

- **Neutral Detergents:** Neutral detergents are used for general cleaning of hard surfaces, i.e. floors, walls, furniture, glass etc. Neutral detergents are those with a PH of 6-8.
- **Acid Cleaners:** Acid cleaners are used for removing lime scale from sanitary ware and water stains and scale from toilets. Acid cleaners are those with a PH of less than 6.
- **Alkaline Cleaners:** Alkaline cleaners are used for the removal of grease. Alkaline Cleaners are those with a PH between 9-11. Any Alkaline Cleaner with a PH higher than 11 should be used only under strict supervision as they are dangerous substances.
- **Solvent Cleaners:** Solvent cleaners are used for dry cleaning and stain removal.
- **Disinfectants:** Disinfectants are only to be used to disinfect and are not to be used as a general cleaning chemical, however, the cleaning of bodily fluids could require the use of a sodium hypochlorite solution.
- **Deodorants:** Deodorants are used as an odour suppressant only and have no cleaning or disinfection capabilities.
- **Sealer/Finish's:** Floor sealer is used to protect floor surfaces prior to polish being laid.
- **Floor Polish:** Polish is applied to floor surfaces to protect and prolong floor life.

All chemicals should be appropriately labelled and stored in a manner that eliminates risk of contamination, inhalation, skin contact or personal injury. Preference should be given to dispensing systems in place of bulk containers to ensure integrity of dilution ratios and to eliminate the need for decanting.

Risks to cleaning staff using hazardous chemicals are required to be minimised by employing a structured program of risk management.

PART B - CHAPTER 5 - CHEMICALS, MATERIALS/ EQUIPMENT AND MACHINERY

B.68

Staff, patients and users of the facility must be protected against hazardous chemicals and unsafe work practices.

Hazard warnings shall include multilingual signs together with appropriate information regarding remedial action. Signage shall be clear and concise and written in an easily understood manner.

Material safety data sheets (MSDS) are required for all cleaning chemicals in current use, and shall be easily available for reference in case of accidents.

Cleaning chemicals shall be appropriately labelled identifying, product, safety precautions and hazard information, correct dilution and method of application.

Applications of cleaning chemicals by aerosol packs or trigger sprays may cause eye injuries, induce or compound respiratory problems or illness and should be avoided wherever possible.

Powdered chemicals applied in a dry form by shaking containers should be avoided for the same reason as they to become airborne during the application process.

Personal protective equipment (PPE) shall be provided for all cleaning personnel, and replaced when defective.

A regular inspection program by supervisory staff to monitor chemical safety should include the following criteria:

- correct labelling/signage
- correct handling/application
- wearing of PPE and replacement requirements
- update of MSDS
- security

5.2 MATERIALS/EQUIPMENT

Materials and equipment are defined as consumable and non-mechanical/electrical items, i.e. mops, buckets, cloths, ladders and other items.

Colour Coding

Colour coding of materials and equipment is an important measure to reduce the chance of cross infection.

PART B - CHAPTER 5 - CHEMICALS, MATERIALS/ EQUIPMENT AND MACHINERY

B.69

The following colour coding is to be implemented for all cleaning equipment and materials for the identified areas:

Infectious/Isolation areas	-	YELLOW
Toilets/Bathrooms/Dirty Utility Rooms	-	RED
Food Service Preparation Areas	-	GREEN
General Cleaning	-	BLUE
Operating Theatres	-	WHITE

5.3 MACHINERY

Machinery is defined as Mechanical/Electrical items, i.e. vacuum cleaners, polishers, scrubbers, steam cleaners, carpet extractors etc.

The correct selection of machinery is the result of a comprehensive evaluation using the same criteria as for chemicals, materials/equipment. The cost and availability of spare parts should also be taken into account when selecting machinery.

Evaluation should cover the true cost and productivity achievable, where possible machinery should be given extensive trial periods to satisfy that it meets the needs of the task to be performed. The correct equipment will bring a reduction in the amount of physical effort on behalf of the operator.

5.4 CLEANERS' ROOM

- Rooms should be supplied with hot and cold water.
- Sluices should be at a height that minimises effort when filling or emptying buckets.
- Rooms should be well ventilated.
- All chemicals and materials should be stored above the floor on appropriate shelving at accessible height.
- Suitable lighting should be installed.
- Rooms should be easily accessible in relation to the area it serves.
- Locks should be fitted to all doors.
- The size of the room should be appropriate to the amount of materials, equipment, machinery and chemicals stored within the room.
- All rooms should be utilised in accordance with OH&S guidelines.
- Rooms should be inspected on a regular basis to ensure that conditions optimise manual handling and ergonomic principles.

The commissioning process, covers the handover of the new service or system, but more importantly covers all the work necessary to bring the unit into production. This includes the training, financial, systems, operational as well as ongoing maintenance aspects.

Usually a team is formed under the direction of the project manager with responsibility for the commissioning. Once commissioning is complete and production has reached a steady state an evaluation of performance in use is carried out so that corrections can be made.

The ultimate aim of the commissioning process is to provide a serviceable product for the user, until this is done the project is not complete.

COMMISSIONING AS A PROCESS

Commissioning or planning for commissioning can be said to start at design stage. Built into the project design are elements which allow for testing, checking, training and systems integration as part of the quality approach to design. During the implementation process, client operators are often retained to become familiar with system construction. These client often have a dual role:

- Review/audit of work being done
- Familiarisation with operating and design elements

Most often such staff are technical not operational and this can lead to failure of commissioning in an integrated sense.

We must also distinguish between what is sometimes called handover, and commissioning.

Handover is often referred to as commissioning, however, it usually covers, the technical certification of plant or process, to comply with specification, systems are run and checked using trials and product is sometimes produced, but in no sense is the plant operational **within the business framework of the client.**

PHASES IN COMMISSIONING

Broadly speaking there will be five major stages as follows:

1. receipt of systems from contractors/suppliers
2. system testing as individual operating units
3. develop operating systems and train staff
4. integrated systems testing, with trained operators (rehearsals and trials)
5. service start up (and shutdown or reuse of existing system)

A commissioning control program will be developed, which provides for go-no-go decision points at each major stage.

Some problems which can often destroy the project's viability by stalling at this stage are:

- staff not trained to operate
- untrained staff damage the process through lack of an operating specification
- process starting, but is unreliable as maintenance systems not in place
- client equipment is not in place and installed
- sales and marketing people have not geared efforts to new products or quantities
- computer information systems do not work
- insufficient cash flow to fund operation of new plant
- industrial action leading to overmanning/demarcation
- operating and procedure manual not available

MANAGING THE COMMISSIONING PROCESS

Usually a commissioning team of users and project staff will be set up to manage the commissioning process. Often the team will be lead by an experienced operational officer of the client.

Generally, the team and its members will be set up towards the end of the implementation phase and will shadow project staff as they test and check compliance of systems with specification. They will also have client teams reporting to them on issues such as personnel, equipping, information technology, sales and marketing, maintenance and engineering.

The team will receive and certify from the project manager, items such as:

- procedure manuals
- maintenance manuals
- work as executed
- drawings control samples
- initial stocks consumable
- maintenance spares

EVALUATION

Post project evaluation is sometimes organisation policy and in such cases a formal procedure is established for this activity. The process steps are:

- review of project feasibility study and commissioning report to determine expected contribution to the business
- analysis of project performance in terms of input/output costs, asset valuation, manning levels, quality and volumes
- comparative analysis of actual outcomes as against approved feasibility study and industry benchmarks
- recommendation and report on measures to further improve performance
- safety issues

- environmental compliance
- comparative technology evaluation

The evaluation is usually undertaken once the plant has achieved a steady state of operation and reliable performance figures are available, this is usually after the first 12 months of operation of a major project.

SPECIFICATION - Why do you need one ?

Do you know your extremities and what you are expected to do?
Do you know how many Staff you have to cover those extremities?
Do you really know how much time is spent on your activities?
Do you really know how much you should be spending?

WHAT IS A SPECIFICATION? It is a complete description of:

- what work has to be performed
- when that work should be done
- it will specify the quality
- it will give you the true value
- it will tell you how efficient the Service will be

The following points should also be considered

- *NATURE OF PREMISES*
- *BUILDING FUNCTION*
- *REQUIRED STANDARDS*

NATURE OF PREMISES

Building location - new/old

Country or city, hot or cold climate, near sea or desert, airconditioned/non airconditioned, single storey, multi storey, deterioration rate, does the building have a good planned maintenance program and replacement policy.

BUILDING FUNCTION

A breakdown of each category will reveal in more detail the function of each individual area. One particular way is the use of a technique called a SCALAR Diagram which is an organisational diagram divided into set categories to the lowest denominator.

Each ward category will require a special or separate program and would be included in the specification. All areas/categories are to be included and some of the programs will be the same nevertheless each space needs a program.

Each Area/Category will need the following assessment:

- best time to clean
- most economical (best methods)
- most productive (best frequency)

All these conditions are to be taken into account before final specifications are completed.

REQUIRED STANDARDS

Do not fall into the trap of overcleaning or undercleaning.

This is usually the most difficult problem to overcome. In this regard the use of the NSW Health Standards, Policy and Guidelines for hospital cleaning is essential.

The Standards will show what has to be done, how often it should be done: Each set of Standards are made up into complete job lots. When is the best start and finishing time. The correct equipment and materials.

PREPARATIONS

A clear definition of each area/building is very important, as these meaningful packages will be used for evaluation purposes. Each package will have a clear indication of what the duration time to complete the package would be.

LOCATION

Has to be meaningful to you and the person reading the documents. Once locations have been clearly defined cleaning programs can be prepared which will maintain area/building to the acceptable Standard stated. Quite often programs will have to repeat themselves, however, as long as each definition of location is shown.

As stated in the preparation each location will have its own duration time.

ACCOUNTS

- direct costs - labour
- hours worked
- when work will take place
- productivity times
- actual wages
- sick leave
- payroll tax?
- workers' compensation
- training
- supervision
- long service leave
- superannuation
- annual leave
- leave loading

DIRECT COSTS - MATERIALS AND EQUIPMENT

NEW EQUIPMENT

- servicing
- repair
- replacement

INDIRECT COSTS

- management
- training
- associated department

CONSUMABLE

- products
- pilferage
- wastage

CONTRACTS

Use the following data if the specification is to be used for tender/contract purposes. These will be useful for your preparations. Always run these papers through second or third parties so that the document used is precise and will avoid future complications.

Contract documents should contain and define the following:

contract period; the services; standard of service; quality of consumable materials; staff; control and supervision of staff; staff health and hygiene; equipment and materials; security; quality control; cleaning services; use of premises; assignment or sub-letting; indemnity; insurance; supplies; public liability; workers' compensation.

PROVISION OF CLEANING SERVICES - THE CONTRACT INDEX

Paragraph

- I. Definition
- II. Contract Period
- III. The Services
- IV. Standard of Service
- V. Authorised Officer
- VI. Location Manager
- VII. Staff Employment
- VIII. Supervision of Staff
- IX. Equipment and Materials

PART B - CHAPTER 7 - SPECIFICATIONS & CONTRACTING **B.76**

- X. Cleaning Standard
- XI. Assignment or Sub-Letting
- XII. Indemnity to Area and/or District Health Services (A/DHS)
- XIII. Insurance
- XIV. Contract Price
- XV. Use of A/DHS premises
- XVI. Variation to Contract Terms
- XVII. Variation to Contract Price
- XVIII. Inducement
- XIX. Defaults
- XX. Termination
- XXI. Deduction
- XXII. Headings
- XXIII. Arbitration
- XXIV. Legislation Requirements

TRAINING

When new specifications are prepared, staff should be provided with appropriate levels of training to ensure adequate coverage of all aspects of the new operation (including training re new equipment and materials being used).

PART B - CHAPTER 8 - COLOUR CODING OF CLEANING EQUIPMENT

B.77

For the purposes of infection and bacterial control the identification of cleaning equipment utilised in the different areas of a health facility is considered essential.

Clear identification, by colour coding, of the various items of cleaning equipment is considered the most effective method of restricting equipment to individual areas of health facilities.

Health facilities are to implement the following colour coding standards:

Infectious/Isolation Areas	-	YELLOW
Toilets/Bathrooms/Dirty Utility Rooms	-	RED
Food Service/Preparation Areas	-	GREEN
General Cleaning	-	BLUE
Operating Theatres	-	WHITE

All items of equipment used in the various abovementioned areas are to be colour coded as indicated. Equipment includes - mops dry, mops wet, mop handles, buckets, wringer buckets, gloves, cloths. Any other equipment that it is considered would assist in the control of infection and bacteria, if colour coded, should also be included.

PART C

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PART C

ACCREDITATION

INTRODUCTION

1. WHAT IS ACCREDITATION AND WHO IS THE AUSTRALIAN COUNCIL ON HEALTHCARE STANDARDS (ACHS)?

The ACHS has been a major advocate of quality in Australian health care since 1974. As an independent, not-for-profit organisation, the ACHS has worked actively with health care professionals to bring about improvement in the quality of care provided within health care organisations.

The ACHS

- conducts a voluntary quality accreditation program of Australian health care organisations
- develops and continually reviews health care standards in consultation with the industry and professional bodies
- collects, analyses and disseminates clinical indicator data
- presents a national education program
- advises and consults on health care quality improvement
- publishes books and other resource materials
- offers library and information services on quality in health care

The accreditation standards provide a framework for organisations to develop effective and efficient services in line with industry best practice. The accreditation survey is a review of a health care organisation by experienced, senior health care practitioners. This review provides a valuable external review of how an organisation is performing and how efforts to improve may be enhanced.

The mission of The Australian Council on Healthcare Standards (ACHS) is to promote, in cooperation with health care professionals, continuing improvement in the quality of care delivered to patients and the community by Australian health care organisations.

2. HOW IS ACHS ACCREDITATION RELATED TO CONTINUOUS QUALITY IMPROVEMENT?

Quality improvement is the foundation of the ACHS accreditation program. ACHS helps the organisation to continually improve by:

- developing an organisational culture that supports continual improvement

- involving staff and customers in planning and improving services
- adopting a structure within the organisation and its health care teams that supports delivery of quality patient/client care
- analysing outcomes achieved by the organisation and its health care teams and comparing these with targets, past efforts and with the performance of others so as to identify areas for improvement.

3. A DESCRIPTION OF THE ACHS STANDARDS

The ACHS standards and survey process focus on the continuum of care and the results of that care. The focus is on how the processes of care are organised, integrated and supported so that patient/client needs are addressed and that the results of the care are the best possible.

However, patient/client care is supported by a number of organisational functions. The ACHS standards focus on key organisational functions - each is examined in the context of how it supports the continuum of care and ensures the organisation meets its goals.

Leadership and Management

- The organisation needs to be effectively and efficiently governed to ensure quality care.

Human Resources Management

- People in the organisation are seen as the key to the delivery of quality care. Staff planning, selection and development are seen as important in achieving the organisation's goals. Staff issues need to be appropriately addressed with support from management.

Safe Practice and Environment

- Care must be delivered in a safe manner. The environment needs to be safe for patients/clients and staff. Physical resources need to be planned, managed and maintained to ensure efficient functioning of the organisation.

Improving Performance

- A major theme of the ACHS standards is that improving performance needs to be a routine activity. We need to continually ask "What are we achieving?" and "What can we do better for our customers?" The culture of continuous improvement involves a focus on outcomes.

Information Management

- Information management is a vital organisational function. Effective information systems are required to manage data so that useful information is available for patient/client care, evaluation, research and improving performance.

The intent and principles that underlie the ACHS standards, rather than a narrow literal interpretation, will remain paramount in applying the ACHS standards.

4. A DESCRIPTION OF THE SURVEY PROCESS

Organisation Wide Surveys

The ACHS survey reviews all the functions and systems within the organisation. There will be an organisation-wide survey every three years. The survey process itself involves staff at all levels of the organisation. Presentations by staff members, that involving representatives from all departments will occur.

Periodic Reviews

To encourage ongoing continuous improvement, the ACHS will, at short notice, periodically review the organisation. This review may examine how recommendations are being followed up, review areas where performance is known to be weak from national data and/or review specific services in detail. The periodic review will allow for a regular review of the organisation between the three year organisation-wide surveys. The results of the periodic surveys will be considered when determining the organisation's next accreditation award.

Self-assessment

Self-assessment by organisations prior to survey began in January 1996. It is envisaged that the organisation will assess its achievement of the ACHS standards at intervals between surveys. The self-assessment is a valuable quality improvement tool for the organisation. The self-assessment will be used by surveyors at the time of surveys and periodic reviews. Self-assessment provides a basis for surveyors to work together with the organisation in gathering information on performance in relation to the accreditation standards.

Presentations

Staff within the organisation are more actively involved in the accreditation survey. They will present and demonstrate how the ACHS standards are delivered and how improvement is occurring. The surveyors will then verify what has been presented. They will look at documentation, interview patients/clients and staff, visit areas and observe the organisation in action.

CLEANING SERVICES AND ACCREDITATION**1. HOW STAFF IN CLEANING SERVICES USE THE ACHS STANDARDS?**

The ACHS standards are active statements of principles of good practice rather than detailed requirements for, and existence of, specific structures and processes. The organisation is given flexibility to apply the standards in the way that is most relevant for the delivery of quality care. Guidelines have been developed to supplement the standards.

The ACHS standards emphasise the individual's role and responsibilities in contributing to patient care as both a member of the organisation and as a member of a patient/client care team.

Each individual in the health care organisation will need to consider their role and responsibilities within the organisation and the patient/client teams. They will need to consider responsibilities in:

- patient/client care - how does their work satisfy the patient/client and carer's needs through the continuum of care
- incorporating the organisation's strategic direction and its value into all aspects of their work
- recording, communicating and managing information, as well as maintaining confidentiality
- monitoring and improving their own performance and participating in personal and organisational activities
- collecting data and using information to improve care and services
- maintaining safe practices with regard to infection control, safe practice and environment, occupational health and safety, planning and maintenance of facilities and equipment

2. HOW TO USE THE CLEANING SERVICE STANDARDS, GUIDELINES AND POLICY FOR NSW HEALTH FACILITIES WITH THE ACHS STANDARDS

This section describes how each chapter of the Cleaning Service Standards, Guidelines and Policy for NSW Health Facilities relate to the ACHS accreditation standards. A brief description of what the standards are trying to achieve, i.e. the intent of the standard and the desired outcome or result of applying the standards is followed by a reference to the specific criteria that need to be addressed.

CHAPTER 1 INFECTION CONTROL

If risks of infection to patients/clients and staff are to be minimised, every person in the organisation has the responsibility to prevent and minimise infection in every aspect of their work practices. Thus infection control involves every service within the organisation. There

needs to be an organisation-wide approach to infection control with interdisciplinary involvement and a program that spans the entire organisation.

Infection control is a vital area in health care and the cleaning staff's work is absolutely crucial in maintaining a safe environment for both patients and other staff. The cleaning standards therefore need to be involved in the organisation wide program that spans the entire organisation. The ACHS standards have been formulated as principles that include important aspects such as relevant codes of practice, statutory requirements and Australian Standards.

Criteria 1-7 of the Safe Practice and Environment chapter refer to generic principles for safe practice and should be applied throughout the chapter.

These generic principles cover the following main areas:

- C practice which conforms to statutory requirements and Australian Standards
- C risk management - including assessment and hazard warnings as necessary
- C management responsibility for safe practices and facilities throughout the organisation
- C staff understanding and fulfilling their role in safe practice
- C policies, facilities, resources and staff responsibilities incorporated into a program for the effective safe management of all work practices
- C delegation by management to a group of relevant staff of the day to day running of the program
- C an incident reporting system that demonstrates causal and contributing factors enabling corrective and preventative action to be taken

CHAPTER 2 TRAINING AND EDUCATION

The people in the organisation are the key to the delivery of quality service. The development of the skills of these people through education and training will ensure that they are capable of providing a quality service. The Human Resources standards include aspects such as:

- C planning for appropriate staff numbers, training, workload monitoring
- C recruitment, selection and appointment of staff
- C staff responsibilities
- C staff training and development
- C industrial relations
- C employee assistance

Staff training and development are addressed in ACHS standard 4 of the Human Resources chapter of the standards. The intent of these standards is to ensure that there is a comprehensive program of staff training and development that meets individual and organisational needs.

PART C - CONTINUOUS QUALITY IMPROVEMENT **C.83**

- C an induction program ensures staff understand their roles, responsibilities and the organisation's values and goals and how these contribute to providing quality care and services
- C staff, including trainees, new graduates and external contractors are adequately supervised by qualified staff
- C staff achievements and improvement opportunities are assessed through a structured performance system that also involves the staff member
- C educational needs of the organisation and all staff are met through a relevant training and development program
- C staff training and development programs are evaluated and improved through ensuring they meet organisational and individual needs

CHAPTER 3 WASTE MANAGEMENT

All waste produced within the organisation should be handled according to safe and best practice principles and with regard to responsible environmental practice.

A systematic approach to waste management that has been developed with reference to the law and current practice codes is essential for efficient, safe and environmentally responsible practice. Specific standards relating to the disposal of waste, both clinical and non-clinical, will be essential reference material in developing plans and procedures.

The health care industry, like the remainder of the community should implement a program of reuse, reduction and recycling. It is a community responsibility and may also be an efficient procedure.

Standard 5, waste management, refers to the following areas

- C use of appropriate procedures and equipment, that conform to relevant statutory requirements, codes of practice and Australian Standards, ensure the safe and efficient handling of waste
- C waste disposal is managed through a program of reuse, reduction and recycling.

CHAPTER 4 OCCUPATIONAL HEALTH AND SAFETY

Safe work practices and a safe environment will ensure that risks to staff are minimised. Staff injured at work must also have ready access to medical attention and rehabilitation.

Criteria 1-7 in Safe Practice and Environment outline general principles to minimise risks. Data monitoring helps to identify issues that need action. Environmental inspections will identify risks. Data on near misses, injuries, compensation claims and time lost through injury and ill health will provide information for improving work practices, for purchasing equipment and for planning and maintaining the facilities and surroundings in which staff work.

The exact arrangements for staff to access medical attention and rehabilitation will vary depending on the organisation. In an organisation striving to improve and provide the best possible care to patients/clients, protecting staff from risk and supporting and rehabilitating staff that have been injured, are important issues.

CHAPTER 5

5.1 CHEMICALS

Risks to cleaning staff from hazardous chemicals need to be minimised by a structured program of risk prevention and minimisation.

Staff and patients need to be protected from hazards if the hazards cannot be removed. Warnings would include clear, multilingual signs and information, individually provided information warning of dangers in understandable language, protective clothing and warning devices. Once risks have been identified, then management must take action to eliminate or minimise any risks to all persons.

5.2 MATERIALS

Equipment purchases need to be planned to efficiently support the services provided by the organisation and to achieve the desired results for the patients/clients. What equipment is required and the nature of such equipment is a consultative process involving the people who use the equipment and the people who have expert knowledge of the equipment. Recommendations are then made to management. The process of purchasing needs, the equipment, the implications for waste disposal and the benefits in relation to cost of the item of equipment.

Maintaining records on the performance of equipment, incidents, downtime, maintenance costs etc will give valuable information for considerations of repurchase and purchase of alternative equipment.

5.3 CLEANING EQUIPMENT/MACHINERY

Staff need appropriate equipment to achieve the best results for their customers (patients, clients, residents and other staff) in an efficient and safe manner. This section is a continuation of the one above, but emphasises the role that equipment plays in supporting staff to appropriately and adequately perform their role. It also includes the concept of the proper use of equipment.

There are always limited resources. However, the people in the organisation are the key to the delivery of quality service. In the human resources standards aspects such as

- planning for appropriate staff numbers, training, workload monitoring
- recruitment, selection and appointment

- staff responsibilities
- staff training and development
- industrial relations
- employee assistance

fundlers and managers need to consider the most efficient and safe methodology for delivering care and service

To ensure the best results from the equipment and to minimise the likelihood of injury to staff or damage to the equipment, those using it should be properly instructed in its use.

CHAPTER 6 SPECIFICATIONS AND CONTRACTING

The intent of these criteria is that quality services are provided to the organisation. A contract or agreement will usually be appropriate when management does not have control over the quality of services being provided and cannot effectively intervene to improve their quality.

Ideally, the contract/agreement will clearly specify the expectations of the organisation and the external provider. Elements that the contract/agreement may need to address include:

- C description of the service, function or activity being provided by the external party
- C roles and responsibilities of all involved parties (including formal lines of communication, qualifications of personnel, equipment, participation of the external party in the organisation's committees and staff training, safety, performance expectations, out of hours or emergency work, agreement to participate in quality program, termination of agreement)
- C quality of service (including methods of evaluation, performance indicators, mechanisms for maintaining and improving quality and dealing with problems)
- C details of when, where, how and time period of the agreement/contract
- C financial details (eg payments, expenditure, costs, penalties)
- C relevant agreements/contracts specify that the quality of services provided is consistent with the appropriate standards of The Australian Council on Healthcare Standards, the organisation's policies and procedures, and other standards, codes of practice and statutory requirements
- C agreements/contracts specify that the external service providers will be willing to participate in the accreditation survey by the ACHS
- C external services are evaluated by the organisation and action taken to address any improvements required

THE DEPARTMENT OF HEALTH, NSW

CLEANING SERVICES

NUMERICAL PROFILE

GUIDELINES FOR IMPLEMENTATION

NOVEMBER 1997
1(12/97)

CLEANING SERVICES NUMERICAL PROFILE**Introduction**

The information in this document provides those with responsibility for Cleaning Services in health care establishments with specific directions on the implementation of the Numerical Profile, Audit, recommendations on the timing of audits, training and accreditation and future issues.

The Department of Health is committed to the ongoing development and implementation of the Cleaning Service Numerical Profile.

If you have any queries regarding the attached information, please contact the NSW Healthcare Cleaning Services Managers Association, Fax (02) 9687-9967.

What does the Numerical Profile measure and how is it used?

A Cleaning Services audit using the Numerical Profile measures the existence of cleaning services policies, procedures and systems in five main areas of the workplace:

1. Management
2. Policy
3. Occupational Health, Safety & Security
4. Quality Assurance/Best Practice
5. Education

The Numerical Profile does not measure cleaning services in minute detail under these main areas, but is focused on best practice.

A Numerical Profile at a health facility will provide management with a report showing percentage scores for each area evaluated, as well as a percentage score for the facility as a whole. In addition, the Numerical Profile provides management with clear steps for improvement in order to achieve an improved score. Management may conduct as many audits as required to monitor improvements and increase standards and scores. However, one audit per year is considered adequate for these purposes. The Profile is not intended as a means of staff assessment.

Who is responsible for ensuring the Implementation of the Numerical Profile?

It is the responsibility of Area Chief Executive Officers to ensure that health care facilities in Areas are audited regularly and standards are improved.

Who can conduct a Numerical Profile audit?

The Numeric Profile audits may be conducted by a local survey team selected either from the facility under review **or** another facility within the area health service **or** under any other arrangement that is appropriate. It is considered preferable that auditors are experienced, trained and independent from the area under review.

It is anticipated that survey team training will be co-ordinated by the NSW Health Care Cleaning Services Managers Association in conjunction with the Department of Health.

How is the Numerical Profile Implemented?

The Department recommends that wherever possible, trained surveyors conduct Numerical Profile audits. This will ensure that both the auditor and management are assured of an objective approach to the measurement of cleaning services in a health care facility.

When should Numerical Profile audits be conducted?

All NSW Health care facilities should, at minimum, be audited yearly.

Additional workload for Cleaning Service auditors:

It is important for Area Chief Executive Officers to recognise the additional workload that the practice of assisted auditing will incur. The area being audited will incur the cost of the audit.

Ongoing Development

The Cleaning Service Numerical Profile has been developed as part of the Department's Cleaning Service Standards, Guidelines and Policy project.

The Department and organisations associated with this project are committed to the ongoing development of the Numerical Profile and its implementation in NSW health facilities. Feedback from health care facilities regarding the Numerical Profile, will be considered in the further development of its standards, measures and implementation techniques. Please direct feedback to either the Department of Health's Commercial Services Branch, 73 Miller Street, North Sydney, 2060 or NSW Healthcare Cleaning Services Managers Association, PO Box 2109, North Parramatta, NSW, 2151.

DISCLAIMER

"Information contained in this document is intended as an advisory guide only. It should not be relied upon as professional advice and should not be regarded as a substitute for detailed advice in particular cases. No responsibility will be accepted by the Department of Health for any injury, loss or damage occasioned by any person acting or refraining from action as a result of reliance on information appearing in this document."

**THE NSW DEPARTMENT OF HEALTH CLEANING SERVICES
NUMERICAL PROFILE****CONDUCTING THE AUDIT**

In order to uniformly measure Cleaning Service performance, the Department of Health in conjunction with relevant associations and representatives of the health system has developed the Cleaning Services Numerical Profile.

The Numerical Profile measures three aspects:

1. The existence of Cleaning Services:
 - policies
 - procedures
 - systems
2. Awareness of these policies, procedures and systems in the workplace.
3. Their application in the workplace.
4. The delivery of reasonable outcomes as to best practice in cleaning services.

The Profile delivers:

- a simple, comprehensive measure of cleaning services performance
- feedback to managers
- the identification of critical areas for improved performance
- the identification of specific improvement plans.

The Numerical Profile has a possible score of 560 points. It consists of five sections, each worth varying points that are weighted according to their importance to providing a best practice cleaning service.

Each section comprises a number of parts relevant to that particular topic. The parts are each rated separately as either A, B, C, or D and are weighted relative to other parts of the profile in each section. The Overall Assessment Sheet provides a graphic indication of performance by section.

Assessors are to determine gradings on a 'hard but fair' basis. This ensures a consistent approach to grading throughout the Department. Accordingly, where a criteria for a grade is not absolutely attained, the lower grading is assigned.

The Profile is not designed so that a health care facility passes or fails should it achieve a score above or below 50%. As a guide, a health care facility with a good cleaning service program should score above 65%.

PART C - CONTINUOUS QUALITY IMPROVEMENT **C.89**

POINTS IN CONDUCTING THE NUMERIC PROFILE

1. Verify with formal documentation and discussion with relevant personnel, e.g. cleaning staff, nursing staff, etc. Do not take people's word for functions that have to be or are undertaken.
2. Allow sufficient time to complete the audit. Do not rush or take short cuts as this will result in an inaccurate numeric profile.
3. Promote and conduct the audit as a positive, pro-active exercise where there is an exchange of ideas to develop strategies for improvement.
4. Complete notes progressively to provide a comprehensive assessment and guide for future improvement strategies.
5. Reports should be completed as soon as possible, e.g. within one month and findings discussed with management, e.g. health service Chief Executive Officers. Strategies should be developed to implement improvements and determine target dates and follow-up audit timings.
6. The numeric profile may be used to demonstrate improved performance and outcomes as part of the ACHS Evaluation & Quality Improvement Program.

PARTS NOT APPLICABLE

Where parts of the numerical profile are not applicable due to particular local circumstances, e.g. small self-sufficient community health centre, then the overall total points score (560) should be reduced by that part that is not applicable.

PART C - CONTINUOUS QUALITY IMPROVEMENT C.90

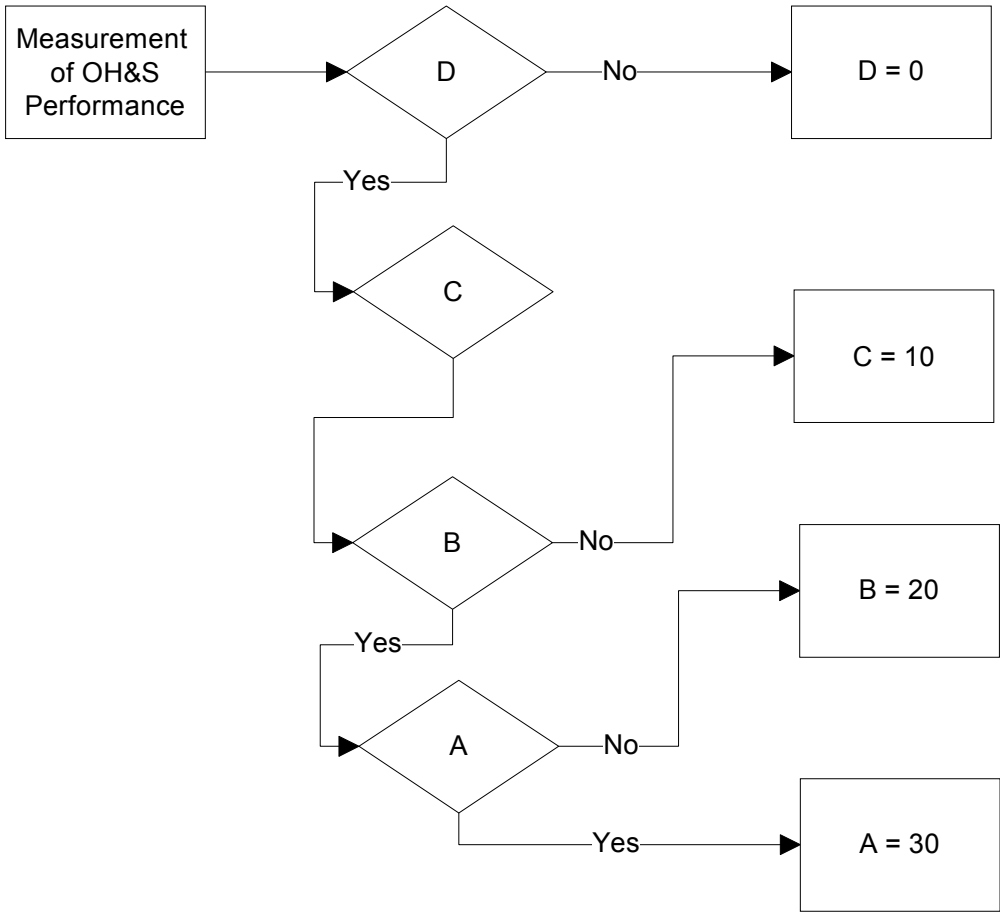
How to Score

The Numeric Profile incorporates two (2) distinct methods for scoring, i.e.

- 1. A straight score basis with no attachments assessment criteria, e.g.

OCCUPATIONAL HEALTH SAFETY & SECURITY

I Measurement of OH&S Performance	Standard Achieved and Score
D No OH&S numeric profile exists.	D-0
C Some OH&S performance is measured against established numerical profile criteria.	C-10
B There is a numeric profile in place and assessments are regularly undertaken.	B-20
A In addition to B, positive corrective action is taken against targets in respect to areas of concern identified as a result of the numeric profile undertaken.	A-30

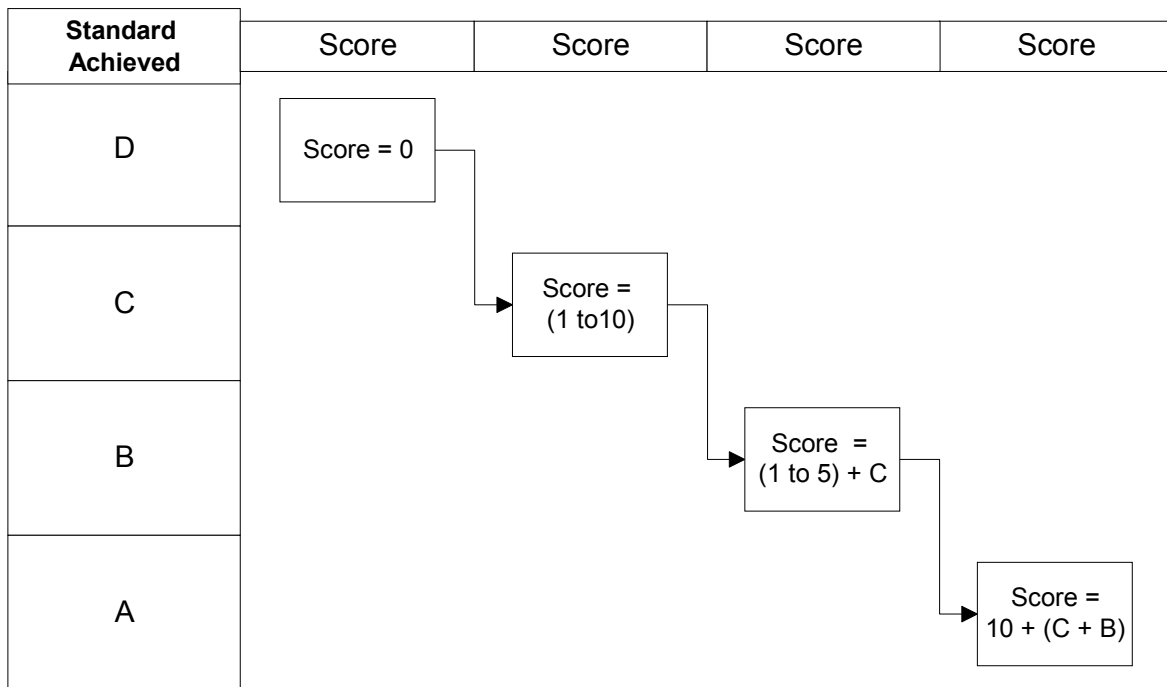


PART C - CONTINUOUS QUALITY IMPROVEMENT C.91

2. A sequence that incorporates a score for questions answered.

II Measurement of OH&S Performance	Standard Achieved and Score
D Management/Supervisors have no formal management training. No training in cleaning practice.	D-0
C Managers/Supervisors have received some management training. Some training in cleaning practice. (See 2C)	C-/10
B In addition to C, managers/supervisors participate in ongoing training in management issues, and cleaning practice. (See 2B)	C+/5=/15
A In addition to B, specialised training is conducted on specific management and cleaning practice issues. Competency levels are assessed on a regular basis against training objectives.	B+10=/25

Management and Supervisor Training Score Matrix



PART C - CONTINUOUS QUALITY IMPROVEMENT **C.92**

OTHER COMMENTS

The officer undertaking the audit should prepare comments for management in respect to matters that whilst not necessarily pertinent to conducting the numeric profile do have an effect on the efficient running of the cleaning service in a health care facility. A page is included titled 'Other Comments' at the back of the numeric profile package.

CLEANING

SERVICES

NUMERICAL PROFILE REPORT

Hospital Name:

Date of Report:

HOSPITAL:

TYPE OF PATIENTS:

NO OF BEDS:

OCCUPANCY LEVEL:

CLEANING STAFF: _____ F/T _____ P/T = _____ FTE

LOCATION:

NAME OF MANAGER:

AREAS OF RESPONSIBILITY:

AREA:

ASSESSMENT DATE:

CONDUCTED BY:

TELEPHONE:

**PRINCIPAL
CONTACTS:**

NUMERIC PROFILE

1. MANAGEMENT

I	Management Structure	Standard Achieved	Score	Remarks
D	There is no formal management or reporting structure.	D-0		
C	There is a formal management and reporting system - see C.1 page 111.	C -/5		
B	In addition to C, all functions of general cleaning are conducted by one department.	C+5= /10		
A	In addition to B staff demonstrate an understanding of the management and reporting structure. (Interview different staff. Do they know structure, do they report to one person, have they ever seen their statement of duty/work schedule.)	B+/-5= /15		

II	Leadership	Standard Achieved	Score	Remarks
D	There is no evidence of leadership throughout the cleaning service.	D-0		
C	There is a person responsible for the cleaning service.	C-10		
B	In addition to C, there is an organised approach to cleaning throughout the organisation, e.g. work schedules, daily and project work plans, rosters, and emergency contingency plan - see IIB page 112.	B-20		
A	In addition to B, the person responsible for the cleaning service engenders participation by employees in improvement of the service, e.g. staff meetings, worksite inspections, suggestion schemes etc. The values of organisation are reflected in its practice and rapport with the person in charge. Score out of 10 and add to B.	A-30		

1. MANAGEMENT

III Management Commitment	Standard Achieved	Score	Remarks
D There is no formal commitment to continuous improvement of the management of the cleaning services.	D-0		
C There is formal commitment to continuous improvement of the management of cleaning service, e.g. documented evidence relating to improvements and provision of adequate budgets.	C-10		
B In addition to C, management has a clear and pro-active commitment to ensuring cleaning services are provided effectively and efficiently - see B2 page 112.	C+B2 /10= /20		
A In addition to B, employees are informed about their position in the organisation and essential part they play. This would be determined by staff interviews and the perception by employees of the role they play.	B /20+10 = /30		

IV Communication	Standard Achieved	Score	Remarks
D There is no formal or informal communication between management, supervisors and employees to discuss cleaning practices etc. and other aspects relating to the service.	D-0		
C There is an informal communication system between management, supervisors, cleaners. (Go straight to B if a formal system exists.)	C-5		
B A formal communication system exists - see B.2 page 113.	B= /20		
A In addition to B, employees are actively involved in participation programs, e.g. suggestion schemes, cleaning service quality improvement forums, training.	B+10= /30		

1. MANAGEMENT

MANAGEMENT SCORE =	$\frac{\quad}{105}$
% SCORE FOR MANAGEMENT	%

2. POLICY

I Policy	Standard Achieved	Score	Remarks
D No documented cleaning policies evident.	D-0		
C A general understanding of cleaning management responsibilities and accountabilities but no written policies. If written policies go to B.	C-10		
B Cleaning Management policies and responsibilities are written and distributed in a timely way to managers and supervisors, e.g. Cleaning Operation Manual (see B1 page 114).	C+/20 = /30		
A In addition to B, policies are reviewed at a minimum annually. Management demonstrate responsibility and accountability for ensuring all cleaning staff comply with current policies.	B/30 + 5 = /35		

II Reporting and Recording Procedures	Standard Achieved	Score	Remarks
D No documented management reporting and recording procedures evident.	D-0		
C Some reporting and recording procedures evident.	C-10		
B Well established reporting and recording systems are evident, e.g. staffing, problems, performance, expenditure.	B-25		
A In addition to B, reporting and recording systems accurately reflect activities and are regularly (set times) distributed to management as evidence of work performed.	A-30		

2. POLICY

III Cost Effectiveness	Standard Achieved	Score	Remarks
D No policies exist for minimising cleaning services costs.	D-0		
C Some policies and some procedures evident for minimising cleaning costs. <ul style="list-style-type: none"> - Staff negligence and wastage - care of materials/ equipment. - Maintenance of equipment - service checks. - Overtime, penalty rates - scheduling of work. - Assessment of materials equipment - most effective and efficient materials used - Charging costs to customers if appropriate. 	C-10		
B In addition to C, most procedures documented and action taken evident.	B-15		
A In addition to B a regular monitoring of cleaning service costs is evident to ensure cost effectiveness.	A-25		

IV Purchasing and Product Evaluation	Standard Achieved	Score	Remarks
D Purchasing and product evaluation does not take into account cleaning service user requirements.	D-0		
C Some specifications evident for purchase of item(s) are developed that meet the needs of the cleaning application.	C-5		
B In addition to C, Purchasing and product evaluation guidelines have been developed for cleaning equipment, materials and chemicals.	B-10		
A In addition to B, preference is given to items posing the minimal environmental impact and/or all items are purchased under the State Contracts Control Board contracts or local area contracts.	A-15		

2. POLICY

POLICY SCORE =	$\frac{\quad}{105}$
% SCORE FOR POLICY	%

3. OCCUPATIONAL HEALTH SAFETY & SECURITY

I Measurement of OH&S Performance	Standard Achieved	Score	Remarks
D No OH&S numeric profile exists.	D-0		
C Some OH&S performance is measured against established numerical profile criteria.	C-10		
B There is a numeric profile in place and assessments are regularly undertaken.	B-20		
A In addition to B, positive corrective action is taken against targets in respect to areas of concern identified as a result of the numeric profile undertaken.	A-30		

II Education	Standard Achieved	Score	Remarks
D There is no education program for safety, fire, evacuation, staff injury and OHS issues.	D-0		
C Policies and procedures exist but there is no effective dissemination of information to staff. (See criteria attached of policies and procedures that should exist as a minimum.) See C2 page 115.	C-/10		
B In addition to C, a formal and continued training program for staff regarding the issues identified under C exists especially as they relate to risk identification and reporting.	C+10= /20		
A In addition to B, staff are actively involved in workplace assessments. A formal and effective system exists for corrective action in respect to areas of concern identified by staff, e.g. incident reports, etc. YES/NO	B+5= /25		

3. OCCUPATIONAL HEALTH SAFETY & SECURITY

III Security	Standard Achieved	Score	Remarks
D No security policy in place in relation to cleaning service activities. No awareness of security related issues.	D-0		
C Security awareness, as it applies to cleaning service activities is undertaken (e.g. Statements of Duties), risks are identified. Access and key control procedures are in place.	C-10		
B In addition to C, security awareness training is provided for all cleaning staff and details recorded. Policy and procedures direct cleaning staff about personal, property and information security, e.g. ID cards, locking doors, patient confidentiality. Immediate intervention, counselling and assistance is provided for all staff in the event of a critical incident.	B-15		
A In addition to B, individual security responsibilities are enforced as a condition of employment, e.g. Code of Conduct (acknowledgement) etc. Annual security survey and inspections are conducted and corrective action implemented and documented.	A-20		

IV Hazard/Manual Handling Inspections	Standard Achieved	Score	Remarks
D No workplace inspections are carried out.	D-0		
C Inspections are conducted by OH&S Committee. Results of inspections are documented and reported to Management.	C-5		
B In addition to C, managers, supervisors and staff inspect all areas regularly (at least every 3 months) using a formal checking mechanism. A system is in place for rectifying reported areas of concern.	B-10		
A In addition to B, facility executives review inspection report results and ensure appropriate action has been taken to rectify outstanding areas of concern.	A-15		

3. OCCUPATIONAL HEALTH SAFETY & SECURITY

V	Material Safety Data Sheet (MSDS)	Standard Achieved	Score	Remarks
D	No knowledge or use of MSDS for cleaning chemicals/substances.	D-0		
C	MSDS available for some but not all cleaning chemicals/substances.	C-5		
B	MSDS accessible (24 hours a day) and available for most chemicals and substances. Employees trained in handling/storage procedures and interpretation of data. New chemicals/substances have MSDS.	B-10		
A	In addition to B, Central MSDS register maintained on all chemicals/substances in use by the cleaning department. Compliance with storage procedures evident. Data available and displayed at relevant workplaces at all times. Central MSDS registers are also situated in key areas of the organisation, e.g. A&E Department, Nursing Administration., Library, Pharmacy, etc.	A-15		

OCCUPATIONAL HEALTH, SAFETY & SECURITY SCORE =	<u>105</u>
% SCORE FOR OHS&S	%

4. QUALITY ASSURANCE/BEST PRACTICE

I Performance Improvement System	Standard Achieved	Score	Remarks
D There is no formal performance improvement system to measure the effectiveness and efficiency of the cleaning service against standards.	D-0		
C There is a formal performance improvement system (see 1Ca page 116). Some indicators are used to measure cleaning services performance (see 1Cb page 116) in relation to Department of Health Cleaning Service Standards.	C-/20		
B In addition to C, the Cleaning Dept will have developed performance indicators across all service areas (see 1B page 117). Regular reviews are performed to compare actuals/outcomes with standards.	C/20+5=/25		
A In addition to B, ongoing review of the performance improvement system occurs.	B+5 /30		

4. QUALITY ASSURANCE/BEST PRACTICE

II Evidence of Outcomes and Improvements	Standard Achieved	Score	Remarks
D There is no evidence of the measuring of outcomes and improvements.	D-0		
C There are some attempts made to measure outcomes and improvements with no supporting evidence. (See 2C page 117 against the Department of Health Cleaning Standards Green Book.)	C-/10		
B In addition to C ongoing review of effectiveness in relation to measured outcomes and improvements occurs. Documented evidence exists to support these changes. (See 2C page 117). There is documented evidence of satisfactory standards being attained in inspections and external reviews, e.g. ACHS Evaluation and Quality Improvement Program (EQuIP), and Waste Management Numerical Profile. Rigorous analysis of external providers in relation to service quality is made.	C+15 = /25		
A In addition to B, supervisors/senior managers review outcome measurements and improvements with employees. Some documented evidence exists to support these changes. Some formalised attempts are made to ensure a satisfactory service quality from external providers.	B + 5 = /30		

III Evidence of Inspection Programs	Standard Achieved	Score	Remarks
D No evidence of any formal documented inspection program in place.	D-0		
C A formal documented inspection program exists that is in accordance with the Cleaning Standards.	C-10		
B In addition to C, the program is followed (10 points), analysed (10 points) and remedial action undertaken (10 points).	C+ /30 /40		
A In addition to B, there is documented evidence that satisfactory results achieved and formal communication of results to customers.	B+20 /60		

4. QUALITY ASSURANCE/BEST PRACTICE

IV Customer/Patient Focus	Standard Achieved	Score	Remarks
D There is no evidence of customer/patient focus.	D-0		
C Some attempts are made at providing a customer/patient focused service. (See 4C page 117).	C-/5		
B In addition to C, there is documented evidence existing that the criteria in C are undertaken, e.g. surveys, brochures etc.	C+5= /10		
A In addition to B, there is evidence that corrective action is taken for improvement of the service.	B+5- /15		

QUALITY ASSURANCE/BEST PRACTICE =	$\frac{\quad}{135}$
% SCORE FOR QUALITY ASSURANCE/BEST PRACTICE	%

5. EDUCATION

I Employee Orientation	Standard Achieved	Score	Remarks
D No orientation/induction covering cleaning policies, procedures and practice.	D-0		
C Verbal orientation/induction to staff.	C-10		
B Formal orientation/induction for all person(s) given by designated person(s) who have been appropriately trained. Responsibilities outlined for workplace and individual tasks. (See 1B page 118)	B-/15		
A In addition to B, a formal orientation programme in cleaning, policy procedure and practice is in place for all new employees, and is reviewed regularly. Training objectives are stated. Competency levels are measured against programme objectives. There is an assessment to determine the competency of persons and effectiveness of training programs.	B+10=/25		

II Management and Supervisor Training	Standard Achieved	Score	Remarks
D Management/Supervisors have no formal management training. No training in cleaning practice.	D-0		
C Managers/supervisors have received some management training. Some training in cleaning practice. (See 2C page 118)	C-/10		
B In addition to C, managers/supervisors participate in ongoing training in management issues, and cleaning practice. (See 2B page 118)	C+/5=/15		
A In addition to B, specialised training is conducted on specific management and cleaning practice issues. Competency levels are assessed on a regular basis against training objectives.	B + 10=/25		

5. EDUCATION

III Continuing Employee Education	Standard Achieved	Score	Remarks
D No programme of continuing education in cleaning service.	D-0		
C Informal programme of updating staff on changes in policies, procedures and practices related to cleaning.	C-5		
B Formal update programme e.g. meeting agenda items with specific training sessions conducted. Set periods for conducting/training. Specific emphasis given to training and educating staff in safe operating procedures and other topical issues relevant to cleaning services.	B-10		
A In addition to B, training programmes outcomes evaluated. Updates according to identified needs are included. Opportunities for staff to identify training needs and receive training programmes. Competency levels are assessed on a regular basis against training objectives. Evidence exists that programmes are regularly reviewed.	A-20		

5. EDUCATION

IV Personal Development	Standard Achieved	Score	Remarks
D Only training in cleaning policy, procedures and practice offered to staff. Additional training programmes not offered or publicised in respect to language, upskilling, advancement courses, etc.	D-0		
C Promotion of additional programmes only provided by general posters or newsletters.	C-5		
B In addition to C, information regarding available training publicised and circulated to all staff. Personal development activities incorporated in performance management action plans. Staff attend relevant programmes on a regular basis.	B-10		
A In addition to B, staff training needs identified. Training programmes may include communication skills, customer focus, quality control, quality improvement, leadership skills, first aid (including cardiopulmonary resuscitation), problem solving, grievance handling, time management, lifting and manual handling, fire and evacuation, disaster and security procedures, language/literacy. Refresher courses are offered regularly. Training achievements are recorded. Competency levels are assessed against training objectives.	A-20		

5. EDUCATION

V Publicity and Promotion of Cleaning Service and Individual Employee Responsibilities	Standard Achieved	Score	Remarks
D Notice boards and posters are the only means of promoting the cleaning service and best practice principles.	D-5		
C In addition to D, pictorial displays and presentations used infrequently. Cleaning programme promoted throughout the organisation on an ad-hoc basis.	C-10		
B In addition to C, cleaning service displays, presentations, and videos take place and are shown on a regular basis, e.g. magazines, newsletters etc. throughout the organisation.	B-15		
A In addition to B, special publicity programmes targeted at cleaning service developed in conjunction with relevant committees, e.g. Infection Control Committee, OH&S Committee. Programmes developed to attract maximum participation by employees throughout organisation, (not just cleaning staff), e.g. hand washing by employees, waste management, general hygiene and cleanliness.	A-20		

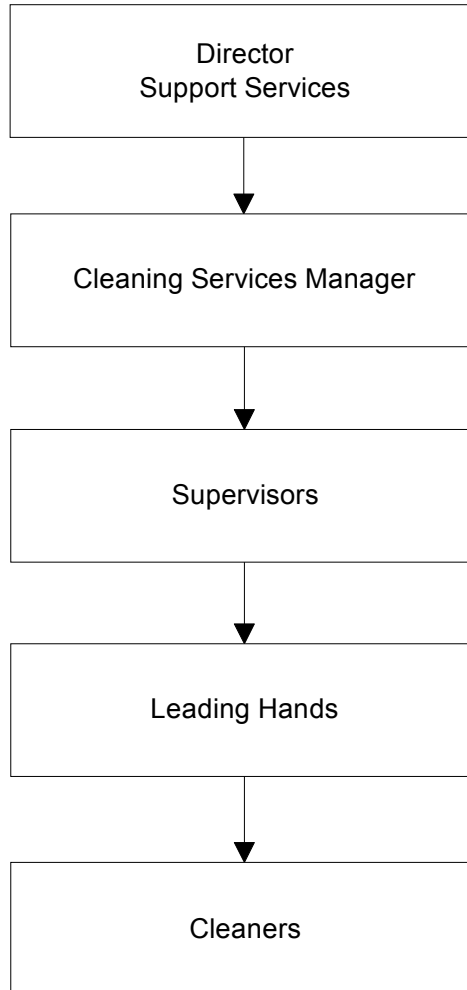
EDUCATION SCORE =	$\frac{\quad}{110}$
% SCORE FOR EDUCATION	%

PART C - CONTINUOUS QUALITY IMPROVEMENT C.111

1. MANAGEMENT

ICI Management Structure

EXAMPLE STRUCTURE



(OR SIMILAR DEPENDING ON SIZE OF ORGANISATION)

e.g. or cases where cleaning staff report direct to unit/department managers other than the Cleaning Services Manager, there should be formal reporting mechanisms to the Cleaning Services Department.

1		Structure - formal management and reporting structure exists (similar to above)
2		Work Statements/Statements of Duties (WS/SOD's) exist for all levels of structure. WS/SOD's are matched against Operating Manual so that all cleaning functions are covered, e.g. general, infection control projects.
2		There are no double lines of responsibility and/or reporting, i.e. one person does not report to two supervisors. Daily work schedules may be influenced by local Department (e.g. ward) requirements/circumstances.
5	/5	

PART C - CONTINUOUS QUALITY IMPROVEMENT C.112

1. MANAGEMENT

Management Leadership

II.B.

	POINTS SCORE	
There exists:		
- Work Schedules/Daily Work Plans	4	
- Project Work Plans	2	
- Rosters	2	
- Emergency Contingency Plans	2	
	10	/10

Management Commitment

III.B.2 Pro-Active Commitment

	POINTS SCORE	
1. Formal review mechanisms in place for quality assurance of cleaning services - supervisors reports - customer complaints - questionnaires to users etc.	2	
2. Training criteria set, distributed and reviewed.	2	
3. Budget given in a timely way to Cleaning Services to manage and control.	2	
4. Management ensures that any new methods and/or technology is reviewed to increase efficiency/effectiveness, e.g. Journals, Cleaning Managers Association information, demonstrations, related conferences etc.	2	
5. Maintenance/renewal program in place for equipment, etc.	2	
	10	/10

PART C - CONTINUOUS QUALITY IMPROVEMENT C.113

1. MANAGEMENT**IV. UNIT COMMUNICATION****B.2 Formal Communication System**

	POINTS SCORE	
Induction - Timely on appointment	5	
In-service training sessions - documented who actually attended.	5	
Staff Appraisal (Performance management program) YES/NO	1	
Action plans instituted on results of staff appraisals and staff meetings	4	
Regular (at least 3 monthly) meetings with supervisors and staff to discuss training problems etc.	2	
Employee bulletins/noticeboards	3	
	TOTAL	20 /20

PART C - CONTINUOUS QUALITY IMPROVEMENT C.114

2. POLICY**B.1 Cleaning Operation Manual**

A manual exists that has as a minimum sections on the topics below:

	POINTS SCORE	
1. Areas to be cleaned	2	
2. How to be cleaned	2	
3. Resource allocation	2	
4. Training/development	2	
5. Cleaning standards	2	
6. Safety (e.g. chemicals)	2	
7. Hygiene/infection control	2	
8. Security	2	
9. Materials/equipment Handling	2	
10. Inspection	2	
	20	/20

PART C - CONTINUOUS QUALITY IMPROVEMENT C.115

3. OCCUPATIONAL HEALTH & SAFETY AND SECURITY

C.2 EDUCATION POLICY AND PROCEDURES - MINIMUM CRITERIA		
* Material Safety Data Sheets	1	
* Ergonomics and Manual Handling	1	
* Hazard Inspections and risk identification	1	
* Measurement of OH&S performance against objectives	1	
* Fire, Safety and Evacuation	1	
* Safety Rules	1	
* Occupational Health & Safety Communications	1	
* Accident Investigation	1	
* Staff injury treatment	1	
* Security	1	
	10	/10

PART C - CONTINUOUS QUALITY IMPROVEMENT C.116

4. QUALITY ASSURANCE

I PERFORMANCE IMPROVEMENT SYSTEM

1Ca A Formal Performance Improvement System

		POINTS SCORE		
i	A systematic program to ensure:			
	- inspections are undertaken in accordance with the Inspection Criteria stated in the Department of Health Cleaning Standards.	2		
	- a culture is established of improving performance throughout the organisation	2		
	- a quality plan is included in the organisation-wide strategic plan	2		
	- the formal improvement system specifies the expected outcomes and time frames, the strategies to be used, the resources allocated, individual responsibilities allocated, mechanisms to monitor achievements	2		
	- appropriate priorities been determined in the most important areas	2		
	- tools used in improvement system include surveys of patients, clients, staff and users of the service, audits, performance appraisal, reviews of complaints, review of documentation and the adequacy of policies, procedures and committees.			
	ii	Quality system needs to be evaluated in terms of:	1	
	- outcomes, improvements, achievements and feedback assessment	1		
	- reviewing aggregated and trended data	1		
- identifying further areas for improvement and strategies to be implemented				
		15		

1Cb Indicators

		POINTS SCORE	
Indicators that may be used to measure cleaning service performance may include:			
	- timeliness of service delivery	1	
	- audits of cleaning service delivery	1	
	- timely waste removal	1	
	- costs of staffing	1	
	- training costs	1	
		5	

4. QUALITY ASSURANCE

PART C - CONTINUOUS QUALITY IMPROVEMENT C.117

I PERFORMANCE IMPROVEMENT SYSTEM

1B General issues may also be measured by the use of indicator data:

	POINTS SCORE	
Sick leave	1	
Workers compensation	1	
Staff turnover	1	
Staff complaints	2	
	5	

II EVIDENCE OF OUTCOMES

2C Examples of Outcomes and Improvements

	POINTS SCORE	
Inspection Criteria as per the Green Book (Department of Health Cleaning Standards)	4	
External reviews, e.g. ACHS, EQuIP, waste management numerical profile.	2	
Decreased incidence of sharps injuries following an education program.	2	
A reduced incidence of falls on 'just-washed' floors (cleaning conducted outside of clinic times and safety signs also introduced).	2	
	10	

IV CUSTOMER/PATIENT FOCUS

	POINTS SCORE	
4C Customer Focus		
Is feedback sought from the staff (1) (internal and external to the cleaning service), patients (1), and visitors (1) used to improve the service?	3	
Does the service specify to the customer the extent of the services that will be provided to ensure both parties have a clear understanding? Inspection Criteria as per the Green Book (Department of Health Cleaning Standards)	2	
	5	

PART C - CONTINUOUS QUALITY IMPROVEMENT C.118

5. EDUCATION

I EMPLOYEE ORIENTATION

1B Employee Orientation/Induction Program

		POINTS SCORE	
Administration -	Employee conditions	5	
-	Payroll		
-	Conditions		
-	Code of Conduct		
-	Dress Policy		
Cleaning -	Rosters	10	
-	Duties		
-	Uniforms		
-	Reporting		
-	Administration		
-	Conduct		
-	Safety/Hygiene		
		15	/15

II MANAGEMENT AND SUPERVISOR TRAINING

2C Basic Management Training

		POINTS SCORE	
Cleaning Practice		2	
Human Resources -	Grievance	2	
-	Industrial		
Communication		2	
Awareness of current policies, e.g. EEO, etc.		2	
Ethics and Accountability		2	
		10	/10

II MANAGEMENT AND SUPERVISOR TRAINING

2B Ongoing Management

		POINTS SCORE	
Performance Appraisal (Management Assessment)		1	
Skills based training (Cleaning Practice)		2	
Communication of current techniques, policies, etc.		1	
Information technology		1	
		5	/5

PART C - CONTINUOUS QUALITY IMPROVEMENT C.119

**NUMERIC PROFILE - CLEANING SERVICES
OVERALL ASSESSMENT**

MANAGEMENT	D	C	B	A
Management Structure				
Leadership				
Management Commitment				
Communication				

Percentage score %

POINTS SCORE =

POLICY	D	C	B	A
Policy				
Reporting and Recording Procedures				
Cost Effectiveness				
Purchasing and Product Evaluation				

Percentage score %

POINTS SCORE =

OCCUPATIONAL HEALTH, SAFETY & SECURITY	D	C	B	A
Measurement of OHS Performance				
Education				
Security				
Hazard/Manual Handling Inspections				
Material Safety Data Sheet				

Percentage score %

POINTS SCORE =

QUALITY ASSURANCE/BEST PRACTICE	D	C	B	A
Performance Improvement System				
Evidence of Outcomes and Improvements				
Evidence of Inspection Programs				
Customer/Patient Focus				

Percentage score %

POINTS SCORE =

EDUCATION	D	C	B	A
Employee Orientation				
Management and Supervisor Training				
Continuing Employee Education				
Personal Development				
Publicity and Promotion of Cleaning Service & Individual Employee Responsibilities				

Percentage score %

POINTS SCORE =

Overall Percentage Score %

TOTAL POINTS SCORE = /560

PART C - CONTINUOUS QUALITY IMPROVEMENT C.120

1. MANAGEMENT (out of 105)		
ISSUE	FINDING	RATING AND COMMENT
Management Structure		
Leadership		
Management Commitment		
Communication		

PART C - CONTINUOUS QUALITY IMPROVEMENT C.121

2. POLICY (out of 105)		
ISSUE	FINDING	RATING AND COMMENT
Policy		
Reporting & Recording Procedures		
Cost Effectiveness		
Purchasing & Product Evaluation		

PART C - CONTINUOUS QUALITY IMPROVEMENT C.122

3. OCCUPATIONAL HEALTH, SAFETY AND SECURITY (out of 105)		
ISSUE	FINDING	RATING AND COMMENT
Measurement of OH&S Performance		
Education		
Security		
Hazard/Manual Handling Inspections		
Material Safety Data Sheet		

PART C - CONTINUOUS QUALITY IMPROVEMENT C.123

4. QUALITY ASSURANCE/BEST PRACTICE (out of 135)		
ISSUE	FINDING	RATING AND COMMENT
Performance Improvement System		
Evidence of Outcomes and Improvements		
Evidence of Inspection Programs		
Customer/Patient Focus		

PART C - CONTINUOUS QUALITY IMPROVEMENT C.124

5. EDUCATION (out of 110)		
ISSUE	FINDING	RATING AND COMMENT
Employee Orientation		
Management and Supervisor Training		
Continuing Employee Education		
Personal Development		
Publicity and Promotion of Cleaning Service & Individual Employee Responsibilities		

GENERAL COMMENTS

PART D

BIBLIOGRAPHY

- **References**
- **Contacts**
- **Glossary of Terms/Definitions**

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- Waste Management Standards (Draft) - Department of Health 1996.

PART D - CONTACTS**D.88**

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Infection Control Association of NSW 150 Albion Street SURRY HILLS 2010	(02) 9380-6114	9380-6114
Health & Research Employees Association of NSW Level 4 370 Pitt Street SYDNEY 2000	(02) 9264-4999	9264-4300
NSW Health Peak Purchasing Council C/- Concord Hospital Level 5 Medical Centre Hospital Road CONCORD 2139	(02) 9767-7975	9736-7976
Environment Protection Authority 799 Pacific Highway CHATSWOOD 2067	(02) 9795-5000	9325-5678

ACID	A class of chemicals that are corrosive to metals and the skin. They are neutralised by alkaline materials. Acids react or dissolve some chemicals (such as rust) which may be found as soils.
ALKALINE	Chemicals such as caustic soda and ammonia which dissolve readily in water to provide corrosive solutions. Alkaline materials are neutralised with acids and react with fat to form soap.
BACTERIA	Microorganisms found throughout nature, only some of which are pathogenic, their shape and microscopic stain, gram positive, gram negative, acid fast, bacterial spores.
BIODEGRADABLE	A compound that readily decomposes by bacterial action.
CLEANING	The physical removal of soil and organic matter from surfaces and other objects using a detergent and water. Cleaning reduces the numbers of microbes on surfaces and prevents multiplication with the production of many organisms by removing organic matter. A clean dry surface is generally hostile to the reproduction of microorganisms.
CROSS INFECTION	An infection that is picked up or otherwise acquired from a contaminated environment, as distinct from the disease for which the patient is admitted.
DECONTAMINATION	The process of removing both unwanted matter both soil and pathogenic microorganisms and biohazardous materials from surfaces. It requires both efficient cleaning and disinfection of a particular surface, object or fabric before re-use is permitted.
DEODORANT	A chemical capable of covering or masking unwanted odours.
DETERGENT	A chemical cleansing agent which may be in liquid, paste or powdered form. When dissolved in water at the recommended concentration it will clean the type of surface for which it is designed. Detergents may be either neutral, alkaline or acidic in character and may contain a wide variety of other chemicals.
DISINFECTANT	A chemical for destroying microbes. Common disinfecting chemicals are formalin, alcohol, phenols, quaternary compounds.

ENVIRONMENT	The space which surrounds or encompasses a person, object, building or community.
FLAMMABLE	Capable of being easily ignited: readily combustible.
HYGIENE	The process of reducing the number of vegetative organisms on a surface to a point where cross infection from microbial fouling will not occur from normal re-use of equipment, facilities or services.
INFECTION	Invasion by pathogenic organisms which multiply rapidly and cause disease.
ISOLATION AREA	An area in which infective or contagious patients are isolated under special care to prevent spread of infection.
NEUTRAL	A solution containing neither acid nor alkali: a solution which acid has been fully neutralised by alkali to pH 7.0.
pH	A measure of the acidity of alkalinity of a solution. 0 maximum acidity 3 moderately acid 7 neutral 11 moderately alkaline 14 maximum alkalinity
SOIL	Usually defined as “matter out of place” - it means the unwanted material to be removed during a cleaning operation.
SOLVENT	A solution capable of dissolving chemicals; commonly means liquid other than water that is used for cleaning, i.e. methylated spirits, mineral turpentine, trichloroethylene, white spirits etc., solvents of these types may be either very flammable or quite poisonous.
SPOT CLEANING	The removal of soil or stains from isolated or small areas where the total area does not require to be cleaned.
TERMINAL CLEANING	Cleaning of a room upon being vacated by a patient.
TOXIC	Poisonous.