

Title	Outbreak Resilience Plan (cleaning)	
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Equality & Diversity Impact Assessed		

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#### 1.0 Intent

To provide a robust process for enhanced cleaning during and following outbreaks of infection

### 2.0 Introduction

The following escalation process has been agreed between the General Services Manager, General Managers and the Infection Control Manager. This five stage escalation process has been developed to maintain adequate cleaning provision during and following outbreaks. The responsibility for implementing this plan is shared between General Services Manager and the relevant General Manager.

#### 3.0 Resilience Plan

- 3.1 Prioritising cleaning across local site. With reference to the national Cleaning Specifications and advice from Infection Prevention and Control Team, establish cleaning priorities and frequencies required. Responsibility for decision making on priorities is the Site Manager or equivalent. This should be a short-term solution due to the inevitable impact on the cleaning standards in other areas. General Services Manager and the relevant General Manager are to ensure impact of this action is not prolonged.
- 3.2 Redistribution of duties. Explore with clinical staff the potential for noncleaning duties to be undertaken by auxiliary staff such as serving beverages. This should be a short-term solution due to staff fatigue.
- 3.3 **Flexible working day.** Review staff rota with a view to extending working day (excess part time hours or overtime) to focus on cleaning priority areas.
- 3.4 **Move staff from other sites.** Once contingency options have been exhausted within the local site, General Services Department will prioritise cleaning across the Board. Moving staff around the Board will be dependent upon staff goodwill and may require additional support such as providing transport for domestics that are unable to drive.

3.5 **Utilisation of bank/agency staff.** General Services to use bank staff or contact local employment agencies to supply additional cleaning staff as appropriate.

This plan will help eliminate delays in terminal cleans following outbreaks as well as ensure additional and adequate cleaning during outbreaks.

### 4.0 Cleaning Standards

Cleaning will generally be in line with the national cleaning specifications and as detailed in the Infection Control Manual. These may be amended from time to time as determined by an Outbreak Control Team. Page 7 (Below) details an agreed enhanced cleaning regime which is to be used during Norovirus season. Page 5 (below) shows a terminal cleaning checklist which may be used from time to time to check that cleaning standards have been met.

#### 5.0 Financial impact

Implementing this plan could have financial consequences for NHS Borders. Equally, failure to implement this plan could have significant service costs through protracted avoidable disruption.

At the point where there are directly attributable costs arising from the implementation of this plan, the Chief Executive will be alerted to confirm availability and authorisation of funding to proceed.

Ward\_\_\_\_\_

Room\_\_\_\_\_

Whole

	Room	
	<b>Bed Space Only</b>	
Not	Comments	

ITE M	ACTION NOTES		Checked & Passed	Not Applicable	Comments
1.	Confirm with General Services staff materials/ solutions used	Acti-chlor Plus (1 tablet per 1000ppm cold water with the exception of blood which is 10,000ppm) using disposable single			
	during terminal clean	use cloth. Surfaces should be rinsed and dried <b>OR</b> FUSE			
2.	Ensure curtains have been remov	ved			
3.	Confirm sequence of cleaning tas	ks completed correctly (top to bottom of room)			
4.	Check surfaces, fittings and	Track hoist free of dust			
	furniture are clean and free	Over bed table (including underneath surface)			
	from dust/ dirt	Bedside locker (inside and out)			
		High dust surfaces			
		Refuse bins (inside, outside, base and wheels)			
		Bed (including mattress, under mattress, underneath glider rail)			
		Underside of medical pods			
		Lamps			
		Wardrobe (grooves and ledges)			
		Inside radiator			
5.	Check toilets and bathroom areas are clean and free from dust/ dirt	Toilet & toilet seats (including underside)			
		Sink (shiny basin, plug and taps, check underside and overflow)			
		Bath			
		Shower			
		Wash hand basin (including underside)			
		Commodes (top side and underneath)			
		Sundries dispensers (including underside)			
6.	Check floors are clean and free	Behind bed			
	from dust/ dirt	Behind lockers			
		Floor corners			
7.	Check stock of PPE in bays (dani	centre)			
8.	Check Gel dispensers are workin				

Date:	Date:	Date:
Signature – Cleaning Completed Domestic:	Signature – Cleaning Accepted Nurse in Charge:	SignatureOnly required during auditManager:periods

#### Please return completed forms to:- Infection Control, Area Laboratories, BGH.

### How to Use

- 1) This form should be used after any terminal clean following infection (ie, bed space, single room, bay or complete ward)
- 2) Sign off is always required by the Nurse in Charge of the Ward and the Domestic
- 3) Additional sign-off is required by a manager during audit periods
- 4) Completed forms should be sent to the Infection Control Office

## **Escalation Process**

- 1) Every effort should be made to resolve any issues immediately and locally.
- 2) If unable to resolve locally, Domestic Supervisor and Nurse in Charge should immediately escalate to their line managers or equivalent (if unavailable or out of hours).

#### **NOROVIRUS PREVENTION & MANAGEMENT - ENHANCED CLEANING REGIME**

		Normal Cleaning Regime	Norovirus Season Declared	Enhanced Cleaning Regime During Periods of Norovirus Outbreak		
		NHS Scotland National Cleaning Specification	No evidence of Norovirus activity in NHS Borders	1 Bay Closed	1 Bay Closed More than 1 Bay Closed in one area	
Location	Items	Frequency / Timing	Frequency / Timing	Frequency / Timing	Frequency / Timing	Frequency / Timing
	Toilets	One full clean and one check clean per day with Actichlor Plus	One full clean and one check clean per day with Actichlor Plus	4 full cleans per day (spread throughout the day) with Actichlor Plus in closed bay	Cleaning regime to be agreed at Outbreak	4 full cleans per day (spread throughout the day) with Actichlor Plus in closed areas
All Closed Clinical Areas (Applies To All Clinical Boards)	Door handles Light switches Grab rails Pull cords Bedside Locker top/side Over bed table Nurse call	One full clean and one check clean per day	One full clean and one check clean per day	WITHIN CLOSED BAY: 3 full cleans per day (spread throughout the day) with Actichlor Plus		WITHIN CLOSED AREAS: 3 full cleans per day (spread throughout the day) with Actichlor Plus
Unaffected Rooms/Bays Within Affected Ward Public / Communal Toilets		One full clean and one check clean per day	One full clean and one check clean per day	One full clean and one check clean per day	-	Enhanced cleaning regime as detailed above
		One full clean and one check clean per day with Actichlor Plus	One full clean and one check clean per day with Actichlor Plus	One full clean and one check clean per day with Actichlor Plus		3 full cleans per day with Actichlor Plus
Core Areas	Changing facilities, high frequency touch areas (door handles and hand rails)	One full clean and one check clean per day	One full clean and one check clean per day with Actichlor Plus	One full clean and one check clean per day with Actichlor Plus		1 member of staff to work through out the day to ensure all communal touch surfaces are cleaned at least three times daily with Actichlor Plus

Supported by decreased cleaning in Non-Clinical offices Enhanced Cleaning Regime - Outbreak Control V2.3

Updated January 2016