

PAS 5748:2011

Specification for the planning,
application and measurement of
cleanliness services in hospitals



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Foreword

This Publicly Available Specification (PAS) was sponsored by the Department of Health (DH) and the National Patient Safety Agency (NPSA). Its development was facilitated by the British Standards Institution (BSI). It came into effect on 13 June 2011.

Acknowledgement is given to the technical author, David Griffiths, and the following organizations that were involved in the development of this specification as members of the Steering Group:

- Association of Healthcare Cleaning Professionals
- British Institute of Cleaning Science
- Department of Health
- Health Estates and Facilities Management Association
- Infection Prevention Society
- National Patient Safety Agency
- Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust

Acknowledgement is also given to those organizations and individuals that submitted comments as members of the Review Panel and the following organizations that participated in piloting this PAS.

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- Lancashire Teaching Hospitals NHS Foundation Trust
- North Staffordshire Combined Healthcare NHS Trust
- Salisbury NHS Foundation Trust
- South Essex Partnership NHS Foundation Trust
- Southport and Ormskirk Hospital NHS Trust
- The Royal Liverpool and Broadgreen University Hospitals NHS Trust
- University College London Hospitals NHS Foundation Trust
- Western Sussex Hospitals NHS Trust

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This PAS is not to be regarded as a British Standard. It will be withdrawn upon publication of its content in, or as, a British Standard.

The PAS process enables a specification to be rapidly developed in order to fulfil an immediate need in industry. A PAS may be considered for further development as a British Standard, or constitute part of the UK input into the development of a European or International Standard.

Relationship with other publications

This PAS builds on the experience and content of *The national specifications for cleanliness in the NHS* (NSC), the most recent version of which was published by the NPSA in April 2007.

It does not replace the existing NSC, rather it will exist alongside it to provide an alternative means of demonstrating compliance with part of the registration requirements of the Care Quality Commission.

This PAS is expected to be used in conjunction with *The Revised Healthcare Cleaning Manual*, published by the NPSA in May 2009. The purpose of this manual is to give general and specific guidance on how to operate the provision of cleaning services within a healthcare environment.

It is also consistent with BS EN 13549:2001, *Cleaning services – Basic requirements and recommendations for quality measuring systems*.

Use of this document

It has been assumed in the preparation of this PAS that the execution of its provisions will be entrusted to appropriately qualified and experienced people, for whose use it has been produced.

Presentational conventions

The provisions of this PAS are presented in roman (i.e. upright) type. Its requirements are expressed in sentences in which the principal auxiliary verb is “shall”.

Commentary, explanation and general informative material is presented in italic type, and does not constitute a normative element. The word “should” is used to express recommendations, the word “may” is used to express permissibility and the word “can” is used to express possibility, e.g. a consequence of an action or an event.

Spelling conforms to The Shorter Oxford English Dictionary. If a word has more than one spelling, the first spelling in the dictionary is used.

Contractual and legal considerations

This publication does not purport to include all the necessary provisions of a contract. Users are responsible for its correct application.

Compliance with a PAS cannot confer immunity from legal obligations.

Introduction

The provision of a clean and safe environment for healthcare is a key priority for all healthcare organizations. It is a foundation for infection prevention and control, and promotes patient, public and staff confidence.

National Health Service (NHS) organizations in England that provide regulated activities must be registered with the Care Quality Commission (CQC). They must meet requirements specified in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in order to be registered. Regulation 12 specifies requirements for cleanliness and infection control.

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance, December 2010, contains guidance about demonstrating compliance with the CQC's registration requirements for cleanliness and infection control.

This PAS provides a risk-based system for the planning, application and measurement of cleanliness. Its adoption could be used to provide healthcare organizations with evidence of an intent to comply with part of the CQC's registration requirements for cleanliness and infection control. It is designed for use in acute, community and mental health hospitals. Organizations wishing to comply with this PAS need to meet all of its requirements.

This PAS also supports the principle of local determination and does not seek to be prescriptive in setting out the detail of service provision. It does not include arrangements for service delivery nor does it impose or guarantee a particular level of cleanliness outcome. This is a matter for local determination, ordinarily in consultation with service commissioners.

This PAS supports the measurement of cleanliness through technical auditing. To achieve this, this PAS identifies 50 elements to be scored during a technical audit. The 50 scored elements are intended to be a **representative sample that reflects the range of risk associated with elements**, rather than the 50 elements that might pose the greatest infection or confidence risk. Not all scored elements will be present in all types of hospital, for example, mental health hospitals are unlikely to contain certain scored elements because of their patient profile. However, all functional areas within a hospital will contain a significant proportion of the scored elements and where a scored element is not present it can be identified as such.

Feedback on the technical content of this PAS can be submitted through the BSI Document Feedback system <http://feedback.bsigroup.com>.

Any feedback received will be reviewed when developing future revisions of this document.

Also note that this PAS has been developed in such a way as to enable future revisions to accommodate other types of healthcare facilities.

1 Scope

This PAS specifies requirements for the planning, application and measurement of cleanliness services in acute, community and mental health hospitals.

It specifies requirements for:

- a) governing cleanliness services (see Clause 3);
- b) assessing risk and categorizing elements and functional areas (see Clause 4);
- c) providing cleaning tasks (Clause 5), including:
 - 1) identifying cleaning tasks;
 - 2) risk assessment of cleaning tasks;
 - 3) providing method statements;
 - 4) setting cleaning frequencies;
 - 5) setting work schedules;
 - 6) establishing competence;
 - 7) contingency planning;
- d) measuring cleanliness on the basis of visual assessment (see Clause 6);
- e) implementing corrective action (see Clause 7);
- f) conducting performance analysis and implementing improvement actions (see Clause 8);
- g) providing a continuous service improvement plan (see Clause 9); and
- h) reporting cleanliness (see Clause 10).

NOTE *The relationship between the requirements of this PAS and supporting figures and annexes is shown in Figure 1. In particular, attention is drawn to the detailed guidance on the provision of cleanliness given in The Revised Healthcare Cleaning Manual [1].*

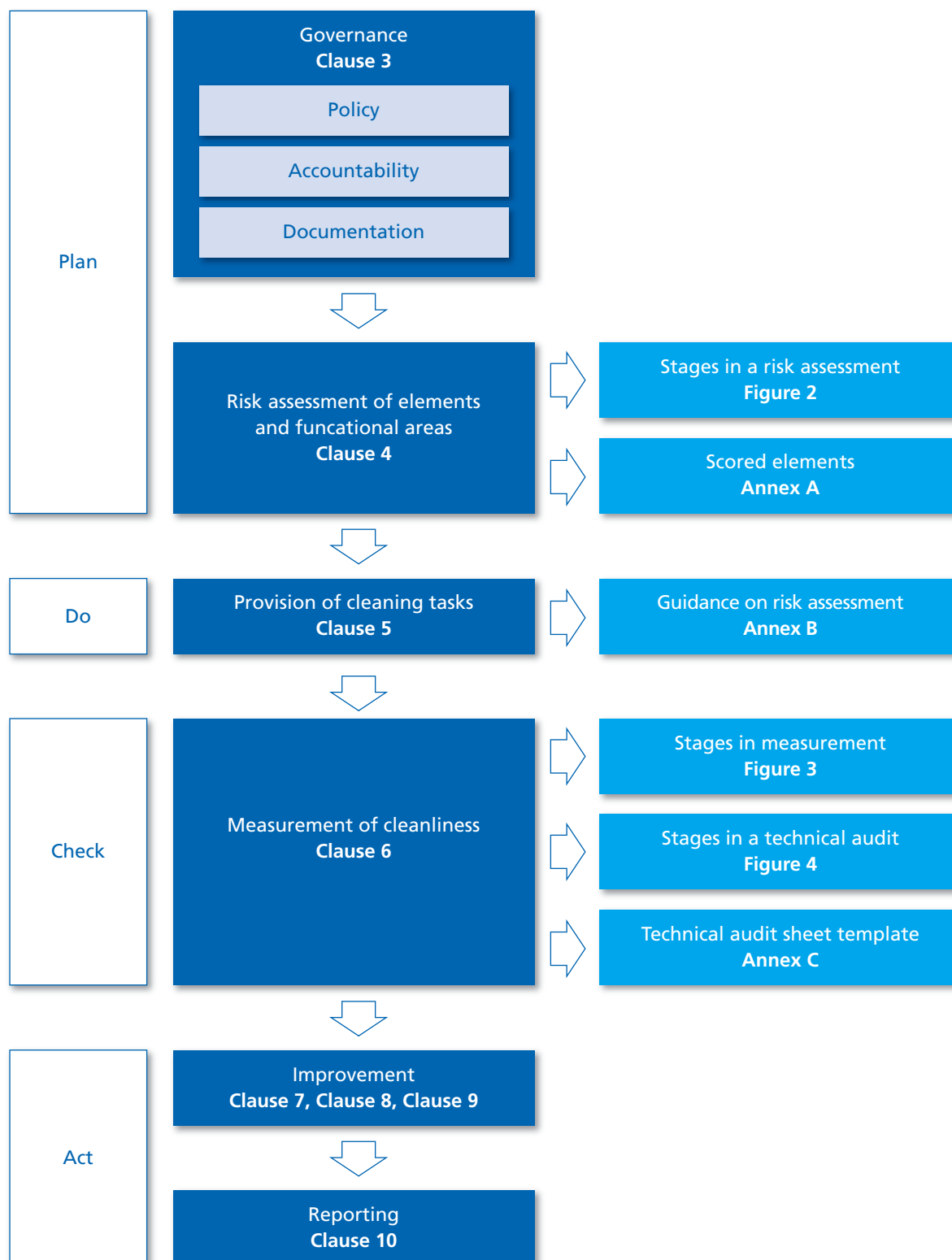
This PAS is designed to cover all functional areas in a hospital, including all clinical and non clinical areas. However, catering facilities in a hospital that are covered by food hygiene legislation may be excluded from the provisions of this PAS, except where the catering facility forms an integral part of a functional area for which catering is not the primary purpose, such as a ward kitchen, beverage bay or staff room. It is a matter for local determination as to whether a large ward kitchen is deemed to constitute a functional area in its own right and hence be excluded from the provisions of this PAS.

The methodology for the assessment of cleanliness is visual inspection. Other methods of assessment, such as microbiological testing, are not covered in this PAS.

This PAS does not cover the decontamination of medical equipment.

This PAS does not cover the cleaning of internal parts of mechanical and electrical equipment, for example, the interior parts of air handling systems and lift shafts. These would typically be managed by means of planned preventative maintenance.

Figure 1 – Overview of relationship between the requirements of this PAS and supporting figures and annexes



2 Terms and definitions

For the purposes of this PAS, the following terms and definitions apply.

2.1 board

top level of management responsible for an organization

NOTE Within the NHS this would be the Trust Board (or Board of Directors for Foundation Trusts).

2.2 catering facility

building or part of a building that houses the production, processing and storage of food

2.3 cleaning task

process required to clean an element

2.4 cleanliness criterion

description of visual appearance signifying cleanliness

2.5 agreed cleanliness performance level

minimum percentage of scored elements expected to conform to the cleanliness criterion averaged over a 12 month period

2.6 cleanliness service

system through which a clean environment is provided

2.7 cleanliness score

score produced by a technical audit or by an averaged group of technical audits

2.8 corrective action

action to rectify a lack of cleanliness identified during a technical audit

2.9 decontamination

process used to render a product free from microorganisms

2.10 direct bodily contact

contact with bare skin

2.11 dirt

matter adhering to or resting on an element, which is not part of that element

NOTE Dirt can include, for example:

- a) adhesive tape;
- b) blood;
- c) body substances;
- d) cobwebs;
- e) dead animals, birds or insects;
- f) dust;
- g) food debris;
- h) graffiti;
- i) grease;
- j) limescale;
- k) litter;
- l) scum;
- m) smears; and
- n) spillages of liquids or powders.

2.12 element

item within a functional area, or any part of the fabric or fittings of a functional area, which requires cleaning

NOTE For example, a bed or a ceiling.

2.13 functional area

room or physically contiguous group of rooms within a hospital deemed by a healthcare organization to constitute a discrete area of operational activity

2.14 healthcare facility

building or group of buildings, including grounds, in which healthcare services are provided

2.15 hospital

institution for the reception and treatment of persons suffering from illness, any maternity unit, and any institution for the reception and treatment of persons during convalescence or persons requiring medical rehabilitation

[derived from National Health Service Act 1977 [2], section 128(1)]

2.16 hospital types

2.16.1 acute hospital

hospital for which a main purpose is the reception as inpatients, and treatment, of those requiring surgical or medical treatment, or maternity care

2.16.2 community hospital

hospital providing a range of healthcare services to a defined local community

2.16.3 mental health hospital

hospital for which the main purpose is the reception as inpatients, treatment and care of persons suffering from acute or chronic mental illness

2.17 improvement action

action to eliminate the cause of a lack of cleanliness

2.18 leased area

room or physically contiguous group of rooms within a hospital in which activities are conducted by a different organization from that operating the majority of functional areas within that facility

2.19 method statement

description of the way in which a cleaning task is to be performed and the materials and equipment, including personal protective equipment, required to perform it

2.20 organization

company, corporation, firm, enterprise, authority or institution, or part or combination thereof, whether incorporated or not, public or private, that has its own functions and administration

[BS EN ISO 14001:2004, 3.16]

NOTE For organizations with more than one operating unit, a single operating unit may be defined as an organization.

2.21 scored element

one of 50 elements that form a representative selection for the measurement of cleanliness

NOTE The 50 scored elements are listed in Annex A.

2.22 stain

discolouration appearing on an element which is not caused by the natural aging of the element

NOTE A stain can be attributed to, for example:

- a) rust;
- b) food and drink;
- c) dyes; and
- d) watermarks.

2.23 technical audit

measurement of the cleanliness of elements against stated cleanliness criterion

NOTE A technical audit is not necessarily identical to contract monitoring.

2.24 unscored element

element, other than a scored element, which does not form part of the recorded measurement of cleanliness

2.25 work instruction

document that informs a staff member or staff group which cleaning tasks to perform and when to perform them

2.26 work schedule

plan of work for the performance of cleaning tasks in a functional area, describing each cleaning task, and indicating when it will be performed and how long it will take

3 Governance

This clause specifies requirements for the overall governance of the cleanliness services.

3.1 Policy

A documented cleanliness policy shall be produced that details:

- a) the name of the healthcare organization;
- b) the name and type of all hospitals managed by the healthcare organization;
- c) which hospitals are covered by the cleanliness policy;
- d) which, if any, catering facilities within the hospital are covered by policies relating to compliance with food hygiene legislation instead of this cleanliness policy;

NOTE Catering facilities in a hospital that are covered by food hygiene legislation may be excluded from the provisions of this PAS, except where the catering facility forms an integral part of a functional area for which catering is not the primary purpose, such as a ward kitchen, beverage bay and staff room. It is a matter for local determination as to whether a large ward kitchen is deemed to constitute a functional area in its own right and hence be excluded from the provisions of this PAS.

- e) a commitment to plan, apply and measure cleanliness services in accordance with this PAS; and
- f) a commitment to continuous service improvement.

3.2 Accountability

A documented schedule of accountability for cleanliness shall be produced and shall identify:

- a) a named person, at Board level, with overall accountability for cleanliness;

NOTE This role is referred to in this PAS as the Director with Responsibility for Cleanliness. It can be performed by the Director of Infection Prevention and Control, the Director of Nursing, the Director of Facilities or by another named Board member.

- b) a named person in each functional area with accountability for the cleanliness of that functional area; and

NOTE This role is referred to in this PAS as the Functional Area Manager.

- c) a named person for each staff group identified in 5.1 with accountability for the cleaning services provided by that staff group.

NOTE This role is referred to in this PAS as the Staff Group Manager.

3.3 Documentation

3.3.1 There shall be a documented procedure for the management and retention of all documentation established for the provision of cleaning in accordance with this PAS.

NOTE Documentation can be retained in any format, including paper or electronic formats.

3.3.2 Where a procedure requires the production of any pro forma, the arrangements for controlling the issue and review of that pro forma shall be documented.

NOTE Examples of pro forma include technical audit sheets and corrective action sheets.

3.3.3 Where a procedure requires the production of any documented information, the arrangements for controlling the issue and review of that documented information shall itself be documented.

NOTE Examples of documented information include work schedules and technical audit scores.

4 Risk assessment

This clause specifies the need for a comprehensive risk assessment that takes account of both **elements** and **functional areas**. It provides a minimum set of requirements but allows for more sophisticated risk assessments to be implemented locally so long as conformance to the minimum requirements is achieved.

The purpose of the assessment is to provide a risk-based framework for generating overall risk categories which can be used to inform decisions on:

- the frequency with which to undertake the cleaning tasks relating to elements in a functional area;
- the frequency with which technical audits are conducted; and
- the consequent allocation of resources.

It is also intended to provide the opportunity for cleaning risks to be entered onto existing risk registers if this has not already been achieved.

Elements carry a certain risk, irrespective of where they are. A WC for instance, carries a high risk for both infection and confidence. A floor is a low risk for infection, but a high risk for confidence.

Likewise, for some parts of a hospital, the risk of poor standards of cleanliness is greater than in others. A poorly-cleaned main entrance carries a particular risk of damaging confidence.

4.1 General

4.1.1 A procedure for the risk assessment of each element in each functional area within a hospital shall be produced and documented. It shall include, as a minimum:

- a) the allocation of responsibility for the risk assessment in accordance with **4.2**;
- b) the identification of functional areas and elements in accordance with **4.3**;
- c) the risk categorization of elements in accordance with **4.4**;
- d) the risk categorization of functional areas in accordance with **4.5**;
- e) the provision of overall risk categories for elements in functional areas in accordance with **4.6**;
- f) a description of how identified risks are used to determine cleaning frequencies for each element in each functional area;

g) a description of when the risk assessment is to be conducted; and

h) a description of when the risk assessment procedure is to be reviewed.

4.1.2 The results of any risk assessment conducted in accordance with **4.1.1** shall be documented.

4.1.3 The risk assessment procedure in **4.1.1** and the results generated in **4.1.2** shall be approved by the Board and the approval documented.

***NOTE** A flow chart representing the stages in a risk assessment specified in **4.2** to **4.6** is given in Figure 2.*