

Cleaning of Shared Clinical and Waiting Areas

Standard operating procedure (SOP) | ENV-SOP-002

Document type	Standard operating procedure (SOP)
Title	Cleaning of Shared Clinical and Waiting Areas
Document ID	{{facility.code}}-ENV-SOP-002
Version and status	1.1 Approved by the ASF Expert Committee
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 2B, criterion 2B.5
Evidence basis	E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Clean shared clinical and waiting areas on the schedule for each area.
2. Clean high-touch surfaces at least daily, and more often where the risk is higher (EC).
3. Record each clean on the schedule sheet with initials.
4. Check cleanliness each month with a test or audit, not only by looking.
5. Act on any area that fails the audit the same week.

Stop and get help straight away if: an area is visibly soiled with body fluids or the cleaning supplies are unavailable.

1. Purpose

To keep shared clinical and waiting areas clean through a documented schedule, and to check cleanliness by more than a visual check [EC].

2. Scope

Applies to	Cleaning staff, ward and department staff, and the facilities manager
Locations	Shared clinical areas, corridors, waiting rooms and toilets at {{facility.legal_name}}
When	On the schedule for each area, and after any spill
Does not apply to	Detailed toilet and bathroom cleaning, covered by the cleaning SOP for each area (SOP-015)

3. Definitions and abbreviations

Term	Meaning in this SOP
High-touch surface	A surface touched often by hands, such as handles, rails, chairs and switches
Cleanliness audit	A check of cleanliness using a test (for example, an ATP test or a standard swab) and a visual check

Term	Meaning in this SOP
Schedule	The document setting the frequency and method for each area

4. Background and rationale

Shared areas carry the most contact between patients, visitors and staff. A visual check misses contamination that a test would find. Criterion 2B.5 asks for a schedule and verification beyond sight.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Facilities manager	Owns the schedule; runs the audit; acts on failures	Facilities management
Cleaning lead	Runs the daily cleaning; records; trains cleaners	Cleaning management
Cleaners	Clean to the schedule and method; record each clean	Training in method and products
Infection prevention lead	Advises on methods and high-risk areas	Infection prevention

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Cleaning schedule for each area	Current; frequency and method stated	Posted in the area
Approved disinfectant and detergent	Product and dilution per the product label	In date; labelled
Colour-coded cloths and mops	Colours set by the cleaning SOP	Clean and in use correctly
Audit kit (test or swab)	As the audit method requires	In date

7. Safety and infection prevention

- Use the product dilution on the label. More concentrate is not better.
- Wear gloves and eye protection when using disinfectant.
- Do not mix products.

8. Before you start

- Check the cleaning schedule for the area.
- Check supplies are in stock.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Clean to the schedule.	• Clean the area at the frequency on the schedule. • Clean from clean to dirty and from high to low. • Clean high-touch surfaces with the approved product, and allow the contact time on the label.	The contact time is what kills the organisms. Wiping quickly does not disinfect.
2	Use colour coding.	• Use the colour-coded cloth for each area, and do not move a cloth between areas. • Change the cloth when it is dirty.	Colour-coding stops cross-contamination.
3	Record each clean.	• Initial and time the schedule sheet for each area when cleaned.	A record that is not made did not happen.

Step	Action	How to do it	Key point
		Record any problem and report it to the cleaning lead.	
4	Audit monthly.	- Select at least 10 surfaces per area at random each month. - Test each surface by the audit method, and record pass or fail against the threshold set (EC). - Record the result on ENV-FRM-002.	The test shows the actual state of the area. A pass by eye can still be a fail.
5	Act on failures.	- Re-clean the failed area the same shift. - Retest the failed surfaces within 24 hours. - Find the reason: the method, the product, the frequency or the staffing. Change it.	A failure that is only re-cleaned will fail again.

Decision points

- If a surface fails the test twice in a month, the cleaning lead reviews the method and the staffing for that area.

10. Special situations

Situation	What to do
Spill of body fluids	Clean at once using the spill procedure and the infection prevention lead's product list.

11. Problems and escalation

- Repeated audit failures go to the facilities manager and infection prevention lead.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Scheduled cleans recorded	100%	Daily check	Cleaning lead	Correct the same shift
Audited surfaces passing the threshold (3 months)	Set by committee (EC)	Monthly	Facilities manager	Re-clean and retest within 24 hours
Areas audited each month	100%	Monthly	Facilities manager	Escalate to chief executive

13. Records

Record	Where it is kept	Kept for
Cleaning schedule sheet	Area file	3 months on site, then archived for {{facility.records_retention_years}} years
ENV-FRM-002 Cleanliness Audit Record	Facilities file	{{facility.records_retention_years}} years

14. Training and competence

- Cleaners are trained in method, colour coding, contact times and product safety at induction and yearly (EC).
- Ward staff are briefed on what they must report.

15. Related documents

ID	Title	Relationship
ENV-FRM-002	Cleanliness Audit Record	Used in step 4

ID	Title	Relationship
SOP-015	Cleaning and Disinfection Procedure (generic)	Basis for methods
SOP-037	Infection Prevention and Control Procedure (generic)	Hand hygiene

16. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus. Cleaning frequency and audit threshold to be set and checked against national infection control guidance.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Approved by the ASF Expert Committee
1.1	{{document.effective_date}}	Internal quality review: corrected cross-references, status wording and document control	Approved by the ASF Expert Committee