Standard operating procedure (SOP) · ENV-SOP-002 · Version 1.1 · Approved by the ASF Expert Committee

Supports: 2B.5

At a glance

- Clean shared clinical and waiting areas on the schedule for each area.
- Clean high-touch surfaces at least daily, and more often where the risk is higher (EC).
- Record each clean on the schedule sheet with initials.
- Check cleanliness each month with a test or audit, not only by looking.
- 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 the facility
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

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

4. Background

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	Responsibility	Competence
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. Materials and equipment

Item	Requirement	Condition
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

- 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

Step 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.

Key point: The contact time is what kills the organisms. Wiping quickly does not disinfect.

Step 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.

Key point: Colour-coding stops cross-contamination.

Step 3. Record each clean.

- Initial and time the schedule sheet for each area when cleaned.
- Record any problem and report it to the cleaning lead.

Key point: A record that is not made did not happen.

Step 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.

Key point: The test shows the actual state of the area. A pass by eye can still be a fail.

Step 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.

Key point: A failure that is only re-cleaned will fail again.

10. Decision points

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

11. Special situations

Situation	Action
Spill of body fluids	Clean at once using the spill procedure and the infection prevention lead’s product list.

12. Escalation

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

13. Monitoring

Measure	Target	Frequency	Owner	If not met
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

14. Records

Record	Kept in	Retention
Cleaning schedule sheet	Area file	3 months on site, then archived for the period set by the facility’s records policy years
ENV-FRM-002 Cleanliness Audit Record	Facilities file	the period set by the facility’s records policy years

15. Training

- 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.

16. Related documents

ID	Title	Use
ENV-FRM-002	Cleanliness Audit Record	Used in step 4
SOP-015	Cleaning and Disinfection Procedure (generic)	Basis for methods
SOP-037	Infection Prevention and Control Procedure (generic)	Hand hygiene

17. Evidence

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

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	Approved by the ASF Expert Committee

1.1	the date of approval	Internal quality review: corrected cross-references, status wording and document control	Approved by the ASF Expert Committee

E-learning for this document

- **Environment & Shared Spaces** (H-03)
- **Environmental Hygiene Standards for ASF Accreditation** (HYG-01)
- Linen, Laundry & Housekeeping Standards (HYG-02)

References

- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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Related standard

- **Standard 2: Governance and Safety Culture**

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