

Cleaning Standard for Healthcare Facilities Policy Directive

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Cleaning Standard Policy Directive

1. Policy Statement

The purpose of this policy is to ensure that cleaning of the physical environment in healthcare facilities is performed in a consistent manner that:

- is in accordance with best practice as it relates to the prevention and control of healthcare associated infections
- supports services to meet accreditation requirements.

The policy is targeted to those who have a role in the management of cleaning/housekeeping services for the healthcare setting. This includes administrators, cleaning/housekeeping services managers, cleaning supervisors, nurse managers and infection prevention and control professionals. It has been prepared in consultation with a dedicated group of individuals from within SA Health who have expertise in cleaning/housekeeping services management or infection prevention and control.

The practices recommended in the Standard reflect the best evidence and expert opinion available at the time of writing. As new information becomes available, the document will be reviewed and updated as required.

This policy directive is to be read/administered in conjunction with the [SA Health Cleaning Standard for Healthcare Facilities](#) and associated [toolkit](#).

2. Roles and Responsibilities

This policy applies to all SA Health public healthcare facilities, including all public hospitals, rehabilitation centres, outpatient satellite treatment units, and residential care units contained within hospitals. In addition, the information contained in the Cleaning Standard may be useful for other facilities or areas where health care may be delivered, such as treatment areas in correctional facilities, GP Plus centres, and community health centres.

The policy applies regardless of whether the cleaning is provided in-house or contracted to an external provider. It is the responsibility of the healthcare facility to ensure that any contract with an external provider is based on the minimum requirements as specified in the Standard and associated Cleaning Schedule.

The policy does not apply to external building surrounds or food preparation areas covered by the *Australia New Zealand Food Standards Code, Chapter 3, Food Safety Standards*.

2.1 Chief Executive SA Health is responsible for:

- ensuring the management of environmental cleaning within SA Health facilities is in accordance with this policy.

2.2 Executive Director Public Health and Clinical Systems through the Director of Communicable Disease Control Branch will:

- establish, maintain and periodically review the effectiveness of this policy
- monitor the level of compliance with this policy.

2.3 Local Health Network (LHN) Chief Executive Officers will:

- ensure that a comprehensive cleaning program which includes cleaning and auditing schedules is embedded in practice
- ensure that sufficient resources are in place to enable effective systems for the management of an environmental cleaning program

- ensure that the day-to-day responsibility for establishing and monitoring the implementation of this policy is delegated to the relevant senior managers.

2.4 Executive Directors, Heads of Service and other Senior Managers will:

- develop, implement and monitor local processes to support employees, and other persons providing health services on behalf of SA Health, to maintain an effective environmental cleaning program
- facilitate relevant education and training for staff (where appropriate)
- ensure that appropriate equipment and facilities are made readily available to all relevant staff
- ensure that cleaning outcomes are measured by conducting regular internal and external audits
- ensure that any contracted services deliver outcomes that are in accordance with this policy.

2.5 All SA Health employees involved in facility cleaning will:

- adhere to the principles and aims of this policy and ensure they operate in accordance with the associated Cleaning Standard
- ensure that any relevant training is undertaken.

3. Policy Requirements

All facilities must adhere to the processes recommended within the [SA Health Cleaning Standard for Healthcare Facilities](#). The cleaning schedule and associated risk matrix contained within the Standard are designed to produce a clean and odour-free environment that is fit for purpose.

This means that:

- all surfaces are free from foreign matter such as dust, dirt, litter, cobwebs, mould, fingerprints, streaks, stains, greasy marks and residues
- all surfaces should be intact and constructed of materials which facilitate effective cleaning.

Understanding the modes of transmission of infectious micro-organisms helps to explain why patient care environments within the healthcare facility must be maintained to a high standard of cleanliness. Therefore adequate training in these principles should be provided for all personnel responsible for cleaning.

4. Implementation & Monitoring

It is important that compliance with all elements of this policy is demonstrated. This will be achieved by completing scheduled audits of the processes addressed within the Cleaning Standard.

Systems and compliance audits must be conducted as outlined in *section 7- Audit system* of the Cleaning Standard.

The internal and external audit results and associated action plans to address any identified deficiencies must be reported to the relevant governance committees.

4.1 Risk management

Failure to comply with this policy may result in harm or injury to health care consumers, poor consumer experience and consumer or carer complaints. Facilities must ensure that systems are in place to address any observed deficiencies in environmental cleaning, including potentially hazardous spills, in a timely manner.

All potential risks and hazards associated with cleaning procedures must be identified, actioned, documented and reported to the Local Health Network's risk management unit, and the appropriate hazard controls applied. The effectiveness of the risk controls should be regularly assessed and reviewed by the relevant governance committee.

4.2 Evaluation

Compliance with this policy directive will be assessed by monitoring the hospital accreditation results for Standard 3.15 and addressing any recommendations made in relation to performance of environmental cleaning.

5. National Safety and Quality Health Service Standards

The Australian Commission on Safety and Quality in Health Care has developed the [National Safety and Quality Health Service Standards](#) (the Standards).

The Standards provide a nationally consistent and uniform set of measures of safety and quality for application across a wide variety of health care services. They propose evidence-based improvement strategies to deal with gaps between current and best practice outcomes that affect a large number of patients.

Please identify how this policy directive contributes to any of the below listed standards:

| | | | | | | | | | |
|---|--|--|--|--|--|---|--|---|--|
| | | | | | | | | | |
| National Standard 1 Governance for Safety and Quality in Health Care | National Standard 2 Partnering with Consumers | National Standard 3 Preventing & Controlling Healthcare associated infections | National Standard 4 Medication Safety | National Standard 5 Patient Identification & Procedure Matching | National Standard 6 Clinical Handover | National Standard 7 Blood and Blood Products | National Standard 8 Preventing & Managing Pressure Injuries | National Standard 9 Recognising & Responding to Clinical Deterioration | National Standard 10 Preventing Falls & Harm from Falls |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please note these National Standards above apply until 31 December 2018.

National Standard 3: Preventing and Controlling Healthcare Associated Infections.

Criterion 3.15: Using risk management principles to implement systems that maintain a clean and hygiene environment for patients and healthcare workers.

- 3.15.1 policies, procedures and/or protocols for environmental cleaning that address the principles of infection prevention and control are implemented.
- 3.15.2 policies, procedures and/or protocols for environmental cleaning are regularly reviewed.
- 3.15.3 an established environmental cleaning schedule is in place and environmental cleaning audits are undertaken regularly.

6. Definitions

In the context of this document:

- **Cleaning** refers to a process of removal of organic and inorganic environmental contaminants by physical means.

7. Associated Policy Directives / Policy Guidelines and Resources

7.1 SA Health Policy Directives

- SA Health Healthcare Associated Infection Prevention Policy Directive, 2016

7.2 SA Health Guidelines

- SA Health Idiopathic Environmental Intolerance or Multiple Chemical Sensitivity Policy Guideline, 2016

7.3 National Standards

- Australia New Zealand Food Standards Code. Food Safety Standards (Chapter 3). Available at: [http://www.foodstandards.gov.au/foodsafety/standards/Pages/Food-Safety-Standards-\(Chapter-3\).aspx](http://www.foodstandards.gov.au/foodsafety/standards/Pages/Food-Safety-Standards-(Chapter-3).aspx)

7.4 Appendices and supporting resources

Cleaning Standard for Healthcare Facilities 2014:

- Appendix 1: When to wash your hands?
- Appendix 2: Sample of general cleaning practices
- Appendix 3: Sample of discharge cleaning procedures
- Appendix 4: Management of blood and body substance spills

Cleaning Standard for Healthcare Facilities 2014 Toolkit:

- Appendix 5: Risk matrix and classification of functional areas supporting information
- Appendix 6: Risk classification of functional areas within hospitals
- Appendix 7: Cleaning schedule
- Appendix 8: Audit tool
- Appendix 9: External Audit checklist.

8. Document Ownership & History

Document developed by: Communicable Disease Control Branch / Infection Control Service

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Next review due: 20/03/2023 (usually 1-5 years' time)

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Does this policy amend or update an existing policy version? **Y**

If so, which version? **2.1**

Does this policy replace another policy with a different title? **N**

If so, which policy (title)?

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| Approval Date | Version | Who approved New / Revised Version | Reason for Change |
|---------------|---------|------------------------------------|--|
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| 6/11/14 | V2 | Portfolio Executive | Approval of final version |
| 15/08/13 | V1 | Portfolio Executive | Original endorsed working draft. |