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| **CLEANING SCHEDULE** |
| **MINIMUM CLEANING FREQUENCY & METHOD OF ELEMENTS WITHIN SPECIFIED RISK CATEGORIES** |
|  |  | **PLEASE NOTE:** | **1. "As required" means when the item is visibly soiled.** |  |  |  |  |  |  |
|  |  |  | **2. If any element is visibly soiled it will require cleaning in addition to the specified frequency.** |  |  |  |
|  |  | **MINIMUM CLEANING FREQUENCY** |  | **CLEANING METHOD** |  | **DISCHARGE CLEANING** |
| **No.** | **ELEMENT** | **Apply during a****Standard Clean or Isolated Case Clean** | **Apply during an Outbreak Clean** |  | **Apply during a Standard clean** | **Apply for a single case and an outbreak clean** |  | **Apply during a Standard clean** | **Apply for a single case and an outbreak clean** |
|  |  | **LOW RISK FUNCTIONAL AREA** | **MODERATE RISK FUNCTIONAL AREA** | **HIGH RISK FUNCTIONAL AREA** | **VERY HIGH RISK** |  | **STANDARD CLEAN** | **TRANSMISSION BASED PRECAUTIONS****CLEAN** |  | **STANDARD DISCHARGE CLEAN** | **TRANSMISSION BASED PRECAUTIONS DISCHARGE CLEAN** |
| **Patient room** |
| **1** | **Bed components:-**(including cots)**bed safety rails**(contact points)**bed frame & attachments (contact points)**(eg, alcohol rub dispenser, notes folder, clipboard)**underneath bed** (frame) | Weekly* As required
* As required
 | DailyDaily\* As required | DailyDaily\* As required | Twice dailyDaily\* As required |  | Detergent | Detergent + disinfectant |  | (all surfaces) |  |

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| **2** | **Call bell, TV remote, bedside telephone** | Weekly | Daily | Daily | Daily |  | Detergent | Detergent + disinfectant |  |  |  |

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| **3** | **Chair** | Weekly | Daily | Daily | Twice daily |  | Detergent | Detergent + disinfectant |  |  |  |

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| **4** | **High touch surfaces in immediate patient areas**(ie, door knobs, handles, light switches, hand basin) | Weeklyand spot clean daily | Daily | Daily | Twice Daily |  | Detergent | Detergent + disinfectant |  |  |  |

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| **5** | **Locker**(contact points) | Weekly | Daily | Daily | Twice daily |  | Detergent | Detergent + disinfectant |  | (all surfaces) |  |

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| **6** | **Mattress & pillow (waterproof covering)** | \* As required | \* As required | \* As required | \* As required |  | Detergent | Detergent + disinfectant |  |  |  |

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| **7** | **Overway & bedside table**(contact points) | Weekly | Daily | Daily | Twice daily |  | Detergent | Detergent + disinfectant |  | (all surfaces) |  |

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| **8** | **Patient bedside monitor screen**(contact points) | Weekly | Daily | Daily | Twice daily |  | Detergent | Detergent + disinfectantNOTE: only use approved disinfectant on monitors as it may damage screens |  | (all surfaces) |  |

 **Non-movable fixtures and fittings (all functional areas)**

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| **9** | **Air vents external surfaces**(ceiling) | Annual & spot clean as required | Annual & spot clean as required | Annual & spot clean as required | Annual & spot clean as required |  | Detergent / damp dust | Detergent + disinfectant |  |  |  |

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| **10** | **Door vents** | Weekly | Weekly | Weekly | Weekly |  | Detergent / damp dust | Detergent + disinfectant |  |  |  |

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| **11** | **Floor (Carpet)\*\***NOTE: Carpet is **NOT** recommended in patient-care environments. | Vacuum weekly Wash/ steam clean every1 - 2 years (depending on traffic) | Vacuum DailyWash/steam clean 6-monthly to annually | Vacuum Daily Wash/Steam clean- Patient room: monthly- All other areas:6-monthly to annually | Vacuum twice dailyWash/steam clean weekly |  | Vacuum with HEPA filter Shampoo or steam clean | Vacuum with HEPA filter Shampoo or steam clean |  |  |  |

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| **12** | **Floor (Non-carpet)**NOTE: Frequency may need to be increased depending on traffic, manufacturers specifications & nature/condition of flooring. | Dust removal and clean twice-weekly | Dust removal and clean daily | Dust removal and clean daily | Dust removal and clean twice daily |  | Detergent for routine.NOTE: Consider electrostatic mops when appropriate | Detergent + disinfectantNOTE: check disinfectant is compatible with surface material |  |  |  |

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| **13** | **Glazing, internal excl high windows**(e.g. windows, glass partitions) | Spot clean and/or wash as required | Spot clean and/or wash as required | Spot clean and/or wash as required | Spot clean and/or wash as required |  | Glass/Window Cleaner | Glass/Window Cleaner |  |  |  |

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| **14** | **Patient bedside curtains**NOTE: if antimicrobial curtains are used frequency may be adjusted according to manufacturer's recommendations. | Annually | Twice per year | Monthly | Weekly |  | Replace with laundered curtains | Replace with laundered curtains |  |  |  |

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| **15** | **Horizontal surfaces**(general) | Weekly | Daily | Daily | Twice daily |  | Detergent | Detergent + disinfectant |  |  |  |

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| **16** | **Wall mounted TV, curtain rails, light fittings** | Monthly | Weekly | Weekly | Weekly |  | Detergent / damp dust | Detergent + disinfectant |  |  |  |

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| **17** | **Wall-mounted oxygen & suction equipment** | Monthly | Weekly | Daily | Daily |  | Detergent | Detergent + disinfectant |  |  |  |

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| **18** | **Walls + ceilings** | Spot clean and/or wash as required | Spot clean and/or wash as required | Spot clean and/or wash as required | Spot clean and/or wash as required |  | Detergent / damp dust | Detergent / damp dust |  |  | (NOTE:spot clean only) |

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| **19** | **Window treatment**(blinds, curtains) | Every 2 years & as required | Annual & as required | Annual & as required | Annual & as required |  | Replace with laundered curtains or steam clean while in place. | Replace with laundered curtains or steam clean while in place. |  |  | /(NOTE: advice should be sought from local Infection ControlCo-ordinator) |

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|  |  | **MINIMUM CLEANING FREQUENCY** |  | **CLEANING METHOD** |  | **DISCHARGE CLEANING** |
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|  |  |  |  | **Shared patient equipment** |  |  |  |
|  | **NOTE: if the below mentioned elements cannot be adequately cleaned they are required to be disposable.****Cleaning of these items between patient use is normally performed by nursing staff** |  |  |
| **20** | **Blood pressure cuff** | Between patient use | Between patient use | Between patient use | Between patient use |  | Detergent | Detergent + disinfectant |  |  |

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| **21** | **Commode** | Weekly & between patient use | Daily & between patient use | Daily & between patient use | Daily & between patient use |  | Detergent + disinfectant | Detergent + disinfectant |

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| **22** | **Diagnostic equipment** | Weekly & between patient use | Weekly & between patient use | Weekly & between patient use | Weekly & between patient use |  | Detergent. (Follow manufacturer'srecommendations). | Detergent + disinfectantFollow manufacturer's recommendations. |

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| **23** | **IV stand & poles** | Monthly & between patient use | Weekly & between patient use | Daily & between patient use | Daily & between patient use |  | Detergent | Detergent + disinfectant |

Frequency refers to when the element is in use (not in a storeroom)

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| **24** | **Manual handling equipment** (ie, hoists, patient slide board, slings) | Between patient use | Between patient use | Between patient use | Between patient use |  | Detergent | Detergent + disinfectant |

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| **25** | **Medical equipment**(eg, IV infusion, pumps, mobile oxygen, pulse oximeters) | Weekly& between patient use | Daily & between patient use | Daily & between patient use | Daily & between patient use |  | Detergent | Detergent + disinfectant |

**Between patient use means** between individual patients and cleaning of only contact points and other surfaces as required

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| **26** | **Nebuliser, portable (when in use)** | Monthly & between patient use | Weekly & between patient use | Daily & between patient use | Daily & between patient use |  | Detergent | Detergent + disinfectant |

Upon patient discharge or before storage thoroughly clean all surfaces

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| **27** | **Telephone (ward cordless)** | Between patient use | Between patient use | Between patient use | Between patient use |  | Detergent | Detergent + disinfectant |

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| **28** | **Trolley (dressing, resuscitation, etc.)** | Monthly & between patient use | Weekly & between patient use | Twice weekly & between patient use | Daily & between patient use |  | Detergent | Detergent + disinfectant |

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| **29** | **Urinary catheter stand / bracket** | Monthly & between patient use | Weekly & between patient use | Daily & between patient use | Daily & between patient use |  | Detergent + disinfectant | Detergent + disinfectant |

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| **30** | **Washbowl, patient** | Between patient use | Between patient use | Between patient use | Between patient use |  | Detergent | Detergent + disinfectant |

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| **31** | **Wheelchair** | Monthly & between patient use | Monthly & between patient use | Daily & between patient use | Daily & between patient use |  | Detergent | Detergent + disinfectant |

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| **32** | **Fan, patient**(contact points only) | Weekly & between patient use | Daily & between patient use | Daily & between patient use | Daily & between patient use |  | Detergent | Detergent + disinfectant |  |  |
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|  | **Wet areas** |
| **33** | **Single patient use facilities**(includes: hand basin, bidet, toilet, toilet-seat raiser, soap & paper dispenser, shower, bath, floor) | Daily | Daily | Daily | Daily |  | Detergent + disinfectant | Detergent + disinfectant |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **34** | **Shared patient ensuite and/or communal use facilities** (includes: hand basin, bidet, urinal/toilet, toilet-seat raiser, soap & paper dispenser) | Daily ++ | Daily ++ | Twice Daily ++ | Twice Daily ++ |  | Detergent + disinfectant | Detergent + disinfectant |  |  |  |
| **Shower cubicle** | Daily & spot clean after use | Daily & spot clean after use | Daily & spot clean after use | Daily & spot clean after use |  |  |
| **Shower curtain** | replace monthly & clean as required | replace monthly & clean as required | replace monthly & clean as required | replace & clean as required |  |  |
| **Bath** | Daily & after use | Daily & after use | Daily & after use | Daily & after use |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **35** | **Toilet facilities**(general public, non-patient use) | Daily ++ | Daily ++ | Daily ++ | Daily ++ |  | Detergent + disinfectant | Detergent + disinfectant |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **36** | **Bathroom air vents**(external surfaces) | Monthly & as required | Monthly & as required | Monthly & as required | Monthly & as required |  | Detergent + disinfectant | Detergent + disinfectant |
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|  | ++ = means that the hospital administration will need to factor in the usage and where necessary increase the scheduled frequency of cleaning to ensure standards are adequately maintained. |  |

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|  | **Other areas / elements** |
|  |  |  |  |  |  |  |  |  |  |
| **37** | **Plant room, engineering workshop, non-sterile supply, record storage** | Monthly | N/A | N/A | N/A |  | Detergent |  |
|  |
| **38** | **Barouche** | Monthly & between patient use | Monthly & between patient use | Monthly & between patient use | Monthly & between patient use |  | Detergent | detergent + disinfectant |  |
|  |
| **39** | **Cleaners room** | Weekly & as required | Weekly & as required | Weekly & as required | Weekly & as required |  | Detergent |  |  |
|  |
| **40** | **Cleaning equipment** | After use | After use | After use | After use |  | Detergent | Detergent + disinfectant |  |
|  |
| **41** | **Drug room** | Weekly | Daily | Daily | Daily |  | Detergent | Detergent + disinfectant |  |
|  |
| **42** | **Equipment reprocessing areas**(ie, non-central) | Daily | Daily | Daily | Daily |  | Detergent + disinfectant | Detergent + disinfectant |  |
|  |
| **43** | **Fridge**(includes patient use, staff use food storage) | Monthly & defrost as requiredDaily spot check Clean when necessary | Monthly & defrost as requiredDaily spot check Clean when necessary | Monthly & defrost as requiredDaily spot check Clean when necessary | Monthly & defrost as requiredDaily spot check Clean when necessary |  | Detergent + Food Grade Sanitiser |  |  |
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| **44** | **Fridge**(incl blood, vaccine storage) Usually performed by nursing staff | Monthly & defrost as requiredDaily spot check Clean when necessary | Monthly & defrost as requiredDaily spot check Clean when necessary | Monthly & defrost as requiredDaily spot check Clean when necessary | Monthly & defrost as requiredDaily spot check Clean when necessary |  | Detergent |  |  |
|  |
| **45** | **High touch surfaces excluding immediate patient areas**(eg, corridor hand rails, alcohol hand rub dispenser, door knobs, elevator controls) | WeeklySpot clean as required | Daily | Daily | Twice Daily |  | Detergent | Detergent + disinfectant |  |
|  |
| **46** | **Nurses station** (benches, computers & keyboards) | Daily | Daily | Daily | Daily |  | Detergent | detergent + disinfectant |  |
|  |
| **47** | **Pan Room /dirty utility** | Daily | Daily | Daily | Twice daily |  | Detergent + disinfectant | Detergent + disinfectant |  |
|  |
| **48** | **Soiled linen skip/trolley** | Weekly | Weekly | Weekly | Contact points: daily Whole: weekly |  | Detergent | Detergent + disinfectant |  |
|  |
| **49** | **Telephone**(fixed ward & public) | Daily | Daily | Daily | Daily |  | Detergent | Detergent + disinfectant |  |
|  |
| **50** | **Television (public areas)** | Weekly | Weekly | Weekly | Weekly |  | Detergent |  |  |
|  |
| **51** | **Treatment chair**(eg, haemodialysis, chemotherapy, dental, podiatry) | NA | Daily and between patients | Daily and between patients | Daily and between patients |  | Detergent + disinfectant | Detergent + disinfectant |  |
|  |
| **52** | **Treatment room surfaces**(e.g. benchtops, cupboards, etc) | NA | Daily & as required | Daily & as required | Daily & as required |  | Detergent | Detergent + disinfectant |  |
|  |
| **53** | **Waste receptacle**(NOTE: MGB & sharps bin are excluded) | Weekly & spot clean as required | Weekly & spot clean as required | Weekly & spot clean as required | Weekly & spot clean as required |  | Detergent | Detergent + disinfectant |  |
|  |
| **54** | **Ward pantry / kitchenette**(incl. microwave) | Daily | Daily | Daily | Daily |  | Detergent + Food Grade Sanitiser |  |  |