

Document Title	Infection Control Management Standard
Reference Number	HS-0411
Version Number	V3
Date of Issue	April 2019
Next Review Date	February 2022
Distribution	All Employees and Volunteers
Owner	National Lead for Health and Safety
Policy Lead	National Lead for Health and Safety
Department	Operations
Legislation / Regulations / Good practice guidance	Health and Safety at Work etc. Act Management of Health and Safety at Work Control of substances hazardous to health (COSHH) Prevention and control of infection in care homes
CQC standard	12 – Safe care and treatment

Scope

This Infection Control document is applicable to all departments, schools and services and outlines the roles, responsibilities and arrangements for actions to be taken by managers and staff to understand, prevent, detect and manage infection risks. All NAS staff have a collective responsibility to minimise infection control risks.

Summary

This document sets out how infection risks are to be managed across all areas of NAS business including:

- The arrangements for making sure that premises are kept clean and hygienic
- Staff roles and responsibilities
- How policies and procedures will be maintained in line with best practice
- Information to enable staff to notify internal and external key contacts

The NAS provides education to pupils and support to individuals that may include personal care and accommodation. This standard has been developed in line with the requirements of the Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and related guidance.

It is expected that managers will adopt this management standard and bring relevant sections to the attention of staff.

A suite of Infection Control guidance documents is available on SharePoint as summarised in the table at Appendix A.

Contents:

Section	Title	Page No
1	Roles and responsibilities	3
	1.1 Nominated Individual / Principals	3
	1.2 Registered Manager / Principals	3
	1.3 Local infection control lead	4
	1.4 Staff, Volunteers and Contractors	5
	1.5 Health and Safety Team	5
	1.6 Quality Assurance Managers	5
	1.7 Facilities / Estates Management	5
	1.8 Human Resources	5
	External Specialist Advisors	5
	1.9 Occupational Health	5
	1.10 Health Protection Agency	6
	1.11 General Practitioners	6
2	Information, instruction and training	6
3	Supervision	7
4	Audit arrangements to check that this policy is being followed	7
5	Review of this policy	8
Appendices		
A	Supporting guidance documentation – List of guidance also available on SharePoint as a separate document	9
B	Key Contacts template – Word version also available on SharePoint	12
C	Annual Statement – Word version also available on SharePoint	13
D	Cleaning Schedule examples - Word version also available on SharePoint	14

1 Roles and responsibilities

The NAS Health and Safety Policy sets out the overarching responsibilities for health and safety. Section 1 below sets out specific roles and responsibilities for effective infection control:

1.1 Nominated Individual / Principals

Adult services - The Nominated Individual is responsible for the provision and maintenance of safe systems and environments for individuals, staff and visitors at registered services. Day-to-day infection control arrangements are delegated to Registered Managers.

Education - School principals are responsible for the provision and maintenance of safe systems and environments for pupils, staff and visitors accessing and working in schools.

1.2 Registered managers and principals are responsible for the following:

- Identify a named person to act as the local infection control lead – see 1.3
- Provide the nominated Local Infection Control Lead with adequate time and resources to complete the tasks outlined in section 1.3
- Ensure the completion of the Infection Control Annual Audit
- Schedule resources to ensure that audits set out in section 4 of this document are completed and that any findings are acted upon
- Review and sign off the locally modified Infection Control Risk Assessment - See Word version available on SharePoint (search for Infection Control Risk Assessment)
- Ensure that Infection Control competencies are included in job descriptions, personal development plans and appraisals
- Make arrangements to provide induction, refresher and bespoke infection control training to staff, volunteers and agency workers (contractors) – refer to section 2 of this document
- Ensure that training records are documented and retained
- Empower staff to encourage individuals and pupils to understand and get involved in infection control arrangements and campaigns
- Ensure that staff have the time and resources to follow the Infection Control Standard Precautions - See Infection Control Guidance No 22 Standard Precautions on SharePoint
- Ensure any instructions and advice provided by specialist advisors is acted upon (e.g. Occupational Health and General Practitioners) to reduce the risks: This includes advice to reduce infection risks to staff, pupils and supported individuals who may be particularly vulnerable to infection
- Ensure that information confidentiality is maintained
- Consider infection risks when documenting business continuity plans
- Ensure that staff have access to competent advice at all times – promote and make available the Key Contact list at Appendix B (Word version available on SharePoint)
- Provide feedback to staff on infection control practice – refer to section 3 of this document
- Ensure that staff adhere to any uniform or dress code

Registered managers will also ensure the following:

- Register resident individuals with a local General Practitioner (GP)
- Keep records of staff and supported individuals illness or absence
- Gather information to provide an annual infection control statement – see Appendix C (Word version available on SharePoint)

Principals will also ensure the following:

- Ensuring that home contact information for pupils is up-to-date
- Provide information to parents about any exclusion arrangements – guidance available at <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

1.3 Local Infection Control Lead

The local Infection Control Lead may be required to carry out some or all of the activities on behalf of the registered manager or principal and will:

- Complete the Infection Control Management Annual Audit – available on SharePoint
- Adapt to local circumstances and adopt the Infection Control Risk Assessment – available on SharePoint
- Ensure that a plan of action is in place to close any gaps in the arrangements as identified by the Infection Control Annual Audit and Infection Control Risk Assessment
- Notify the Registered Manager / Principal if gaps in the arrangements present imminent infection control risks
- Outline the standards of cleanliness required
- Document and make available cleaning schedules specifying who, what and when (see cleaning schedule template at Appendix D and Word version on SharePoint).
- Ensure that staff are aware of any allocated tasks
- Have the authority to challenge inappropriate practice and substandard cleanliness and notify concerns to local manager
- Escalate concerns to area or national level if further advice or support is required

1.4 Staff, volunteers and contractors will:

- Attend infection control training at induction and as advised by your line manager
- Know where to locate infection, prevention and control policies and guidelines – these can be located on SharePoint but may also be held locally. Ask your line manager where you can find these
- Notify your line manager if you have any concerns about your ability to carry out any of the infection control tasks or arrangements – you may need further training, information or equipment to help you
- Take responsibility for infection control tasks allocated to you while you are on shift and maintain or report cleanliness standards
- Notify your line manager if you have any concerns about infection risks to yourself, supported individuals, pupils, staff, agency workers, visitors or others
- Use NAS reporting systems to report infection related incidents or accidents i.e. contact with body fluids, sharps injuries, etc.
- Report any illness or symptoms of illness to your manager – this is of particular importance after travelling abroad. Illness and symptoms of illness should be

If printed this is an uncontrolled document – refer to the NAS intranet for the latest version

reported even if you feel well enough to attend work. You may need to be excluded from work until you have recovered. This is to reduce the risk of any infectious agent spreading to others

- Adopt a 'see it – sort it – report it' response. If you see something that needs attention, ask yourself if you have the competencies and equipment to sort it out – if you do have the right competencies and equipment to sort the problem then please do. If you do not think that you have the right skills or equipment then please report it to a senior person so that it can be sorted. Infection control is everyone's business.

1.5 Health and Safety Team will:

- Provide competent advice and guidance on health and safety related infection control issues
- Validate self-audit findings through a programme of sample audits
- Review Infection Control related accidents and identify where further investigation is required
- Report new or emerging trends to key stakeholders
- Review this document and upload to SharePoint

1.6 Quality Assurance Managers will:

- Carry out Quality Monitoring Visits (see section 4 - Monitoring)

1.7 Estates Management (NAS Facilities) will:

- Consider infection control standards and requirements during design and refurbishment projects and work with managers and the health and safety team to ensure proposed plans meet the infection control standards prior to works commencing
- Consult with infection control specialists when internal and external contracts are being prepared
- Consult with infection control specialists and health and safety when identifying suitable infection control cleaning products

1.8 Human Resources will:

- Provide advice and guidance to managers and staff regarding any staff exclusion from work to reduce infection risks

External specialist advisors and sources of support:

1.9 Occupational Health will provide advice, guidance and support for occupational health related matters including but not limited to the following:

- Pre-employment screening including the capture of information relating to residence overseas, previous and current illness, immunisation status
- Receipt of staff referrals of ill-health, sickness management, return to work, fitness to work in relation to infection control matters
- Provision of advice to managers following general enquiry or staff referrals
- Immunisation and vaccination advice and guidance

If printed this is an uncontrolled document – refer to the NAS intranet for the latest version

- Liaising with the National Health and Safety Team to provide specialist infection control guidance
 - Provide timely notification of blood borne virus (BBV) risk inoculation exposure events to the NAS health and safety team to enable the NAS to comply with any RIDDOR reporting timeframes
- 1.10 **Health Protection Agency** - UK-wide health protection teams provide specialist support to prevent and reduce the effect of infectious diseases, chemical and radiation hazards, and major emergencies. Activities include:
- Local disease surveillance
 - Maintaining alert systems
 - Investigating and managing health protection incidents and outbreaks
 - Delivering and monitoring national action plans for infectious diseases at local level
 - Contact your local health protection team if you need expert local health protection advice, including out of hours – See Appendix B for contact information
- 1.11 **General Practitioners will:**
- Provide initial advice if contacted about a supported individual with symptoms that might indicate an infection. The General Practitioner may then wish to refer to local professional expertise in infection prevention and health protection
 - Provide specimen collection and delivery together with laboratory arrangements/services for known or suspected infections

2 Information, Instruction and Training

- 2.1 There is a requirement to provide information, instruction and training so that staff and others can follow the infection control arrangements. General infection control information will be provided at induction. Additional information, instruction and training will be required and will depend on your job role.
- 2.2 Information - The amount of infection control information is vast and it is essential that you can find information when you need it. This document, appendices and associated guidance can be found on SharePoint. Managers can print off local information if access to SharePoint is limited.
- 2.3 Instruction – You may receive instruction on how to follow the infection control arrangements from another member of staff during your induction. It is important that you tell them to explain further if you are not clear on how or why you need to follow the processes.
- 2.4 Training – A programme of eLearning, instruction and classroom based face-to-face learning opportunities will provide staff with the competencies to follow the infection control arrangements.

Induction training will include the following topics:

- Key legislation and standards related to infection prevention and control
- Chain of infection
- The role and responsibilities of employers, workers and others for infection prevention and control

If printed this is an uncontrolled document – refer to the NAS intranet for the latest version

- Hand washing technique to prevent the spread of infection
- How to maintain a clean environment to prevent the spread of infection
- The importance of good personal hygiene to prevent the spread of infection
- The use of personal protective equipment to prevent the spread of infection

Ongoing training to support staff completing their Care Certificate will include:

- Routes by which infections can get into the body
- Effective hand hygiene
- Ways in which own health can pose risks
- Types of protective clothing
- Safe handling of waste

Additional training will be required for staff completing units 2, 3 and 5 of diploma studies:

- Level 2 - The principles of infection control, causes and spread of infection.
- Cleaning, decontamination and waste management and how actions contribute to the support of infection control in social care
- Level 3 - Supporting infection control in social care
- Level 5 - Lead and manage infection control within the work setting

Update information, instruction and training will be provided if processes change and the method of delivery will be determined by the complexity of the change.

3 Supervision

Supervision is required by line managers to ensure that infection control systems and arrangements are being followed. Supervision includes the following:

- Line managers may carry out walkabout supervisions to observe the infection control practice of their staff. Walkabouts can include direct observations of practice or assessment of the cleanliness of the environment and equipment
- Line managers will conduct 1:1 observations of practice to provide opportunities for staff to discuss infection control and how it works in practice
- Line managers and staff will actively participate in reflective practice opportunities and discuss any development needs

4 Audit and Monitoring arrangements (to check that this policy is being followed)

Active and reactive monitoring will take place to ensure that staff are following the infection control arrangements as follows:

4.1 Active Monitoring:

- Supervision – see section 3 above
- Walkabout observations of practice – see section 3 above
- Quality Monitoring Visits (QMV) - twice a year by Quality Assurance Managers to check: Staff awareness of role(s) and environment and equipment cleanliness.
- Local audit of systems and arrangements as set out in the following table. Audit forms available on SharePoint – search for 'Infection Control Audit' to locate them.

Frequency	Audit	Additional information
Weekly	Environmental cleanliness	An audit of the building to include the fabric of the building, decoration, fixtures fittings and furniture. See Infection Control Guidance 6 & 8
Monthly	Equipment decontamination	An audit of the availability of information and equipment together with an observation of practice. To include equipment that comes into contact with individuals and equipment that may come into contact with blood and bodily fluids. It is recommended that sites keep a list of all equipment to be checked under item 11 of the audit. 10 of these items should be checked each month. See Infection Control Guidance No 6
Quarterly (minimum)	Mattress	A thorough check of the condition of mattresses. Quarterly audit recommended as a minimum. Frequency to be determined by risk assessment and increased on a case-by-case basis if more frequent checks are required. See Infection Control Guidance No 14
Quarterly (Minimum)	Aseptic Techniques	Only required if staff tasks include urinary catheterisation or wound dressings
Annual	Hand Hygiene	Needs to demonstrate that all staff have been assessed at least once per year. See Infection Control Guidance No 9
Annual	Management of infection control	Audit of systems and arrangements

4.2 Reactive Monitoring will be coordinated by the local infection control lead.

Reactive monitoring will include:

- Investigation of outbreak events
- Investigation of incidents and accidents
- Audit of arrangements linked to any significant event i.e. outbreak
- Investigation of any observations made by external auditors and enforcement authorities

Findings to be summarised and notified to the Registered Manager / Business Manager / Principal. Lessons learned to be presented at the local Safety Action Group for discussion.

5 Review of this policy

This policy will be reviewed every three years or sooner in line with changes to legislation, regulations and good practice standards and to reflect any significant changes in local arrangements or practice.

Infection Control Guidance – Appendix A

Infection Control Guidance documents summarised in the table below are available on SharePoint. The guidance was created by the NHS for use by social care providers and the standards are to be applied across NAS schools and services.

Managers are advised to contact healthandsafety@nas.org.uk if they require additional support or if guidance does not meet the needs of their service.

School specific guidance: Exclusions to reduce infection risks can be found here:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Action: Identify which guidance relates to the services you provide and act to ensure that systems and arrangements are in place to comply with the required standards.

	Guidance Document	Additional information
1	Animals in healthcare	<ul style="list-style-type: none"> - Pets and animals visiting NAS premises - Wild animals such as squirrels - Farm visits
2	Aseptic Techniques	<ul style="list-style-type: none"> - Applicable where pupils and individuals have invasive devices such as a urinary catheter or receiving care for an open wound. N.B. NAS staff are not responsible for giving clinical care but need to have knowledge of asepsis and an understanding of the importance of not introducing contamination to these devices - 'Infection Control – Aseptic technique Competency Assessment' form available on SharePoint if required.
3	Blood-Bourne Viruses (BBVs)	Information on BBVs <ul style="list-style-type: none"> - HIV, Hepatitis B, Hepatitis C
4	Clostridium Difficile - CDiff	CDiff - Routes of transmission, signs, symptoms and treatment
5	Creutzfeldt-Jakob disease (CJD)	Not applicable to NAS services
6	Decontamination, cleaning and disinfection	<ul style="list-style-type: none"> - Decontamination, cleaning and disinfection of equipment and the environment - Spillage information A 'Declaration of decontamination' form is available on SharePoint if required.
7	Enteral feeding	Not applicable to NAS services - No known ENERNAL FEEDING support across NAS services. Registered Managers to contact healthandsafety@nas.org.uk if individuals require support with internal feeding BEFORE the activity commences
8	Environmental cleanliness	<ul style="list-style-type: none"> - Cleaning plans - Cleaning products and equipment - Equipment purchasing standards to minimise infection risks - Colour coding cleaning materials and equipment
9	Hand Hygiene	<ul style="list-style-type: none"> - Promote hand hygiene - Annual hand hygiene training and audit of practice for all staff - How to involve the people we support - Good hand hygiene practice - 5 moments for hand hygiene - Skin care - Glove choice - Latex allergy Additional Resources on SharePoint: <ul style="list-style-type: none"> - 'Infection Control Audit – Annual - Hand Hygiene' - Glove selection guide
10	Inter-Health and social care infection control transfer	<ul style="list-style-type: none"> - Information to be provided when transferring a person to another support service, healthcare provider or ambulance crew - Information you should receive when receiving a person from a healthcare provider
11	Isolation	- Isolating individuals to protect others

If printed this is an uncontrolled document – refer to the NAS intranet for the latest version

		<ul style="list-style-type: none"> - Risk assessment - Standard isolation precautions - Providing support to an individual who is isolated - Timescales for infections. An A-Z guide identifying diseases which may or may not require isolation - Personal Protective Equipment poster: correct way to put it on and take it off
12	Last offices-Deceased	- Providing care for the deceased
13	Laundry	<ul style="list-style-type: none"> - Linen classifications - Handling of linen (used, soiled, fouled and infected) - Laundering clothing belonging to people we support - Staff uniforms and work clothes - Linen change - Washing temperatures - Laundry facilities design and requirements – work flow, equipment, etc.
14	Mattresses and covers	<ul style="list-style-type: none"> - Mattress standards - Care and maintenance – cleaning - Turning mattresses - Disposal - Loan equipment
15	MGNB including ESBL and CPE	<ul style="list-style-type: none"> - Reducing risks from an increasing number of antibiotic resistance micro-organisms - Colonisation and infection risks - Routes of transmission – Faecal/oral route via contaminated environment, equipment and hands - Treatment - Precautions for infection control
16	MRSA	<ul style="list-style-type: none"> - Colonisation and infection - People at risk of infection – routes of transmission and treatment - Environmental cleaning - Precautions for positive cases - Transfer of individuals - Link to additional information resources <p>MRSA factsheet available on SharePoint</p>
17	Notifiable diseases	Information only – General Practitioners (GPs) will make any necessary notifications
18	Outbreak Management	<ul style="list-style-type: none"> - How to recognise symptoms that may indicate a possible outbreak - Notify the health protection team* if an outbreak is suspected. They can offer advice and guidance. <p>*See local Key Contact information</p>
19	Scabies	<ul style="list-style-type: none"> - Scabies mite - Transmission, diagnosis and treatment - Management of treatment - Seek advice from Health Protection Team*. They will advise on actions to be taken including environment cleaning and laundry. *Refer to local Key Contacts <p>Additional resources on SharePoint: Management Action Plan and Treatment Instructions – search for Scabies</p>
20	Sharps Management and inoculation injuries	<ul style="list-style-type: none"> - Good practice - Risks associated with inoculation (incident with a risk of blood/body fluid transfer from one person to another) injury - Sharps disposal arrangements - Action to take if you sustain a sharps type injury - Manager to include local hospital contact details on Key Contacts - Notify healthandsafety@nas.org.uk if staff and others are involved in activities that present risk of injury from sharps <p>Additional resources on SharePoint: Sharps disposal flowchart</p>
21	Specimen collection	For information only – General Practitioners (GPs) are responsible for the provision of specimen collection and laboratory services
22	Standard Precautions	<p>An introduction to standard infection control precautions:</p> <ul style="list-style-type: none"> - Hand washing – See guidance 9 for more information - Personal Protective Equipment: Gloves, aprons and face protection - Sharps – see guidance 20 for more information - Dealing with spillages (blood and non-blood body fluids)

		<ul style="list-style-type: none">- Waste – see guidance 25 for more information- Specimens – see guidance 21 for more information- Laundry – see guidance 13 for more information- Decontamination of equipment – see guidance 6 for more information
23	Urinary catheterisation	Individuals with catheters will be under the care of a local Continence Nurse Specialist. Please ensure you know how to contact them for advice. Add Continence Nurse/Team contact information to the individual’s support plan. Relevant sections for NAS staff are: <ul style="list-style-type: none">- Catheter care (section 8)- Bag emptying (Section 9) General Practitioners (GPs) can also advise if you have concerns regarding infections and catheters Additional resources on SharePoint: UTI guidance poster and UTI prevention guidance
24	Viral gastroenteritis / Norovirus / Norwalk / SRSV	<ul style="list-style-type: none">- Incubation, symptoms and treatment- Outbreak notifications to Health Protection agencies*- Minimising risks – control measures- Visits and restrictions to scheduled activities during an outbreak- End of an outbreak and deep cleaning
25	Waste Management	<ul style="list-style-type: none">- Responsibilities- Safe handling of waste- Identifying colour coded waste streams
<p><i>* Health Protection Team</i> – Refer to Infection Control Key Contacts**</p> <p><i>** Key Contacts</i> – A template to add local infection control contact information – See Appendix B and Word version on SharePoint. Completed Key Contacts template to be displayed on your health and safety notice board or in your local health and safety / infection control folder.</p> <p>If you require further guidance please contact your line manager or healthandsafety@nas.org.uk</p>		
Other NAS health and safety policies with infection control elements include:		
Legionnaires Disease Precautions Policy HS-0432 Food Safety Policy HS-0510 Control of Contractors Policy HS-0410		
Additional guidance and resources information can be found here:		
http://www.nipcm.hps.scot.nhs.uk/ the manual on NHS Scotland		
http://www.wales.nhs.uk/sitesplus/888/page/95007/ public health Wales link to the manual		
https://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/training-resources/preventing-infection-in-care-resources.aspx training resources page		
https://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/training-resources/preventing-infection-in-care-training-video-clips.aspx training videos		

Infection Control – Key Contacts

It is essential that staff can access advice and support in a timely manner. Please ensure that all sections below are completed to reflect local arrangements:

Your Address: (Fill in your site address here just in case it is needed to quote to specialist services)

Site Telephone Number			
Site Contacts (role):		Name	Contact Telephone Number
Principal / Manager			
Daytime hours contact			
Night shift contact			
Local Infection Control Lead			
NAS Contacts:			
Service lead			
Quality Assurance Manager (area)			
Health and Safety Team		National Lead for Health and Safety Health and Safety Manager	07780 671 253 07435 975 268
Others:			
Specialist Advisors:	Name (if known)	Address (including postcode)	Contact Telephone Number
General Practitioner (GP)			
Pharmacy			
Urgent Care Centre			
Hospital			
A&E department			
Occupational Health Provider			
Health Protection team (HPT)			
Delete rows as applicable once you have identified your HPT contact information:			
Services and schools can find their local health protection team as follows:			
England by following the link and entering their postcode: https://www.gov.uk/health-protection-team_			
Scotland Health Protection in Scotland is delivered by local NHS Boards - Health Protection Scotland services webpage can be found here: http://www.hps.scot.nhs.uk/about/information.aspx			
Wales by telephoning 0300 00 300 32 - additional information can be found on their website: http://www.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=25689			
Northern Ireland by telephoning 0300 555 0119. An answerphone message will be active out of hours and will provide you with contact details for out of hours arrangements.			
Other contacts:			
Outbreak information - Schools and services must contact their local health protection team in the event of a suspected outbreak (two or more linked cases – linked by symptoms, location, support worker, etc.). It would be helpful to establish the following before making the call:			
Number of resident cases		Number of staff cases	
When did symptoms start?		What are the symptoms	
Size and layout of property		Links between cases i.e. Resident/resident, resident/staff, staff/staff	
Have there been any hospital admissions?		Any other information you think might be useful:	

Infection Control – Annual Statement

The Local Infection Prevention Lead will ensure their annual statement for each facility provides a summary of infection control events, processes and audit findings.

It is essential that the NAS is able to collate this information in order to produce an overall annual statement.

It is hoped that the digital transformation will capture this information in the future but in the meantime please send your annual statement to healthandsafety@nas.org.uk

Sites that this statement relates to:

Site telephone number			
Site Contacts (role):	Name	Contact telephone Number	
Principal / Manager			
Local Infection Control Lead			
Detail:	Number	Brief details:	Action taken (summary)
Delete the example rows from your statement			
EXAMPLE Outbreaks	1 event (Nov 2018)	3 x individuals with diarrhoea	<ul style="list-style-type: none"> - Contacted GP - Action co-ordinated by GP - Resolved within 72 hours - No further cases
EXAMPLE Audits	91	52 x Environmental 12 x decontamination 15 x hand hygiene (1 per staff member) 12 x mattress (3 residents)	<ul style="list-style-type: none"> - Minor maintenance items x 8 - Fault reporting system reinforced at staff meeting. To remind staff how to report building maintenance and ensure timely repairs
Outbreaks of infection			
Audits carried out			
Risk Assessments carried out			
Staff trained in Infection Control			
Policies or guidance reviewed			
Infection control incidents / accidents			

Please send your annual statement to healthandsafety@nas.org.uk

Infection Control - Cleaning Schedules

Independent Living Accommodation - Services provided to people in their own home are not expected to develop complex cleaning schedules although the principles can be used to identify cleaning tasks and routines with individuals. Cleaning can also be included in support planning for individuals.

Supported Living - It is recommended that the standards are adopted in supporting living services where individuals share eating and living accommodation. Contact healthandsafety@nas.org.uk if you require further advice on how the standards apply to supported living.

Shared Living Accommodation - An assessment of cleanliness should form part of ongoing day-to-day support plans and prompt action when required to maintain a clean environment. In addition to this the following arrangements should be in place:

- Private rooms should have a cleaning schedule based on the support plan for the individual
- All communal areas should have a cleaning schedule in place
- All staff only areas should have a cleaning schedule in place

Tasks can be allocated to shifts, job roles or named staff. Cleaning schedules provide an opportunity to check the condition of the premises, fixtures, fittings and equipment. Any defects should be reported for repair/replacement using local fault reporting systems.

It is hoped that cleaning tasks will be included in the digital transformation project to reduce the requirement for checklists – until such time that digital transformation is in place it will be necessary to develop local checklists.

Inspections, audits and walkabout supervisions provide opportunities to ensure that standards are maintained.

The schedule below is an example and you should create a schedule that reflects local circumstances.

Please note that cleaning activities can be added to existing activity checklists and do not need to be standalone documents but be mindful that you may be asked to provide evidence of cleaning schedules to internal auditors and external inspectors such as CQC, Care Inspectorate or OFSTED etc.

Infection Control - Cleaning Schedule (Example)

Location:				
What	Who	How	When	Comments
	Allocate to shift or named person <i>Insert name of staff member, job role or shift</i>	Specify what staff should do i.e. dust, wipe, clean, disinfect, etc. <i>Specify cleaning equipment / chemical</i>	Specify frequency i.e. daily, weekly, monthly, etc.	Any additional information i.e. colour coding for cleaning equipment, expected standard to be achieved or issues to look out for i.e. discoloured grout or sealant.
Lounge:				
Doors and door frames				
TV and TV unit				
TV remote				
Seating				
Radiator covers				
Skirting boards				
Windows, sills, frames				
Stairs:				
Handrails				
Stairs				
Bathroom:				
Baths				
Ledges, flat surfaces				
Floor				
Sinks and taps				
Toilets				
Circulation areas i.e. corridors				
Hard floors				
Carpets				
Light switches				
Door handles				
Window sills				
Windows				
Miscellaneous Equipment:				
Commodes				
Fans				
Medicine trolley				
Meds fridge				
Staff room:				
Fridge				
Seating				
Tables				
Floors				
Kitchen:				
Clean surfaces				
Clean sinks				
Etc...				
Laundry:				
Etc.				
Add other rooms:				

Appendix D - Continued

Infection Control - Individual's Bedroom Cleaning Checklist (example)

Name of person we support:			
Room number:			
Month:			
Daily cleaning tasks to be completed: <ol style="list-style-type: none"> Early shift - All windows/curtains/blinds to be opened if appropriate to do so Beds made where appropriate with matching, clean bedding Rooms are neat, clean and tidy Rooms vacuumed, dusted, swept where applicable En-suite shower rooms cleaned: toilets, shower equipment, floors, and walls Bed and/or furniture pulled out and swept and mopped if possible to do so Late shift - All windows/curtains/blinds closed if appropriate to do so Toilet roll/clean flannel/towels available where appropriate Walls/ceiling cleaned or dusted if necessary			
Date	Early shift staff sign	Late shift staff sign	Checks completed by shift lead
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			