



Government of **Western Australia**  
WA Country Health Service

# Environmental Cleaning Policy



# Environmental Cleaning Policy

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### 1. Background

Infectious agents can be widely found in the healthcare setting and there is a suggestion through outbreak investigations and case reports, that there is a link between an unclean healthcare environment and the transmission of infection.

Transmission of infection may occur from the environment to the patient through direct contact with the environment or via the hands of healthcare workers, visitors or other staff members. It is therefore vitally important to maintain a clean environment to help prevent the spread of infection.

### 2. Policy

This policy supports the WA Country Health Service (WACHS) [Infection Prevention and Control Policy](#). This policy applies to all WACHS health care facilities including acute, primary and community health care services, remote area health services and nursing posts.

#### 2.1 Cleaning products

Chlorine-based disinfectants are recommended in this document; however if required, health care facilities (HCFs) may choose to use other disinfectants approved by the Therapeutic Goods Association (TGA) and with proven efficacy against virulent hospital microorganisms/multi-resistant organisms. Disinfectants are to be used for all clinical areas. Introduction of new cleaning products e.g. disinfectants, detergents, and wipes must be evaluated through the regions Product Evaluation and Standardisation Committee.

#### 2.2 Designation of Person Responsible for Cleaning Service

All WACHS sites must designate a person responsible for the implementation, management and evaluation of their cleaning service. Also facilitate job or task specific education and training by accredited bodies for general and special cleaning of the physical environment. Cleaning service procedures must be documented and include:

- functional and health organisation reporting lines
- staffing levels and education
- minimum cleaning frequencies, methods, schedules and checklists
- equipment used and care of equipment
- contingency plans for high occupancy periods and outbreak management
- performance standards and management of the service.

#### 2.3 Occupational Safety and Health (OSH)

**The following OSH procedures are to be followed:**

- All staff are required to be competent in the safe use of Personal protective equipment (PPE).
- Complete Infection Control orientation which includes donning and doffing of PPE [on WACHS Capabiliti on LMS](#)
- Standard precautions and Transmission-based precautions - The wearing of appropriate Personal Protective Equipment) during cleaning procedures.

- Safe manual handling procedures.
- Safe handling and safe storage of cleaning products (refer to [WACHS managing risks of hazardous chemicals and dangerous goods procedure](#) ), Safety Data Sheets
- Correct waste disposal.
- Correct management of chemical spills.
- Effective hand hygiene as per National Hand Hygiene program.

These OSH procedures are to be regularly communicated through staff education programs.

## 2.4 Management of risk

The frequency of cleaning of environmental surfaces and clinical equipment is to be undertaken according to the level of risk. For example, surfaces that have minimal hand contact (for example floors or ceilings) are considered a lower risk than surfaces which have frequent hand contact (such as infusion pumps). Clinical (or functional) areas within a healthcare facility are to also be considered in respect to their level of risk.

The following table outlines the functional area and the respective level of risk.

Very high risk	High Risk	Moderate Risk	Low Risk
<ul style="list-style-type: none"> <li>• Operating Theatre including sterile stock storage</li> <li>• Invasive procedure area</li> <li>• ICU/HDU</li> <li>• L2 or L3 Nursery</li> <li>• Special needs/patient area (protective isolation, infectious disease)</li> <li>• CSSD</li> <li>• Ward involved in an outbreak of a transmissible disease or infection</li> <li>• Delivery room</li> </ul>	<ul style="list-style-type: none"> <li>• Sterile stock storage in non-theatre areas</li> <li>• Emergency Department</li> <li>• General Ward</li> <li>• Microbiology laboratory</li> <li>• Level 1 Nursery</li> </ul>	<ul style="list-style-type: none"> <li>• Day activities area (including Allied Health)</li> <li>• Residential accommodation</li> <li>• Pathology</li> <li>• General pharmacy</li> <li>• Kitchenette/pantry</li> <li>• Mortuary</li> <li>• Medical imaging (non-invasive)</li> <li>• Outpatient clinic</li> <li>• Waiting room</li> <li>• Cafeteria</li> <li>• Public Area</li> <li>• Cleaning equipment room</li> <li>• Ambulance</li> <li>• Consultant Room</li> </ul>	<ul style="list-style-type: none"> <li>• Administration Areas</li> <li>• Non-sterile supply area</li> <li>• Record storage and archives</li> <li>• Engineering workshops</li> <li>• Plant rooms</li> <li>• External surrounds</li> </ul>

(Adapted from Cleaning Standards for Victorian health facilities 2011)

<b>Very high risk</b>	Requires the highest level of intensity and frequency of cleaning. Environmental surfaces are to be cleaned twice daily, and patient care equipment, or items which have frequent hand contact (IV stands, IV pumps, blood pressure cuffs, etc.) cleaned daily and between patients (if multi-patient use) or after use.
<b>High risk</b>	Require frequent scheduled cleaning and a capacity to 'spot clean'. Environmental surfaces are to be cleaned daily, and patient care equipment, or items which have frequent hand contact (IV stands, IV pumps, blood pressure cuffs, etc.) cleaned daily and between patients (if multi-patient use) or after use. <b>In the event of an outbreak of a transmissible disease or infection, the affected area is to be re-categorised to very high risk for the period of the outbreak.</b>
<b>Moderate risk</b>	Require routine scheduled cleaning with some capacity to spot clean in between. Environmental surfaces are to be cleaned daily, and patient care equipment, or items which have frequent hand contact (IV stands, IV pumps, blood pressure cuffs, etc.) cleaned daily and between patients (if multi-patient use) or after use.
<b>Low / minimal risk</b>	Are important for aesthetics and, to a lesser extent, hygiene and are maintained by cleaning on a routine basis with capacity to spot clean between scheduled cleaning. Environmental surfaces are to be cleaned weekly.

### 2.4.1 Spaulding's classification of equipment contamination

Category	Definition	Level of microbicidal action	Method of decontamination	Example of common items
<b>High (critical)</b>	Medical devices involved with a break in the skin or mucous membrane or entering the sterile body cavity	Kills all micro-organisms	Sterilisation (usually heat if heat-stable or chemical if heat-sensitive)	Surgical instruments
<b>Intermediate (semi-critical)</b>	Medical devices in contact with mucous membranes or non-intact skin	kills all micro-organisms, except high numbers of bacterial spores	High-level disinfection by heat or chemicals (under controlled conditions with minimum toxicity for humans)	Respiratory therapy and anaesthetic equipment, flexible endoscopes Reusable bedpans and urinals, patient bowls.
<b>Low (non-critical)</b>	Items in contact with intact skin.	Kills vegetative bacteria, fungi and lipid viruses.	Low level disinfection (cleaning)	Environmental surfaces, blood pressure cuffs, stethoscopes etc.

### 2.5 Cleaning of Spills

#### 2.5.1 Blood and body substances

Blood and body substance spills are to be cleaned up as soon as possible. Traffic around the area is to be minimised and the person responsible for cleaning the spill is to don personal protective equipment (PPE) prior to the cleaning process. A fully disposable body fluid spill kit is to be available.

#### 2.5.2 Cytotoxic / Pharmaceutical

A cytotoxic spill kit and staff trained in cytotoxic spill management must be available where chemotherapy agents in all forms are stored, handled, transported, administered or disposed. Alert people in immediate vicinity and direct them to stay clear, display hazard sign(s) around perimeter.

Refer to: [Chemotherapy Administration CPS. Appendix 4: Handling Cytotoxic Spill](#)

### 2.6 Environmental cleaning and agents

- **Physical (mechanical or manual) cleaning is the most important step for decontamination of environmental surfaces.** Disinfectants are inactivated by organic material; therefore, any visible soiling is to be removed prior to using a disinfectant. **Sole reliance on a disinfectant without mechanical/manual cleaning as not recommended.**
- Cleaning solutions and disinfecting agents must be registered on the Therapeutic Goods Administration (TGA), must be appropriate for the purpose for which they are used, and be relevant and sensitive to important micro-organisms.
- Disinfectants and detergent solutions must be diluted as per the manufacturer's instructions.
- Surfaces and patient care equipment is to be cleaned with a detergent solution, followed by a TGA registered disinfectant. This process may be a 1-Step or 2-Step clean dependent on the product used.
- A dusting / cleaning method that limits aerosolisation of dirt and dust particles, such as damp dusting, is preferred over dry dusting. Containers that dispense liquid as opposed to spray-nozzle dispensers are to be used to apply detergent / disinfectant to surfaces and cleaning cloths with minimal aerosol generation.

### 2.7 Cleaning Routine

The **minimum cleaning standard** for a patient (not under transmission-based precautions) is **daily cleaning with detergent and hot water ensuring a good manual clean.**

Cleaning is to be performed on a routine basis by trained staff using a standard method. Cleaning tasks must follow in a logical order from 'clean to dirty' and 'high to low'. (Refer to [Environmental Cleaning Procedures](#) in this document). A cleaning schedule detailing the levels of cleaning services for each particular functional area must be documented.

[Patient in transmission-based precautions](#): contact, droplet, and airborne or a combination, may require an **increased frequency** of the daily disinfectant cleaning. For example: multi-resistant organisms (MRO's) such as Multi-Resistant *Staphylococcus aureus* (MRSA), Vancomycin resistant enterococcus (VRE), Carbapenem-resistant *Enterobacteriaceae* (CRE) and *Clostridium difficile* and other specific diseases requiring transmission-based precautions e.g. gastroenteritis, tuberculosis (seek advice from infection control).

This document also gives the option for a risk assessment to determine if a [daily patient room clean for all patients](#) to be carried out with detergent and disinfectant 1000 ppm available chlorine (either 1-step or 2-step clean); and if required, health care facilities (HCF's) may choose to use other disinfectants approved by the Therapeutic Goods Association (TGA) and with proven efficacy against virulent hospital microorganisms/multi-resistant organisms.

Seek advice from Infection Control for the risk assessment to determine level of Multi-resistant organisms or other relevant microorganisms e.g. *Clostridium difficile*, norovirus likely to contaminant a healthcare facility environment.

In outbreak situations an increase in frequency may be recommended and advice is to be sought from infection control.

## 2.8 Equipment

To prevent the transmission of infectious agents, specific equipment cleaning procedures must be followed, refer to [Cleaning of Equipment Procedure](#) later in the document.

**2.8.1 Emerging disinfection methods** Technology driven advancements to **supplement** conventional terminal disinfection and are considered emerging modes of disinfection include:

- ultraviolet light room disinfection systems,
- vaporized hydrogen peroxide systems
- hydrogen peroxide vapour
- electrolysed water

The evidence of the effects of these emerging disinfection methods on clinical outcomes remains sparse. If emerging disinfectants are used in healthcare facilities, they should always be used **in addition to standard cleaning practices**. Also these systems require review to determine their cost-effectiveness in a healthcare setting and whether their use reduces rates of hospital-acquired infections compared to proven infection-reduction methods.

The use of steam and microfiber cloths for environmental cleaning is also an emerging trend as an alternative to other disinfection methods. The evidence of the use of steam has not been reviewed in the [Australian guidelines for the prevention and Control of infection in healthcare](#) and no recommendation is made. However, *concerns that steam technology may only be practical to use on specific surfaces, and may spread infectious organisms to the environment leading to further contamination, are documented in the literature*. Healthcare facilities should ensure appropriate monitoring systems are in place. Micro-fibre systems and steam cleaning can be implemented with comprehensive review by each region.



### 2.9 Cleaning Frequencies

Refer to: [Appendix 1](#) – Guide to minimum cleaning equipment and the [Australian Guidelines for the Prevention and Control of Infection in Healthcare, 6.1, p 250](#) for the recommended minimum routine cleaning frequencies of various items in clinical, patient, and resident areas in acute settings.

### 2.10 Partnering with consumers

Patients with Multiple Chemical Sensitivity (MCS) may suffer from a variety of symptoms as the result of exposure to chemicals. In the event of an admission of a patient with MCS, the unit manager/team leader will need to notify the cleaning supervisor to inform them. Refer to WACHS [Multiple Chemical Sensitivity / Chemical Hypersensitivity Guideline](#) for pre-admission and daily cleaning recommendations.

## 3. Cleaning Procedures

## Cleaning of Equipment Procedure

(mops, cloths, buckets, trolleys and equipment isolation rooms)

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### Guiding Principles

Ensure equipment is cleaned to prevent environmental contamination. Single-use disposable mops and cloths can be used. Standard Precautions apply during cleaning of equipment.

### Procedure

#### a) Mop Heads and Handles

Mop heads are to be sent to the laundry after use at the end of each day, or disposable mop heads can be used. Alternatively, mop heads can be cleaned as below until laundered mop heads are available. Mop handles are to be wiped over with hot water and detergent daily.

- **Equipment** - Clean bucket, hot water, mop bucket, mop.
  - Step 1** Fill bucket with hot water and detergent.
  - Step 2** Rinse mop thoroughly.
  - Step 3** Repeat process till water is clear.
  - Step 4** Squeeze the mop in wringer, and ensure no water is dripping from mop before hanging on rack.
  - Step 5** Wash hands.
- **Frequency** - Clean mop as above at end of each shift or place in plastic bag and send to the laundry, if this service is available. A single rinse with hot water and detergent between areas during the shift is required.
- **Isolation Rooms**
  - A new mop is required after each use and sent to the laundry.
  - If there are not enough mops they can be cleaned with detergent as above, then soaked for 10 minutes in 1000ppm chlorine and cold water, and then rinsed in water and left to dry.
  - Mops used for Vancomycin-resistant Enterococci (VRE) must be discarded weekly and after terminal/discharge clean.

b) **Dolly Mop** – Same as mop heads. Use steps 1 to 5.

#### c) Cleaning Cloths

If single use – dispose of at end of each room clean and at end of the shift  
Place used cloths in designated bag on trolley. Tie off the bag at end of each shift - leave in designated area for laundry service pickup.

#### d) Buckets

Clean with hot water and detergent at the end of use, dry before storage.

#### e) Cleaning Trolleys

Take equipment and cleaning products out of trolley.  
Wipe trolley over with hot water and detergent to dry off.  
Replace all equipment; restock cleaning products at the end of each shift.

## Room Cleaning Procedure

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### Guiding Principles

Patient rooms are to be cleaned and decontaminated daily so that transmission of infection is minimised.

The **minimum room cleaning standard** for a patient (not under transmission-based precautions) is **daily cleaning with detergent and hot water ensuring a good manual clean**

Patient care equipment is to be cleaned using detergent followed by a TGA-registered hospital grade disinfectant solution.

*If a risk assessment is carried out and the option for daily patient room clean with detergent and disinfectant is required then it is to be carried out with detergent and disinfectant 1000 ppm available chlorine and if required, health care facilities (HCF's) may choose to use other disinfectants approved by the Therapeutic Goods Association (TGA) and with proven efficacy against virulent hospital microorganisms/multi-resistant organisms*

This process must involve either:

- a physical clean using detergent (step 1) followed by a chemical disinfectant (step 2)
- a physical clean using a combined detergent / disinfectant solution (2-in-1clean)

### Procedure

#### a) Patient room

Clean all surfaces in a logical order from 'clean to dirty' and 'high to low' - refer to WACHS cleaning procedures.

- Wash hands and put on gloves and PPE as required (Standard precautions)
- [High Surface Dusting](#)
- Spot clean ceiling if visibly soiled.
- Ensure all vertical and horizontal surfaces and all room furnishings are thoroughly cleaned, including inside of drawers, shelves, cupboards, and underside of chairs.
- Clean frequently touched surfaces e.g. door handles, light switches, hand-held TV controller and extension cord, nurse call light and extension cord, telephone and cord, chairs and arm rests of chairs.
- Clean wall mounted items such as alcohol-based hand rub, soap and moisturiser dispenser, paper towel, thermometer and glove box holder and sharps containers.
- Check equipment in room and clean when necessary e.g. oxygen outlets.

### b) Clean the bed

- Clean top and sides of mattress, turn over and clean underside
- Clean exposed frame
- Clean headboard, footboard and bed rails, call bell and bed controls
- Clean lower parts of bed frame including wheels/casters.
- Allow mattress to air dry.

### c) Bathroom

- Clean bathroom surfaces including door handles, door locks, dispensers, counters, call bell and cord.
- [Mirror](#)
- [Hand basin](#)
- [Shower](#)
- [Handrails chrome and stainless steel fittings](#)
- [Toilet](#)
- [Floors hard surface cleaning - tiles](#)

### d) Clean floor

- [Floors hard surface cleaning](#)
- Replace all furniture and equipment to its proper location.

### e) Equipment cleaning

f) After cleaning is completed, remove PPE and wash hands.

### g) Disposal of Waste

- Standard precautions apply when handling waste.

### Handy Hints

Plastic covers on pillows and mattresses must be totally sealed. Surfaces must be dried on completion. Special care must be taken to remove any stains or blood.

### Frequency

- All items are to be cleaned daily while bed is occupied.
- Mechanism under the bed is to be cleaned twice weekly when bed is occupied.

### Evaluation

Checklist to be signed off daily and process audited.

## Transmission-Based Precautions Room Cleaning Procedure

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### Guiding Principles

Room to be cleaned as per [Room Cleaning Procedure](#)

The room and patient care equipment is to be cleaned using detergent followed by a TGA-registered hospital grade disinfectant solution (1-Step clean using a combined detergent/disinfectant solution, or 2-Step clean).

### a) Variations for Daily and Terminal/discharge Clean

#### ▪ Nursing Staff

##### Daily Clean

- Don PPE before entering the room
- All clinical equipment to be cleaned daily, e.g. pumps, IV stands, blood pressure monitoring machines and cuffs
- Remove PPE and perform hand hygiene.

##### Terminal/discharge Clean

- Don PPE before entering the room
- Remove all clinical nursing equipment e.g. medications, dressings, intravenous (IV) equipment, used oxygen and suction equipment
- Discard any unused / unopened disposable medical items in the patient room
- All clinical equipment to be cleaned and disinfected before removal from the room e.g. pumps, IV stands, blood pressure monitoring machines and cuffs
- Check patient cupboards / wardrobe / locker drawers and remove any items
- Remove bed and bathroom linen and place in linen skip inside the room
- Remove any bedpans / urinals from patient room
- Remove PPE and perform hand hygiene.

#### ▪ Cleaner / Patient Service Assistant (PSA)

##### Daily clean

1. Assemble supplies:
  - All isolation rooms should have their own mop and bucket
  - Ensure an adequate supply of cleaning cloths / disposable rags are available to be used in isolation room
  - Prepare fresh disinfectant according to the manufacturer's instructions
2. Perform hand hygiene, put on PPE
3. Room to be cleaned as per [Room Cleaning Procedure](#).

### ▪ **Cleaner / Patient Service Assistant (PSA) continued**

#### **Terminal/discharge Clean**

Before starting to clean the room, ensure the patient has vacated the room and all personal possessions have been removed.

Assemble supplies and prepare per daily clean.

1. Collect and discard all disposable items such as toilet roll and gloves box in rubbish bin
2. Remove several paper towels from dispenser and discard
3. Remove evacuation sheet and curtains e.g. privacy, window, shower, and place in linen skip inside room
4. Remove dirty linen, and then remove gloves and perform hand hygiene
5. Room to be cleaned as per [Room Cleaning Procedure](#).
6. Disposal
  - Disposable mop heads preferred for all patients under transmission-based precautions. Place mop head into rubbish bag for return to laundry and washing
    - **Variation:** Patients with VRE/Clostridium difficile use disposable mop heads and discard after use
  - Place soiled cloths into designated waste container
  - After cleaning is completed, remove PPE and perform hand hygiene
  - Reusable cleaning equipment e.g. mop handles and buckets to be cleaned with detergent and water followed by disinfection. Empty and leave upside down to dry thoroughly in cleaning room
  - Report any needed repairs.
7. Replenish paper towel, toilet paper, soap, alcohol based hand rub as required.
8. Notify Ward Coordinator when cleaning completed and room is available.

#### **Disposal of Waste**

- Standard precautions apply when handling waste.

#### **Crockery and Cutlery**

- Standard Precautions apply
- Crockery and utensils used by patients on transmission-based precautions do not require containment and should be treated in the same manner as those used for non-infectious patients (i.e. washed in a dishwasher).
- Disposable crockery and utensils are not necessary.

#### **Linen and Laundry**

- Standard Precautions apply
- Bag and tie linen prior to exiting patient room
- Stockpiling supplies of linen in the patient room is not to occur. Any unused linen from the patient's room is not to be returned to general use.

**b) Negative Pressure Room Cleaning**

- The empty room **must be closed for one hour** to allow for sufficient air changes to eliminate suspended droplet nuclei.
- Don PPE inclusive of N95/P2 respirator mask
- Clean as per [Room cleaning procedure](#).

**c) PPE Requirements For Terminal/Discharge Cleaning**

PPE must be worn by staff performing cleaning per below table.

	<b>Mask</b>	<b>Gown</b> or plastic apron if fluid repellent gown is not available.	<b>Protective Eyewear</b>	<b>Gloves</b>
<b>Terminal Clean</b>	Yes	Yes	Yes	Yes

**Evaluation**

Checklist to be signed off daily and process audited.



## Hand Basin Cleaning Procedure

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### Guiding Principles

On completion, the surface is to be dry and free from any residue around the taps and plug. The surface is to be shiny and smear free.

### Procedure

#### Types

- Ceramic
- Stainless Steel

**Equipment** - wash cloth (reusable or disposable), cream cleanser, dry cloth, small brush.

- Step 1** Wash hands and put on gloves and apron
- Step 2** Pour a small quantity of cream cleanser onto wet wash cloth.
- Step 3** Wipe over entire surface, working from the outside to the inside beginning cleaning splash back, ledges, pipe work, dispensers and underside and edges of the sink.
- Step 4** Clean the taps overflow, inside of sink, plug, rinse cloth regularly and ensure no residue is left around base of taps.
- Step 5** Ensure plughole is thoroughly cleaned, using small brush.
- Step 6** Rinse off with clean water.
- Step 7** Dry off surface with cloth.
- Step 8** Ensure pipe fittings under basin are clean and dust free.
- Step 9** Remove gloves, wash hands, remove apron, and wash hands

#### Handy Hints

Discolouration and stains will occur around taps if not cleaned and dried carefully. Mould will occur in plug area if not thoroughly cleaned.

#### Frequency

Clean daily

## Shower Cleaning Procedure

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### Guiding Principles

Decontamination of the shower area includes tiles and grout, which is to be smear-free and dry. There is to be no discolouration of grout joins. The shower area is also to smell clean on completion of the task.

### Procedure

**Equipment** - wash cloth (reusable or single use), cream cleanser, a small brush, dry cloth, soft white scourer on long handle.

- Step 1** Wash hands and put on gloves and apron.
- Step 2** Use wash cloth to clean taps and fittings.
- Step 3** Cover all of surface area, working from the outside to the inside and use small brush to clean corners.
- Step 4** Clean the curtain rail first, then starting at the highest point, clean the wall tiles. Apply cream cleanser with large white scourer on long handle for tiles and grout.
- Step 5** Clean the shower head, hose, taps and soap tray, send shower curtain to laundry on patient discharge.
- Step 6** Rinse off with clean water. Dry tiles with cleaning rag.
- Step 7** Wall tile - refer to: Floor hard surface cleaning procedure
- Step 8** Discard single use cloths.
- Step 9** Remove gloves, wash hands, remove apron, and wash hands.

### Handy Hints

Mould will occur if corners are not cleaned and dried daily.  
Walls will appear smeared if not rinsed and dried thoroughly.

### Frequency

All shower recesses are to be cleaned daily.

### Evaluation

Checklist is to be signed off daily, and process audited.

## High Surface Dusting Procedure

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### Guiding Principles

Tops of lights and high surfaces are to be free from dust. A low dust environment will benefit all patients.

### Procedure

**Equipment** - Small 'Dolly Mop'

- Step 1** Wash hands and put on gloves
- Step 2** Slightly dampened the dolly mop with water, wipe over tops of all high surfaces.
- Step 3** Systematically ensure no surfaces are missed.
- Step 4** Ensure enclosed lights, curtain rails, vertical blinds, furniture tops and ledges are included.
- Step 5** Remove gloves and wash hands.

### Handy Hints

Be aware of obstacles in the room to avoid tripping. A dry mop will only spread dust to other areas. Infrequent dusting will cause thick build-up of dust in a short time. If this happens, it will be difficult to remove all dust with dolly mop alone.

### Frequency

Occupied wards daily.

### Evaluation

Checklist to be signed off daily, and process audited.

## Mirror Cleaning Procedure

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### Guiding Principles

On completion, the total surface is to be free of any soiling or splash marks. A smear free finish is achieved.

### Procedure

**Equipment** - Dry cleaning cloth, glass cleaning liquid (same as window).

**Step 1** Pour a small quantity of solution onto dry cloth.

**Step 2** Commence on highest part of mirror using circular motion.

**Step 3** Rub all dust particles and markings which are present on the mirror surface.

**Step 4** Wash hands.

### Handy Hints

If too much solution is applied, a smeared finish will remain on the mirror surface. If heavy soiling is present on the surface, wash down the affected area prior to the final cleaning process.

### Frequency

Bathroom mirrors daily. Ward mirrors weekly for dust, daily spot clean.

### Evaluation

Checklist to be signed off daily, and audit process audited.

## Floors – Vacuuming Procedure

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### Guiding Principles

Floors are to appear completely free of any soiling or rubbish and carpet corners and edges are to be dust free and not harbouring insects.

### Procedure

**Equipment** - Vacuum cleaner (variable brands).

**Carpets** - select carpet attachment head.

**Hard Floors** - select vacuum head attachment with bristles.

- Step 1** Ensure there are no tissues or other large items on the floor. Ensure there are no spills.
- Step 2** Attach plug to power source.
- Step 3** Commence vacuuming all areas of the floor, including under all furniture. Use pipe fitting only to clean crevices around carpet edges.
- Step 4** On completion, turn off power and wind cord and replace on cleaner.
- Step 5** Return all furniture to correct position.
- Step 6** Wash hands.

### Handy Hints

Vacuuming is not recommenced prior to wound dressing. Unseen spills can damage machine. Ensure bag is emptied as required. Vacuum cleaner must be suitably maintained.

### Frequency

Patient areas are to be vacuumed daily. Non - patient areas vacuumed once per week.

### Definitions

<b>Floors</b>	Carpet and hard floor surfaces
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### Evaluation

Checklist to be signed off daily and process audited.

## Floors / Hard Surface Cleaning Procedure

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### Guiding Principles

To clean and decontaminate the healthcare environment.

### Procedure

#### Floor Type

- Vinyl
- Wooden
- Tiles

#### a) Wet Mopping – Vinyl and Wooden Floors

**Equipment** - Clean mop head, bucket, cold water and disinfectant, wet floor sign.

When mopping a corridor, mop one half first from wall to middle of corridor to allow traffic of people, and then complete the other half when it is dry.

**Step 1** Wash hands, put on gloves and apron and place wet floor sign.

**Step 2** Commence mopping in the furthest corner of room.

**Step 3** Use either an “S” pattern stroke or a push-pull motion (if mopping under furniture.)

**Step 4** Walk backward during the process to eliminate walking over wet area previously mopped.

**Step 5** Scuff marks may be removed when time permits.

**Step 6** Remove gloves, wash hands, remove apron and wash hands.

Prepare cleaning solution as needed.

Change cotton mop water containing detergent every three rooms and after every isolation room, change no less often than 60 minute intervals.

### Handy Hints

Excess water left in mop can cause slips, and floor takes longer to dry.

### Frequency

Non-patient areas twice per week and all vinyl and wooden floor patient care areas daily.

### b) Tiles

**Equipment** – abrasive chlorine based cleanser, scrubbing brush on long handle, small brush for corners, mop and bucket, wet floor sign, small plastic bucket of water.

- Step 1** Wash hands and put on gloves, then display wet floor sign.
- Step 2** Thoroughly wet floor with water from small bucket, then apply one squirt of cream cleanser to floor.
- Step 3** Use long handled scrubbing brush to loosen all built up material over entire surface. The small brush will allow access to corners to be cleaned.
- Step 4** On completion, rinse the area with clean water, and allow water to run off into floor waste.
- Step 5** Mop the tiled floor and leave the surface as dry as possible.
- Step 6** Remove gloves and wash hands.

### Handy Hints

Insufficient scrubbing will cause residue build-up. Excess moisture left on surface encourages mould growth, and is also a slip hazard. Patients / visitors must be directed to another area during cleaning.

### Frequency

All wet areas (toilets and showers) are to be cleaned daily.

### Evaluation

Checklist to be signed off daily and process audited.

## Toilet Cleaning Procedure

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### Guiding Principles

Upon completion, the toilet is to be free from any stains and odour free. Surfaces are to be dry. Clean aesthetic look, reducing environmental contamination.

### Procedure

**Equipment** - Toilet brush, detergent/disinfectant (preferably chlorine based 1000 ppm), cold water, long rubber gloves, dry cleaning cloth (single use), mops and bucket, wet floor sign, face barrier for eyes and mouth (PPE).

- Step 1** Display wet floor sign.
- Step 2** Put on long rubber gloves, long-sleeved gown and face barrier for eyes and mouth.
- Step 3** Clean toilet seat and bowl.
- Step 4** Use toilet brush to remove any stains.
- Step 5** Working from the outside to the inside; begin cleaning the flush handle, wall tiles, ledges, pipe work, toilet roll holder, cistern, toilet seat lid. Lift the toilet seat and clean the underside and hinges of the seat, then the rim and underside of the bowl.
- Step 6** Dry off seat and toilet bowl with cloth, dispose of cloth.
- Step 7** Remove gloves, wash hands, remove face barrier, wash hands long-sleeved gown and wash hands..

### Handy Hints

Choose a time of low activity to clean toilet to reduce interruptions and avoid slips. If toilet is not cleaned regularly and thoroughly, staining will occur. Use only plastic toilet brushes.

### Frequency

All toilets cleaned daily. Spot-check and clean throughout day as required. Maternity unit toilets are to be cleaned twice daily. In outbreak situations an increased frequency of cleaning may be required.

### Evaluation

Checklist to be signed off daily and process audited



## Window Cleaning Procedure

---

### Guiding Principles

To maintain a clean environment and on completion the surface is to be free from any soiling or streaking. A smear free finish is achieved.

### Procedure

#### a) External Windows

**Equipment** - Dry cleaning cloth, square bucket with warm water and detergent, soft plastic broom, window cleaning blade (rubber) on long handle.

- Step 1** Wash hands and put on gloves and apron.
- Step 2** Prepare warm water and detergent.
- Step 3** Thoroughly wash glass area with soft broom using a downwards stroke.
- Step 4** Remove water from glass with blade attachment to a comfortable height, then use a crosswise stroke.
- Step 5** Wipe sides and bottom of glass panel with cloth to remove excess water.
- Step 6** Dispose of cloths, remove gloves, wash hands, remove apron and wash hands.

#### Handy Hints

Using dirty water will cause streaking on glass. Abrasives and worn rubber blades can damage glass surface. Stubborn marks on glass may need detailed cleaning with glass cleaning solution prior to commencing blade and soapy water process.

#### Frequency

Follow program cleaning, which details the areas of highest to lowest priority.

#### b) Internal Windows

**Equipment** - Glass cleaning liquid, dry cleaning cloth.

- Step 1** Apply small amount of glass cleaning liquid to dry cleaning cloth.
- Step 2** Rub areas where obvious soiling has occurred, then turn cloth over and wipe remaining surface to remove any dust or light smudges.

#### Frequency

Spot clean all areas daily whenever soiling is visible. Follow cleaning program for frequency in various areas.

## Handrails Chrome and Stainless Steel Fittings Cleaning Procedure

---

### Guiding Principles

The surface is to be free of any dust or grime on top and underneath to ensure a clean environment.

### Procedure

#### a) Handrails

- **Equipment** - Dry cleaning cloth (reusable or single use) and detergent and water.

**Step 1** Wash hands and put on gloves and apron. Moisten cloth with solution.

**Step 2** Wipe top and underneath of handrail.

**Step 3** Continue process until cloth is no longer picking up discolouration from surface. Remove gloves, wash hands, remove apron and wash hands.

- **Handy Hints** - Care is to be taken to remove all grime beneath handrails. Infrequent or inadequate cleaning will cause build-up of grime under rails.
- **Frequency** - Daily cleaning is required in all patient and public areas.

#### b) Chrome and Stainless Steel Fittings

- **Equipment** - Cream cleanser / detergent, wash cloth, clean cloth for drying, detergent and water

For large surfaces:

**Step 1** Wipe down with cream cleanser.

**Step 2** Rinse with clean water.

**Step 3** Dry with clean cloth.

**Step 4** Wash hands.

For small fittings (e.g. door handles and brackets):

**Step 1** Apply small amount of detergent and water to dry cloth.

**Step 2** Wipe over till smear free.

**Step 3** Wash hands.

- **Handy Hints** - If surface is not dried sufficiently, smearing will occur. If cream cleanser is not completely rinsed off, a powdery smear will remain.
- **Frequency** - Door handles are to be cleaned at least daily as they are the most common germ transfer points.
- **Evaluation**  
Checklist to be signed off daily and process audited

## Adult Neutropenic Patient Room Procedure

---

### Guiding Principles

Transmission of infection may occur for patients that are neutropenic. Although normal cleaning procedures are required there is additional cleaning in relation to timing and frequency. This is to reduce the risk of infection to these patients.

### Procedure

Follow normal [room cleaning procedure](#)

**Equipment** - ensure a fresh disposable mop head is used.

#### a) Frequency

- Clean the patient room prior to admission
- Clean daily
- Clean room first before other patient rooms

#### b) Toilet or commode - Clean as per [toilet cleaning procedure](#)

- Clean toilet or commode prior to each use

#### c) Shower

- [Shower](#) to be cleaned with disinfectant prior to patient use

### Evaluation

Monthly and quarterly cleaning audits

## Operating Theatre Cleaning Procedure

---

### Guiding Principles

Transmission of infection may occur from the environment to the patient through direct contact all via the hands of healthcare workers.

Maintaining a clean theatre environment will reduce the risk of infection and provide clean and safe environment for the patient. Environmental cleaning and disinfection is a team effort involving surgical personnel and environmental surfaces personnel.

Responsibility for verifying a clean surgical environment rests with the peri operative nurses. Occupational safety and risk standards are followed including wearing personal protective equipment.

### Procedure

- Before the operating list begins.
- After end of each theatre procedure.
- Terminal cleaning and disinfection.
  
- **Equipment**
  - **Personal protective equipment** (gloves, gown/aprons, protective eyewear, mask and head cover).
  - A detergent solution and water or detergent wipes.
  - Mop (single-use disposable mop heads may be used).
  - Bucket.
  - Clean lint-free cloths (disposable).
  - Nitrile or latex gloves.
  - Safety signage.

#### a) Before the operating list begins

Theatre environment is assessed for cleanliness meaning the absence of visible dust, debris, soil or body substances by the peri operative nurse. Also visual inspection for cleanliness of carts/trolleys, supplies, equipment and instruments sets bought into the room, before case starts.

If an item cannot be cleaned, it is to be covered with a moisture-impervious protective covering that can be cleaned or discarded after each use.

### **Damp dusting of all horizontal surfaces**

- Wash hands, don gloves.
- Use several lint free disposable cloths and detergent to wipe over each surface and dispose of after completing each item.
- Damp dust all furniture including operating table, surgical lights, booms, bowl stand, all horizontal surfaces.
- Plasma and monitor screens or electronic devices should be cleaned according to manufacturer's instructions.
- Remove gloves and wash hands.

### **Wet mop floors**

- Prepare fresh water and detergent in a clean bucket.
- Wash hands and don gloves.
- Place clean mop head into the solution and wring out the excess moisture.
- Clean from the furthest corner first.
- Do not place the used mop head into the solution a second time, use a new mop head. (If required, discard solution and mix a fresh solution for additional mopping activity.)
- Dispose of water and detergent.
- Clean bucket when finished as per Environmental Cleaning - cleaning equipment procedure.
- Remove gloves and wash hands.

### **b) After end of each theatre procedure**

Wait until the patient has left theatre.

- Clean blood or body fluids spills as per spills kit instructions.
- Clean a 1 to 1.2 metre perimeter around the surgical field when it is visibly soiled.
- Check under and around the OR bed for any items.

Disposable items are to be disposed of according to regulations.

Remove rubbish and linen bags and replace with clean bags.

- Prepare clean water and detergent.
- Wash hands and don gloves.
- Clean operating table, or mayo stands and any other potentially contaminated surfaces with a clean cloth and detergent.
- Use one cloth to wipe over an area and then dispose of it (either to laundry if reusable or into the rubbish bin if disposable) then take another clean cloth to wipe over the next surface and repeat.

**Wet mop the floor** as per procedure above, however only 1 to 1.2 metre perimeter around the surgical field or extend the area where visibly soiled.

Anaesthetic equipment is to be cleaned after each case as per recommended practices (see local procedure for anaesthetic equipment cleaning and processing).

Walls, doors, surgical lights, and ceiling are to be spot cleaned with clean cloth and detergent and water if soiled with blood, tissue, or body fluids.

### c) Terminal cleaning and disinfection

When scheduled procedures are completed for the day, and each 24 hour period during working week.

Unused rooms are to be cleaned during each 24-hour period during working week.

Prepare the equipment required for the task.

- Wash hands and don gloves.
- Using several clean lint free cloths and clean water and detergent, wipe over all surfaces thoroughly.

First clean the overhead lights, and then the operating table and then all horizontal surfaces starting from the highest working to the lowest using checklist.

Use one clean lint free cloth to clean one area; do not place back into the solution a second time but dispose of the cloth (either into the laundry or into the rubbish bag). Begin the next area with a clean cloth and repeat.

Finally, **wet mop entire floor** including under the operating room bed (as above procedure for prior to first surgical case).

All used, disposable sharps (e.g. needle, scalpels, staples/stapling devices, electro surgical tips, pins) are disposed of safely at 'point of use'.

### Evaluation

Monthly and quarterly cleaning audits.

## 4. Definitions

<b>AQL</b>	Acceptable quality level.
<b>Clean</b>	Free from dirt, impurities, marks, stains blemishes odours and contamination
<b>CSSD</b>	Central services sterilising department
<b>Detergent</b>	A medical-grade detergent product (that is registered as a Class I Medical Device with the TGA and which is intended to be used in the cleaning of surfaces or other medical devices) diluted with water as per manufacturer's instructions.
<b>Disinfectant</b>	A chemical agent used on inanimate objects and surfaces to destroy pathogenic micro-organisms.
<b>Element</b>	An item to be cleaned such as a surface, article or fixture.
<b>Functional area</b>	An area in which cleaning occurs, for example a hospital ward or operating theatre.
<b>ICU</b>	Intensive Care Unit.
<b>Infectious Agent</b>	A biological agent that causes disease or illness to its host
<b>L2 or L3 Nursery</b>	Level 2 or Level 3 nursery.
<b>PPE</b>	Personal Protective Equipment - A variety of barriers used to protect mucous membranes, skin, and clothing from contact with potentially infectious agents, these may include; impervious gown, goggles, mask, gloves, face shield, N95 respirators.
<b>2-Step Clean</b>	Use of neutral detergent to remove organic matter (step 1), followed by a disinfectant solution (step 2)
<b>1-Step Clean</b>	Use of a combined detergent/disinfection solution
<b>Terminal / discharge Clean</b>	Final clean of the room after patient discharge

## 5. Roles and Responsibilities

If cleaning services are provided in-house, the accountability for all aspects of cleaning and cleaning staff lies with management. Where the health facility purchases some or all of their cleaning service from an external provider, the roles, responsibilities and relationship between the purchaser and the provider become less clear, and the importance of defining these parameters at the start of the commercial relationship is essential.

While all healthcare workers should work as a team, it's important for patient safety, that roles and responsibilities for cleaning in the healthcare environment are defined. This ensures accountability and ownership of the cleaning process.

## 6. Evaluation

Monitoring of compliance with this document is to be reported to environmental services management and tabled for discussion at local governance meetings.

A combination of visual observational audit and fluorescent markers should be used to assess cleaning according to the following table. Cleaning procedures are to be signed off daily.

Functional Area Risk Category	Example of a Functional Area in that Category	Required Frequency of Auditing	AQL
Very high risk (Cat A)	Intensive Care Unit	Over a period of one month, 50% of rooms within this risk category are to be audited at least once.	90%
High risk (Cat B)	General Ward	Over a period of one month, 50% of rooms within this risk category should be audited at least once.	85%
Moderate risk (Cat C)	Rehabilitation Area	Over a period of one month, 50% of rooms within this risk category should be audited at least once.	85%
Low risk (Cat D)	Administrative building	Over a period of 12 months, 50% all rooms within this risk category should be audited at least once.	85%

(Adapted from Cleaning Standards for Victorian health facilities 2011)

## 7. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.



## 8. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

[Records Management Policy](#)

## 9. Standards

[National Safety and Quality Health Care Standards- Preventing and Controlling Healthcare Associated Infections](#) : 3.1, 3.2, 3.3, 3.5, 3.6, 3.7, 3.8 and 3.11

## 10. References

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[Disinfection and Sterilisation](#) Rutala, W. A. 2012

[National Health and Medical Research Council Australian Guidelines for the Prevention and Control of Infection in Healthcare 2019](#)

[National Safety and Quality Health Care Standards- Preventing and Controlling Healthcare Associated Infections](#)

## 11. Related Policy Documents

WACHS [Infection Prevention and Control Policy](#)

WACHS [Multiple Chemical Sensitivity/Chemical Hypersensitivity Guideline](#)

WACHS [Refer to Chemotherapy Administration CPS, Appendix 4: Handling Cytotoxic Spill](#)

## 12. Policy Framework

[Public Health](#)

## 13. Acknowledgements

Environmental Cleaning Policy and procedures developed by WACHS South West Infection Prevention & Control

## 14. Appendices

Appendix 1: [Guide to minimum cleaning equipment](#)

Appendix 2: [Methods for evaluating environmental cleanliness in healthcare facilities](#)

Appendix 3: [Audit Tools](#)

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# WACHS Environmental Cleaning Policy

## Appendix 1 – Guide to minimum cleaning equipment

Element	Very high risk	High risk	Significant Risk	Low risk	Method
Alcohol-based hand rub dispenser, bedside	Clean daily	Clean daily	Clean daily	Clean weekly	Detergent
Alcohol-based hand rub dispenser, not in patient/ treatment rooms	Clean daily	Clean daily	Clean daily	N/A	Detergent
Bath	Clean daily & spot/ check clean once daily	Clean daily & spot/check clean once daily	Clean daily & spot/check clean once daily	Clean daily & spot/check clean once daily	Detergent
Bed	Clean frame daily Clean underneath weekly Clean whole on discharge	Clean frame daily Clean underneath weekly Clean whole on discharge	Clean frame daily Clean underneath weekly Clean whole on discharge	When visibly soiled & whole on discharge	Detergent Detergent + disinfectant for multi- resistant organism (MRO)
Bed rails	Clean twice daily & after discharge	Clean daily & after discharge	Clean daily & after discharge	Clean weekly & after discharge	Detergent Detergent + disinfectant for MRO
Bedside table	Clean twice daily & after use	Clean daily & after use	Clean daily	Clean weekly	Detergent Detergent + disinfectant for MRO
Bidet	Clean three times daily	Clean three times daily	Clean daily	Clean daily	Detergent and disinfectant
Blood pressure cuff	Clean after use	Clean after use	Clean after use	Clean after use	Detergent
Call bell	Clean Daily Clean after discharge	Clean Daily Clean after discharge	Clean Daily Clean after discharge	Clean Weekly Clean after discharge	Detergent
Carpet (soft floor)	Clean twice daily	Clean daily	Clean daily	Clean weekly	Vacuum with high efficiency particulate air filter
	Clean 6-monthly	Clean 6-monthly	Clean annually	Clean annually	Steam clean (or shampoo)
Catheter stand/ bracket	Clean daily & after use	Clean daily & after use	Clean before initial use, after use & monthly	Clean before initial use, after use & monthly	Detergent
Ceiling	Spot clean daily & wash yearly	Spot clean daily & wash yearly	Spot clean weekly & wash yearly	Spot clean monthly & wash every 3 years	Detergent/Damp dust

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# WACHS Environmental Cleaning Policy

Element	Very high risk	High risk	Significant Risk	Low risk	Method
Chair	Clean twice daily	Clean twice daily	Clean daily	Clean weekly	Detergent Detergent + disinfectant for MRO
Chair, dental and surrounds	N/A	N/A	N/A	Clean daily & when visibly soiled	Detergent
Cleaning equipment	Clean after use	Clean after use	Clean after use	Clean after use	Detergent Detergent + disinfectant for MRO
Clipboard	Clean daily & between patient use	Clean daily & between patient use	Clean daily & between patient use	Clean weekly	Detergent
Commode	Clean contact points after use Clean whole daily	Clean contact points after use Clean whole daily	Clean contact points after use Clean whole daily	Clean contact points after use Clean whole weekly	Detergent Detergent + disinfectant for MRO
Computer & keyboard (general ward use, non-mobile, located outside patient area)	Clean twice daily or when visibly soiled	Clean daily or when visibly soiled	Clean daily or when visibly soiled	Clean weekly or when visibly soiled	Manufacturer's recommendations Install keyboard covers or washable keyboards where feasible Detergent
Computer & keyboard (used and/ or located in close proximity to patient e.g. patient bay or room)	Clean twice daily or when visibly soiled Clean between patients Clean after discharge	Clean daily or when visibly soiled Clean between patients Clean after discharge	Clean daily or when visibly soiled Clean between patients Clean after discharge	Clean weekly or when visibly soiled Clean between patients Clean after discharge	Manufacturer's recommendations Install keyboard covers or washable keyboards where feasible Detergent
Curtains and blinds	Bed curtains—change or clean weekly and upon discharge Patient with MRO or other infectious disease—change bed curtains or clean upon discharge Clean, change or replace early	Bed curtains—change or clean monthly Patient with MRO—change bed curtains or clean upon discharge Clean, change or replace yearly	Bed curtains—change or clean biannually Patient with MRO—change bed curtains or clean upon discharge Clean, change or replace bi-annually	Bed curtains—change or clean annually Patient with MRO—change bed curtains or clean upon discharge Clean, change or replace bi-annually	Replace with laundered curtains or steam clean while in place. Follow manufacturer's recommendations
Door knob/handle, general	Clean twice daily	Clean daily	Clean daily	Clean weekly	Detergent

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Element	Very high risk	High risk	Significant Risk	Low risk	Method
Door knob/ handle, patient room	Clean twice daily	Clean daily	Clean daily	Clean daily	Detergent Detergent + disinfectant for MRO
Drip/ intravenous stands	Clean contact points after use	Clean contact points after use	Clean contact points after use	Clean contact points after use	Detergent Detergent + disinfectant for MRO
Fan, patients	Clean daily & between patient use	Clean daily & between patient use	Clean daily & between patient use	Clean weekly & between patient use	Detergent
Floor, non-slip	Damp mop twice daily	Damp mop twice daily	Damp mop daily	Damp mop daily	Detergent Detergent + disinfectant for MRO
Floor, polished	Dust removal & clean twice daily	Dust removal & clean daily	Dust removal & clean daily	Dust removal & clean weekly	Detergent for routine Consider electrostatic mops Detergent + disinfectant for MRO
Fridges	Weekly & defrost as required  Three times daily spot check— clean when necessary	Weekly & defrost as required  Daily spot check— clean when necessary	Monthly & defrost as required  Daily spot check—clean when necessary	Monthly & defrost as required  Daily spot check— clean when necessary	Detergent
Fridge (drug)	Clean weekly	Clean weekly	Clean weekly	Clean weekly	Detergent
Glazing, internal (incl. partitions)	Spot clean daily & full clean weekly	Spot clean daily & full clean weekly	Spot clean daily & full clean weekly	Clean weekly	Detergent
Hoist, bathroom	Clean contact points after use	Clean contact points after use	Clean contact points after use	Clean contact points after use	Detergent
Drip/IV stand & poles	Clean daily & clean contact points after use	Clean daily & clean contact points after use	Clean contact points after use	Clean contact points after use	Detergent + disinfectant for MRO
Light switch	Clean daily	Clean daily	Clean weekly	Clean weekly	Detergent
Bedside locker	Clean contact points twice daily	Clean contact points twice daily	Clean contact points daily	Clean contact points weekly	Detergent + disinfectant for MRO
Manual handling (i.e. hoists)	Clean contact points after use	Clean contact points after use	Clean contact points after use	Clean contact points after use	Detergent + disinfectant for MRO

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Element	Very high risk	High risk	Significant Risk	Low risk	Method
Mattress	Clean when visibly soiled/ bodily fluids & after discharge	Clean when visibly soiled/ bodily fluids & after discharge	Clean when visibly soiled/ bodily fluids & after discharge	Clean when visibly soiled/ bodily fluids & after discharge	Detergent + disinfectant for MRO Preferable that entire mattress has waterproof cover
Medical equipment (e.g. IV infusion pumps, pulse oximeters) NOT connected to a patient	Clean daily (when in use) between patient use	Clean daily (when in use) & between patient use	Clean daily (when in use) & between patient use	Clean weekly (when in use) & between patient use	Detergent + disinfectant for MRO
Medical gas equipment	Clean daily	Clean daily	Clean daily	Clean weekly	Detergent + disinfectant for MRO
Microwave	Clean daily	Clean daily	Clean daily	Clean daily	Detergent
Nebuliser, portable (when in use)	Clean daily & after use	Clean daily & after use	Clean monthly & after use & before initial use	Clean bi-monthly & after use & before initial use	Detergent
Notes folder	Clean daily	Clean daily	Clean weekly	Clean weekly	Detergent
Over bed tray table (over way table)	Twice daily	Daily	Daily	Weekly	Detergent + disinfectant for MRO
Oxygen equipment	Clean daily & after use	Clean daily & after use	Clean monthly & after discharge & before initial use	Clean monthly & after discharge & before initial use	Detergent
Patient slide/ board	Clean daily & after use	Clean daily & after use	Clean monthly & after use	Clean monthly & after use	Detergent + disinfectant for MRO
Pillow (waterproof cover)	Clean when visibly soiled/ bodily substances & after discharge	Clean when visibly soiled/ bodily substances & after discharge	Clean when visibly soiled/ bodily substances & after discharge	Clean when visibly soiled/ bodily substances & after discharge	Detergent + disinfectant for MRO
Sharps bin trolley	Clean daily	Clean twice weekly	Clean weekly	Clean monthly	Detergent
Shower	Clean daily & one spot check clean daily	Clean daily & one spot check clean daily	Clean daily	Clean daily	Detergent + disinfectant for MRO
Sink (hand washing)	Clean twice daily & after use	Clean twice daily & after use	Clean daily	Clean daily	Detergent

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## WACHS Environmental Cleaning Policy

Element	Very high risk	High risk	Significant Risk	Low risk	Method
Surfaces (general horizontal) in patient room e.g. ledges	Clean twice daily & spot clean after use	Clean twice daily & spot clean after use	Clean daily & after discharge	Clean weekly & after discharge	Detergent + disinfectant for MRO
Telephone	Clean daily & spot clean after use	Clean daily & spot clean after use	Clean daily	Clean weekly	Detergent
Toilet	Clean twice daily & spot clean after use	Clean twice daily & spot clean after use	Clean daily	Clean weekly	Detergent + disinfectant
Toilet seat, raised	Clean twice daily & spot clean after use	Clean twice daily & spot clean after use	Clean monthly & before initial use & spot clean after use	Clean monthly & before initial use & spot clean after use	Detergent for routine Detergent + disinfectant for MRO
Trolley, dressing	Clean utilised surfaces before & after use Clean whole trolley weekly	Clean utilised surfaces before & after use Clean whole trolley weekly	Clean utilised surfaces before & after use Clean whole trolley weekly	Clean utilised surfaces before & after use Clean whole trolley monthly	Detergent + disinfectant for MRO
Trolley, linen	Clean contact points daily Clean whole trolley weekly	Clean contact points daily Clean whole trolley weekly	Clean contact points daily Clean whole trolley weekly	Clean contact points weekly Clean whole trolley monthly	Detergent
Trolley, resuscitation	Clean daily	Clean twice weekly	Clean weekly	Clean monthly	Detergent
TV, fixed (out of patient reach)	Clean weekly	Clean weekly	Clean weekly	Clean weekly	Detergent
TV, patient bedside (mobile and within patient reach)	Clean daily & between patients	Clean daily & between patients	Clean weekly and between patients	Clean monthly & between patients	Detergent/damp dust
Walls	Spot clean daily & dust weekly & full clean yearly	Spot clean daily & dust weekly & full clean yearly	Spot clean weekly & full clean yearly	Spot clean weekly & full clean yearly	Detergent/damp dust
Washbowl, patient	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use	Detergent + disinfectant for MRO
Waste receptacle	Clean weekly & spot clean when visibly soiled/bodily substances	Clean weekly & spot clean when visibly soiled/bodily substances	Clean weekly & spot clean when visibly soiled/bodily substances	Clean weekly & spot clean when visibly soiled/bodily substances	Detergent
Wheelchair	Clean daily & after use	Clean daily & after use	Clean monthly & after use	Clean monthly & after use	Detergent

Source: Adapted from National Health Service National specifications for cleanliness

## [Appendix 2: Methods for evaluating environmental cleanliness in healthcare facilities](#)

Type	Method	Definition	Advantages	Disadvantages
Process Testing	Visual Inspection	An individual trained in the auditing of cleaning inspects an area to assess the level of cleanliness. Primary method used in healthcare facilities.	Can detect obvious soiling of the environment. Most cost-effective method and most rapid for detecting major cleaning issues.	Cannot detect microorganisms that are invisible to the naked eye.
Fluorescent gel marker		An invisible gel that can only be detected with UV light is applied to surfaces. The effectiveness of cleaning processes can be determined by shining UV light to determine if the gel has been adequately	Can allow for an efficient and timely cleaning evaluation on a large scale.	Does not assess environmental contamination or bio burden.



[Appendix 3](#) Audit Tools

## Environmental Cleaning Audit

<b>Hospital:</b>	<b>Date:</b>
<b>Area Audited:</b>	<b>Auditor:</b>

**A= Acceptable U= Unacceptable**

### Instructions for conducting an Environmental Cleaning Audit

- Equipment, furniture, and surfaces are free from soil, film, smudges, dirt, grease, spillages, fingerprints, tapes/plastic etc. Legs, furniture legs, wheels and castors free from mop strings and cobwebs. Walls are free from marks. High surfaces free from dust/cobwebs, doors free of marks and dirt.
- When multiple items of equipment available inspect each item individually. If one of the items is 'U', the end result of the element will be 'U'.
- An element is automatically 'Unacceptable' if blood or body fluid spots present

Equipment and General Ward Cleaning				
Item	Element	A	U	Notes
1	Dressing/ Resusc/ ECG trolley			
2	IV poles and pumps/ IV bed and mobile			
3	Wheelchairs/ weight machine/ hoist/ Zimmer frame/ trolley bath			
4	BP/ tympanic thermometer holder			
5	Glucometers and case/ bladder scanner / ultrasound			
6	Fridge/ ice machine/ water cooler			
7	Microwave/ hot water unit			
8	Visitor/ staff toilets			
9	Nurse's station/ handover room			
10	Staff lunch room/ pantry			
11	Treatment/ clean utility / storeroom / oxygen cylinders			
12	Corridor hand basins/ soap & towel dispensers			
13	Central area- walls/ doors/ frames			
14	Central area- ceiling vents/ lights			
15	Central area- hard/ soft flooring			
16	Central area- high/ low dusting			
17	Domestic washer/ dryer			
18	Other patient equipment (specify)			
19	Other patient equipment (specify)			
20	Other patient equipment (specify)			
<b>Subtotal</b>				

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WACHS Environmental Cleaning Policy

Patient Room and Bathroom Cleaning			Room		Room		Room		Room	
	Item	Element	A	U	A	U	A	U	A	U
<b>PATIENT ROOM</b>	21	Walls/skirtings								
	22	Ceiling/ vents/lights								
	23	Doors/ vent/ frame								
	24	Floor/ carpet/ vinyl								
	25	Shelving/ ledges/ windows								
	26	Cupboards/ lockers								
	27	TV monitor/ radio/ patient entertainment system								
	28	Telephone/ headset								
	29	Overbed table/ chairs								
	30	Bed panel/ fixtures								
	31	Bed frame/ wheels/ mattress								
	32	Curtains/ curtain track/ screen								
<b>BATHROOM</b>	33	Walls/ floor/ tiles								
	34	Hand basin/ plumbing								
	35	Mirror/ chrome work								
	36	Toilet/ cistern								
	37	Toilet Brush/ brush holder								
	38	Paper towel/ hand soap dispenser/ toilet roll holder								
	39	Shower chair / shower curtain / bins								
	40	Ceiling/ vents/ lights								
	41	Other (specify)								
	42	Other (specify)								
<b>Subtotal</b>										

Acceptable Quality Level (AQL) 85%

AQL:  $\frac{\text{Total Acceptable}}{\text{Total Acceptable} + \text{Total Unacceptable}} \times 100 = \%$

**Note:** Where AQL is <85%, re-audit the following month to ensure actions have been implemented or identified issue corrected. Escalate as required.

**Comments:**

**Action plan - for cleaning audit results**

<b>Date entered</b>	<b>Item No.</b>	<b>Action Planned/ Additional Comments on 'U' Ratings</b>	<b>By Whom</b>	<b>By When</b>

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## Perioperative Cleaning Audit

<b>Hospital:</b>	<b>Date:</b>
<b>Auditor:</b>	

**A= Acceptable U= Unacceptable**

### Instructions for conducting a Peri-operative Cleaning Audit

- An element is automatically 'Unacceptable' if blood or body fluid spots present
- When multiple items of equipment available inspect each item individually. If one of the items is 'U', the end result of the element will be 'U'.

### Criteria

Visible standards for inspection of floors, windows, walls, ceiling vents, light fixtures, furnishing, equipment, toilets, showers, sluice area and general tidiness shall be documented, and standards for inspection shall include that:

**Floors are to be:** free of dust, litter, marks, water or other liquids

- free of floor polish build up, at the extremities or in traffic lanes
- free of spots, scuffs or scratches on traffic lanes, around furniture and at pivot points
- free of dust, lint and spots in difficult access areas, such as edges, corners and around furniture.

**Windows are to be:** clear of all spots and marks on external surfaces

- clear of all marks, fingerprints and smudges on internal surfaces
- clear and free of dust and marks on window frames and ledges.

**Walls are to be free of:**

- dust or lint
- marks caused by furniture, equipment or staff
- fingerprints, scuffs and other marks on light switches, doors and door frames.

**Ceilings, vents and light fixtures are to be:**

- free of marks, dust, soil, film and cobwebs.

**Furnishing and equipment are to be:**

- free of spots, soil, film, dust and spillage
- free from soil, film and dust on furniture legs, and debris in wheels and castors.

**Toilets, showers and sluice area is to be:**

- free from smudges, smears and mineral deposits on porcelain surfaces
- free from soil, smudges and soap build up on metal surfaces
- free of smudges, mould, soap and mineral build up on wall tiles and wall fixtures
- free of smudges, dust, soap and mineral build up on plumbing fixtures
- clear and free of dust and marks on window frames and ledges.

**Areas reflect general tidiness, and:**

- appear tidy and uncluttered
- are only occupied by furniture and fittings designed to sit on the floor
- allow for cleaning and maintenance of furniture

## WACHS Environmental Cleaning Policy

For information on audit frequency and the conduct of the audit please refer to the [WACHS Environmental Cleaning Policy](#).

### Reference:

Australian College of Operating Room Nurses Ltd. Standards for Perioperative Nursing in Australia 14<sup>th</sup> ed. Adelaide, South Australia: ACORN; 2016

SECTION 1: Holding Bay		Possible Score	A	U	Action planned to address issues identified
1	Floors	6			
2	Walls				
3	Ceilings/vents/lights				
4	Equipment trolley				
5	Observation machines/monitors				
6	Theatre trolleys				
<b>Section 1: Total</b>					

SECTION 2: Scrub Room		Possible Score	A	U	Action planned to address issues identified
1	Floors	10			
2	Walls				
3	Ceiling/vents/lights				
4	Sinks/taps/dispensers				
5	Shelves/ledges				
6	Benches				
7	Mirrors				
8	Trolleys				
9	Rubbish receptacle				
10	Fittings/switches				
<b>Section 2: Total</b>					

SECTION 3: Set-up Room		Possible Score	A	U	Action planned to address issues identified
1	Floors	9			
2	Walls				
3	Ceiling/vents/lights				
4	Shelves/ledges				
5	Benches				
6	Trolleys				
7	Drug fridge				
8	Rubbish receptacle				
9	Fittings/switches				
<b>Section 3: Total</b>					

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SECTION 4: Theatre		Possible Score	A	U	Action planned to address issues identified
<b>A. Theatre 1</b>					
1	Floors	12			
2	Walls				
3	Doors				
4	Cupboards (moveable or fixed)				
5	Ceilings/vents/lights				
6	Theatre lights				
7	Fittings/switches				
8	Equipment, equipment trolleys (including anaesthetic trolleys and IV delivery equipment)				
9	Computer				
10	High/low dusting				
11	Windows				
12	Rubbish/linen receptacles				
<b>Section 4A: Total</b>					

<b>B. Theatre 2</b>					
1	Floors	12			
2	Walls				
3	Doors				
4	Cupboards (moveable or fixed)				
5	Ceilings/vents/lights				
6	Theatre lights				
7	Fittings/switches				
8	Equipment trolleys				
9	Computer				
10	High/low dusting				
11	Windows				
12	Rubbish/linen receptacles				
<b>Section 4B: Total</b>					

## WACHS Environmental Cleaning Policy

<b>SECTION 5: Recovery (PACU)</b>		Possible Score	A	U	Action planned to address issues identified
1	Floors	12			
2	Walls				
3	Ceiling/vents/lights				
4	Shelves/ledges				
5	Benches				
6	Fittings/switches				
7	Basins/dispensers				
8	Equipment trolleys				
9	Resusc trolley				
10	Warming cupboard				
11	Medical equipment (PLUM pumps etc.)				
12	Observation machines/monitors				
<b>Section 5: Total</b>					

<b>SECTION 6: Store rooms</b>		Possible Score	A	U	Action planned to address issues identified
<b>A. Sterile store room (disposables)</b>					
1	Floors	5			
2	Walls				
3	Ceilings/vents/lights				
4	Fittings/switches				
5	Shelves				
<b>Section 6A: Total</b>					

<b>B. Anaesthetic store room</b>					
1	Floors	5			
2	Walls				
3	Ceilings/vents/lights				
4	Fittings/switches				
5	Shelves				
<b>Section 6B: Total</b>					

<b>C. Non-sterile store room (general stores)</b>					
1	Floors	5			
2	Walls				
3	Ceilings/vents/lights				
4	Fittings/switches				
5	Shelves				
<b>Section 6C: Total</b>					

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<b>D. Instrument store room (wrapped sterile trays)</b>				
1	Floors	8		
2	Walls			
3	Doors			
4	Ceilings/vents/lights			
5	Shelves/ledges			
6	Fittings/switches			
7	Basins/taps/dispensers			
8	Rubbish receptacle			
<b>Section 6D: Total</b>				

<b>SECTION 7: Corridors</b>		Possible Score	A	U	Action planned to address issues identified
1	Floors	6			
2	Walls				
3	Ceilings/vents/lights/ledges				
4	Fittings/switches				
5	Emergency equipment/trolley				
6	Drug Fridge				
<b>Section 7: Total</b>					

<b>SECTION 8: Decontamination</b>		Possible Score	A	U	Action planned to address issues identified
1	Floors	12			
2	Walls				
3	Ceilings/vents/lights				
4	Shelves/ledges				
5	Benches				
6	Fittings/switches				
7	Rubbish/linen receptacles				
8	Sinks/taps				
9	Basins/dispensers				
10	Cleaners Closet				
11	Cupboards				
12	Windows				
<b>Section 8: Total</b>					



<b>B. Endoscopy decontamination</b>					
1	Floors	15			
2	Walls				
3	Ceilings/vents/lights				
4	Fittings/switches				
5	Sinks				
6	Shelves/ledges				
7	Benches				
8	Cupboards/Scope cupboards				
9	Basins/dispensers				
10	Rubbish receptacle				
11	Steris machines (exterior)				
12	Soluscope (exterior)				
13	Macerator (exterior)				
14	Cleaners cupboard				
15	Sluice				
<b>Section 8B: Total</b>					

<b>SECTION 9: CSSD</b>		Possible Score	A	U	Action planned to address issues identified
1	Floors	12			
2	Walls				
3	Doors				
4	Cupboards (moveable or fixed)				
5	Ceilings/vents/lights				
6	Shelves/ledges				
7	Benches				
8	High/low dusting				
9	Windows				
10	Basins/taps/dispensers				
11	Cleaners cupboard				
12	Fittings/switches				
<b>Section 9: Total</b>					

<b>SECTION 10: Tea room</b>		Possible Score	A	U	Action planned to address issues identified
1	Floors	10			
2	Walls				
3	Ceilings/vents/lights				
4	Fittings/switches				
5	Sink				
6	Fridge				
7	Microwave				
8	Cupboards				
9	Table/benches				
10	Furniture				
<b>Section 10: Total</b>					

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<b>SECTION 11: Day surgery unit</b>		Possible Score	A	U	Action planned to address issues identified
1	Floors	16			
2	Walls				
3	Doors				
4	Ceilings/vents/lights				
5	Shelves/ledges				
6	Benches				
7	Windows/blinds				
8	Theatre trolleys				
9	Patient cupboards/drawers				
10	Fittings/switches				
11	Basins/dispensers				
12	Fridge				
13	Lounge chairs				
14	Observation machines/monitors				
15	Bathroom/ Toilet				
16	Waiting room				
<b>Section 11: Total</b>					

<b>SECTION 12: Clean utility</b>		Possible Score	A	U	Action planned to address issues identified
1	Floors	9			
2	Walls				
3	Doors				
4	Ceilings/vents/lights				
5	Shelves/ledges				
6	Benches				
7	Fittings/switches				
8	Cupboards				
9	Basins/dispensers				
<b>Section 12: Total</b>					

<b>SECTION 13: Dirty utility</b>		Possible Score	A	U	Action planned to address issues identified
1	Floors	12			
2	Walls				
3	Doors				
4	Ceilings/vents/lights				
5	Shelves/ledges				
6	Benches				
7	Fittings/switches				
8	Basins/dispensers				
9	Macerator				
10	Sluice/sink				
11	Equipment				
12	Linen/rubbish receptacles				
<b>Section 13: Total</b>					

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<b>SECTION 14: Male change room</b>		Possible Score	A	U	Action planned to address issues identified
1	Floors	9			
2	Walls				
3	Doors				
4	Ceilings/vents/lights				
5	Shelves/ledges				
6	Fittings/switches				
7	Basins/dispensers				
8	Toilet(s)				
9	Linen/rubbish receptacles				
<b>Section 14: Total</b>					

<b>SECTION 15: Female change room</b>		Possible Score	A	U	Action planned to address issues identified
1	Floors	9			
2	Walls				
3	Doors				
4	Ceilings/vents/lights				
5	Shelves/ledges				
6	Fittings/switches				
7	Basins/dispensers				
8	Toilet(s)				
9	Linen/rubbish receptacles				
<b>Section 15: Total</b>					

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**OVERALL SCORE SHEET**

SECTIONS	Total Acceptable	Total Unacceptable
Section 1: Holding Bay		
Section 2: Scrub Room		
Section 3: Set-up Room		
Section 4A: Theatre 1		
Section 4B: Theatre 2		
Section 5: Recovery (PACU)		
Section 6A: Sterile store room		
Section 6B: Anaesthetic store room		
Section 6C: Non-sterile store room		
Section 6D: Instrument store room		
Section 7: Corridors		
Section 8: Decontamination		
Section 8B: Endoscopy decontamination		
Section 9: CSSD		
Section 10: Tea room		
Section 11: Day surgery unit		
Section 12: Clean utility room		
Section 13: Dirty utility room		
Section 14: Male change room		
Section 15: Female change room		
<b>TOTAL SCORE</b>		

Acceptable Quality Level (AQL) 90%

AQL:  $\frac{\text{Total Acceptable}}{\text{Total Acceptable} + \text{Total Unacceptable}} \times 100 = \%$

**Note:** Where AQL is <90%, re-audit the following month to ensure actions have been implemented or identified issue corrected. Escalate as required.

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