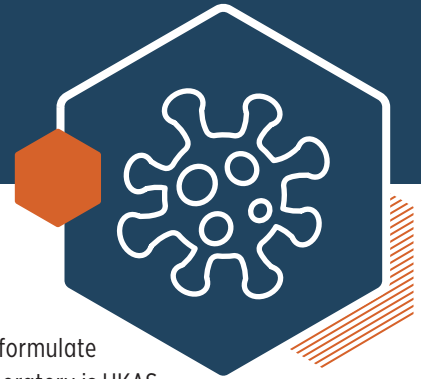


# HEALTHCARE

## Strategies and systems



## INTRODUCTION

### OUR CERTIFICATIONS

**Evans Vanodine** have utilised their experienced Quality Control, Research & Development laboratories to formulate and test a range of products to meet all the requirements of the healthcare industry. The Microbiology laboratory is UKAS registered, accredited to ISO/IEC 17025:2017, for the testing of disinfectants, ensuring products are fit for purpose and that disinfectant claims are substantiated by BS EN test methods.

Evans have also received certification from the Halal Certified Association (HCA) UK for a selection of products including Est-eem, Trigon, Trigon Plus and Handsan, certificates can be downloaded direct from our website.

We can confirm that the use of products from the Evans hand-wash range is consistent with the aims of veganism as defined by The Vegan society.

**Microbiology** tests have been undertaken on all Evans Vanodine products which have bactericidal properties; a summary of these are available in the form of a microbiological profile which are freely available to download direct from our website. [www.evansvanodine.co.uk](http://www.evansvanodine.co.uk)

With growing resistance to antibiotic treatments, it is now imperative that a germ-free environment is achieved and maintained to aid in infection prevention in a healthcare environment. Healthcare-associated infections (HAIs) present a risk to both patients and healthcare staff.

This guide aims to point out significant areas where cleanliness is of the utmost importance, but we strongly advise that you follow and adhere to the recommendations in the NHS Guidelines.

### SETTING THE STANDARD

Cleaning and disinfection should comply with the National Standards of Healthcare Cleanliness 2025. An effective healthcare cleaning service should:

- Be patient and customer-focused.
- Provide clarity for all personnel responsible for ensuring the healthcare environment is clean and safe.
- Enhance quality assurance systems.
- Address governance and risk assessment.
- Be consistent with infection prevention and control (IPC) standards and requirements.
- Meet the requirements of Care Quality Commission (CQC) outcome standard Regulation 15 key criteria (1 and 2) in the Health and Social Care Act Code of Practice 2015 in terms of legal responsibilities for a cleaning lead, personal responsibilities, the need for audit, governance and reporting.
- Set clear outcome statements that can be used as benchmarks and output indicators.
- Have clear objectives that provide a foundation for service improvements.
- Be flexible to meet the needs of specific healthcare environments, circumstances and priorities.
- Have well-documented cleanliness policies and procedures.
- Provide for a culture of continuous improvement.
- Be flexible, to meet the ongoing needs of operational service delivery.
- Consider the health, safety and wellbeing of patients, staff and the general public.
- Be efficiently delivered.



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### CHOOSING THE RIGHT PRODUCT

#### GENERAL PRINCIPLES AND DEFINITIONS OF CLEANING AND DISINFECTION

The principles behind effective cleaning and disinfection must be understood and applied to all cleaning tasks or equipment.

#### DEFINITIONS

The terms cleaning, disinfection, decontamination and sterilisation are not interchangeable, and their differences need to be understood.

##### CLEANING:

Involves 'fluid' usually detergent and water, and 'friction' – the mechanical or physical removal of organic matter including dirt, debris, blood and bodily fluids. Micro-organisms are removed rather than killed. Effective cleaning leaves a surface or equipment visibly clean. This alone may be enough in foyers, offices, corridors and other 'low risk' environments, but cleaning also serves as a pre-requisite to effective disinfection in many healthcare environments. Some disinfectants are readily deactivated by organic matter.

##### DISINFECTION:

Process of eliminating or reducing harmful micro-organisms from inanimate objects and surfaces.

##### STERILISATION:

The process of killing all micro-organisms through physical or chemical means. Sterilisation is used only for critical items; that is, objects or instruments that enter or penetrate sterile tissues, cavities or the bloodstream.

##### DECONTAMINATION:

Cleaning, disinfection and sterilisation are all decontamination processes. In the context of the environment or non-critical equipment (that is, equipment or devices that are in contact with intact skin only), the term usually refers to cleaning and disinfection, either using separate cleaning and disinfecting agents in a 2-step process, or a '2 in 1' product that cleans and disinfects in 1 step.

## CLEANING FREQUENCY DEFINITIONS

To make the best use of resource and meet all requirements, organisations are strongly recommended to differentiate between types of cleaning in their cleaning specification. For instance, many items may not always need to be cleaned daily.

#### 5 ROUTINE CLEANING FREQUENCY DEFINITIONS SHOULD BE USED:

- **FULL CLEAN** - Cleaning all elements using an appropriate method to remove all visible dust, dirt, marks and contamination, leaving the item in accordance with the required performance parameters.
- **SPOT CLEAN** - Cleaning specific elements using an appropriate method to remove all visible dust, dirt, marks and contamination, leaving the item in accordance with the required performance parameters.
- **CHECK CLEAN** - A check to assess if an element meets the performance parameters. If it does not, a full or spot clean should be undertaken (in line with the above) to bring the element up to the performance parameter level.
- **PERIODIC CLEAN** - Full clean of an item at a set interval as part of a routine cleaning and maintenance programme where daily or weekly activity is not required. This becomes periodic; fortnightly, monthly (4 weeks), quarterly (12 weeks), 6 monthly or annually. Periodic cleaning of items less frequently than fortnightly or monthly (for example, carpet cleaning, floor stripping and polishing or external window cleaning) is not considered routine and should form part of a planned and documented annual programme.
- **TOUCH POINT CLEAN** - A full clean of items that are frequently touched using an appropriate method to remove contamination.

#### ENHANCED CLEANING

The above frequency definitions are based on routine service provision. Organisations should recognise as part of their planning process that events may increase the resources their cleaning service requires, for example, to manage Infection, Prevention and Control (IPC) and during outbreaks.

Cleaning planning should clearly identify and document the specific extra steps required before, during and after a full clean in such circumstances. Organisations should base their identification of the extra steps required on local IPC policy and advice, in line with national guidance and good practice.

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### PERSONAL PROTECTIVE EQUIPMENT (PPE)

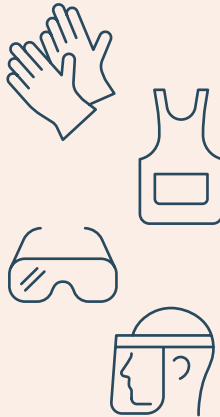
#### ALWAYS CHECK AND ADHERE TO PRODUCT PPE RECOMMENDATIONS

##### DISPOSABLE PLASTIC APRONS

Disposable plastic aprons should be worn for all cleaning tasks where clothes are likely to be splashed. Cleaning methodologies should clearly indicate if aprons should be worn when cleaning rooms occupied by patients in isolation.

##### EYES/FACE PROTECTION

It may be necessary to wear eye/face protection when decanting chemicals. It may also be necessary to wear protection when cleaning a contaminated room to avoid any spray bouncing back into the cleaning operative's face.



##### PROTECTIVE GLOVES

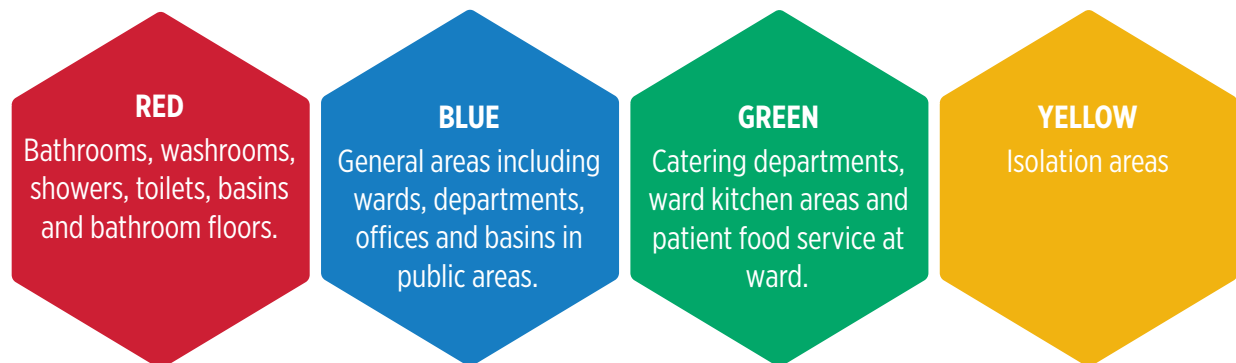
Protective domestic gloves should be worn for all cleaning tasks. These should be sturdy and suitable for purpose and comply with the national colour-coding system. Gloves should be inspected before use to ensure that they are intact. Where the task involves the use of chemicals, the gloves should be certified as suitable for chemical resistance and comply with the [PPE Directive \(89/686/EEC\)](#).

##### FACE MASK

Disposable face masks should be worn to avoid breathing in any contaminants that may be dispersed when cleaning a contaminated surface with a trigger spray bottle

### NATIONAL COLOUR-CODING SCHEME

A national colour-coding scheme for all cleaning materials and equipment is widely used throughout healthcare establishments to reduce cross-contamination risk between different areas; for example bathrooms and kitchens. The simplicity of this scheme means that staff can easily identify and observe safe working practice.



The colour coding should be clear and permanent. Any deviation/derogation from this requires approval from NHS England via [england.estatesandfacilities@nhs.net](mailto:england.estatesandfacilities@nhs.net).

Cleaning products (chemicals and detergents) do not need to be colour coded.

# HEALTHCARE

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## HAND HYGIENE

### WHY IS HANDWASHING IMPORTANT?



Hand washing is one of the most important steps in reducing the risk of transferring infections in a healthcare environment. The correct hand washing technique should form part of all mandatory training, with a programme of ongoing monitoring for all staff.

Good hand hygiene helps stop organisms from being transferred from one patient to another (known as cross-contamination), and can reduce the spread of infection.

Not washing hands correctly can also impact the economy, when people become ill and subsequently have to take time off work or children are unable to attend school. It also puts tremendous pressure on Doctors' surgeries and the National Health Service due to ill health.

We can confirm that the use of products from the Evans hand-wash range is consistent with the aims of veganism as defined by The Vegan society.

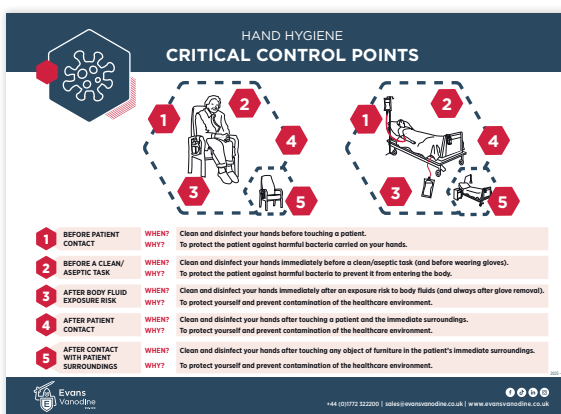
**REMEMBER** if gloves are worn as part of your PPE requirements, you must remember that these can move organisms around just as well as hands. Wearing gloves does not replace the need for hand hygiene.

### THE FIVE MOMENTS APPROACH:

The five moments approach for hand hygiene defines the key moments when healthcare workers should perform hand hygiene.

The five moments are: before touching a patient, before clean/aseptic procedures, after body fluid exposure/risk, after touching a patient and after touching patient's surroundings.

Evans Vanodine have produced a wallchart which defines the five moments, this chart is freely available to download direct from our website [www.evansvanodine.co.uk/leaflets](http://www.evansvanodine.co.uk/leaflets).



### 3 IMPORTANT QUESTIONS IN HAND HYGIENE:

#### WHEN?

**WHEN** should I clean my hands during work?

#### WITH WHAT?

**WHAT** should I use to clean my hands?

#### HOW?

**HOW** should I use it? How should I wash my hands?

There are two things you can use to clean your hands: washing with soap and water, or you can use alcohol hand rub. Both are acceptable ways to clean your hands. It is important to make sure your hands are cleaned thoroughly to ensure acceptable decontamination is achieved.

# HEALTHCARE

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### ALCOHOL HAND GEL EXPLANATION .....

Alcohol hand rub is commonly used in both healthcare and public settings. It is usually offered for public use at the entrances and exits to healthcare and business premises helping to lower the risk of transmission of bacteria and viruses to surfaces by infected people.

Ease of use also encourages greater adherence to hand hygiene practices.

Although alcohol hand rub is a quick and easy way to clean your hands, especially when a sink is not easily accessible, there are times when you must wash your hands with soap and water.

### ALWAYS WASH YOUR HANDS WITH SOAP AND WATER .....

**ALWAYS** wash your hands periodically or when hands are visibly soiled. Alcohol hand rub kills germs on clean hands, but cannot dissolve grease or oil, so washing with soap and water is advised and should be included as part of your training.

**ALWAYS** wash your hands with soap and water if you have come into direct contact with body fluids. This is because the mechanical action of washing is important in removing any body fluid material that may be on the hands.

**ALWAYS** wash your hands after cleaning an area where a patient has diarrhoea and/or vomiting. This is because alcohol hand rub does not kill some of the germs that cause these illnesses.



Evans Vanodine have produced a wallcharts showing step-by-step instructions for effective handwashing and sanitising, this chart is freely available to download direct from our website [www.evansvanodine.co.uk/leaflets](http://www.evansvanodine.co.uk/leaflets) or as an adhesive label or hard copy from your distributor.

### TRAINING AND SUPPORT

All healthcare establishments in England and Wales have access to the national cleanyourhands campaign. If your organisation is already part of the campaign you will have a co-ordinator, usually in your IPC team, who can supply you with information on the five moments as well as training material. It is the responsibility of the organisation to ensure staff have the appropriate training for their job. Hand hygiene training must be part of healthcare training for all staff and reviewed regularly.



# HEALTHCARE

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### SURFACE AND FLOOR CLEANING AND DISINFECTION



#### CHOICE OF CLEANING/DISINFECTANT PRODUCTS:

Local policy should outline where and when detergent and water are enough and where a detergent and disinfectant (or combined cleaning and disinfecting chemicals) are required.

**STAFF SHOULD BE:** familiar with the local policy including how to make up any cleaning/disinfecting solutions in line with manufacturers' instructions be trained in how to prepare any disinfectants safely in a well-ventilated area. They should be wearing the appropriate personal protective equipment (PPE), know how to store unused product and how to dispose of it safely

**CONTACT TIME:** disinfectants must be in contact with a surface for a specified time according to the disinfectant manufacturer, recommended contact times are displayed on the product label. For specific microorganisms, environments and type of cleaning application and other product information please visit our website where you will be able to download our product information sheet and/or microbiological profile [www.evansvanodine.co.uk](http://www.evansvanodine.co.uk) The surface needs to remain wet for the recommended time. Staff should know the contact times for the disinfectants in use locally. Products with realistic contact times for use in a busy healthcare environment should be selected.

**DIRECTION OF CLEANING:** To minimise recontamination of an area and transfer of micro-organisms, clean from

- top to bottom
- clean to dirty.

Dusting technique should not disperse the dust (that is, use damp cloths/dusting devices). High horizontal surfaces should be cleaned first.

Floors should be cleaned last, with adequate signage placed while floors are cleaned and until dry to prevent slips, trips and falls on wet floors. Once floors are completely dry, the signage must be removed as it presents a trip hazard.

**MANUAL CLEANING ACTION:** Large and flat surfaces should be cleaned using an 'S' shape motion, starting at the point furthest away, then overlapping slightly but without going back over the area to avoid recontamination.

**FREQUENT TOUCH POINTS:** Frequent touch points in patient care and procedure areas, such as

- |                    |                       |                    |
|--------------------|-----------------------|--------------------|
| ● door handles     | ● call bells          | ● light switches   |
| ● cot sides        | ● bedtables           | ● door push plates |
| ● metal bed frames | ● television controls | ● lift buttons     |

should be cleaned more frequently than other surfaces.

**TRANSFERENCE:** Cleaning solutions can become contaminated during use and need to be regularly replaced in accordance with manufacturers' instructions to prevent transfer of micro-organisms from one surface to the next. They may need to be replaced more frequently when cleaning heavily soiled areas, when solutions appear visibly dirty, and immediately after cleaning blood and body fluid spills, for example when using a socket mop.

Micro-organisms can be transferred between surfaces on cleaning cloths and wipes as well as hands. Care should be taken to avoid cross-contamination;

- when using a cloth and bucket avoid 'double-dipping' used cloths into the bucket containing clean solution or into the container of unused, pre-soaked clean cloths.
- cleaning cloths such as microfibre cloths should be folded and rotated in a manner so as to utilise all surface areas of the cloth, including the front and back, and used in such a way to avoid cross contamination whilst maximising efficiency. Staff should be trained in how to fold and use the cloth effectively and safely.
- when using pre-impregnated disposable wipes the general principle is 'one wipe, one surface'. Using one wipe at a time (rather than a crunched up ball of several wipes) ensures that a flat wipe covers an optimal surface area depositing the correct amount of detergent/disinfectant on the surface being decontaminated; maximises the use of all of the wipe surface; minimises the risk of transfer of microorganisms and is more cost effective. Some procedures will require more than one wipe and they should be disposed of once dry, visibly soiled and between different surfaces/pieces of equipment.

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### ADDITIONAL INFORMATION

#### SPILLAGES OF BODILY FLUIDS

'Bodily substances' refers to fluid or tissue issuing from a patient either directly or indirectly in the form of blood, vomit, sputum, urine and faeces or other unspecified spills.

Spillages should be cleaned up by nursing/departmental or cleaning staff. A healthcare provider's local policy on cleanliness will have clear instructions on whose responsibility this is. Staff members performing this duty must have been trained in spillage cleaning and follow the guidelines for this.

#### IMPORTANT TASKS

Cleaning staff are important members of the healthcare team. Cleaning is one of the most important roles in keeping patients safe from infection. It is therefore important that cleaning staff are kept informed of patients requiring isolation cleaning, both barrier and protective.

**REMEMBER:** gloves can move organisms around just as easily as hands, wearing gloves does not replace the need for hand hygiene.

#### WASTE MANAGEMENT

Waste management is the generic term for a range of waste-associated activities - its generation, handling, storage and transportation from point of source to final place of disposal.

Improper waste management risks staff safety and could affect a range of other people, including patients, visitors and waste contractors.

Organisations are responsible for ensuring compliance with legislation around the segregation of waste. The segregation, collection, storage, handling, transportation and disposal of waste must be undertaken with care and in line with local policy and procedure.

Cleaning and waste management are intrinsically linked. The safe and effective management of each one relies on the successful application of the other. All waste management activities should also comply with national guidance and good practice. See

[www.england.nhs.uk/wp-content/uploads/2021/05/B2159iii-health-technical-memorandum-07-01.pdf](http://www.england.nhs.uk/wp-content/uploads/2021/05/B2159iii-health-technical-memorandum-07-01.pdf).

### REFERENCES

All information used in this document has come from the NHS database.

More detailed information can be found through the NHS website:

The National Standards of Healthcare Cleanliness: [www.england.nhs.uk/estates/](http://www.england.nhs.uk/estates/).

For the full collection of cleaning methodologies please contact [England.efmportalsubmissions@nhs.net](mailto:England.efmportalsubmissions@nhs.net) to request access.

Cleaning regimens should be underpinned by standard operating procedures and any other national guidance and can be found at:

[www.england.nhs.uk/long-read/national-standards-of-healthcare-cleanliness-2025/](http://www.england.nhs.uk/long-read/national-standards-of-healthcare-cleanliness-2025/)

# HEALTHCARE

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### GLOSSARY

Please find Glossary of key word which are used throughout all NHS Cleanliness guides.

Various terms in this guide have specific meaning when used in relation to cleanliness in healthcare premises. The below definitions are not exhaustive.

- **DEBRIS** includes litter and rubbish, such as crisp packets, drinks cans and bottles, chewing gum, cigarette butts, adhesive tape; grit; limescale.
- **DIRT** includes mud, smudges, soil, graffiti, mould, fingerprints, ingrained dirt, scum.
- **DUST** includes lint, powder, fluff, cobweb.
- **ELEMENT** is an item within a functional area, or any part of the fabric or fittings of a functional area, that requires cleaning.
- **FUNCTIONAL AREA** is a room or physically contiguous group of rooms deemed by a healthcare organisation to constitute an area of operation.
- **INPUTS** are the resources used to produce and deliver outputs: for example: staff, equipment or materials.
- **OUTCOMES** are the effect or consequences of the output: for example, cleaning (output) produces a clean and safe environment for patient care (outcome).
- **OUTPUTS** are the actual product or service: for example, cleaning.
- **PERFORMANCE PARAMETER** is the expected standard when cleaning is completed.
- **PROCESSES** are the procedures, methods and activities that turn the inputs into outputs: for example, mopping a floor.
- **QUALITY SYSTEMS** refer to integration of organisational structure, integrated procedures, resources and responsibilities required to implement quality management. Taken together, these provide for the development of a comprehensive and consistent service.
- **ROOMS** are a subset of functional areas: for example, on a ward these can be bedded bays and sanitary areas. Their identification allows cleaning managers to more closely audit and manage standards in specific parts of functional areas.
- **SERVICE USER** is a patient or person using the facility who may be impacted by the level of cleanliness.
- **SPECIALIST CLEANER OPERATIVES** is a trained member of the workforce who can carry out specialist training with proven competencies.
- **SPILLAGE** includes any liquid, stains and sticky substances.
- **STAKEHOLDER** is a party that has an interest in cleanliness within the healthcare setting and can either affect or be affected by the outcomes.
- **SURFACE LEVELS:**
  - Low surfaces** include items such as skirting boards, floor edges, low-level pipe work and trunking, low cupboard exteriors.
  - Middle surfaces** include items such as grab rails, tables, trunking, desks, shelves, ledges, work surfaces, cupboard exteriors and windowsills.
  - High surfaces** include items such as filing cabinets, curtain rails, locker and cupboard tops, picture frames.
- **WASTE HTM 07-01** is the relative waste regulation.