

Environmental Cleaning Policy – JHFMHN

Implementation Guide to NSW Health Policy Directive
PD2020_022 Cleaning of the Healthcare Environment

Policy Number 5.037

Policy Function Safe Practice and Environment

Issue Date 1 November 2021

Summary This policy highlights relevant procedures which enable staff to comply with cleaning standards outlined in the NSW Ministry of Health Policy Directive [PD2020_022 Cleaning of the Healthcare Environment](#).

Responsible Officer Executive Director Corporate Services

Applicable Sites

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult and Juvenile Correctional Centres or Police Cells)
- Health Centres (Juvenile Justice Centres)
- Long Bay Hospital
- The Forensic Hospital

Previous Issue(s) 10 July 2018

Change Summary Change from Facilities & Logistics to Business Services
Change from Environmental Cleaning Audit Tool to QARS

HPRM Reference POLJH/5037

Authorised by Chief Executive, Justice Health and Forensic Mental Health Network

1. Preface

Justice Health and Forensic Mental Health Network (the Network) is committed to providing procedures and training to enable staff to comply with standards as outlined in this Implementation Guide, relevant legislation(s), NSW Ministry of Health (MoH) policy directives (PD) and relevant standards of practice.

It should be noted that most of the adult correctional centres, operated by Corrective Services NSW (CSNSW) or private providers, do not have professional cleaners and rely on the operator to provide an inmate sweeper supervised by a custodial officer.

2. Policy Content

2.1 Mandatory Requirements

It is the responsibility of each health centre Nursing Unit Manager to identify all areas within each healthcare facility that require cleaning and to ensure that the cleaning and auditing of those areas is in accordance with NSW MoH [PD2020_022](#) *Cleaning of the Healthcare Environment*.

2.2 Implementation - Roles & Responsibilities

2.2.1 Chief Executive

Must provide managers with the resources to support compliance with this policy and its associated procedures.

2.2.2 Executive Director Corporate Services

Must review all reported incidents of non-compliance with this policy.

2.2.3 Manager Business Services

Must ensure compliance with this policy and its associated procedures.

2.2.4 Nursing Unit Managers

All staff are responsible for ensuring a safe environment including the identification and reporting of environmental cleaning issues.

It is the Nursing Unit Manager's (NUM) or the Unit Manager's responsibility to;

- ensure the environmental cleaning audits are completed using approved methods: the Environmental Cleaning Audit – Score Sheet – ([Appendix 1](#)) or Quality Audit Reporting System (QARS) Cleanliness of the Clinical Environment audit
- ensure environmental cleaning audits are completed as per the schedule set out in [section 2.3](#) of this policy
- ensure an Environmental Cleaning Audit Action Plan ([Appendix 3](#) or QARS) is completed along with actions to improve cleanliness where appropriate and finalised by NUM or Cluster Manager. An audit score of <85% in a correctional centre and <88% in the Forensic and Long Bay Hospitals indicates an unsatisfactory level of compliance and improvement is required
- ensure identified risks i.e. environmental hygiene and/or maintenance deficiencies, are escalated through CSNSW, and/or the private provider or Youth Justice NSW (YJNSW) Governor/Centre Manager and/or Network line management

- ensure completed environmental cleaning audits are saved in excel format in Content Manager container allocated to the health facility

2.3 Network specific requirements

2.3.1 Frequency of cleaning

- All Network health care facilities, this includes satellite health centres have been categorised in the NSW MoH [PD2020_022 Cleaning of the Healthcare Environment](#) as medium risk with the exception of the Long Bay Hospital and The Forensic Hospital which is categorised as high risk.
- The frequency of cleaning required for high risk areas is as follows:
 - Minimum daily of patient bed, furnishings, fixtures, medical equipment and frequent touch points in patient zone, with capacity for additional cleaning if required
 - Capacity for rapid spot cleaning
 - Clean and disinfect toilets at least daily and check toilets at least twice daily and spot clean
- The frequency of cleaning required for medium risk areas is as follows:
 - Daily clean
 - Spot cleaning as required
 - Clean daily and check toilets at least twice daily and spot clean
- The timeframe for rectifying problems in high risk areas is 48 hours and in medium risk areas 72 hours as mandated by the policy.
- It should be noted that Network Health Facilities within Adult Correctional Centres are primarily cleaned by sweepers and within Youth Justice Centres by contract cleaners. Daily and spot cleaning may therefore not always be possible. If spot cleaning is necessary due to a Work Health and Safety Hazard in a health centres, it is the responsibility of the Network staff.
- Corrective Services NSW (CSNSW) and/or private security providers are responsible for providing inmate sweepers with training in regards to cleaning of health centres. All health centres are to have Safe Work Practices (SWP) displayed in the cleaning rooms and ensure all cleaners are aware of these SWP. Health centres are to ensure a cleaning schedule is displayed and all new inmate sweepers are orientated to this schedule.

2.3.2 Internal Cleaning Audits

- The required frequency of environmental cleaning audits in Network health care facilities is all rooms over a period of three months. The person undertaking the audit must always refer to the previous actions identified in the *Environmental Cleaning Audit Action Plan*. This ensures that the actions are followed as per the environmental cleaning audit monitoring and escalation process [Appendix 4](#).
- The Network has audits for different areas to evaluate the Cleanliness of the Clinical Environment. All facilities within the Custodial Health Centres complete the audit through QARS. The Long Bay Hospital uses the Environmental Cleaning Audit spreadsheet ([Appendix 1](#)) and the Forensic Hospital audit is completed by our Public/Private Partners (PPP) Medirest. All audits evaluate the level of cleanliness by providing a compliance score.

The cleaning auditor is to always refer to the previous cleaning audit to understand what sections were audited, identify any previous actions and ensure that previous non-compliance results have been remedied.

- The audit for the Aged Care Rehabilitation Unit, Mental Health Unit, Mental Sub-Acute Unit and the Forensic Hospital use the Environmental Cleaning Audit Template ([Appendix 1](#)) which automatically calculates the level of cleanliness. The acceptable quality level of cleanliness for Long Bay and Forensic hospitals is 88% (high risk). Auditors input a score for the cleanliness of specific element such as walls, flooring, etc., in each identified area. These elements are scored from "1" for satisfactory and "0" for unsatisfactory. When an item is N/A leave the "X" in the box. For an element to achieve a "1" score all parts of that element must be of the same standard. The score achieved against each

element is then automatically calculated. The overall percentage score will determine the level of compliance with cleaning standards, see [Appendix 2](#).

2.3.2.1 Quality Audit Reporting System (QARS)

- All Custodial Health Centres including Kevin Waller Unit and Long Bay Hospital 2 (Wards 13 and 14) audit their centres using the Cleanliness of the Clinical Environment audit in QARS. Each facility's minimum requirement for is an 85% compliance rate. This is automatically determined through the system and is based off the Yes or No response rate, with the N/A responses considered and do not skew the results.
- Custodial Health Centres are required to complete the audit once every quarter. The audit is administered by the Corporate and Clinical Governance Unit and can be seen by auditors in the QARS audit calendar for each site.
- QARS allows auditors to make comments that provide context to the audit response. Comments also allow senior Executives to understand what the issue is and what support clinical staff require to improve the cleanliness at sites. It is strongly recommended that auditors provide as much context as possible.

2.3.3 Action Plans

- An audit score less than the required compliance for each identified area indicates an unsatisfactory level of cleanliness and remediation is required within 48 hrs (LBH and FH) or within 72hrs (CH) as per NSW Health [PD2020_022](#). Issues are to be identified on the action plan ([Appendix 3](#)) along with actions to improve compliance. The centres that use [Appendix 1](#), must store in the HPRM containers assigned to each health centre. Business Services will monitor the HPRM containers for compliance and provide feedback to the appropriate directorate. For Custodial Health Centres using QARS, an action plan must be completed and finalised by the centres' NUM or cluster/regional manager.
- Results of audits, together with audit improvement or action plans and outcomes, are tabled at the Network Cleaning & Waste Management Committee. Minutes from this Committee are tabled at the Network Infection Prevention and Control Committee. Refer to [Appendix 4](#).
- Internal audits can be undertaken by a person who has an appropriate knowledge of the Environmental Cleaning Policy and the cleaning process required by the healthcare facility. An auditor can be a member of the cleaning service or an employee of the facility not related to the cleaning service. Where possible, an auditor should be accompanied by a staff member of the area being audited to ensure issues are identified, ratified and validated. This may not be possible and/or practical in sole practitioner and satellite health centres. In such instances audits are completed unaccompanied.

3. Definitions

Must

Indicates a mandatory action required that must be complied with.

Should

Indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action.

Sweeper

This is an inmate who is employed to carry out various duties within a wing/unit/pod. These duties are general in nature and may include cleaning, yard duties or laundry duties among others. They report to the / custodial officer.

4. Legislation and Related Documents

NSW Ministry of Health
Policy Directives

[PD2020_022](#) *Cleaning of the Healthcare Environment.*

Appendix 1 – Environmental Cleaning Audit Template

Environmental Cleaning Audit - Score Sheet

Health Centre:

Auditor:

Date:

ROOM NAME	Building						Fixtures				Patient equipment		Comments	Actual Score	Percentage Attained	
	External features, fire exits, stairwells	Walls, skirtings, ceilings	Windows	Doors, door frames	Hard floors	Soft floors	Ducts, grills, vents	Electrical fixtures, desk appliances	Furnishings, fixtures	Kitchen fixtures, appliances	Toilets, bathroom fixtures, sinks	Patient bed				Patient furniture
	1	1	1	1	1	1	1	1	1	1	1	1	1		13	100%
	x	1	1	1	1	1	1	1	1	1	1	1	1		12	100%
	1	0	1	0	1	1	1	1	1	1	1	1	1		11	85%
	x	1	1	1	1	1	1	0	1	1	1	1	1		11	92%
	x	0	1	0	1	1	1	1	1	1	1	1	1		10	83%
	x	0	1	1	1	1	1	1	0	1	1	0			9	75%
															0	
															0	
															0	
															0	
Achievable Score	2	6	6	6	6	6	6	6	6	6	6	6	6		74	
Total Score	2	3	6	4	6	6	6	6	5	5	6	6	5		66	

Comments: (insert comments here) (insert comments here)	Cleaned by:	
	Contract Cleaner	<input type="text"/>
	Sweeper	<input type="text"/>
	PSA	<input type="text"/>
		89.189

Appendix 2 – Instructions on using the Audit Tool

Instructions on using the Audit Tool

Step 1: Insert the name of the Functional Area, auditor and date across the top

Step 2: Insert the names of the rooms or room numbers of the Functional area down the left hand column

Step 3: Insert "1" for satisfactory, "0" for unsatisfactory and "X" for N/A, for each room and under each element that is being inspected. The box will automatically go blue or red depending on the number inserted. The box will only change colour for the number 1 or 0.

Step 4: Achievable Score, Total Score and Overall Percentage Score will be automatically calculated.

Room Name	Hand Hygiene	Waste Management	Surface Disinfection	High Touch Surfaces	Medical Equipment	Linens	Food Safety	Water Safety	Hand Hygiene	Waste Management	Surface Disinfection	High Touch Surfaces	Medical Equipment	Linens	Food Safety	Water Safety	Achievable Score	Total Score	Overall Percentage Score
Room 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 13	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 14	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 15	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 17	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 18	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 19	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 20	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 21	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 22	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 23	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 24	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 25	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 27	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 28	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 29	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 30	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 31	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 32	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 33	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 34	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 35	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 36	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 37	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 38	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 39	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 40	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 41	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 42	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 43	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 44	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 45	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 46	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 47	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 48	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 49	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 50	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 51	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 52	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 53	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 54	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 55	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 56	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 57	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 58	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 59	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 60	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 61	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 62	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 63	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 64	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 65	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 66	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 67	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 68	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 69	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 70	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 71	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 72	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 73	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 74	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 75	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18	18	100%
Room 76	1	1																	

Appendix 3 – Environmental Cleaning Audit Action Plan

Site:		Site Manager:		
Date:				
Issue	Action	Responsible Officer	Due Date	Comments / Outcome

Appendix 4 – Environmental Cleaning Audit Monitoring & Escalation Process

