COVID-19 ADDENDUM:
Key Standards for Guiding Environmental Cleanliness for Care Homes in Wales

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• NCC/ NHPRC and other PHW response staff
• Public (via corporate website)

Purpose and summary of document:
The purpose of this document is to set out key standards for guiding environmental cleanliness for care homes in Wales.

Document location: Website

COVID-19
ADDENDUM
Key Standards for Guiding Environmental Cleanliness for Care Homes in Wales

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1. **Introduction**

It is recognised by Welsh Government through the Nosocomial Transmission Group (NTG) (led by the office of the Chief Medical Officer) that there is a need to have assurance that environmental cleaning in all health and social care settings is being managed in accordance with current [UK guidance for COVID-19](). Cleaning standards have been already been developed for the hospital setting and this document is specific to adult care homes and is based on published guidance reflecting the current evidence base in relation to how the infection is transmitted, how long it survives and how to remove and kill the virus in care homes.

These standards are non-mandatory and will help to support a best practice approach that adult care home providers and staff can adopt to develop their own plans locally to ensure clean and appropriate environments that facilitate the prevention and control of infection. Clear arrangements should be in place for how to clean areas and dispose of waste and an appendices is also provided to help develop policy. Staff who clean should have a clear understanding of the cleaning requirements for the home and recommendations are made for measuring outcomes through audit. Links are also embedded in the document for further support in developing policy as each home will have different needs.

There needs to be a balance between maintaining a homely appearance with fixtures and soft furnishings for residents and ensuring safe and clean environments.

Standards

Standard 1 – Policies and Pathways - there should be polices in place that details the cleaning plans during the pandemic. These should relate to the care home COVID status	Key Notes
Recommendations include: a) *A detailed cleaning plan by room area of the home is in place that is guided by risk assessment and Infection prevention and control measures.*	Development of a risk based specific cleaning plan to include, who/ how and when to clean the following: ***Key areas****: kitchen, bathrooms, laundry room, staff changing room, toilets, communal areas and staff rest room.* ***Items to consider within key areas****: commodes, washbowls, personal items, bed frames etc* *Infection prevention and control manual:* http://www.nipcm.scot.nhs.uk/
b) *Specific cleaning protocols are in place to manage care homes during the COVID- 19 pandemic including waste management and PPE. There are recommended UK cleaning and disinfection processes for non-health settings where residents with possible or confirmed cases of COVID 19 are being cared for.*	For cleaning : https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings *For waste management including PPE during COVID 19 see Appendix 2*
c) *Having specific protocols to address communal and office areas*	*Includes offices, shared areas like rest rooms, dining rooms/ lounges /reception areas where staff, residents or visitors congregate.*

d) *Increased frequency of cleaning / disinfection is incorporated into the environmental decontamination schedules for all room areas*	*It is acknowledged that a local risk based approach to cleaning frequency may be appropriate depending on the extent of cases of COVID-19 in the home but should be a minimum of twice a day **(See standard 2).***
e) *Having Infection prevention and control policies to support best practice e.g. Standard Infection Control Precautions (SICP), Transmission based precautions and Personal Protective Equipment (PPE) for staff that undertake cleaning incorporating dress codes (jewellery, false nails etc)*	Guidance on IPC: *https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/nipcm/* *Health protection summary guidance and links for IPC in Care Homes:* *https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/guidance/accordians/docs/infection-control-guidelines-for-care-homes/*
f) *Guidance highlights the need to keep care environments clutter free in communal areas and residents rooms so that spaces are accessible for cleaning to be carried out.*	*There is a need to work with residents and their families to ensure that residents have the personal items and belongings which are important to them and their requirements. Items not in use can be stored in lidded plastic containers.* *Any soft furnishings (cushions/ blankets) shared in COVID-19 or non COVID-19 areas should be cleanable / washable or launderable and ideally of a non-porous nature. **See Appendix 1 point 5*** *Consider steam cleaning for upholstered furniture and carpets*
g) *Clear protocols available for staff on decontamination of all care equipment (especially if shared items) and medical devices in accordance with local policy and manufacturers 'Instructions For Use' in care homes*	*Care equipment includes walking frames, manual handling equipment such as hoists, wheelchairs, commodes as well also specialist equipment e.g. enteral feeding pump for PEG*

Standard 2 – Cleaning frequency – The frequency of cleaning all environments must be increased	Key Notes
This includes: a. *The UK guidance states a minimum cleaning frequency of twice daily during the pandemic. Increased frequency of cleaning of items or areas must be risk assessed depending upon the level of use and contact by residents and staff.*	*A minimum of 4 hours should have elapsed between the first daily clean and the second daily clean.* *Where a room has not been occupied by any staff or residents since the first daily clean was undertaken, a second daily clean is not required.*
b. *Providers have a set of frequencies in place outside of COVID-19 requirements for areas and items.*	*In the management of other infectious risks to health e.g. diarrhoea or vomiting, flu and infections that may be resistant to antibiotics.*
c. *Increasing frequency of cleaning where there may be higher environmental contamination levels caused by procedures and devices*	*Examples are where Aerosol Generating Procedures (AGP's) are being performed, non-invasive home ventilation (NIV) or those who have a tracheostomy requiring suctioning. See link below for evidence base for classifying AGP procedures:* *https://hps.scot.nhs.uk/web-resources-container/sbar-assessing-the-evidence-base-for-medical-procedures-which-create-a-higher-risk-of-respiratory-infection-transmission-from-patient-to-healthcare-worker/*
d. *Surfaces such as equipment, door/toilet handles and bedside locker tops, dining tables, call bells, clip boards, bed tables and bed rails must be cleaned according to a risk assessment and when known to be contaminated with secretions, excretions or body fluids*	*A cleaning home checklist can help to support staff who clean with specific area, item and frequency stated*

e. Touch points in communicating areas of the home such as lifts, light switches and corridor handrails	
f. Decontaminate electronic equipment, including mobile phones, desk phones and other communication devices, tablets, desktops, and keyboards (particularly where these are used or shared by other residents or staff)	*https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/guidance/standards-for-infection-prevention-control-in-the-use-of-mobile-devices-md-in-healthcare/* *Devices used to help residents communicate with their families e.g. tablets/ ipads need to cleaned before and after use*
Standard 3-: Cleaning Agents – Decontamination of equipment and the care environment must be performed using products that are effective in removing/killing the virus	**Key Notes**
This includes: *a.* Only using cleaning and disinfecting agents and materials supplied by employers.	See Appendix 1 for more detail *Safe storage and adherence to COSHH regulations must be applied* *https://www.hse.gov.uk/coshh/industry/cleaning.htm* *Freshly made Chloride solutions should be disposed of after 24 hours due to loss of potency*
b. A combined detergent/ disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.); **or**	
c. A general purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1,000ppm av.cl	*Guidance on surface disinfectants:* *https://www.hse.gov.uk/coronavirus/hand-sanitiser/index.htm*
d. 70% alcohol or product as specified by manufacturer should be used to decontaminate electronic equipment	*Including mobile phones, desk phones and other communication devices, tablets, desktops, and keyboards*

e. *Cleaning agents must be prepared and used according to the manufacturers' instructions and recommended product 'contact times' must be followed (the length of time the disinfectant is in contact with the surface, usually when wet).*	*Users should be aware of the contact time stated for the disinfectant they are using, not just for COVID-19- but a range of healthcare associated infections.*
Standard 4 - Cleaning equipment- sufficient and suitable cleaning equipment must be available to undertake all cleaning duties	**Key Notes**
This includes: a. *Dedicated or disposable equipment (such as mop heads, cloths) must be used for environmental decontamination. All care home facilities are recommended to adopt the national colour coding scheme for cleaning materials.*	*Cleaning materials should not be shared across floors and between rooms/ where possible* *Dry mopping and dusting should not be conducted in COVID-19 areas*
b. *Reusable equipment (such as mop handles, buckets) must be thoroughly decontaminated after use*	*Decontamination should be in line with the care home IP&C procedures and manufacturer's instructions.* *Materials such as cloths etc. should be stored dry*
c. *Communal cleaning trollies should not enter resident rooms while being isolated.*	*Nor shared between residents in COVID-19 and non COVID-19 areas*
d. *Cleaning trollies should be stocked with minimal stock needed for the immediate task*	*To avoid stock being contaminated before use.* *PPE should also be covered to avoid contamination when not in use*

e. Ensure reusable items and trollies are decontaminated and stored correctly between use	To include mop handles, buckets etc. Regular checks of equipment should be undertaken to ensure it is in good condition and working order
f. Re-usable cleaning cloth systems must be used according to manufacturer instructions and decontaminated correctly	Single use disposable materials are recommended in COVID-19 areas but where cloths are being reused (e.g. microfibre) there must be adherence to manufacturer instructions For Use (IFU) and reprocessing (laundry services) in accordance with WHTM 01-04. http://www.wales.nhs.uk/sites3/Documents/254/WHTM%2001-04%202017%20Linen%20-%20Management.pdf
Standard 5 - Training and Education – all staff who undertake environmental cleaning tasks have the skills and knowledge to perform their tasks safely and effectively.	**Key Notes**
This includes: a) All staff should complete the All Wales mandatory training in infection control or equivalent* b) Care staff are trained by the provider and undergo COVID-19 assessment in standard infection control precautions and transmission based precautions (including the appropriate use of PPE) prior to working in any care environment Includes new staff and refresher training. *This training may not currently be accessible to social care settings. A national approach to IPC training is currently being developed.	Infection control training : https://learning.wales.nhs.uk/ Guidance on PPE: https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/phw-advisory-note-use-of-personal-protective-equipment-ppe-in-social-care-settings-care-homes-and-domiciliary-care/ See link to quick guide to correct method of doffing and donning: COVID-19: putting on and removing PPE – a guide for care homes (video) - GOV.UK (www.gov.uk)

c) Recommended Hand hygiene audits of staff who undertake cleaning are undertaken monthly	*These audits can help provide reassurance of good practice & identify areas for improvement or training. Results can be used to give positive feedback to staff, residents and visitors*
d) All staff are taught the principles of cleaning and disinfection along with specific cleaning methods	*Working high to low, top to bottom, furthest point to nearest point*
e) Safe use of cleaning agents, materials and equipment and their disposal	*For example in relation to use of chemicals and COSHH awareness*
Standard 6 – Staffing and Supplies - adequate resources have been allocated to ensure these standards can be achieved	**Key Notes**
This includes: a. *Ideally staff who undertake cleaning are allocated to specific area(s) of the home and not be moved between COVID-19 and non-COVID-19 floors or cohorted areas*	*It is acknowledged that in some settings, staff resources may be limited and it is recommended that this is managed and mitigated through risk assessment of available resources.* *A key principle is that staff who undertake cleaning only move from non COVID to COVID areas when it is essential*
b. *Adequate supplies of cleaning agents, materials and equipment are assessed daily and stock maintained*	
c. *Bank and agency cleaning staff should minimise the number of care homes that they work in*	*Bank and agency staff moving from COVID-19 to non COVID-19 homes may pose a risk of introducing the virus to the home if adequate controls are not in place. Staff should inform the manager immediately if they have symptoms, or are contacts and need to self- isolate or have been working in a home with an outbreak. See section 5 for staff:*

d. *Adequate staffing is maintained to ensure that the standards are delivered and meet demand resulting from increased cleaning frequencies.*	*Providers should have arrangements in place to be able to react to the need to increase staffing levels for staff with responsibility for cleaning at short notice.*
e. *Assessment of individual staff risk is documented before working in COVID--19 areas*	*See link to workforce assessment:* https://gov.wales/covid-19-workforce-risk-assessment-tool
f. *Providers have clinical contingency plans in place where there are staff shortages levels*	*This could include support from other homes in the group, involving those with responsibility for and involved in the recruitment process in the home e.g. HR, occupational health, working with local agencies or employment offices*
Standard 7 - Technological Solutions: the use of technology to support and augment traditional cleaning methodologies	
a. *Routine use of solutions such as UVC light (Ultra Violet) and Hydrogen Peroxide Vapour (HPV) in COVID 19 areas are not indicated in routine use and are considered as adjuncts.*	*Appropriate advice should be sought as these technologies may not be appropriate for small environments and those with predominantly soft surfaces.* *Disinfectants applied as fog, mist or vapour can be harmful.*
b. *Any adopted technologies for routine and outbreak cleaning should have a robust evidence base prior to consideration and ideally in consultation with local IP&C teams for advice*	*See link below by HSE for further guidance:* *Disinfecting using fog, mist and other systems during the coronavirus (COVID-19) pandemic - HSE news*
c. *Manufacturer's instructions should be followed and training of users needs to be considered including agency staff. Any*	*Evidence base reviews on link below:*

changes including use of new equipment should be included in the cleaning policy	*[National Infection Prevention and Control Manual: Standard Infection Control Precautions - Literature Reviews (scot.nhs.uk)](scot.nhs.uk)*
Standard 8 – Audit of cleaning practices for quality assurance	**Key Notes**
This includes: a. *Having protocols in place to identify that cleaning measures are demonstrating best practice and adding to visual inspection of cleanliness* b. *Where there are current audit monitoring tools, this can include an additional generic element specifying Cleaning Schedules.* c. *Suggested audit sign off for both COVID – 19 and non COVID- 19 areas of the home* d. *Existing audit processes within COVID 19 free care homes are continued and reported and actioned as normal* e. *Protocols and procedures can provide evidence of best practice and highlight areas for improvement*	*Audits should be determined locally and include measures of acceptable cleanliness. Ad hoc audits are also recommended and ongoing monitoring should be shared with all those relevant in the home* *Protocols and procedures provide evidence of good practice to any regulatory body. Staff also have clear guidance they can understand and follow.*

Standard 9 – Responsibility & Accountability for cleanliness and a safe environment:	Key Notes
This includes: a. *The Responsible Individual has oversight of environmental cleanliness during and outside of pandemic* b. *A process in place to report, escalate and address issues with not meeting the standards and clear timescales for rectifying* c. *A cleaning matrix/rota highlighting service responsibilities of staff who undertake cleaning that reflect floors and areas*	*The Responsible Individual should ensure environmental cleanliness and that all elements of cleaning are undertaken by appropriate staff so that areas and items are not left off schedules unintentionally.*

2. References

- European Centre for Disease Prevention and Control. Disinfection of environments in healthcare and non-healthcare settings potentially contaminated with SARS-CoV-2. (https://www.ecdc.europa.eu/en/publications-data/disinfection-environments-covid-19)

- World Health Organisation. (2020). Cleaning and disinfection of environmental surfaces in the context of COVID-19 - WHO Interim guidance 15 May 2020. (*https://www.who.int/publications/i/item/cleaning-and-disinfection-of-environmental-surfaces-inthe-context-of-COVID-19*)

Appendix 1

Cleaning and Disinfection Key Points COVID-19

1. **Cleaning and disinfection is required to destroy COVID-19 virus in the environment**.
   Cleaning is the manual process of removing dust, soil and organic matter (body fluid). ***Disinfection*** is the removal or reduction of germs

   Cleaning and disinfection can be achieved at the same time with a combined *detergent/ disinfectant solution* containing a soap or surfactant combined with chlorine (chlorine/detergent). If not using a combined detergent/ disinfectant, pre cleaning with detergent is required to remove any visible or non-visible soiling prior to disinfection. Failure to pre clean with detergent to remove soiling can significantly reduce the effectiveness of the disinfectant. Warm water and detergent or a combined solution should be changed for each episode of cleaning, if water visibly dirty and moving from one room to another.

2. **Type of Disinfectant required**
   Use one of the following options:

   - A combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (PPM av.cl.) **or**
   - A household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants.
   - If an alternative disinfectant is used, it should be checked that it is effective against enveloped viruses (effective against the SARS CoV 2 Virus which causes COVID 19) and tested against European Standards EN 14476 to ensure that the product has been tested and destroys viruses (virucidal activity).

   Mixing cleaning products should be avoided as toxic fumes can be created.

3. **Coverage and contact time of disinfectants**
   When wiping, mopping and soaking, ensure all surfaces are covered with the disinfectant. A disinfectant will be effective only if the recommended contact time is allowed for it to act (as specified by manufacturers' instructions for use (IFU). This is how

long the disinfectant needs to stay wet on a surface in order for it to be effective. This ranges from seconds to minutes and will be noted on the product instructions.

4. **Direction of cleaning**

    To minimise recontamination of an area and transfer of COVID-19 and other microorganisms, clean from
    - top to bottom
    - clean to dirty areas
    - furthest point to nearest point
    - low risk to high risk pathways

    Staff need to be trained in manual cleaning processes to prevent recontamination of surfaces e.g. clean large and flat surfaces using an 'S' shape motion.

5. Material types & effects

Different hard and soft surfaces present challenges for good contact with a disinfectant. Impervious intact surfaces allow for cleaning, whereas absorbent surfaces such as fabrics cannot be adequately decontaminated and might be damaged by the disinfectant method. Consideration to discarding contaminated fabric items may need to be considered.

6. Monitoring and maintenance of standards

Once a decontamination process has been successfully implemented, on-going monitoring should be put in place to ensure the process continues to be implemented effectively. Inspection of the surfaces should be conducted to ensure the process is not causing damage by repeat exposure.

Please see link for more information on manual cleaning and disinfecting surfaces and dilution
https://www.hse.gov.uk/coshh/industry/cleaning.htm

Appendix 2

Interim COVID 19 Waste Management Measures

Management of healthcare waste from care home settings

Please note that some of the normal waste management practices are adapted to support suitable management of the COVID-19 waste. These adaptions are recognised by Defra, and the Environment Agency and have been developed in conjunction with Public Health England

It is important that non-healthcare waste e.g recycling, domestic type waste, packaging etc must continue to be handled and managed as normal.

PPE should be removed after direct care and disposed of in a pedal bin with a lid.

Description of Waste	Requirement	Note
Personal contact waste (includes PPE) from routine care (of all residents) e.g. performing meal rounds, medication rounds, prompting people to take their medicines, or cleaning close to residents, assisting with getting in/out of bed, feeding, dressing, bathing, grooming, toileting, applying dressings etc	Place in the usual "tiger bag" – a yellow bag with a black stripe. Secure with swan neck and zip tie or tape and store safely or see note. Dispose of as per usual arrangements.	Where you do not have an 'offensive waste' stream 'black bags' for residual waste disposal can be used.

Offensive Waste –waste contaminated with body fluids from all residents e.g bodily fluids, incontinence waste, stoma bags etc	Place in the usual "tiger bag" – a yellow bag with a black stripe. Secure with swan neck and zip tie or tape and store safely Dispose of as per usual arrangements.	Where possible urine and faeces collected in vessels/mobile toilets shall be flushed to sewer. Where macerators are routinely used, their use may be continued.
Where a resident is suspected or confirmed of having COVID-19 and you can securely store for at least 72hrs for the specified wastes below: **Respiratory Intervention waste** Suction catheters and other waste contaminated with respiratory secretions generated from the care of residents with a tracheostomy or long-term ventilation. **Personal contact waste** Used tissues, and other soiled items, discarded PPE and disposable cleaning cloths	Place in the usual "tiger bag" – a yellow bag with a black stripe. Secure with swan neck and zip tie or tape and store safely. This should be securely stored for at least 72 hours before being put in your usual collected waste bin and disposed of as per usual arrangements. If this is not possible please follow guidance below. 	If using this option, you must have clear and clearly displayed procedures to ensure good segregation from other tiger bag waste detailed in this table. You should maintain written records to demonstrate the waste has been held for 72hrs.

Where a resident is suspected or confirmed of having COVID-19 and you cannot securely store for at least 72hrs for the specified wastes below: **Respiratory Intervention waste** Suction catheters and other waste contaminated with respiratory secretions generated from the care of residents with a tracheostomy or long-term ventilation **Personal contact waste** Used tissues, and other soiled items, discarded PPE and disposable cleaning cloths	Place in an orange bag. Secure with swan neck and zip tie or tape and store safely. Dispose of as infectious clinical waste	
Other Clinical Waste Associated with treatment of individuals – this may include other infectious waste from other treatments, Sharps, pharmaceuticals	This waste requires require specialist disposal and should be managed in line with the advice given in Health Technical Memorandum. 07-01: Safe management of healthcare waste. This guidance can be found here: https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste 	Your clinical waste contractor should be able to give you advice also and help you get this right.