

# Environmental Cleaning Program Improvement Toolkit: Section B—Tools

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# B1 Baseline Assessment—Part 1 (Basic Program)

## O: Organizational elements

- 01. Is there a staff member(s) who acts as the overall focal point for environmental cleaning in patient care areas at the facility level, with dedicated time for managing/overseeing environmental cleaning activities?**

This position is separate from the toolkit project team, though this staff person may be a member of the project team. This role should be assigned to an existing facility staff member, regardless of whether the program is implemented by an external company, and should be formalized within their job description. This role can be full- or part-time.

There may be some instances where more than one staff member act as focal points for management of key components of the cleaning program (e.g., the IPC focal point manages technical aspects, an administrative staff member manages contractual aspects if cleaning is outsourced). As long as these staff members manage activities at the facility level, collaborate with each other and have job descriptions that formalize these roles, this question can be answered 'yes'.

**Note:** Where this person is also the facility IPC focal point/lead, answer 'no' for this question if: environmental cleaning is managed internally (i.e., not by an external company) and the facility has more than 250 beds.

Yes      No

**Comments:**

- 02. Is there an annual budget for implementing environmental cleaning activities at the facility level?**

This does not have to be a standalone budget, but there do need to be budget items in the overall facility budget (or the contract, if an external company implements the cleaning program) to cover essentials for the cleaning program.

**Note:** Some of these budget items may be supported at the next administrative level and, therefore, may not be budgeted at the facility level.

To answer 'yes', the current budget, financial support from the next administrative level, or service contract must include all of the following elements 1) salary support (for staff with cleaning responsibilities), 2) procurement of supplies and equipment, 3) staff training and job aids covering environmental cleaning.

Yes      No

**Comments:**

**03. Does the focal point/cleaning manager(s) meet regularly with key stakeholders at the facility level, at minimum with the IPC focal point and/or facility leadership and external company (if applicable)?**

*Note:* If O1 is answered 'no', then check 'no' for this question.

To answer 'yes', there should be a reoccurring forum in which communication occurs with these stakeholders (e.g., staff meeting, cleaning focal point participation in the IPC committee meeting); there is not a defined benchmark in terms of frequency of meetings.

Yes      No

Comments:

**04. Is there a person(s) available daily on the priority ward, who provides direct supervision to cleaning staff?**

To answer 'yes', at a minimum there should be at least one staff (can be full or part-time) to provide direct daily oversight and supervision of cleaning staff. This person(s) can be a staff of the facility or of the external company (if applicable) and should be known to the cleaning staff (i.e., they should know that this person provides oversight of their work).

Yes      No

Comments:

## **P: Policy and procedural elements**

**P1. Is there a facility cleaning policy in use at the facility level? (and/or contract/service level agreement which reflects the policy, if applicable)**

To answer 'yes', the facility cleaning policy should include at a minimum all of the following elements: 1) responsibilities and functional reporting lines of cleaning program staff (at minimum, focal point, on-site supervisors, cleaning staff), 2) cleaning schedules for high-risk wards (at minimum the priority ward) and/or non-critical patient care equipment and environmental surfaces within those area(s) (at minimum, specifying the frequency, method and staff responsible for performing cleaning for each item/surface), 3) list of approved environmental cleaning products, supplies and equipment (including cleaning staff PPE) and indications for use, 4) training requirements for staff.

Yes      No

Comments:

**P2. Are essential standard operating procedures (SOPs)\*, job aids (e.g., checklists) and cleaning logs developed and in use in the priority ward?**

\*Essential SOPs include routine and terminal cleaning for the priority ward, reprocessing of non-critical patient care equipment used in the priority ward, preparation of cleaning chemicals, and reprocessing of cleaning supplies and equipment.

To answer 'yes', all these SOPs should be available at the priority ward.

Cleaning logs or records detailing the date, type of cleaning and initial of the staff person who performed the cleaning task should be available at the priority ward.

**Note:** Job aids, such as checklists, are not required to answer yes to this question.

**Yes      No**

**Comments:**

## **S: Staffing and training elements**

**S1. Are there staff available (contractors or facility staff) on a daily basis on the priority ward with dedicated time for performing cleaning duties?**

To answer 'yes', there should be at least one staff person available in the priority ward on a daily basis who has dedicated time for performing cleaning duties.

Staff with cleaning responsibilities can be full- or part-time, depending on the size and type of ward.

To answer 'yes' for wards with more than 15 inpatient beds, there needs to be at least the equivalent of one full-time cleaning staff in the ward daily during hours of operation (e.g., 1 person at full time; 2 people at part-time).

**Yes      No**

**Comments:**

**S2. Have all current cleaning staff and supervisors in the priority ward received basic training on the daily cleaning and cleaning-related tasks for which they are currently responsible?**

*Note:* If the answer to S1 or O4 are 'no', then check 'no' for this question.

To answer 'yes', both types of personnel must have received training on basic IPC\* and the cleaning tasks described within the essential SOPs in P2; training can be formal or informal (e.g., on the job).

\*Basic IPC training includes basic overview of pathogen transmission pathways and the role of hand hygiene and environmental cleaning in infection prevention.

**Yes      No**

**Comments:**

**S3. Is there a structured training program developed for cleaning staff at the facility level?**

To answer 'yes', the training program must have a structured curriculum that includes, at a minimum, the following elements: 1) overview of IPC focusing on hand hygiene and PPE use, 2) review of essential cleaning supplies and equipment (described in BE5), including how to prepare cleaning solutions; 3) review of cleaning techniques and the essential SOPs (described in P2), 3) orientation to the facility and service areas, 4) other occupational health and safety aspects (e.g., slips and falls, cleaning chemical management).

**Yes      No**

**Comments:**

## BE: Infrastructure and supply elements

### BE1. Is water available on premises from an improved source\* in sufficient quantity to facilitate daily cleaning activities, at a minimum in the priority ward?

\*Improved water sources include piped water, boreholes, protected wells, protected springs, rainwater and packaged or delivered water (e.g., tanker trucks from private suppliers).

The amount of water needed to be considered sufficient is dependent on the size (e.g., number of beds) and type of ward. The following recommendations are available: inpatient wards (40–60L/patient/day), operating theatre or maternity unit (100L/intervention). Source: Essential environmental health standards in health care (WHO, 2008) (<https://www.who.int/publications/i/item/9789241547239>). Other wards may be considered relative to these standards.

Generally, if water supply is available daily and accessible to cleaning staff within the compound, such that cleaning tasks can be performed, this question can be answered 'yes'.

Yes      No

Comments:

### BE2. Are means (e.g., drains) available on-site to safely dispose of cleaning solutions, at a minimum in the priority ward?

To answer 'yes', the means of disposal (e.g., drains) should not be attached to sinks used for handwashing. If they are, then answer 'no'. A toilet or drainage system can be used, if it is connected either to an on-site treatment or containment system (e.g., septic tank, soakaway pit) or to a centralized drain system. Otherwise answer no.

Yes      No

Comments:

### BE3. Is there a dedicated area(s) available for storage, preparation and reprocessing of cleaning supplies and cleaning equipment that are used on the priority ward?

This space can be a dedicated area(s) within another service area and doesn't need to be a standalone room or closet, but to answer 'yes', at a minimum it must allow for storage of all cleaning supplies and cleaning equipment in one location and should have access to a water point (e.g., piped or via a water storage container) for facilitating preparation of cleaning solutions and a utility sink or drain for reprocessing of reusable cleaning equipment.

Yes      No

Comments:

**BE4. Is there a dedicated area(s) available for reprocessing of non-critical patient care equipment that is used on the priority ward?**

This space can be a dedicated portion of another service area and doesn't need to be a standalone room, but to answer 'yes' it must include at a minimum, a 'dirty' area with access to a water point (e.g., piped or via a water storage container) and a dedicated utility drain, sink or hopper and a separate 'clean' area for storing reprocessed equipment.

**Yes      No**

**Comments:**

**BE5. Is there a defined list of essential\* cleaning supplies and equipment, at least for the priority ward, to facilitate ordering processes?**

\*Essential cleaning supplies and equipment include neutral detergent, low- and mid-level disinfectant, cleaning cloths (disposable or reusable), cloth or microfiber mops, plastic buckets and PPE (minimum PPE required are reusable rubber gloves, face protection (face shield or goggles), face mask, gowns and/or plastic aprons).

To answer 'yes', there should be a supply list developed and available (e.g., in facility cleaning policy, with procurement department or facility administration) which describes the basic environmental cleaning supplies and equipment needed to perform environmental cleaning, at least for the priority ward, including the source/supplier information for ordering.

**Yes      No**

**Comments:**

**BE6. Are the minimum essential\* cleaning supplies and cleaning equipment available and in good repair, at a minimum, for the priority ward?**

\*Essential cleaning supplies and equipment include neutral detergent, low- and mid-level disinfectant, cleaning cloths (disposable or reusable), cloth or microfiber mops, plastic buckets and PPE (minimum PPE required are reusable rubber gloves, face protection (face shield or goggles), face mask, gowns and/or plastic aprons).

Good repair means functional (e.g., cleaning cloths without holes, buckets without cracks or holes).

To answer 'yes', confirm this by observing cleaning staff performing cleaning on the ward and by observing the area where the cleaning equipment is stored to ensure that all supplies are available (i.e., no stock-outs).

**Yes      No**

**Comments:**

**BE7. Is there a defined system or process in place to routinely inspect, maintain and replace cleaning supplies and equipment as needed?**

*Note:* If the answer to BE6 is 'no', then check 'no' for this question.

To answer 'yes', there should be a person(s) responsible for inspection, a defined frequency for inspection and a process for reporting supply and equipment needs based on results from inspections.

Yes      No

Comments:

## **M: Monitoring and feedback elements**

**M1. Is there any standardized monitoring of cleaning practices conducted routinely in the priority ward?**

*Note:* If S1 or S2 is 'no', then check 'no' for this question.

To answer 'yes', the monitoring should use at least one of the following methods: observations of cleaning staff performing cleaning procedures, visual assessments of cleanliness of defined surfaces or an objective measure (e.g., environmental marking of defined surfaces with fluorescent markers, measuring residual bioburden via ATP) and it should be conducted with some reoccurring frequency (e.g., monthly).

Yes      No

Comments:

**M2. Is there a system in place where monitoring results are used to provide direct feedback to cleaning staff to improve their practices in the priority ward?**

*Note:* If M1 is 'no', then check 'no' for this question.

Yes      No

Comments:

## B2-1 Baseline Assessment—Part 2 (Advanced Program)



**Note:** As applicable to each indicator, the corresponding section within the Best Practices is referenced to review for additional context as needed; however, this is not required to complete the question. The tool needed to complete each indicator (as applicable) is also referenced in [blue](#).

### 0: Organizational elements

**01. Does the facility level focal point/cleaning program manager have a written job description or terms of reference, which corresponds to the responsibilities outlined in the Best Practices?**

- managing/maintaining the facility-specific environmental cleaning policy and corresponding service level agreement or contract (as applicable)
- maintaining a manual of standard operating procedures for all required cleaning tasks at the facility
- ensuring that structured training activities are carried out for all new staff and on a reoccurring basis
- ensuring that routine monitoring is implemented and results are utilized for program improvement
- ensuring that cleaning supplies and equipment are available in required quantities and in good condition
- addressing staff concerns regarding the cleaning program, including cleaning staff and clinical staff, as well as patient and visitor inquiries
- communicating with the contracted company on any of the program elements as needed (as applicable)

Refer to Section 2.1.1 of Best Practices

([Document Review](#) team to answer)

Yes      No

Comments:

**02. Does the facility annual budget for cleaning activities include all the major elements outlined in the Best Practices, as applicable?**

- personnel (salary and benefits for cleaning staff, supervisors and an overall focal point/program manager)
- staff training (at least pre-service and annual refresher)
- environmental cleaning supplies and equipment, including PPE for cleaning staff
- equipment for program monitoring (e.g., fluorescent markers, UV-lights)
- administrative costs, including production and printing costs for checklists, logs and other job aids
- infrastructure/services costs such as supporting water and wastewater services (as applicable)

Refer to Section 2.1.1 of Best Practices

([Document Review](#) team to answer)

**Yes      No**

**Comments:**

**03. Does the focal point/cleaning program manager meet with the following personnel, on a scheduled basis and additionally as needed?**

- a representative from the IPC committee
- a clinical staff representative from each ward (or the priority ward, at a minimum)
- facility management or WASH staff
- administrative staff in charge of procurement
- the contracting company (if applicable)

Refer to Section 2.1.2 of Best Practices

(Use [Leadership Interview](#) and [Ward and Services Assessment](#) to cross-check answer.)

**Yes      No**

**Comments:**

**04. Do on-site supervisors of cleaning staff have a written job description or terms of reference, which corresponds to the responsibilities outlined in the Best Practices, as applicable?**

- monitoring their assigned cleaning staff on a routine basis (e.g., weekly)
- providing direct feedback to their assigned cleaning staff promptly
- ensuring availability of basic cleaning supplies and equipment for their assigned cleaning staff
- receiving concerns or challenges expressed by their assigned cleaning staff and taking action to address them (e.g., safety concerns)

Refer to Section 2.1.3 of Best Practices

([Document Review](#) team to answer and use [Cleaning Staff Questionnaire](#) to cross-check answer.)

Yes      No

Comments:

**05. Are on-site supervisors in the priority ward responsible for providing oversight to no more than 20 cleaning staff?**

([Document Review](#) team to answer and use [Ward and Services Assessment](#) to cross-check answer.)

Yes      No

Comments:

**06. Is there an organizational chart that outlines the functional reporting lines between cleaning staff, on-site supervisors, cleaning program focal point or manager, and any other direct or indirect relationships (e.g., to the facility IPC focal point or ward in-charge staff), at least for the priority ward?**

(Use [Ward and Services Assessment](#) and [Document Review](#) to answer.)

Yes      No

Comments:

**07. Does facility administration or leadership\* have familiarity with the facility cleaning policy (or contract/service level agreement) as well as the budgetary, physical and human resources needed to implement the program?**

\*In some hospitals, the targeted administration/leadership level for this question may be more appropriate at the department level in which the toolkit is being implemented rather than the facility level—if policy and budgeting components are managed at department level. A combination of leadership levels (e.g., department and facility level) can also be interviewed as appropriate according to how these elements are managed at your facility.

To answer 'yes', the facility leadership should be interviewed to assess their awareness and support for the cleaning program in terms of policy and resource needs.

(Use [Leadership Interview](#) to answer.)

Yes      No

Comments:

## **P: Policy and procedural elements**

**P1. Does the facility cleaning policy (and contract/service level agreement which reflects the policy, if applicable) include all the elements as outlined in the Best Practices?**

- defined lines of accountability and functional reporting lines and responsibilities for all implicated staff
- cleaning schedules for every healthcare area and noncritical patient care equipment, specifying the frequency, method, and staff(s) responsible
- contingency plans and required cleaning procedures for environmentally hardy organisms and for outbreak management
- training requirements and performance standards for cleaning staff
- monitoring methods, frequency, and staff responsible
- list of approved cleaning products, supplies, and equipment and any required specifications on their use
- list of necessary PPE and when hand hygiene action is recommended for staff and patient safety

Refer to Section 2.4.1 of Best Practices

([Document Review](#) team to answer)

Yes      No

Comments:

**P2. Do SOPs include the required elements as outlined in the Best Practices?**

- Required cleaning supplies and equipment for the task
- Step-by-step instructions including preparatory steps (e.g., hand hygiene, PPE)
- Final steps (e.g., disposal or reprocessing of cleaning supplies and equipment, hand hygiene)

Refer to Section 2.4.2 of Best Practices

(Use [Ward and Services Assessment](#) and [Document Review](#) to answer.)

**Yes      No**

**Comments:**

**P3. Are SOPs at the appropriate literacy level and in the preferred language of cleaning staff and on-site supervisors?**

In other words, are cleaning staff and supervisors able to read and understand them?

(Use the [Cleaning Staff Questionnaire](#) to answer.)

**Yes      No**

**Comments:**

**P4. Are checklists and other visual job aids as needed developed to supplement the essential SOPs?**

Refer to Section 2.4.3 of Best Practices

(Use [Ward and Services Assessment](#) to answer.)

**Yes      No**

**Comments:**

**P5. Are ward-level leadership (at a minimum in the priority ward) familiar with the essential SOPs for their area?**

**Note:** These SOPs could be reviewed during staff meetings; to answer 'yes', these staff should be asked directly to confirm that they know about the SOPs and where to access them.

(Use [Ward and Services Assessment](#) to answer.)

Yes      No

Comments:

**P6. Are essential cleaning SOPs available both in a central location and in the priority ward where they are accessible by all staff with cleaning responsibilities (e.g., nursing staff, cleaning staff)?**

**Note:** Depending on the size and layout of the facility, these do not have to be separate locations, as long as the SOPs are easily accessible by ward staff on a daily basis.

(Use [Ward and Services Assessment](#) to answer.)

Yes      No

Comments:

**P7. Are SOPs (and/or visual job aids as needed) for preparing environmental cleaning solutions available in the designated area for preparing solutions, preparing equipment and reprocessing of cleaning supplies and cleaning equipment (known as the environmental cleaning services area from this point)?**

To answer 'yes', all should be available, if all are not available, indicate which ones are not available in the notes.

(Use [Ward and Services Assessment](#) to answer.)

Yes      No

Comments:

**P8. Are checklists and logs to facilitate routine inspection of environmental cleaning supplies and equipment available in the environmental cleaning services area?**

(Use [Ward and Services Assessment](#) to answer.)

Yes      No

Comments:

**P9. Are SOPs for reprocessing of non-critical patient care equipment available in the designated area for reprocessing (known as the sluice area from this point)?**

(Use [Ward and Services Assessment](#) to answer.)

Yes      No

Comments:

**P10. Are cleaning logs developed and available in the priority ward, which correspond to the Best Practices, as applicable?**

- They should specify the location, cleaning type (e.g., routine, terminal, scheduled clean), date and name/signature of the cleaning staff.
- They should be available in either a central location or in the priority ward so that supervisors and IPC staff can access them daily.

Refer to Section 2.4.3 of Best Practices

(Use [Ward and Services Assessment](#) to answer.)

Yes      No

Comments:

**P11. Are SOPs also available for other patient care areas, at a minimum for routine/daily, terminal and non-critical patient care equipment in wards designated at high-risk via risk-assessment?**

Refer to your risk-assessment.

([Document Review](#) team to answer)

**Yes      No**

**Comments:**

## **S: Staffing and training elements**

**S1. Do cleaning staff have a written job description and performance standards for their duties and are they familiar with them?**

To answer 'yes', this documentation should be available and cleaning staff should be interviewed to determine if they are familiar with them.

(Use [Cleaning Staff Questionnaire](#) to answer.)

**Yes      No**

**Comments:**

**S2. Are there full-time cleaning staff available daily in the priority ward such that cleaning can be performed according to the facility policy?**

Full-time cleaning staff should be paid positions and should have working shift lengths that are consistent with the acceptable norms for the setting.

To answer 'yes', cleaning staff should be able to complete daily cleaning activities working for not more than 8–12 consecutive hours.

**Yes      No**

**Comments:**

**S3. Are there extra cleaning staff that can be called upon for contingencies, such as outbreaks or other emergencies, where the occupancy of the ward is increased beyond normal levels?**

To answer 'yes', there should be more staff available on the roster than are typically required on a daily basis; there may or may not be defined processes for calling on these staff.

Yes No

Comments:

**S4. Does the content of the formal training program cover the elements outlined in the Best Practices, as applicable?**

- general introduction to the principles of IPC including transmission of pathogens and the key role cleaning staff play in keeping patients, staff and visitors safe
- detailed review of the specific environmental cleaning tasks for which they are responsible including review of SOPs, checklists and other job aids
- when and how to prepare and use different detergents, disinfectants and cleaning solutions
- how to prepare, use, reprocess and store cleaning supplies and equipment (including PPE)
- orientation to the facility layout and key areas for the cleaning program (e.g., housekeeping areas)
- other health and safety aspects, as appropriate

Refer to Section 2.2.2 of Best Practices

Yes No

Comments:

**S5. Do the training methods used in the formal training program include:**

- participatory learning, including demonstrations and practice sessions
- appropriate materials in terms of literacy levels and language for the target audience
- experienced trainers who have been trained on cleaning methods and the facility cleaning policy

Refer to Section 2.2.2 of Best Practices

Yes No

Comments:

**S6. Are new cleaning staff trained using the formal training program prior to working independently, and are there refresher trainings performed at least annually?**

To answer 'yes', processes for new hire and refresher trainings must be in place.

(Use [Cleaning Staff Questionnaire](#) to confirm answer.)

Yes      No

Comments:

## **BE: Infrastructure and supply elements**

**BE1. Is piped water available to the environmental cleaning services area and sluice (i.e., medical equipment reprocessing) area which services the priority ward?**

(Use [Ward and Services Assessment](#) to answer.)

Yes      No

Comments:

**BE2. Are functional utility sinks and drains available in the environmental cleaning services area and sluice area, which services the priority ward?**

(Use [Ward and Services Assessment](#) to answer.)

Yes      No

Comments:

**BE3. Does the dedicated environmental cleaning services area have the elements as outlined in the Best Practices?**

Refer to Section 3.5 of Best Practices

(Use [Ward and Services Assessment](#) to answer.)

Yes      No

Comments:

**BE4. Does the dedicated sluice area that services the priority ward have the elements as outlined in the Best Practices?**

Refer to Section 4.7.2 of Best Practices

(Use [Ward and Services Assessment](#) to answer.)

Yes      No

Comments:

**BE5. Is the full set\* of cleaning supplies and equipment available consistently in the priority ward, and are adequate stocks of supplies and equipment for contingencies available within the environmental cleaning services area?**

\*A full set of cleaning supplies and equipment includes neutral detergent, low- and mid-level disinfectant, color-coded cleaning cloths (disposable or reusable), squeeze bottles for surface cleaning solutions, cloth or microfiber mops, plastic buckets, cleaning carts, trolleys or caddie kits, and PPE (reusable rubber gloves, face protection (face shield or goggles), face mask, N95 or FFP2, gowns and/or plastic aprons).

To answer 'yes', cleaning staff should be interviewed (use Cleaning Staff Questionnaire) and observations should be conducted at the priority ward and in the storage area for environmental cleaning supplies and equipment that services the priority ward (use [Ward and Services Assessment](#) to answer). The adequacy of stocks is dependent on the ward and there are not definitive benchmarks. The project team should decide whether the available stocks are adequate to allow for daily cleaning activities in case the ward is at full (or in excess of) occupancy.

Refer to Section 2.3.3 of Best Practices

Yes      No

Comments:

**BE6. Is there a defined process or system in place to ensure that the finishes, furniture and patient care equipment procured have the characteristics outlined in the Best Practices (at least for the priority ward)?**

*Note:* There may be existing finishes and furniture in the priority ward that do not conform to best practices. The answer to this question can still be 'yes' if a process exists to replace old equipment with new equipment that conforms to standards when resources become available.

Refer to Section 2.3.4 of Best Practices

Yes      No

Comments:

## **M: Monitoring and feedback elements**

**M1. Do routine monitoring activities include at least one objective method, such as environmental marking of defined surfaces with fluorescent markers or measuring residual bioburden via ATP?**

Refer to Section 4.8 of Best Practices

Yes      No

Comments:

**M2. Do routine monitoring activities include direct performance observations of cleaning staff on cleaning practices and techniques, which are conducted, at least for less experienced staff, until a determined level of competency is achieved?**

There is not a defined benchmark in terms of desired competency level; this should be determined at a facility level. To answer 'yes', performance observations should be conducted routinely (with some reoccurring frequency, e.g., weekly) and at least weekly for less experienced staff in the first 6-months of employment.

(Use [Cleaning Staff Questionnaire](#) to cross-check answer.)

Yes      No

Comments:

**M3. If the cleaning program is administered by an external company, is any standardized monitoring performed routinely by facility staff (e.g., cleaning focal point, IPC committee)?**

(Use [Cleaning Staff Questionnaire](#) to cross-check answer.)

Yes      No

Comments:

**M4. Do routine monitoring activities cover the proportion of beds as recommended in the Best Practices?**

- At least 5% of beds ( $\geq 150$  bed facilities) or a minimum of 15 patient care beds/areas (for hospitals with less than 150 beds)
- For facilities with less than 15 beds, this can be increased to 25%

Refer to Section 2.5.1 of Best Practices

([Document Review](#) team to answer)

Yes      No

Comments:

**M5. Is monitoring data periodically analyzed to determine trends and identify areas (e.g., type of cleaning activity) for improvement?**

Refer to Section 2.5.2 of Best Practices

([Document Review](#) team to answer)

Yes      No

Comments:

**M6. Are summary or aggregate reports periodically prepared and presented to facility administration/leadership\*?**

*Note:* In some hospitals, the targeted administration/leadership level for this question may be more appropriate at the department level in which the toolkit is being implemented rather than at the facility level—if policy and budgeting components are managed at department level. A combination of leadership levels (e.g., department and facility level) can also be interviewed as appropriate based on how these elements are managed at your facility.

Refer to Section 2.5.2 of Best Practices

(Use [Leadership Interview](#) to confirm answer.)

Yes No

Comments:

**M7. Does direct feedback provided to cleaning staff include the methods as outlined in the Best Practices?**

- real-time feedback and coaching, during or following performance observations
- a regular verbal debrief (e.g., monthly), usually during a one-on-one meeting between the cleaning staff and their direct supervisors
- performance review reports (written or verbal), usually prepared on an annual basis

Refer to Section 2.5.2 of Best Practices

(Use [Cleaning Staff Questionnaire](#) to cross-check answer.)

Yes No

Comments:

**M8. Are external audits of the full cleaning program conducted periodically (e.g., annually, every two years) by persons not directly involved in the program management or implementation?**

Refer to Section 2.5.3 of Best Practices

([Document Review](#) team to answer)

Yes No

Comments:

## B2-2 Leadership Interview Guide

Interviewer(s): \_\_\_\_\_

Date of interview: \_\_\_\_\_

Leadership staff interviewed: \_\_\_\_\_

Level of leadership interviewed (select one): Department/Unit (fill in): \_\_\_\_\_

Hospital level

**Interviewer notes:** Leadership at your facility should already be aware that the toolkit process is being implemented; however, this is a good opportunity to provide a brief overview of where you are with the process including the overall timeline. One area to highlight as an achievement of the environmental cleaning program at your facility is the fact that you have already completed the preliminary assessment (Part 1) and have found that the program meets the minimum standards for a cleaning program (i.e., the basic program level).

You can communicate that, at this time, you are collecting information for the more in-depth portion of the assessment (Part 2) and are requesting approximately 15 minutes of their time to collect some general information. You can also use this opportunity to request access to additional documentation (see Document Review list at end of these instructions) from administrative staff.

**Target respondent:** Note that in some hospitals, the targeted administration/leadership level for this question may be more appropriate at the department level in which the toolkit is being implemented rather than the facility level—if policy and budgeting components are managed at department level. A combination of leadership levels (e.g., department and facility level) can also be interviewed as appropriate based on how these elements are managed at your facility. If different levels of leadership will be interviewed, fill in one form per leadership level.

### 1. Cleaning Policy

- 1a. Have you personally reviewed and validated the facility cleaning policy in place, including the policy specific to the \_\_\_\_\_ ward?
- 1b. Does the policy reflect national level guidance (if available)?
- 1c. When was the policy created or last updated?
- 1d. Are there any aspects of the policy that you think should be reviewed or missing aspects that should be included?

**Response and Notes:**

## 2. Contract/service level agreement (if applicable)

- 2a. Have you reviewed in-detail the terms and specifications of the service level agreement or contract with the external company hired for cleaning activities at your facility?
- 2b. Does the contract mirror the facility policy requirements?
- 2c. Are there any aspects of the contract that you think should be reviewed or missing aspects that should be included?

**Response and Notes:**

## 3. Communication

- 3a. Do you meet with the facility focal point/cleaning program manager with some reoccurring frequency to discuss any updates to cleaning policy or procedures?
- 3b. How frequently do you meet?
- 3c. Does the focal point/cleaning program manager meet with other staff at the facility routinely?

**Response and Notes:**

## 4. Monitoring and audit

- 4a. Is monitoring data from the cleaning program specific to the \_\_\_\_\_ ward shared with you?
- 4b. How is this monitoring reported?
- 4c. How frequently is it shared with facility leadership?

**Response and Notes:**

## 5. Budget and resources

- 5a. What are the main elements of the budget of the cleaning program (in terms of resources)?
- 5b. Do you feel the cleaning budget is sufficient to meet the needs within the facility?
  - 5b-1. If you don't think the budget is sufficient, what are the main components of the program that are underfunded?
- 5c. How often is the budget reviewed?
- 5d. Aside from budget, what are the main resources needed in the facility to support cleaning activities (e.g., human resources, materials, technical resources)?
  - 5d-1. Do you think the current access to these resources is adequate to meet the needs?

### Response and Notes:

## Document Review List

Documents to Request for In-Depth Review (in-depth review to take place after the leadership interview with the project team):

1. Facility cleaning policy
2. Service Agreement or Contract with cleaning service company (if applicable)
3. Job descriptions, terms of reference for (these may be within the facility cleaning policy):
  - a. Cleaning Focal Point/Program manager
  - b. Cleaning Supervisors
  - c. Cleaning Staff
4. Cleaning supplies and equipment list from procurement department—ideally with product details including suppliers and costs
5. Cleaning program budget
6. Organizational staffing chart for cleaning program, for facility or priority ward at a minimum
7. Cleaning staff roster

(The materials below may only be available at IPC committee level, rather than leadership/administrative level, but you can check to see if available when talking to administrative staff.)

1. Cleaning standard operating procedures (SOP), protocols or instructions for cleaning in the priority ward (at minimum), and all high-risk wards if feasible (use risk-assessment results to inform this list)
2. Curriculum and schedule for cleaning staff training program
3. Summary or aggregate monitoring reports from cleaning program, for facility or priority ward at a minimum
4. Cleaning program external audit reports

## B2-3 Cleaning Staff Questionnaire

Instructions: Ask all\* cleaning staff within the priority ward to fill in this questionnaire, even if they are also responsible for cleaning in other parts of the facility (i.e., are not dedicated staff for the priority ward). Fill in the name of the priority ward in the questionnaire form prior to giving it to cleaning staff to complete and ensure that they know that these questions pertain to their work in the priority ward specifically.

\*Sampling cleaning staff (if needed): In large wards where these interviews will be administered in an interview format (versus self-administered), it may not be feasible to interview every cleaning staff member in the priority ward. Aim to interview 20% of eligible staff members (who have cleaning responsibilities) or a minimum of 15 staff. These staff should be randomly selected.

Obtaining consent: It is important to obtain consent to participate/complete this questionnaire from all staff members, prior to completion of the questionnaire. The forms should explain the purpose of the interview, the anticipated amount of time to participate, how the information will be stored and used, any potential risks/benefits to the staff from participation and how information will be kept confidential and without any personal identifiers. For some examples of consent forms, see Sample Informed Consent Form (<http://www.bu.edu/linguistics/UG/course/lx700-f05/handouts/Informed%20Consent%20Examples.doc>) and Sample Informed Consent Form ([https://web.stanford.edu/group/ncpi/unspeified/student\\_assess\\_toolkit/pdf/sampleinformedconsent.pdf](https://web.stanford.edu/group/ncpi/unspeified/student_assess_toolkit/pdf/sampleinformedconsent.pdf)).

### If cleaning staff are literate:

- Ask the cleaning staff to read and sign the informed consent form prior to completing the questionnaire and keep those consent forms in your project folder for records.
- These questionnaires should be self-administered, and the cleaning staff should not write their names on the questionnaire forms. In other words, the information should be collected confidentially and anonymously.

### If cleaning staff are not literate:

- Carefully review the consent form with the staff and obtain verbal consent (note: in this case, include a check box to indicate if consent was obtained and have the interviewer sign the form)
- These questions can be asked to cleaning staff in an interview format.
  - » The person who interviews the cleaning staff should be either a member of the project team who isn't involved in supervision or staffing issues (e.g., facilities management) or someone outside of the project team who is asked to assist with this part of the assessment (e.g., a clinical staff from another ward not included in the toolkit process).
- No identifiable information should be collected (e.g., their name) on the questionnaire forms.

### If the cleaning staff are employees of an external company:

- You must inform and seek permission from the company prior to administering the questionnaire (and obtain consent using the same approach as above depending on literacy level).

\*Select only one reply unless the question says to 'Select All That Apply'.

Name of Priority Ward: \_\_\_\_\_

Any additional Identifier(s), if needed: \_\_\_\_\_

Name of Interviewer (if interview format) \_\_\_\_\_

Date (d/m/y): \_\_\_\_\_

## Work duties and supervision

1. How long (e.g., # months or years) have you been working as a cleaning staff in this facility?  
\_\_\_\_\_ months      years
2. On average, how many hours per day are your working shifts in this facility? \_\_\_\_\_ hours
3. Do your duties also include cleaning in other areas in the facility outside of the  
\_\_\_\_\_ ward?  
Yes      No      Do not know
4. On average, how many days or shifts per week do you perform cleaning duties in the  
\_\_\_\_\_ ward?  
\_\_\_\_\_ days/week      shifts/week
5. How often is an occupied room (or patient bed area) in the \_\_\_\_\_ ward cleaned?  
(Read all response options below to the respondent and ask them to select one.)  
Several times per day  
Once per day  
Several times a week  
Once a week  
Less than once a week  
Other (fill in): \_\_\_\_\_
6. Is there a written job description for your position at the facility?  
Yes      No      Do not know
7. Are you familiar with your job description, in other words, have you reviewed it yourself or has someone explained it to you?  
Yes      No      Do not know
8. Are there performance standards for your position (i.e., measures or competencies)?  
Yes      No      Do not know
9. Is the quality or thoroughness of your work assessed in the \_\_\_\_\_ ward?  
Yes      No      Do not know

**10. How often do you receive feedback on your work from a supervisor?**

(Select response and fill in one line on the right.)

I do not receive direct feedback on my work.

Every \_\_\_\_\_ days

Every \_\_\_\_\_ weeks

Every \_\_\_\_\_ months

**11. By what methods do you receive feedback on your work from a supervisor?**

(Select all that apply.)

I do not receive direct feedback on my work.

direct feedback and coaching, during my shifts

a one-on-one meeting with some reoccurring frequency (e.g., monthly)

annual performance review report/meeting

other: \_\_\_\_\_

**12. On a day-to-day basis, do you know how and what exactly you are supposed to clean during your shift in the \_\_\_\_\_ ward (for example, which surfaces, which equipment)?**

Yes      No

**13. On a day-to-day basis, do you know exactly what surfaces and equipment you are responsible for cleaning versus what is the responsibility of other staff (such as nurses) in the \_\_\_\_\_ ward?**

Yes      No

**14. Are there any instructions or guidance for how to perform cleaning tasks in the \_\_\_\_\_ ward (for example, diagrams, posters or pictures to explain how to perform a cleaning task like making a cleaning solution or cleaning a patient room)?**

Yes      No (skip to question 19)      Do not know (skip to question 19)

**15. Are the diagrams, posters or pictures easy to understand?**

Yes      No

**16. If you needed to see the written cleaning procedures or posters describing cleaning tasks during your workday in the \_\_\_\_\_ ward, do you know where to find them?**

Yes      No

**17. Are copies of the written cleaning procedures or posters describing cleaning tasks available in the \_\_\_\_\_ ward?**

Yes      No      Do not know

18. Are the written procedures written in a language that you can understand?

Yes      No

19. Is there someone at the facility who gives you your daily cleaning assignments/tasks for the \_\_\_\_\_ ward?

Yes      No

20. Do you have a supervisor or someone who you can report to on the ward during your shifts?

Yes      No

21. Do you know how and to whom to report any issue with your cleaning supplies and equipment (for example, if your mop or bucket is broken)?

Yes      No

22. Do you know how and to whom to report any safety issue that may happen during your shift in the \_\_\_\_\_ ward (for example, if someone slips and falls)?

Yes      No

23. Is there someone who directly supervises (e.g., through observing you conducting cleaning activities) your work in the \_\_\_\_\_ ward on at least a weekly basis?

Yes      No      Do not know

24. Is there someone who periodically monitors the level of cleanliness in the \_\_\_\_\_ ward (for example, someone from the IPC committee)?

Yes      No      Do not know

## Training

25. Have you been trained on all the tasks for which you are currently responsible in the \_\_\_\_\_ ward during your shifts?

(Read all response options below to the respondent and ask them to select one.)

Yes, I have received training on all the daily duties/tasks that I perform in this ward.

I have received training on some but not all the duties/tasks that I perform in this ward.

No, I have not received any training on the duties/tasks that I perform in this ward.

26. When you first started to work in this facility, did you receive formal training (for example, training in a classroom) on cleaning before starting to work on your own?

Yes      No

27. When you first started to work in this facility, did you ever work with a more experienced cleaning staff to supervise or train you before starting to work on your own?

Yes      No

28. Have you received any refresher training on cleaning since the first training you received in this facility?

Yes      No

29. When was the last time you received a refresher training?

More than a year ago      Less than a year ago      Do not know

30. How often is this refresher training performed?

Every 6 months

Every 1 year

Other: \_\_\_\_\_

Do not know

Not performed on a scheduled basis

**31. What topics have you received training on?**

(Read each response and select each one that applies. Use the box below to write in any notes which may be needed.)

How germs are spread

How to wash my hands

How to use Personal Protective Equipment (PPE) such as gloves and face protection

When and what PPE to use (i.e., for certain tasks)

How to clean PPE, cleaning supplies and equipment (for example, mops, buckets) after use

How to make cleaning and disinfectant solutions

How to clean surfaces and equipment in the patient care areas where I am responsible for cleaning (step-by-step)

How to perform daily cleaning in patient care areas when patients are present

How to perform terminal or discharge cleaning in patient care areas after the patient is discharged or transferred

What type of cleaning and disinfectant solutions to use and when to use them

How to mop a floor

How to clean up a blood or body fluid spill

Additional notes on training topics (only fill in if not covered above):

**32. Did any of your training sessions include practice sessions (for example, performing hands-on practice of certain skills such as preparing cleaning solutions)?**

Yes      No

**33. Did you understand all the topics included in training?**

Yes      No

## Supplies and equipment

34. During a typical shift, do you have access to enough water (i.e., sufficient quantity) in order to prepare environmental cleaning solutions for your cleaning duties?

Yes, all the time.

Majority of the time

Only sometimes

No, there is not a sufficient quantity of water to perform my cleaning duties.

35. During a typical shift, do you have access to functional drains or sinks to safely dispose of used cleaning solutions when they are no longer good to use?

Yes, all the time.

Majority of the time

Only sometimes

No, we do not have drains/we dump solutions outside.

36. Is there an area in the facility where clean or new cleaning supplies and equipment for the \_\_\_\_\_ ward are stored?

Yes      No      Do not know

37. Is there an area in the facility where you can prepare cleaning solutions, dispose of used solutions, and clean your supplies (for example, buckets and mops) when needed?

Yes      No      Do not know

38. Is there an area in the facility where patient equipment (for example, commodes, wheelchairs) from the \_\_\_\_\_ ward is taken to be reprocessed (cleaned and disinfected) when needed?

Yes      No      Do not know

39. During a typical shift, do you have all the supplies and equipment you need to be able to clean surfaces and floors in the \_\_\_\_\_ ward?

Yes, all the time      Majority of the time      Only sometimes      No

40. During a typical shift, are there cleaning supplies and equipment which you need in the \_\_\_\_\_ ward that are not in stock or are not able to be used because they are broken or in poor repair?

Yes, often      Only sometimes      No, they are always available and in good repair

41. If a cleaning supply or equipment (for example, a mop) that you needed in the \_\_\_\_\_ ward was either not available or was broken, do you know who to report this to?

Yes      No      Do not know

## B2-4 Ward and Services Assessment

### Instructions:

- This assessment is for the ward that you have selected for the toolkit process. In some cases, the answers may not only apply to the selected priority ward; however, an effort should be made to ensure the answers are representative of the situation in the ward specifically.
- Review all these questions in advance of starting the assessment and make a plan for the most logical order to answer them based on the configuration of the ward.
- The assessment should take no more than 60-minutes and should be conducted in collaboration with the ward in-charge (i.e., nurse or physician in-charge).
- The majority of these questions should be filled in by the assessor's direct observations; everything must be visually confirmed (e.g., presence of supplies, standard operating procedures (SOPs)) rather than just reported by ward staff.
- Direct questions to pose to individuals are indicated in *italics*, starting with to whom they should be directed.
- All questions should be answered based on the situation on the day of the assessment, even if it's not clear if they are representative of the 'normal' situation.

Name of Priority Ward: \_\_\_\_\_

# of beds: \_\_\_\_\_

Additional Identifier(s), as needed:

Name of Assessor(s): \_\_\_\_\_

Date and Time of Assessment:

Date (d/m/y): \_\_\_\_\_

Time: \_\_\_\_\_

### 1. Staffing

- 1a. How many cleaning staff are on the schedule/roster to work a shift in the ward on the day of the assessment? \_\_\_\_\_
- 1b. How many cleaning supervisors (with responsibility for directly supervising cleaning staff) are on the schedule/roster to work a shift in the ward on the day of the assessment? \_\_\_\_\_
- 1c. Is there a staff organizational chart available that includes the cleaning staff, supervisors and reporting lines for the ward\*? (visually confirm)

\*Note: This may not be located on the ward. Cross-check with results from Document Review.

Yes

No

## 2. Policy and procedures

2a. *(Pose this question to the ward in-charge)* Do you know where the cleaning standard operating procedures (SOP) and cleaning schedules for the ward are located?

Yes      No

2b. *(Pose this question to the ward in-charge)* Do you meet with the overall cleaning manager or focal point with some reoccurring frequency to discuss any updates to cleaning policy or procedures?

Yes      No

2c. *(Pose this question to a cleaning supervisor(s))* Do you know where the cleaning standard operating procedures (SOP) and cleaning schedules for the ward are located?

Yes      No (Note where they are located below)

**Comments/Notes:**

2d. *(Pose this question to a cleaning supervisor(s))* Have you reviewed the SOPs in detail or been trained on them?

Yes      No

2e. Are copies of cleaning SOPs available on the ward for both routine and terminal cleaning?  
(visually confirm)

Yes      No

**Comments/Notes:** (Note below where they are located and if both routine and terminal cleaning are included)

**2f. If cleaning SOPs are available, make a copy or take a photo to review during the Document Review process. The SOPs can also be reviewed at this time during the survey to determine if they include all of the following elements:**

- Required cleaning supplies and equipment for the task, including PPE
- Preparatory steps including donning PPE and hand hygiene
- Step-by-step instructions
- Final steps including any disposal or reprocessing of cleaning supplies and equipment, doffing PPE, hand hygiene

**cleaning SOPs not available**

**to be reviewed later during document review**

**cleaning SOPs reviewed and missing some elements**

**(take a copy of them for additional review during roundtable session)**

**cleaning SOPs reviewed and include required elements**

**2g. Are there log books or records on the ward at the time of the assessment for recording the daily cleaning tasks?**

- They should specify the location (e.g., bed or room #), cleaning type (e.g., routine, terminal, scheduled clean), date and name/signature of the cleaning staff.
- They should be available in either a central location or in the priority ward so that supervisors and IPC staff can access them daily.

**cleaning log books not available on the ward**

**cleaning log books available but missing some elements**

**(take a copy of them for additional review during roundtable session)**

**cleaning log books available and include required elements**

### 3. Supplies and equipment

3a. *(Observe either on the ward with the set of supplies being used by cleaning staff during the assessment or within the environmental services area serving the ward.) Are the full set\* of cleaning supplies and equipment available for all cleaning staff working in the ward at the time of the assessment?*

\*Make detailed notes below including state of repair of the supplies observed and and/or what is missing.

Full set of cleaning supplies and equipment:

- detergent for making cleaning solutions
- low- and mid-level disinfectant (consult Best Practices for active ingredients at these levels, note in column on right the active ingredients and concentration of disinfectant(s) in use)
- color-coded cleaning cloths (disposable or reusable)
- squeeze bottles or small buckets for surface cleaning solutions
- cloth or microfiber mops
- plastic buckets for mopping solutions
- cleaning carts, trolleys or caddie kits for carrying supplies
- PPE (reusable rubber gloves, face protection (face shield or face mask and goggles), N95 or FFP2, gowns and/or plastic aprons)

Yes      No

Comments/Notes:

**(Ask to visit the environmental cleaning services area where the cleaning supplies used in the priority ward are prepared and reprocessed.)**

#### **4. Environmental services storage area (servicing the priority ward)**

**4a. Is this area easily accessible to priority ward?**

Yes      No

**4b. Does this area have a biohazard sign on the door?**

Yes      No

**4c. Does this area have door locks or other means to restrict access only to authorized personnel?**

Yes      No

**4d. Is this area well-ventilated (fans or window access)?**

Yes      No

**4e. Is this area well-illuminated (lighting or window access)?**

Yes      No

**4f. Does the area have access to piped water supply (hot and cold water access, if feasible)?**

Yes      No

**4g. Does the area have a utility sink or floor drain for safe disposal of used solutions?**

Yes      No

**4h. Is a dedicated handwashing sink or station, used only for handwashing, available?**

Yes      No

**4i. Is access to an eyewash station available?**

Yes      No

**4j. Is PPE available for preparing solutions?**

at least: reusable rubber gloves, masks, eye protection (goggles or face shield), gowns or plastic aprons

Yes      No

**4k. Is enough space available to keep reprocessing (dirty areas) separate from storage areas for cleaned equipment?**

Yes      No

**4l. Is the area appropriately sized to the amount of materials, equipment, and chemicals stored in the room/area (i.e., not overfilled)?**

Yes      No

**4m. Is the area free from personal clothing or grooming supplies, food and beverages?**

Yes      No

**4n. Is the area free from clutter to facilitate cleaning?**

Yes      No

**4o. Does the area have washable surfaces (e.g., floors, walls, shelves)?**

Yes      No

**4p. Are the safety data sheets and manufacturer's instructions for cleaning chemicals available?**

All available

Partial available (detail below)

None available

**Comments/Notes:**

**4q. Are SOPs or comparable job aids (e.g., posters) available for 1) preparing cleaning and disinfectant solutions, 2) preparing other cleaning supplies (e.g., stocking cleaning carts) and 3) reprocessing of cleaning supplies and equipment available in this service area?**

All available

Partial available (detail below)

None available

**Comments/Notes:**

**4r. Are checklists and logs for inspecting and recording the maintenance, upkeep and functionality status of supplies and equipment available in this service area? (e.g., recording broken or damaged equipment)**

All available

Partial available (detail below)

None available

**Comments/Notes:**

**(Ask to visit the sluice or decontamination area where non-critical medical equipment (e.g., commodes, wheelchairs) used in the priority ward is reprocessed.)**

### **5. Sluice area (servicing the priority ward)**

**5a. Is there a physical separation or partition for dirty equipment and clean (reprocessed) equipment?**  
Yes      No

**Does the dirty equipment area have:**

**5b. a door that is kept closed at all times and ideally has hands-free operation**  
Yes      No

**5c. a work counter and sluice/utility sink with a working hot and cold faucet (i.e., piped water supply)**  
Yes      No

**5d. a dedicated hand hygiene station or sink (separate from the sluice/utility sink)**  
Yes      No

**5e. space for washers/disinfectors (if resources allow)**  
Yes      No

**5f. PPE available for decontamination/reprocessing activities**  
at least: reusable rubber gloves, masks, eye protection (goggles or face shield), gowns or plastic aprons  
Yes      No

**Does the clean equipment area (for storage of reprocessed equipment to return to ward(s)) have:**

**5g. a separation (via workflow) from soiled areas**  
Yes      No

**5h. shelves that are smooth, non-porous and easy to clean**  
Yes      No

**5i. storage shelves that are protected from water or dust accumulation**  
Yes      No

**5j. easy access for staff from the priority ward (i.e., close proximity to the priority ward)**  
Yes      No

**5k. Are SOPs for reprocessing of non-critical patient care equipment available in this designated decontamination area?**  
Yes      No

**Additional Notes:**