

Housekeeping Policy

Target Group: Senior housekeepers Housekeepers Clinical care givers	Version: 8	First Issue Date: February 2010
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1.Introduction

This policy outlines the housekeeping procedures and standards at Holy Cross Hospital to ensure a clean, safe, and pleasant environment for all patients, visitors, volunteers, contractors and Caregivers. This document and its appendices will be formally reviewed every three years, or sooner if significant changes in national guidance, local policy, or operational requirements occur. The review will be led by the Facilities and Housekeeping Lead in collaboration with the Infection Prevention and Control Team and other relevant stakeholders to ensure continued alignment with NHS best practice and regulatory standards.

2.Purpose

This policy outlines the procedures for cleaning all buildings on the Holy Cross Hospital site. It ensures that the premises are consistently fit for purpose and effectively managed to safeguard the health, safety, and welfare of all patients, visitors, volunteers, contractors, and Caregivers.

3.Objectives of the Housekeeping Policy

Infection Prevention and Control (IPC):

Maintaining high standards of hygiene is critical in healthcare settings. This policy ensures that Holy Cross Hospital upholds rigorous cleanliness protocols across all departments, supporting the prevention and control of healthcare-associated infections in line with national IPC standards.

Cleanliness and Environmental Presentation:

The physical appearance and hygiene of wards, hydrotherapy and physiotherapy areas, reception, offices, and communal spaces directly affect patient and visitor confidence. This policy ensures these areas remain consistently clean, fresh, and presentable to reflect a high standard of care.

Efficient Resource Use and Environmental Sustainability:

Cleaning operations will be managed to optimise the use of water, energy, cleaning agents, and staffing. Efficient use of resources reduces environmental impact and supports the Trust's sustainability goals while maintaining service quality.

Inventory and Asset Management:

Effective inventory control enables tracking of cleaning equipment and hazardous substances, ensuring proper usage, storage, and maintenance. This extends the lifespan of assets, reduces wastage, and improves safety and compliance with COSHH.

Standardisation and Quality Assurance:

This policy promotes the consistent application of cleaning standards, ensuring all tasks are carried out systematically across the hospital. Standardised procedures enhance operational efficiency, reduce risk, and enable performance monitoring through routine audits.

Regulatory Compliance:

The policy supports compliance with statutory and NHS requirements, including the Health and Social Care Act 2008 (Regulated Activities), COSHH Regulations 2002, Manual Handling Operations Regulations, and the NHS Cleaning Manual (2021). Adherence ensures legal accountability and high-quality service delivery.

Workforce Safety and Competence:

Detailed guidance is provided on the safe use of cleaning equipment and hazardous substances. Caregivers are equipped with appropriate PPE and receive ongoing training to reduce risk and protect health, in accordance with health and safety legislation.

Continuous Improvement and Risk Management:

Operational risks are identified, managed, and mitigated through regular audits, feedback incident reporting. Cleaning standards are continuously reviewed under IPC guidance to drive improvement and maintain a safe, welcoming environment for patients, Caregivers, and visitors.

4. Policy Statement

Holy Cross Hospital is committed to maintaining the highest possible standards of cleanliness, hygiene, and environmental safety across all facilities, in full alignment with the National Standards of Healthcare Cleanliness (2021), the NHS Cleaning Manual (2021), and all applicable health and safety legislation.

Our Housekeeping Team, led by the Facilities and Housekeeping Lead and supported by Senior Housekeepers, plays a vital role in delivering a clean, safe, and person-centred environment for patients, visitors, and Caregivers. This includes close collaboration with the Clinical Team to ensure that infection prevention and control (IPC) measures are robustly applied across all hospital areas, consistent with the principles of the Health and Social Care Act 2008 (Regulated Activities) and national IPC frameworks.

All cleaning activities follow a documented colour-coded system, standardised method statements, and risk assessments in accordance with COSHH Regulations (2002). Cleaning schedules are structured and evidenced through routine audits, patient feedback, and PLACE assessments. These are reviewed quarterly and benchmarked against NHS cleanliness standards to drive continuous improvement and regulatory compliance.

All Housekeeping Caregivers receive mandatory induction and ongoing refresher training on IPC, COSHH, manual handling, waste management, and uniform policy, supporting both caregiver competence and patient safety. Caregivers are equipped with appropriate PPE and are required to uphold high standards of professionalism, personal hygiene, and infection control always.

Holy Cross Hospital will review this policy every three years or sooner if required by changes in NHS guidance, local policy, audit findings, or statutory requirements. This ensures that our housekeeping provision remains safe, effective, and compliant with evolving best practices and national healthcare standards.

5. Scope

This policy applies to all housekeeping Caregivers, maintenance officers, clinical Caregivers and any contractors involved in cleaning services at Holy Cross Hospital. Housekeepers and Laundry Caregivers are employed to provide seven-day-a-week coverage on a rolling rota. Their roles and responsibilities are detailed in their respective job descriptions. All Housekeeping Caregivers are trained to operate the laundry and clean the Caregivers' accommodation building and will provide cover for the Laundry Assistant and Marie Theresa House as required.

Maintenance operates on a rota system, aiming to have a Maintenance on duty between 6:00 AM and 4:00 PM daily (Monday to Friday) whenever possible. Outside these hours, a nominated Maintenance Officer is always on call.

6. Responsibilities

Chief Executive:

Holds ultimate responsibility for cleaning standards across the hospital. They ensure cleanliness remains a top priority, adequate resources are available for a high-quality cleaning service, and the organisational structure clearly defines responsibilities related to cleaning throughout the hospital.

Director of Operations:

Ensures robust systems and processes are in place across the hospital and that resources are allocated and maintained at adequate levels to achieve cleanliness in all areas. Approve orders for new housekeeping and laundry equipment.

Oversees the implementation of Health and safety practices and compliance.

Ensures continuous improvement and adherence to best practices and service delivery.

Reports to both Leadership Team and Advisory Committee on Housekeeping and laundry compliance.

Facilities and Housekeeping Lead:

Manages the housekeeping department. This includes working with the Senior Housekeepers and the HK team to maintain the highest levels of cleanliness in a safe environment. The FHL is also responsible for the annual PLACE inspection, including producing a report for the Leadership Team's consideration.

Ensures services are maintained to a high standard by providing effective staffing by organisation of skillset and experience of Caregivers on a rota system. Including holiday and sickness cover. Each housekeeper is responsible for the area they work in, and a comprehensive task list has been created to envelope all tasks required in that specific area.

Identifies the need for new housekeeping and laundry equipment and obtain approval for purchases from the DO.

Compiles and maintains an inventory of Laundry and Housekeeping equipment, including PPM records. Monthly and Quarterly Health and safety audits completed, and report sent to DO

Develops detailed auditing plans for monitoring cleaning standards at an agreed level. Where standards are unsatisfactory, they are responsible for agreeing action plans, setting timescales for improvements, and scheduling follow-up audits.

Manages Housekeeping Caregivers rotas, ensure continuous cover, authorizes holidays and sickness, and provide accurate information to Payroll.

Liaising with the Learning and development lead ensure that training for the HK team is arranged, delivered, and recorded. with refresher training planned by the Learning and development coordinator.

Collaborates with the Clinical Team to meet patients' needs regarding room moves or new patient arrivals. To include deep cleans repairs of any damage or tiredness of decoration of their rooms prior to arrival.

Senior Housekeepers:

Are responsible for ensuring the housekeeping team is consistent and thorough in their cleaning and in completing their duties. They ensure the team has the correct equipment and chemicals and promptly report any issues to the FHL. They are responsible for completing necessary audits and reporting results to the FHL. They attend regular fortnightly meetings to discuss audit findings and address any issues related to Caregivers or cleaning standards, planning and implementing corrective actions. One SHK is required to attend quarterly IPC meetings with the FHL.

Ensure that there is adequate cover assigned to the housekeeping team and will assist the Caregivers as required.

Prepare monthly reports to FHL referencing audits results for their areas of responsibility.

Monitor chemical and equipment levels for ordering and stock purposes.

Are proactive in reporting incidents and accidents.

Are responsible for requisitioning routine supplies ordered via the FHL. They are responsible for the unpacking, storage, and orientation of all supplies. This is logged and received by the FHL weekly.

The SHK will do a monthly stock take at the end of each month and prepare the stock figures for the FHL to facilitate.

Housekeeping team:

The Housekeeping Team are responsible for maintaining the entire hospital, including the Physiotherapy Centre, Caregivers accommodation, and St. Hugh's, in a clean and safe condition. They adhere to agreed standards to ensure all areas are cleaned to a high standard. Housekeeping Caregivers are not responsible for the cleaning of clinical equipment. They are required to attend monthly meetings to discuss cleaning standards, upcoming events requiring preparation, or any Caregivers changes. Caregivers work across seven days of coverage and may be required to adjust days off to accommodate holiday or sick cover, with such changes discussed and updated on the rota as soon as possible.

A combination key safe is installed in the Laundry, and Housekeepers are responsible for the removal and return of the keys. Once a housekeeper finishes using the key, it must be returned to the safe. The master key must not be given to unauthorized personnel. In case of a lost, missing, or stolen key, it must be reported immediately to your Line manager, any member of the management team, or the senior nurse on duty. An incident form must then be completed.

7. Definitions

- **Housekeeping:** Activities related to cleaning and maintaining the hospital environment.
- **Laundry:** Activities related to cleaning and laundering of patient's linen, towels, and personal garments
- **Infection prevention Control:** Policy and Procedures to prevent the spread of infections.
- **COSHH:** Control of Substances Hazardous to Health regulations.
- **Risk Management:** The process of identifying, assessing, and controlling risks to ensure the safety and well-being of patients, caregiver, and visitors.
- **Health and Safety Legislation:** Laws and regulations designed to protect the health and safety of individuals in the workplace.
- **Audits:** Systematic and independent examination of records, processes, operations, or compliance with regulations to provide an objective assessment and assurance. The goal is to verify the accuracy, fairness, and reliability of the information being examined and to identify any discrepancies, weaknesses, or areas for improvement.
- **Patient Led Assessment of the Clinical Environment (PLACE).** The Hospital participates in the PLACE scheme, which assesses the quality of the patient environment. This provides a systematic and thorough process, endorsed by many NHS organizations, for evaluating all internal and external hospital areas. This process will be led by the FHL.

8. Policy or Procedure Implementation (Updated for NHS Compliance)

All procedures outlined in this section are implemented in accordance with the National Standards of Healthcare Cleanliness (2021) and the NHS Cleaning Manual (2021). Cleaning frequencies, methods, and audit scoring are based on a nationally endorsed risk-based model. The Housekeeping Team uses colour-coded cleaning systems, standardised cleaning schedules, and digital audit tools to ensure measurable compliance and continuous quality improvement.

Key Risk Areas and Control Measures:

Infection Control:

A colour-coded cleaning system is in use, aligned with NHS guidance (see Appendix 11 – Colour Coding Chart).

Infection control procedures are reinforced with mandatory PPE use (gloves and aprons) to minimise the risk of cross-infection.

All Housekeeping Caregivers receive training in line with the Health and Social Care Act 2008 (Regulated Activities) and NHS IPC frameworks.

Electrical Safety:

All portable electrical appliances are PAT tested regularly.

Caregivers receive induction training on the safe use of equipment, in line with health and safety legislation.

Manual Handling:

All Caregivers receive manual handling training at induction and scheduled refresher courses.

Equipment such as trolleys is provided to reduce risk.

Heavy lifting tasks are carried out in teams where needed.

COSHH Compliance:

All cleaning substances are stored in original packaging with clear labelling.

COSHH assessments and Safety Data Sheets are held on wards and by the Facilities and Housekeeping Lead.

COSHH training is mandatory and refreshed regularly.

Slips, Trips, and Falls:

Caregivers follow best practice for mopping: one side of corridor at a time, signage in place until dry.

Any flooring defects are reported and added to the Maintenance Log.

Fire Safety:

All housekeeping Caregivers follow the Fire Policy (HTM 05-01).

On hearing the alarm, Caregivers must make the area safe, switch off equipment, and evacuate via the nearest exit.

Regular fire safety training is mandatory.

Bodily Fluid Spillages:

Housekeeping Caregivers follow NHS and local protocols for cleaning blood and body fluid spillages.

Caregivers receive targeted training in spill management (see Method Statement in SOPs).

Accidental Exposure to Blood:

Protocols follow NHS policy: immediate washing, dressing of wounds, and escalation to Occupational Health or A&E.

All incidents must be reported and documented.

Hand Hygiene – ‘Five Moments’:

Housekeeping Caregivers are trained in the WHO ‘Five Moments for Hand Hygiene,’ adapted for cleaning roles.

The aim is to prevent transmission of germs between patient zones and the wider environment.

Uniforms and Personal Appearance:

In line with Department of Health’s Uniform and Workwear Guidance (2007):

Bare below the elbow policy.

No wristwatches or jewellery

Only official ID badges to be worn.

Uniforms changed daily or when soiled.

Work Schedules and Digital Audit Trail:

Standardised work schedules have been developed (see shared drive: O:\Support Services\HOUSEKEEPING\MASTERS\HK TASKS).

Cleaning records and audits are completed via Microsoft Forms and benchmarked against NHS audit standards.

Monthly audits use the red/amber/green scoring matrix as per NHS guidance.

Training:

Induction and refresher training is provided and logged by the Learning and Development Coordinator.

Topics include IPC, COSHH, Manual Handling, Fire Safety, Hand Hygiene, and Risk Management.

All records are maintained digitally, and outcomes are reviewed in monthly team meetings and quarterly IPC audits to ensure that high standards are upheld and aligned with national NHS best practices.

Note: Colour Coding Chart should be inserted as Appendix 11 for quick reference by all Caregivers

The Health and Safety Policy must be fully always implemented. The following points are particularly relevant to housekeeping Caregivers:

Risk of Infection: A color-coding system is in use to clearly identify any infected articles (refer to the Laundry Policy for more information). Infection control procedures and personal protective equipment (gloves and aprons) are in place to reduce the risk of housekeeping Caregivers being infected or acting as a vehicle for cross-infection.

Electrical Safety: All portable electrical equipment is regularly tested to ensure it remains in a safe condition. Caregivers receive training on the safe use of electrical equipment during induction.

Risks from Lifting: All Caregivers receive training in the safe manual handling of loads, pushing, and pulling. Housekeepers and Maintenance work in teams for heavy lifting and moving loads. Equipment such as trolleys are provided to assist with these tasks. Caregivers are required to attend refresher manual handling training.

COSHH (Control of Substances Hazardous to Health): All items must be clearly labelled and, whenever possible, kept in the supplier's original packaging. These will be stored in locked cupboards on the wards or in the laundry area. Product safety data sheets and COSHH assessments are kept in COSHH folders on each ward, with copies also held by the Director of operations and the Facilities and housekeeping Lead to provide information on all hazardous substances in use. All Caregivers will receive COSHH training during induction and complete refreshers periodically.

Slips, Trips, and Falls: Caregivers are trained to work safely to reduce the likelihood of slips, trips, and falls. Housekeeping Caregivers always provide warning of wet floors using signage, clean corridors during quieter hospital periods, and clean one side of the corridor at a time to maintain a dry passage. They are then required to move signs when the floor is dry to prevent tripping hazards. Housekeeping and Maintenance officers report any defective floor coverings to the FHL for remedial action, with tasks then added to the maintenance log.

Fire Safety: All Caregivers must be familiar with the Fire Policy. When alarms sound, housekeeping Caregivers should immediately switch off any electrical equipment, ensure the work area has been left in a safe condition, and evacuate the building via the nearest exit, closing doors and windows as they go. They should then proceed immediately to the nearest fire assembly point. Regular fire training refreshers are required for all Caregivers.

Spillages of bodily fluids: Bodily substances" is a term which refers to fluid or tissue issuing either directly from a patient, or indirectly in the form of a specimen or otherwise. The most common types that might be encountered by Caregivers with cleaning responsibilities include wound exudate, blood, sputum, urine, and faeces. Spillages may be cleaned up by either nursing/departmental Caregivers or Housekeeping Caregivers and each healthcare provider's local policy on cleanliness will have clear instructions on responsibility for this. It is vital that any member of Caregivers performing this duty has received the specific training for this type of spillage cleaning and follows the method statement fully.

Accidental exposure to blood: Inoculation injuries, such as needlestick, other sharps injuries, bites, scratches, and splash contamination of broken skin require immediate action, as follows:

- The area should be washed with soap, running water, and bleeding should be encouraged. The wound should not be sucked a waterproof dressing should be applied.

- The Caregivers should contact either the Occupational Health Department or the Accident and Emergency Department for further advice, whichever is specified by the healthcare provider's policy. The incident should be reported to a Line manager who should ensure that the incident is recorded. For splashes to intact skin, the affected area should be washed immediately with warm soapy water. Splashes to the mouth should be rinsed out with copious quantities of water and reported (as in the third bullet point above). Splashes to the eyes should be irrigated immediately with water or, if available, sterile saline from an eye station. Report, (as in the third bullet point above).

Hand hygiene – Five Moments: The Five Moments lists the important times during our work where we should stop to clean our hands. The Five Moments applies no matter where or how you work. Because we all work in healthcare our aim is to make sure the patients recover; therefore, patients are at the centre of the Five Moments approach. It is true that some of these moments are more important for certain groups of Caregivers in healthcare so the most important moments for Housekeeping Caregivers are highlighted. All the Five Moments aim to stop germs moving between what we call patient zones. A patient zone is any area dedicated to one single patient for the duration of their stay or their visit. As mentioned above, this area will have a set of germs from that patient; this is normal and not all the germs will be capable of causing infection, however, some may. The application of the Five Moments for hand hygiene can stop these germs moving out of the patient zone and into the wider healthcare environment or into other patient zones.

Uniforms: The guidance in this section is consistent with the Department of Health's Uniform and Workwear Guidance 2007 available for download from: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078433. Hand and wrist jewellery can harbour micro-organisms and can reduce compliance with hand hygiene. It is good practice to remove wristwatches and jewellery at the beginning of the shift. The local infection control team should be consulted on individual compliance issues. Sleeves on uniforms should either end above the elbow or should be kept always rolled up above the elbow. Caregivers should change into a clean uniform before each shift. If a member of Caregivers uniform becomes visibly contaminated or soiled, they should change uniforms at the earliest practical opportunity. Uniform should be worn only while on duty, except where a local healthcare provider policy specifies otherwise. Only issued uniform should be worn while on duty. Cardigans and jumpers should not be worn whilst undertaking duties. The wearing of numerous badges should be avoided. An official identification badge is acceptable.

Work schedules: This has the advantage of allowing the work schedules to be used also as a work instruction for Caregivers and is particularly useful for members of Caregivers working away from their normal area. These work schedules should be drafted by the FHL, following the process and considering budgetary provision. The drafted work schedules should then be agreed by the relevant housekeeping team.

Link to work schedules: O:\Support Services\HOUSEKEEPING\MASTERS\HK TASKS. This gives specific information of cleaning tasks and times for each area of the hospital and other buildings. These are reviewed and updated regularly with input from housekeepers.

9. Regulatory Requirements/ References

- National Standards of Healthcare Cleanliness (2021)
- HTM 01-04: Decontamination of linen for health and social care
- Health and Safety at Work etc. Act 1974
- COSHH Regulations 2002
- DSEAR Regulations 2002

- Infection Control Manual
- Sharps and foreign object procedure (Clinical Manual)
- This policy is written with direct reference to the NHS Cleaning Manual (2021) and the National Specifications for Cleanliness (2021), which define national best practice in healthcare cleaning.

10.Evaluation Measures

To effectively evaluate the routine audits conducted by the Facilities and Housekeeping lead and senior housekeepers, consider the following measures:

Audit Completion Rate:

Percentage of scheduled audits completed within the designated timeframe.

Tracking adherence to the audit schedule (e.g., weekly, monthly).

Audit Finding Severity Distribution:

Categorization of audit findings (e.g., critical, major, minor, observations).

Percentage of findings falling into each severity level. This helps identify recurring high-impact issues.

Corrective Action Implementation Rate:

Percentage of identified non-conformities or areas for improvement that have documented corrective actions.

Percentage of corrective actions completed by their due dates.

Repeat Finding Rate:

Number or percentage of audit findings that reappear in subsequent audits, indicating a lack of sustained improvement or ineffective corrective actions.

Housekeeping Standard Adherence Score:

Development of a quantifiable scoring system for audits based on predefined housekeeping standards (e.g., cleanliness, organization, safety compliance).

Tracking average scores over time to show trends in compliance.

Feedback from Audited Caregivers Departments:

Collection of qualitative feedback from Caregivers whose areas were audited regarding the audit process, clarity of findings, and helpfulness of recommendations. This can be done via surveys or informal discussions.

Time to Closure of Critical Findings:

Average time taken to resolve critical or high-priority audit findings from identification to verified completion.

Training Needs Identification:

Number of times audits identify specific training gaps or needs within the housekeeping team or other departments.

Resource Allocation Efficiency:

Assessment of whether audit findings highlight inefficiencies in resource allocation (e.g., staffing, equipment, cleaning supplies) related to maintaining standards.

Stakeholder Satisfaction (e.g., Guests, Employees):

Indirect measure: Correlate audit results with overall satisfaction scores from building occupants, guests, or employees regarding the cleanliness and appearance of the facility. While not a direct audit measure, it reflects the ultimate impact of effective housekeeping.

Audit Report Quality and Clarity:

Assessment of audit reports for clarity, completeness, actionable recommendations, and ease of understanding by relevant stakeholders.

Feedback from Caregivers and Patients:

Collection of direct feedback from caregivers and patients about their experience with the cleanliness and hygiene of the facility. This can be through surveys, comment cards, or direct interviews.

Feedback from Visitors:

Gathering input from visitors regarding the cleanliness, appearance, and overall hygiene of the facility's public and communal areas. This can be done via surveys, suggestion boxes, or online reviews.

Feedback from Caregivers (Overall):

Collecting broader feedback from Caregivers (not just those audited) on the general cleanliness, orderliness, and effectiveness of housekeeping services in their work environment. This helps identify systemic issues or areas for improvement across the facility.

Stakeholder Satisfaction (e.g., Visitors, Caregivers):

Indirect measure: Correlate audit results with overall satisfaction scores from building occupants, guests, or employees regarding the cleanliness and appearance of the facility. While not a direct audit measure, it reflects the ultimate impact of effective housekeeping.

Audit Report Quality and Clarity:

Assessment of audit reports for clarity, completeness, actionable recommendations, and ease of understanding by relevant stakeholders.

11.Related Documents

Infection Prevention and Control Policy

Outlines procedures for preventing and managing healthcare-associated infections in all clinical and non-clinical areas.

COSHH Policy and Risk Assessments

Includes all chemical safety data sheets, risk assessments, and safe handling protocols in compliance with COSHH Regulations (2002).

Health and Safety Policy

Covers general workplace safety including manual handling, slips/trips/falls, and safe use of equipment.

Fire Safety Policy (HTM 05-01)

Details procedures for fire prevention, evacuation, and Caregivers responsibilities during fire incidents.

Waste Management Policy (HTM 07-01)

Defines procedures for segregation, disposal, and audit of clinical, hazardous, and general waste streams.

Uniform and Dress Code Policy**Laundry Policy (HTM 01-04)**

Provides infection control guidance for the handling, processing, and transportation of linen.

Standard Operating Procedures Manual

Method statements for high-risk and specialist cleaning areas (e.g., bodily fluids, hydrotherapy, pantries, isolation rooms).

Cleaning Audit Framework and Records

Audit templates and reports in line with the National Standards of Healthcare Cleanliness (2021) red/amber/green scoring.

PLACE Inspection Toolkit

Documentation related to Patient-Led Assessment of the Care Environment and findings relevant to cleanliness and housekeeping.

Training Records and Competency Logs

Evidence of induction and refresher training in IPC, fire safety, COSHH, manual handling, and hand hygiene.

Risk Management Policy

Framework for hazard identification, mitigation, and escalation within housekeeping and related services.

Maintenance Policy

Coordination protocols between housekeeping and estates for reporting and resolving environmental faults.

12. Appendices

Appendix 1: Cleaning tasks

O:\Support Services\HOUSEKEEPING\MASTERS\HK TASKS

Appendix 2: Cleaning records (Microsoft forms)

<https://forms.office.com/Pages/DesignPageV2.aspx?origin=Marketing&groupid=285cbb32-1f23-4a16-b3a5-8a8bd697c001>

Appendix 3- Audit checklists

<https://forms.office.com/Pages/DesignPageV2.aspx?origin=Marketing&groupid=d1494751-dac3-4a82-ad3d-ffe0d1b4845d>

Appendix 4– Equality impact Assessment (EIA) Tool

To be considered and where judged appropriate, completed and attached to any policy.

document when submitted to the appropriate committee for consideration and approval.

Policy Title	Housekeeping Policy
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		Yes/No	Comments
	Does the policy/guidance affect one group? less or more favorably than another based on:		
	Race		
	Gender reassignment		
	Marriage & civil partnership		
	Pregnancy & maternity		
	Ethnic origins (including gypsies and travelers)		
	Nationality		
	Sex		
	Culture		
	Religion or belief		
	Sexual orientation		
	Age		
	Disability- both mental and physical impairments		
2.	Is there any evidence that some groups are affected differently?		
3.	Is the impact of the policy/guidance likely to be negative?		
4.	If so, can the impact be avoided?		

5.	What alternatives are there to achieving the policy/guidance without the impact?		
6.	Can we reduce the impact by taking different action?		
7.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?		

Appendix 5– Risk management

Hazard	Measures to manage risk	Person responsible	Residual risk assessment
No clinical caregivers available to operate machinery	All members of Housekeeping Dept have been trained in use of equipment	Facilities and housekeeping lead	Low
Machinery breakdown	There are 2 washing machines and 2 driers. All equipment regularly serviced under contract with PDS	Facilities and housekeeping lead	Low
Infection in Hospital being transmitted via laundry	Washing machines operate on a medical sluice this ensures that the required temperature is reached on all washes, including soiled or infectious. Colour coding system is used to ensure contaminated linen is kept separate from other laundry. There are separate ward bags and carts for clean and soiled linen.	Facilities and housekeeping lead	Low
Not enough clean linen is available to meet demands	There are adequate stocks of linen held in stock to ensure there is always enough clean linen. The laundry operates at weekend to ensure that back logs do not occur. An emergency supply of clean linen is held should a situation arise when higher than usual demands are made on the department (for example – epidemic of D&V)	Facilities and housekeeping lead	Low

Appendix 6- Cleaning method statements:

These are detailed in Standard operating procedures.

Floor cleaning

General cleaning

Cleaning with microfibre cloths

Ward pantry cleaning

Washroom cleaning

Sanitary cleaning

Cleaning with pressurised steam

Specialised cleaning tasks

Appendix 7-Cleaning Audit Framework and Records

1. Audit Frequency

- High-risk areas (e.g., patient bathrooms, clinical areas): Weekly
- Moderate-risk areas (e.g., communal areas, corridors): Monthly
- Low-risk areas (e.g., offices, stores): Quarterly

2. RAG Rating Scale

Score	Rating	Meaning	Action Required
90–100%	Green	Fully Compliant	Maintain standards
70–89%	Amber	Partially Compliant	Corrective action required
<70%	Red	Non-Compliant	Immediate improvement & escalation

3. Audit Tool Template

Area	Date	Auditor	Item Inspected	Standard Met? (Y/N)	Comments / Action Required
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4. Summary Sheet (Per Area)

Department	Score	RAG	Next Review Due	Lead Responsible
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5. Action Plan Tracker

Issue Identified	Assigned To	Deadline	Completed (Y/N)
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Appendix 8: -Clarify Colour Coding Practice:

Red Bathrooms, washrooms, showers, toilets, basins and bathroom floors	Blue General areas including wards, departments, offices and basins in public areas
Green Catering departments, ward kitchen areas and patient food service at ward level	Yellow Isolation areas

Your local contact for hospital cleaning is: