



Environmental Cleaning Policy

1. Purpose

Infectious agents can be widely found in healthcare settings and a significant body of clinical evidence, derived from case reports and outbreak investigations, suggests an association between poor environmental hygiene and the transmission of infectious agents in healthcare settings. The healthcare environment can facilitate transmission of healthcare-associated pathogens that can persist on surfaces for lengthy periods of time representing a transmission risk for both patients, staff and visitors.

Transmission of infectious agents in the healthcare setting may occur through direct contact with contaminated hands or equipment, or indirectly, via hands that are in contact with contaminated equipment or the environment and then touch a patient. Targeted and frequent cleaning can reduce the bioburden in the healthcare environment and the associated risk of Healthcare-associated infections (HAIs). Direct or indirect contact transmission of microorganisms during patient care is responsible for the majority of HAIs in patients and healthcare workers (HCWs).

Environmental surfaces can be safely decontaminated using less rigorous methods than those used on medical instruments and devices. The level of cleaning required depends on the objects involved and the risk of contamination. Surfaces that are likely to be contaminated with infectious agents (e.g. reusable clinical equipment) require cleaning between patient uses, which is more frequent than general surfaces and fittings. However, all surfaces require regular cleaning. Thorough cleaning of surfaces is necessary after spills and between patient uses of a room or patient-care area in all healthcare settings.

2. Policy Statement

The purpose of this policy is to mandate the expected standards for environmental cleaning in all WACHS health services, which include WACHS hospitals, smaller health centres, Nursing posts, Aboriginal Health, Population Health, Community Health, Mental Health and Aged Care services.

The objective of this policy is to provide a standardised approach for health care facilities to implement an environmental cleaning program.

All WACHS sites are to have a designated person responsible for the implementation, management and evaluation of their cleaning service/s. Where the health service requires services from an external provider, the roles, responsibilities and relations between the facility and contractor must be clearly defined and outlined in the contract.

This Policy should be read in conjunction with the [WACHS Support Service Procedure Manual](#).

2.1 Environmental Cleaning Program

A structured environmental cleaning program includes the establishment of:

Cleaning Schedules: Determined in relation to cleaning frequency and methods required for a particular environment / item to be cleaned in consideration of the risk categories for environmental cleaning.

Cleaning frequencies: Refer to [WACHS Cleaning Schedule](#) and the [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#), Table A2.2. minimum cleaning frequency.

Environmental Cleaning Procedures: Detailed best practice processes for environmental cleaning are documented in the [WACHS Support Service Procedure Manual](#).

Documentation / record keeping: Cleaning procedures are to be signed off following completion, inclusive of daily, weekly or periodical cleaning. Completed environmental cleaning tasks lists, cleaning audits and reports will be stored and maintained in a suitable and secure location to be reviewed as required.

Staff training: Managers and supervisors are responsible for monitoring and enabling all staff who are undertaking cleaning procedures to be effectively trained and assessed in all aspects relevant to cleaning in the healthcare environment, including Infection Prevention and Control and Occupational Safety and Health considerations.

- E-learning programs are available via [MyLearning](#).
- Practical assessment - refer to [WACHS Support Services staff – Clean and Safe environment practical assessment checklist](#)

2.2 Cleaning Audits

Internal cleaning audits must be undertaken regularly with an audit system that measures and records cleaning outcomes. Cleaning audit scores must be equal to or higher than the minimum acceptable quality level for each area. The frequency of cleaning audits for each area depends on the risk category allocated to that area.

Results of cleaning audits, together with relevant quality improvement plans and outcomes, are to be documented and tabled at the Health Services quality and risk committee, Infection Prevention and Control committee and other applicable committees.

Refer to [WACHS Support Service Procedure Manual](#).

2.3 Maintenance issues affecting cleaning

As buildings and fixtures age they become more difficult to clean and maintain in an acceptable condition.

All WACHS Health Services are to conduct annual preventative maintenance reviews to identify problems with existing infrastructure (i.e. buildings and fixtures) that may make it difficult or impossible to meet cleaning standards.

During and following these reviews, those areas that require repair, resurfacing, repainting or recovering etc are to be documented and escalated for actioning.

Infrastructure concerns that could increase the risk of infection transmission (i.e. cracked / chipped / damaged / porous surfaces or lack of storage facilities) are to be documented

and reported / escalated via the relevant regional reporting structure. In extreme and high-risk areas these problems are to be rectified as soon as practicable.

Refer to Table 4: Risk categories for environmental cleaning in the [WACHS Support Service Procedure Manual](#).

3. Roles and Responsibilities

WACHS Executive and Regional Executive teams are responsible for ensuring the processes outlined in the National Safety and Quality Health Service Standards (NSQHSSs) 3.13 and 3.14 for the Clean and Safe environment are in place.

All WACHS HCWs undertaking environmental cleaning procedures have a responsibility to ensure they comply with:

- The WACHS environmental cleaning policy
- All elements of the declaration package in the WACHS Learning Management System (LMS) as relevant to their role
- The training requirements outlined in Section 2.1
- Maintenance of a personal record of professional development achievements.

Managers and supervisors are responsible for monitoring and enabling all staff to complete their mandatory e-learning outlined in [MyLearning](#) and their practical assessments.

Regional Operations Managers are responsible to develop a regional environmental cleaning program incorporating all key stakeholders, and to support and advise relevant Health Services through their environmental cleaning program.

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

All staff have a responsibility to create and maintain a safe and clean environment.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

Compliance against this policy will be evaluated via the following auditing processes:

- Observational audits
- Fluorescent markers to validate observational audits
- ATP testing to validate observational audits
- Patient / consumer feedback/surveys
- Environmental testing (as directed by Infection prevention and Control team members)

Validation of the program and auditing / inspection processes will be performed by the Operations Manager and Support Service staff. Timely rectification and feedback

mechanisms must be in place to address any concerns identified during audits and / or inspections.

4.2 Evaluation

Policy review will be undertaken within a three – five-year timeframe or sooner if evidence of decreased environmental cleaning standards is demonstrated through audit processes, or increased numbers of related poor outcomes such as HAIs.

Monitoring of compliance with this policy is to be undertaken by regular auditing as per the environmental cleaning audit schedule.

5. Compliance

This policy is a mandatory requirement to meet the NSQHS second edition - 2021: Standard 3 - Preventing and Controlling Infections Standard 3.01, 3.02, 3.03, 3.04, 3.06, 3.07, 3.08, 3.09, 3.10, 3.13, 3.14 and 3.17.

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

Mandatory training compliance is reported via the LMS dashboard reports.

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

6. References

[National Health and Medical Research Council Australian Guidelines for the Prevention and Control of Infection in Healthcare Canberra 2019](#)
[Environmental cleaning and infection prevention and control resources | Australian Commission on Safety and Quality in Health Care](#)
[NSW Health Cleaning of the Healthcare Environment. Policy Directive PD2020_022](#)

7. Definitions

Term	Definition
Clean	Free from dirt, marks, stains, odours and contamination
Cleaning / Cleaning Process	Removing dirt and germs from surfaces. The most effective way to do this is by rubbing or scrubbing the surface with warm water and detergent, followed by rinsing and drying. When transmissible diseases are suspected or known to be present, a cleaning and disinfection process which includes the use of a detergent solution followed by the use of a disinfectant or the use of a combined cleaning and disinfection

	product must be utilised. Cleaning is an essential pre-requisite to effective disinfection or sterilisation.
Detergent	A synthetic cleansing agent that can emulsify and suspend oil. Contains surfactant or a mixture of surfactants with cleaning properties in dilute solutions to lower surface tension and aid in the removal of organic soil and oils, fats, and greases. (Can be provided as a pre-impregnated single use disposable wipe, a concentrate or a solution.)
Disinfectant	A substance: <ul style="list-style-type: none"> a) that is recommended by its manufacturer for application to an inanimate object to kill micro-organisms b) that is not represented by the manufacturer to be suitable for internal use.
Disinfection	Reduction of the number of viable microorganisms (by physical or chemical means) on a product to a level previously specified as appropriate for its intended further handling or use.
Environment	The physical surroundings in which health care is delivered, including the building, fixtures, fittings, and services such as air and water supply. Environment can also include other patients, consumers, visitors and the workforce.
Healthcare Associated infection	Also referred to as "nosocomial" or "hospital" infection, is an infection occurring in a patient during the process of care in a hospital or other health care facility which was not present or incubating at the time of admission.
Healthcare workers	All people delivering healthcare services, including students and trainees, who have contact with patients or with blood or body substances.
Patient-care area	The room or area in which patient care takes place.
Outbreak	An outbreak is defined as two or more linked cases of the same illness, within a 48 – 72 hours period based upon clinical symptoms and subsequent laboratory confirmed cases. A case may include staff and/or patients.

8. Document summary

Coverage	WACHS-Wide
Audience	All staff involved in maintaining a clean and safe environment in WACHS Health Services.
Records Management	Non Clinical: Records Management Policy
Related Legislation	Health Services Act 2016 (WA)
Related Mandatory Policies / Frameworks	MP 0175/22 WA Health Identification and Use of Personal Protective Equipment in the Clinical Setting Policy Coronavirus Disease - 2019 (COVID-19) Infection Prevention and Control in Western Australian Healthcare Facilities Clinical Governance, Safety and Quality Respiratory Protection Guidelines for Western Australian Healthcare Facilities
Related WACHS Policy Documents	WACHS Clinical Audit Policy WACHS Consumer and Carer Engagement Policy WACHS Hand Hygiene Policy WACHS Occupational Safety and Health Policy WACHS Managing Risks of Hazardous Chemicals and Dangerous Goods Procedure WACHS Infection Prevention and Control Policy Negative Pressure Isolation Room Procedure
Other Related Documents	WACHS Support Service Staff – Clean and Safe Healthcare Environment Practical Assessment Check Ice Machines Cleaning and Maintenance Procedure Use of Air Purifiers in WA Healthcare Facilities
Related Training Packages	Clean and Safe Environment training package
Aboriginal Health Impact Statement Declaration (ISD)	The completion of an Aboriginal Health Impact Statement and Declaration (ISD) is required for all new and revised policy documents. For further information, please see the ISD Guidelines . ISD Record ID: 1821
National Safety and Quality Health Service (NSQHS) Standards	Standard 3 Preventing and Controlling Healthcare Associated Infection Standard: 3.01, 3.02, 3.03, 3.04, 3.06, 3.07, 3.08, 3.09, 3.10, 3.13, 3.14, 3.17.

9. Document Control

Version	Published date	Current from	Summary of changes
6.00	9 January 2023	9 January 2023	Policy review and amendments as per below:
<ul style="list-style-type: none"> • Transfer content to new policy template • Updated cleaning practice guidance within WACHS Health Services • Removal of work instructions and audit tools from the policy • Updated links to the support service procedure manual and cleaning schedule. 			

10. Approval

Policy Owner	Executive Director Nursing and Midwifery
Contact	CNC Infection Prevention and Control
Business Unit	Nursing and Midwifery
EDRMS #	ED-CO-13-108211
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