

Title	Outbreak Resilience Plan (cleaning)
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(only statutory for policies)	

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## **Document Control**

Version	Amendment	Date	Amended By
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### **Document control**

Date	Version	Amendment
September 2022	2.6	Full document reviewed
January 2021	2.5	Appendix 2 updated
August 2020	2.4	Full document reviewed
January 2020	2.3	Appendix 1 updated
September 2018	2.2	Appendix 2 updated, full document reviewed

## 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 Facilities 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 the Facilities Manager and the relevant General Manager.

## 3.0 Resilience Plan

- 3.1 Step 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. Facilities Manager and the relevant General Manager are to ensure impact of this action is not prolonged.
- **3.2 Step 2:** Redistribution of duties. Explore with clinical staff the potential for non-cleaning duties to be undertaken by auxiliary staff such as serving beverages. This should be a short-term solution due to staff fatigue.
- **3.3 Step 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 Step 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 Step 5: Utilisation of bank staff.** General Services to use bank staff 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 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 Incident Management Team. Appendix 1 shows a terminal cleaning checklist which can be used after a terminal clean has been completed to check on cleanliness standards. Appendix 2 details an agreed enhanced cleaning regime which is to be used during outbreaks in inpatient facilities.

## 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 Facilities Manager will escalate to the Head of Estates and Facilities..

6.0 Appendix 1

# Terminal Cleaning Handover Checklist – Assessment prior to Acceptance

Ward

Bay\_\_\_\_ Date\_\_/\_\_/\_\_\_

ACTION					Commonts
ACTION			& Passed	Applicable	Comments
1. Confirm with General Services staff materials/ solutions used during terminal clean					
(Tristel Fuse should be used for all cleaning including the cleaning of blood and body fluids)					
2. Ensure curtains have been removed					
3. Confirm sequence of cleaning tasks completed correctly (top to bottom of room)					
	Track hoist free of dust				
	High dust surfaces				
	Wardrobe (grooves and ledges)				
	Lamps				
4. Check bedroom	All external surfaces of medica	al pods			
surfaces, fittings and	Over bed table (including und	erneath surface)			
furniture are clean	Bedside locker (inside, outside	e and underside)			
and free from dust/	Patient chair and footstool (in	Patient chair and footstool (including undersides)			
dirt	Bed (mattress, under mattress	s, underneath glider rail, cot sides including underside)			
	Electric bed hand control and	Electric bed hand control and cable			
	Patient call bell				
	Inside radiator External surfaces of radiator (Estates staff clean inside)				
	Refuse bins (inside, outside, base and wheels)				
	Toilet & toilet seats (including	Toilet & toilet seats (including underside)			
	Sink (shiny basin, plug and taps, check underside and overflow)				
	Bath				
5. Check toilets and	Shower	Shower			
bathroom areas are	Wash hand basin (including underside)				
clean and free from	Commodes (top side and unde	Commodes (top side and underneath)			
dust/ dirt	Sundries dispensers (including	Sundries dispensers (including underside)			
	Paper towel and toilet roll dispensers including underside				
	Light pull cord				
6. Check floors are	Behind bed				
clean and free from	Behind lockers				
dust/ dirt	Floor corners				
7. Check stock of PPE in bays (danicentre)					
8. Check Gel dispensers are working (Confirm Advanced Purell in dispenser and in date )					
Signature – Cleaning		Signature – Cleaning Accepted	Signatu	re	
Domestic Supervisor:		Nurse in Charge:	Manage	()	NLY REQUIRED
					NG AUDIT PERIODS

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

		Normal Cleaning Regime	Outbreak Season Declared	Enhanced Cleaning Regime During Periods of Outbreak			
		NHS Scotland National Cleaning Specification	No evidence of outbreak activity in NHS Borders	1 Bay Closed	More than 1 Bay Closed in one area	Ward Closed	
Location	Items	Frequency / Timing	Frequency / Timing	Frequency / Timing	Frequency / Timing	Frequency / Timing	
All Closed Clinical Areas (Applies To All Clinical Boards)	Toilets	One full clean and one check clean per day with Tristel Fuse	One full clean and one check clean per day	4 full cleans per day (spread throughout the day) with Tristel Fuse		4 full cleans per day (spread throughout the day) with Tristel Fuse	
	Touch Surfaces			3 full cleans per day (spread throughout the day) with Tristel Fuse		3 full cleans per day (spread throughout the day) with Tristel Fuse	
Unaffected Rooms/Bays	Toilets	One full clean and one check clean per day with Tristel Fuse	One full clean and one check clean per day with Tristel Fuse	with Tristel Fuse		n/a	
Within Affected Ward	Touch Surfaces						
Toilets	Toilets	One full clean and one check clean per day with Tristel Fuse	One full clean and one check clean per day with Tristel Fuse	One full clean and one check clean per day with Tristel Fuse		3 full cleans per day with Tristel Fuse	
	Touch Surfaces						
Core Areas	Touch surfaces	One full clean and one check clean per day with neutral detergent	One full clean and one check clean per day with Tristel Fuse	One full clean and one check clean per day with Tristel Fuse		3 full cleans per day with Tristel Fuse	

Supported by decreased cleaning in Non-Clinical offices Enhanced Cleaning Regime - Outbreak Control V2.7

Updated January 2021