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| **Criteria/Indicator** | **Yes** | **No** | **N/A** | **Comments** |
| **Education/Policies and Procedures:** |  |  |  |  |
| 1. Staff performing cleaning duties have had education in the process and product use |  |  |  |  |
| 2. Staff performing cleaning duties are trained in infection prevention and control, use of PPE and competent in hand hygiene |  |  |  |  |
| 3. Staff performing cleaning duties are trained in manual handling and safe practices |  |  |  |  |
| 4. Staff have access to Policies and Procedures and cleaning workflow pathways and schedules |  |  |  |  |
| 5. Cleaning documentation includes a sign off cleaning schedule completed daily, weekly, monthly, annually; according to task requirement |  |  |  |  |
| 6. Cleaning schedules allow for expansion of cleaning on an additional basis such as required cleaning of toilets or additional cleaning during outbreaks |  |  |  |  |
| **Cleaning PPE and hand hygiene:** |  |  |  |  |
| 7. Cleaning staff have access to PPE including heavy duty and nitrile gloves and N95 masks |  |  |  |  |
| 8. Cleaning staff wear heavy duty or nitrile gloves when attending to cleaning requiring products; where there is splash risk aprons, surgical mask and eye wear should be donned |  |  |  |  |
| 9. Heavy duty gloves should be cleaned with detergent and water between uses and discarded as required. |  |  |  |  |
| 10. Cleaning staff wear heavy duty or nitrile gloves, surgical /N95 mask and apron when  using bleach products |  |  |  |  |
| 11. Cleaning staff are aware of infection transmission risks when cleaning and comply with the correct use of equipment and products |  |  |  |  |
| 12. Cleaning staff don transmission PPE (gloves, long sleeve waterproof gown, where risk of splash - surgical mask and eye wear) when attending to infectious rooms and areas. New heavy-duty yellow or nitrile gloves should be donned for each infectious suite/area  Used PPE is discarded in clinical waste |  |  |  |  |

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| 13. Cleaning staff are aware of cytotoxic exposure risks and protect themselves by donning cytotoxic PPE (purple nitrile gloves, long sleeve waterproof gown and N95 mask) when attending to cytotoxic contaminated bathroom.  Used PPE is discarded in cytotoxic waste |  |  |  |  |
| 14. Cleaning staff attend hand hygiene on arrival and exit of the residence, after removing gloves and PPE, when entering a new area or suite and when hands are visibly dirty (with soap and water) |  |  |  |  |
| **Cleaning Requirements:** |  |  |  |  |
| Staff are aware and use appropriate colour coded equipment for specific areas:   * Toilets/Bathrooms/Dirty Utility Rooms - RED * General Cleaning, laundry - BLUE * Kitchen/Food Service/Preparation Areas - GREEN * Infectious/Isolation Areas - YELLOW |  |  |  |  |
| 15. Cleaning cloths and mops are changed for every area and resident room. Disposable items suggested during outbreak. |  |  |  |  |
| 16. Cleaning equipment (e.g. bottles, sprays, handles, buckets) is cleaned with neutral cleaner and correctly stored after use  During an outbreak cleaning product use include bleach or TGA approved disinfection for equipment |  |  |  |  |
| 17. In isolated rooms or during outbreak, yellow single use cleaning equipment (e.g. yellow CHUX) is used where possible.  Product bottles/sprays are not put down in isolation room or area, but used and returned to cleaning trolley |  |  |  |  |
| 18. Reusable cleaning equipment (clothes/mops) are placed in an impermeable for transport to the laundry |  |  |  |  |
| 19. Reusable cleaning equipment (cloths, mops etc.) contaminated by infection or cytotoxic substances are placed in yellow or purple (as appropriate) dissolvable bags and  impermeable and taken to the laundry |  |  |  |  |
| 20. Cleaning trolleys are cleaned daily and contain only equipment and cleaning products agreed within the organisation Staff personal items food or drink are not stored on the trolley |  |  |  |  |
| 21. Cleaning chemicals are stored safely, and dispensing units are utilized for chemical dispensing. |  |  |  |  |

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| Data safety sheets are available for chemicals used in the laundry |  |  |  |  |
| 22. Cleaner’s rooms and storerooms are clean, neat and tidy. No items on the floor.  Cleaning trolleys are not stored anywhere other than the cleaner’s (Environmental) room |  |  |  |  |
| 23. Waste is managed in segregated system – general, infectious (clinical) and cytotoxic. Waste bins (bag lined and labelled) are available for each segregation |  |  |  |  |
| **Residence Cleaning:** |  |  |  |  |
| **General:** |  |  |  |  |
| 24. Windows are clean inside and out |  |  |  |  |
| 25. Skirting boards and window ledges are clean and dust free |  |  |  |  |
| 26. Curtains are clean and free of soiling/staining |  |  |  |  |
| 27. Curtain tracks, windowsills and door jams are free of dust and marks |  |  |  |  |
| 28. Light fittings are clean with no insects or dust inside fitting |  |  |  |  |
| 29. Air vents are clean with no dust |  |  |  |  |
| 30. Ceiling and ceiling fans are clean and dust free |  |  |  |  |
| 31. All doors are clean and free from dirt, dust and grime |  |  |  |  |
| 32. Carpet areas are clean and free from residual dirt / marks and odours |  |  |  |  |
| 33. Hard floors are clean and free from scuff marks |  |  |  |  |
| 34. Dining tables/chairs are clean and free of food and spills |  |  |  |  |
| 35. Furniture and fittings are clean & free from dust |  |  |  |  |
| 36. Handrails are clean and clear of all items |  |  |  |  |
| 37. Lifts, front foyer and reception areas are clean and fragrant |  |  |  |  |
| 38. Communal sign in touch screens are cleaned daily with neutral detergent  In an outbreak setting these should be cleaned pre and post use with neutral detergent |  |  |  |  |
| 39. Any signage is tidy and in good repair |  |  |  |  |
| 40. Hand sanitizer holders and dispenses are cleaned regularly and free of dirt |  |  |  |  |
| 41. Communication rooms and offices are clean and regularly wiped down with a neutral  detergent /wipe by utilising staff |  |  |  |  |
| 42. Staff tea rooms and education rooms are clean and well maintained. Fridges and |  |  |  |  |
| cupboards are clean and food and other items are not left out. |  |  |  |  |
| **Resident rooms:** |  |  |  |  |
| 43. Bedside tables and over-bed tables are clean and free from marks and food residue |  |  |  |  |
| 44. Beds including head/foot and bedspread are free from dust and dirt? |  |  |  |  |
| 45. Wardrobe & cabinet doors (mirrors) are free from marks |  |  |  |  |
| 46. Personal furnishings & ornaments clean & dust free |  |  |  |  |
| 47. Suite fridges are clean and emptied of expired items |  |  |  |  |
| 48. Ensuite bathrooms are clean and odour free. Including sink, mirror, taps, shower and hose, toilet floor and railings |  |  |  |  |
| **Communal:** |  |  |  |  |
| 49. Sinks and hand basins are clean and products well stocked. |  |  |  |  |
| 50. Toilets and surrounds are clean and odour free |  |  |  |  |
| 51. Drains in bathrooms are clean and free from dirt and grime |  |  |  |  |
| 52. There is a carried-out schedule for cleaning of reusable equipment – lifters, slings, wheelchairs, walkers etc routinely. Evidence by signature of tasks carried out.  Staff are aware to clean equipment between resident uses. |  |  |  |  |
| **Sanitizer Room** |  |  |  |  |
| 53. Sanitizer rooms are clean, neat and tidy.  Clean and dirty areas are clearly segregated.  No items on the floor. |  |  |  |  |
| 54. Reusable low risk items (urinals, bed pans, bowls are cleaned in a disinfectant washer and stored away from contaminants |  |  |  |  |
| 55. Disinfectant washer is compliant with AS 5369:2023 Reprocessing of reusable medical devices and other devices in health and nonhealth related facilities, and has detergent as well as thermal disinfection |  |  |  |  |
| **Systems** |  |  |  |  |
| 56. Check cleaning schedules to evidence that work has been completed.  Review schedule to ensure they are able |  |  |  |  |

**Completed by:** …………………………………….  **Date:** …../…../…….

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| ACTION REQUIRED/PLANNED – To be completed by Clinical Lead. Completed audit to be provided to Residence Manager for any required action planning  Action Required or Planned □ YES □ NO If YES. Please describe the follow-up planned    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Commencement Date: \_\_\_/\_\_\_/\_\_\_ Planned completion Date: \_\_\_/\_\_\_/\_\_\_ |