Cleaning Policy

POLICY SUMMARY
A clean hospital environment is important to all staff and patients. Whilst this is important from an aesthetic perspective, it is also significant to the minimisation of risks, including the incidence of healthcare associated infection (HCAI).

The purpose of this policy is therefore:

a) To provide direction in maintaining and improving cleanliness standards across all hospital sites and premises, ensuring a clean, comfortable and safe environment for patients, clients, visitors, staff and members of the general public.

b) To increase patient confidence whilst using the hospital facilities in relation to environmental hygiene and the organisational commitment to reduce the incidence of healthcare associated infection.

c) To meet all the requirements of the National Standards of Cleanliness (NSC), PAS5748:2014, The Health and Social Care Act and the Code of Practice of the prevention and control of infections and related guidance.

d) To provide good estate maintenance that supports effective cleaning and the promotion of an aesthetically pleasing environment. It must be recognised that as buildings and equipment become old, they often become more difficult to keep clean and will often give the perception of not being clean.

e) To improve the quality of healthcare service by ensuring risks involved in cleaning are identified, funded and managed in an appropriate manner.

f) To provide procedures that area to be followed to achieve compliance in line with nationally recognized guidelines.

g) To provide a monitoring tool which is presented to the Board to provide assurance

The Trust monitors the implementation of and compliance with this policy in the following ways;

<table>
<thead>
<tr>
<th>Services</th>
<th>Applicable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trustwide</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Essex MH&amp;LD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHS</td>
<td></td>
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</tr>
</tbody>
</table>

The Director responsible for monitoring and reviewing this policy is Executive Chief Financial Officer
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Essex Partnership University NHS Foundation Trust (EPUT) accepts its responsibility to provide a safe hygienic environment for all its staff, patients and visitors. EPUT will ensure that it will comply with all legislation and work to ensure that risks are minimal.

1.0 INTRODUCTION

It is the policy of Essex Partnership University NHS Foundation Trust (EPUT) to provide and maintain a clean and appropriate environment that facilitates not only the wellbeing and recovery of all our patients but also the comfort and safety of our staff and visitors and members of the general public that enter our premises.

Facilities Services, Estates Management, Directorate Management and the Trust Infection Prevention and Control Teams will work closely together at all times to ensure that this policy is adhered to and developed to reflect the needs of the Trust, its patients and staff.

Ensuring our hospital sites are clean and safe is an essential component in the provision of effective healthcare. A clean and tidy environment provides the right setting for the delivery of good patient care and is fundamental in assisting patients to recover and help in the prevention and/or control of the spread of healthcare associated infections (HCAI).

This cleaning policy specifies how and to what standards Essex Partnership University NHS Foundation Trust is to be kept clean. The National Standards of Cleanliness (NSC) in the NHS forms the foundation of the standards outlined in this document, additionally the Trust has adopted PAS 5748 (2014) to risk assess, critically evaluate, plan, apply and measure cleanliness provision. This policy has been developed to ensure cleanliness is provided to a constant, appropriate and acceptable level throughout the Trust’s patient and non-patient areas.

The focus on improving hospital cleanliness and reducing healthcare associated infection has never been more topical and it is important to recognise the significant role that cleaning staff play in ensuring public confidence in the overall cleanliness of the hospital environment. This is fully recognised and supported by the Trust Board and the Trust Executive, Management and Clinical teams.

2.0 SCOPE

This policy applies to all staff employed by the Trust, including contracted and agency staff, its contractors and any person who carries out cleaning procedures as part of their work.

The policy embraces all cleaning activity within the Trust. This includes all general scheduled and reactive cleaning activities undertaken by the domestic service staff as well as those undertaken by the Estates Department i.e. air conditioning,
ceiling vents and those cleaning duties undertaken by nursing staff i.e. patient related equipment.

### 3.0 DUTIES & RESPONSIBILITIES

The Trust Chief Executive is ultimately responsible for cleaning standards across the Trust.

The Trust Director of Nursing and Infection Prevention and Control (DIPC) is responsible for ensuring that appropriate and robust cleaning standard targets are set across all Trust areas.

The Trust Associate Director of Estates and Facilities is responsible for ensuring that appropriate and robust cleaning standards are achieved across all Trust areas.

Trust Executive Directors are responsible for allocating budgets with due attention to infection prevention and control and cleanliness, understanding the implications of funding decisions they make.

Senior Nurses/ Ward and Departmental managers are responsible for leading and driving a culture of cleanliness in clinical areas, monitoring standards in conjunction with others.

The Infection Prevention and Control Team are responsible for providing support on contracts for cleaning, educating staff about the need for good hygiene standards, and advising on specific methods of decontamination.

Nurses / departmental managers in charge of wards and departments are responsible for agreeing cleaning standards for their area, making sure that cleaning standards are met, working in partnership with local cleaning and departmental staff to help them fulfil their roles.

The Head of Estates and Facilities is responsible for the contracts for cleaning and for making sure that all cleaning services and associated standards are delivered to contract specification, establishing a spirit of partnership and teamwork with service providers, monitoring cleaning standards in partnership with the Infection Prevention and Control Team and Trust directorates.

The Trust Estates Management Team is responsible for providing good Estate maintenance, particularly that of internal floor and wall surfaces that allows for effective cleaning to take place. Additionally they will involve the IPC and Estates and Facilities teams when planning new projects and refurbishment programs, which will require future, input of the cleaning service.

The Trust Estates and Facilities Management Team is responsible for ensuring there is enough staff, with the correct skills to carry out the tasks, making sure there is an appropriate supply of cleaning equipment and products. They should also ensure that all staff are adequately trained and correctly supervised.
4.0 KEY OBJECTIVES

4.1 Taking Cleanliness Seriously

- Ensure high standards of cleanliness are maintained across the Trust to ensure patients receive treatment in an environment that is clean, safe and welcoming.
- Working in partnership with Matrons, Ward Managers, Clinical Managers, and department managers to develop procedures for their individual areas of activity.
- Setting clear local standards (reflecting NSC guidance) and associated policies and keeping cleanliness high on the Trust agenda.
- Cleaning routines should be clear, agreed and well publicised. Cleaning activity should be part of the ward routine not an intrusion into it.
- Cleaning routines must be flexible to respond to the changing needs of a particular area or ward.
- Cleaning staff must be seen as fully integrated into the ward / department team.
- Ensuring there is a SLA in place for each ward.

4.2 Listening to Patients and Patient Involvement

- Patients are central to all services provided by the Trust. Cleaning services will work in partnership with patients and/or their representatives to ensure that consistently high standards of cleanliness are achieved and maintained across all Trust premises. Patients and/or their representatives will be involved in the following ways:
  
  - Patient and/or public involvement will form part of annual PLACE (Patient-Led Assessments of The Care Environment) inspections.
  
  - Their views will be sought through satisfaction surveys and feedback from these will be reported back to the Facilities Department.
  
  - Comments from Patients, Service Users or representatives relating to cleanliness will be acted upon via formal and informal complaints procedure.

4.3 Infection Prevention and Control

- The Infection Prevention and Control Team will liaise with Estates and Facilities on the development, implementation and monitoring of policies, protocols and procedures.
4.4 Education and Development

To ensure that every member of staff responsible for cleanliness has the ability and support to adequately deliver the environmental cleaning standards required, all staff involved in cleaning duties will be trained to an appropriate level in the following:

- Basic cleaning techniques
- Customer service
- Health and safety issues
- Control of substances hazardous to health
- Relevant infection prevention and control principles and procedures
- Manual handling
- Legionella

This will be achieved through Induction training and continuous on-the-job supervision and support.

A documented training record for staff shall be retained and shall record the completion of any training given in support of a person achieving competence to perform required tasks. It shall include the date of the completion and the signatures of both trainer and trainee. Additionally Estates and Facilities Supervisors will be trained as Link Workers.

4.5 Monitoring

- Estates and Facilities staff will lead the monitoring of cleanliness in all areas within the Trust that are subject to cleaning at a frequency set out in NSC as a minimum. Ward / departmental managers will be advised of the monitoring on the day of the visit and encouraged to participate. This will:
  - Ensure that high standards of cleanliness are maintained and that any failures are recognized and corrected.
  - Establish a management system that supports continuous improvement and empowers Senior Nurses / Ward and Departmental managers to be involved in maintaining and monitoring cleanliness standards.

4.6 Cleaning Audits

- Monitoring Method – C4C auditing tool is used in North Essex. Paper based auditing used in South Essex *(The trust is currently exploring the options available for monitoring with a bespoke software package and hand held tablets).*

The Monitoring System is run and managed by the Trust’s Estates and Facilities Management Team.

Monitoring conducted by Estates and Facilities Management team is in partnership with Clinical Team Members.

Monitoring Reviewed by – Trust Infection Prevention and Control Team
4.7 Audit Reporting

- Each month all cleaning audit results will be reported to the Directorate senior management teams, the Infection Prevention Control Team and the Trust Executive team.
- Cleaning audits will be benchmarked against other similar areas across the Trust. Corrective action plans will be produced for any improvements that may be required.
- Annual PLACE reporting – provides a benchmark across the country.

4.8 Compliance with Trust Water Quality Policy

Estates and Facilities staff at ward and departmental level will be made aware of the duties they are responsible to undertake within the Trust’s Policy and its implications in the reduction of exposure to Legionella. It is anticipated that in the course of normal cleaning duties, most taps and showers in each Functional Area will be run. Additionally, the cleaning staff are required to ensure that any taps and showers that are not run as part of normal cleaning duties are flushed twice per week in the areas where a cleaning service is provided, and that a Trust pro-forma confirming that this has happened is signed by a member of the Estates and Facilities team for each Functional Area. This pro-forma will be monitored on a monthly basis by a member of the Estates and Facilities team.

The Estates and Facilities and Infection Prevention and Control teams will work together and agree the appropriate systems to ensure Trust compliance with the Trust Water Quality Policy. Records of compliance will be kept on site in Legionella logs or Health and Safety manuals.

5.0 CLASSIFICATION OF RISK

Before cleaning takes place, the level of risk involved will be established in accordance with PAS 5748. This will ensure that appropriate measures are taken. Essentially PAS 5748 provides a detailed methodology for:-

- the governance of cleanliness provision
- the assessment of cleanliness risk
- the planning and provision of the performance of cleaning tasks
- the measurement of cleanliness
- the implementation of corrective actions
- the analysis of performance and the implementation of systematic improvements to cleanliness provision
- the reporting of cleanliness performance.
Table 1 below sets out the NSC risk rating matrix.

<table>
<thead>
<tr>
<th>Category</th>
<th>Operational Status</th>
<th>Examples of Functional Areas included in Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Very High Risk</td>
<td>It is anticipated that only rooms in which minor operations are conducted will fall into this category.</td>
</tr>
<tr>
<td>B</td>
<td>High Risk</td>
<td>Clinic Rooms, Wards, Dental rooms, Treatment Rooms, Other rooms in which clinical contact with patients will occur</td>
</tr>
<tr>
<td>C</td>
<td>Significant Risk</td>
<td>Activity Rooms, Consulting Rooms, Kitchens, Bathrooms, Waiting Areas</td>
</tr>
<tr>
<td>D</td>
<td>Low Risk</td>
<td>Circulation areas, Non-sterile supply areas, Administrative areas, Record storage and archives, Engineering workshops, Plant rooms, External surrounds</td>
</tr>
</tbody>
</table>

5.1 National Color Coding Scheme

The Trust adheres to the National Patient Safety Agency Color Coding Scheme. All cleaning materials and equipment, for example, cloths (re-usable and disposable), mops, buckets, gloves, should be colour coded. The method used to colour code items should be clear and permanent.

<table>
<thead>
<tr>
<th>Red</th>
<th>Blue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathrooms, washrooms, showers, toilets, basins and bathroom floors</td>
<td>General areas including wards, departments, offices and basins in public areas.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Green</th>
<th>Yellow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catering departments, ward kitchen areas and patient food service at ward level.</td>
<td>Isolation areas.</td>
</tr>
</tbody>
</table>
5.2 Labelling of Chemicals

All cleaning products will be correctly labelled to ensure they are used for their intended purpose; this will help to ensure high and consistent levels of cleanliness are achieved.

COSHH (Control of Substances Hazardous to Health) legislation must be complied with.

Diluted chemicals should be disposed of daily to avoid contamination and to maintain product effectiveness.

5.3 Cleaning of Body fluids

Body fluid spillage in all areas of the Trust

Disposable spillage kits comprising of gloves, aprons, scoop, paper towel and yellow bag are available in ward sluices and domestic cupboards of all clinical areas. Some spillage kits also include powder or a spillex pad. Staff use the colour coded buckets and mops. These spillage kits should be used by appropriately trained ward nursing staff to carry out any initial clean.

Domestic staff will clean spillages of bodily fluids in general public areas and external areas in the absence of another appropriate person.

Domestic staff will carry out secondary cleans of areas affected by bodily fluid spills in Wards and Units with colour coded equipment, following initial clean by nursing staff.

All exposures to bodily fluids involving sharps/body fluid splashes or contact must be reported to the appropriate supervisor during normal working hours. The incident must be reported immediately by the injured employee or their Supervisor to Optima Health Occupational Health on 0345 643 4368.

For further guidance reference should be made to the document, ICPG1 – Section 9 - Prevention and Management of Sharps Injuries/Contamination Incidents

5.4 Hand Hygiene

All Staff should note and follow the Trust’s hand hygiene policy – ICPG 1 – Section 2 – Standard Precautions of Infection Control. In particular all domestic cleaning staff should:

- Keep their nails short and clean, not wear false nails and remove all nail varnish when at work.
- The only hand jewelry allowed is one plain band ring.
- The Trust operates a “bare below the elbow” policy which must be adhered to by all staff working in clinical areas.
- Clean their hands in line with “5 moments for hand hygiene” i.e. before patient contact, before handling food/ drink, after any potential contact with body fluid/ excreta, after any patient contact and after contact with the patient surroundings.
- Wash hands after all cleaning duties undertaken.
5.5 Teamwork and domestic staff integration

Domestic cleaning staff are managed by the Trust’s Estates and Facilities Management team. If cleaning regimes are to be as robust as possible and maximum standards of cleanliness are to be achieved, it is recognised that having dedicated, regular staff is essential. Where possible, the Estates and Facilities Team will ensure that the same member of staff is allocated to the same area/unit on a regular basis. During periods of leave, staffing should be as consistent as possible and relief staff should be familiar with the area they are cleaning.

Cleaning staff should be embraced as full team members by ward clinical / departmental staff where they are based.

Nursing and departmental staff must ensure that all information relating to specific infection prevention and control precautions or special cleaning tasks, or changes to normal cleaning routines for example if a client is unwell, are fully communicated to the cleaning staff member.

6.0 METHOD OF CLEANING

Cleaning should always be carried out with the correct equipment, correct colour code and in accordance with Trust policies and contract specifications.

The Trust will maintain a set of method statements and risk assessments relating to every cleaning task performed in providing Cleaning Services to the Trust. All staff will have auditable training records verifying that they are competent in the effective and safe performance of these tasks.

6.1 Infection Prevention and Control Cleaning Definitions

Please note that additional cleaning or cleaning using a chlorine based solution may be required for some patients who have infections. The Infection Prevention and Control team will advise the ward manager when and where an Infection Control Clean is required.

6.2 Periodic Cleaning

The Estates and Facilities Department will maintain a planned cleaning matrix (or “Periodic Work Schedule”) for the performance of cleaning tasks which are required to be performed monthly or less frequently. Progress against the Periodic Work Schedule shall be reported in the Monthly Report. E.g. carpet cleaning, during the facilities staff normal working hours.

6.3 Isolation or Barrier Cleaning

At the request of the Infection Prevention and Control Team (IPCT) or nurse in charge, a barrier (or “isolation”) cleaning regime will be used for a named room or rooms. This will be required daily where a client is infectious or there is a suspected or active outbreak and will be carried out as per routine cleaning but using disinfectant.

6.4 Terminal or Discharge Clean

At the request of the Infection Prevention and Control Team (IPCT) or nurse in charge, a discharge clean will be required for a room following its vacation by a patient. This will be required when a physically well client has been discharged either permanently or temporarily for example if they have been given home leave.
Curtains will be inspected, not routinely changed. Terminal cleans are required to be completed within 3 hours of the request being received however such requests will only be able to be carried out by the Estates and Facilities team within their normal working hours.

### 6.5 Deep Cleans and Outbreak Cleans

At the request of the Infection Prevention and Control Team (IPCT) or the nurse in charge, a Deep Clean will be provided in a Functional Area. This will be required when a client has been discharged who had an infection or following an outbreak. This is a thorough clean, curtains will be changed and disinfectant will be used.

At the request of the IPCT or nurse in charge, a special regime of cleaning appropriate to a Functional Area in which there is a declared infection outbreak shall be provided.

All method statements for the above cleans shall include the signing off of completed work by the person or persons who performed it, and by a member of the Trust’s staff using Appendix 1 and 2.

### 6.6 Rapid Response Cleaning

Where rapid or reactive cleaning is required urgently the domestic staff on duty should be informed and asked to respond immediately to the request. The Estates and Facilities helpdesk is operational from 08:30 – 16:30 and can be contacted on the following numbers:
- Essex - 01268 407814
- Beds and Luton - 01234 310120
- West Essex - 01279 827456
- North Essex – 01206 334500

Areas needing a rapid response “out of hours” should contact the appropriate helpdesk by telephone as follows:

The emergency on-call telephone number is 0300 1230808.

Domestic staff shall respond to requests for reactive Cleaning Services in a timely manner. The appropriate response time will be agreed with the Estates and Facilities management team and the unit/service manager. Interruption to service delivery will be as minimal as possible.

### 7.0 DOCUMENT DEVELOPMENT

#### 7.1 Responsibility for Document Development

The Trust Head of Facilities or nominated deputy will be responsible for the development, implementation, review and upkeep of this document.

#### 7.2 Identification and Communication with Stakeholders

The Infection Control team, Estates and facilities management team have been consulted with on this policy.
7.3 Equality Impact Assessment (EIA) -
All public bodies have a statutory duty under equality legislation covering race, disability and gender to undertake equality impact assessments on all policies/guidelines and practices. The Trust's equality impact assessment tool also includes religion/belief, sexual orientation, age, deprivation and human rights. An Equality Impact Assessment has been undertaken. This demonstrated that there is no significant disproportionate impact for any of the groups identified in the Equality & Diversity assessment.

8.0 APPROVAL AND RATIFICATION (required)

8.1 Approval
This policy is approved by the Associate Director of Estates and Facilities.

8.2 Ratification
The policy was ratified by the Trust infection Prevention and Control Committee.

9.0 DISSEMINATION AND IMPLEMENTATION

9.1 Dissemination
This Policy document will be made available on the Trust’s Intranet and copies will also be distributed to all ward and departmental areas that have cleaning service level agreements.

9.2 Implementation
Minimum staff training requirements on the implications and requirements of this policy will be carried out as required jointly between the Trust’s Facilities and Control of Infection Teams as required by the Infection Prevention and Control Policy (ICP1) as shown in the table below.

<table>
<thead>
<tr>
<th>Service</th>
<th>Core Practice Requirement</th>
<th>UPDATE INTERVAL</th>
<th>STAFF CATEGORY</th>
<th>DELIVERY METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Trust Staff</td>
<td>Infection Prevention and Control Training (inc. inoculation training &amp; hand hygiene training)</td>
<td>Annual</td>
<td>All staff who have patient contact/clinical environment contact (incl. Facilities, ward admin, Meds Management etc.)</td>
<td>e-learning Face to face sessions on request.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 Yearly</td>
<td>All other Trust staff (incl. Estates.)</td>
<td>e-learning Face to face sessions on request.</td>
</tr>
</tbody>
</table>
10.0 DOCUMENT CONTROL

10.1 Register/Library of Procedural Documents

The author or designated member of staff is responsible for updating documents onto the appropriate site on the Trust's intranet.

A register/library of procedural documents and the library of Clinical Guidelines is maintained on the Intranet. Ownership of the original procedure document (together with supporting documents will remain with the author/s).

11.0 OTHER ASSOCIATED DOCUMENTS

ICP1 - Infection Prevention and Control Policy and associated guidelines
ICPG1 – Section 9 - Prevention and Management of Sharps Injuries/Contamination Incidents
Cleaning Contract Cleaning Specification
Uniform & Dress Code Policy
Policy for the Prevention and control of Legionella and Safe Hot Water and Surface Temperature Policy
PAS 5748:2014 Estates and Facilities Domestic Handbook
Towards Cleaner Hospitals and Lower Rates of Infection 2004
The Health and Social Care Act 2008
Code of Practice on the prevention and control of infections and related guidance
PLACE
Revised Cleaning Manual 2009

12.0 CLEANING FREQUENCIES ELEMENTS AND STANDARDS

12.1 Frequencies – The estates and facilities management team will determine a written cleaning schedule for each Functional Area which defines the frequencies and approximate times at which routine-cleaning tasks will be conducted. These schedules will reflect the adoption of PAS5748:2014.

12.2 Elements - PAS 5748:2014 lists 50 standard elements that will be audited for cleanliness; this list is not exhaustive and can be amended to reflect specific local requirements.

1. Commode
2. Bed pan and bedpan holder
3. Macerator and bedpan washer
4. Manual handling equipment
5. Catheter stand
6. IV stands
7. Patient washbowl
8. Medical equipment not connected to a patient, e.g. X-ray machine
9. Medical equipment connected to a patient, e.g. infusion pump an blood pressure cuffs
10. Medical gas and suction equipment including gas cylinder holder
11. Patient fan
12. Notes and drugs trolley
13 Resuscitation trolley
14 Telephones and fax machines
15 Nurse call bell
16 Wall fixture, e.g. switch, socket and data point and cord pull
17 Wall surfaces including skirting and bumper boards
18 Ceiling
19 Door including frame
20 Door furniture including handles and doorplates
21 Internal glass, including partitions and vision panels, the interior surface of external facing windows and mirrors
22 Computer equipment, including keyboard, mouse, monitor, printer, stand and photocopier
23 TV including earpiece for bedside entertainment system and public area information touch screen
24 Radiator including the space between radiator plates
25 Hard floor
26 Soft floor
27 Toys and games
28 Lighting including overhead, bedside, wall mounted and free standing
29 Cleaning equipment, including cleaning trolley
30 High surface, e.g. curtain rail, picture frame, top of cupboard and vending machine
31 Patient chair, including dining chair and easy chair, and settee
32 Bed, cot and patient trolley, including bed frame, bed rail, wheels and castors and bed controls
33 Clinical workstations
34 Locker and wardrobes including wheels and castors
35 Over-bed/dining table including legs and feet
36 Hand hygiene equipment, e.g. soap dispenser, alcohol gel dispenser and towel dispenser
37 Waste receptacle including lid and pedal
38 Curtain, blind and screen, excluding shower curtain
39 Dishwasher
40 Fridge and freezer
41 Ice machine, hot water boiler and drinking water dispenser
42 Ward kitchen cupboard
43 Microwave and cooker
44 Bath and/or shower including shower head, wall-attached shower chair, shower screen and shower curtain
45 Toilet, raised toilet seat and bidet
46 Toilet brush
47 Sink and wash hand basin including taps
48 Ventilation grille
49 Wheelchair
50 CCTV equipment

END