SESLHD PROCEDURE COVER SHEET

NAME OF DOCUMENT	Environmental Cleaning Auditing
TYPE OF DOCUMENT	Procedure
DOCUMENT NUMBER	SESLHDPR/779
DATE OF PUBLICATION	March 2025
RISK RATING	High
LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards: Standard 3 - Preventing and Controlling Healthcare-Associated Infection Standard
REVIEW DATE	March 2027
FORMER REFERENCE(S)	N/A
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FUNCTIONAL GROUP(S)	Infection Control
KEY TERMS	Environmental cleaning, infection, prevention and control, auditing, functional area, risk rating, acceptable quality level, rectification
SUMMARY	This document outlines the process through which SESLHD hospitals are to approach and undertake auditing of the healthcare environment in the context of the requirements as stipulated within NSW Health Policy Directive PD2023_018 - Cleaning of Healthcare Environment. The procedure details outline the audit, rectification, reporting and escalation processes.

1.   POLICY STATEMENT

As per [NSW Health Policy Directive PD2023_018 - Cleaning of the Healthcare Environment](#) (the NSW Health Policy) all NSW Public Health Organisations (PHOs) must implement routine environmental cleaning programs. Effective environmental cleaning improves the safety of patients, staff and visitors. It reduces the risk of transmitting infections and is an essential component of any effective infection prevention and control program, supporting the delivery of high-quality healthcare and a safe working environment for staff.

A key component of ensuring compliance with this requirement is the monitoring of the effectiveness of cleaning programs, processes, and standards through the establishment of a standardised and consistent auditing program.

The purpose of completing internal cleaning audits is to review the cleanliness of various functional areas in a healthcare facility by visual inspection, regardless of who is responsible for completing the cleaning and maintaining the environment (e.g. environmental services, nursing staff or facility services). Outputs from the audit will identify any cleaning requirements needed to achieve at least the minimum acceptable quality level (AQL) of cleanliness.

2. BACKGROUND

The purpose of this procedure is to facilitate compliance to the requirements under the National Safety and Quality Health Service Standards, Preventing and Controlling Healthcare-Associated Infection in addition to supporting and enhancing compliance the NSW Health Policy by:

- Ensuring that routine cleaning of the healthcare environment meet minimum standards
- Ensuring the environmental cleaning program undergoes regular cleaning audits in line with functional area risk rating
- Ensuring that rectification remediation occurs within required timeframes
- Ensuring there is clarity over responsibilities for rectification management in context of the nature of the issue and priority rating.

For the most part, the process outlined within the procedure is applicable for hospital and residential aged care service environments only. The approach for community-based services like those delivered by Population and Community Health, and the Mental Health Service is detailed in Section 5.

3.   RESPONSIBILITIES

3.1   Employees will:

- Comply with SESLHD procedures outlined in this document and any other relevant document
- Escalate any concerns related to the inability to comply with the procedure to direct line management and where appropriate, to the facility Infection Prevention and Control (IPC) Committee or relevant committee meeting
- Complete and maintain education and training as required to safely undertake the tasks as outlined in associated documents.

3.2   Line Managers will:
- Ensure that documented procedures and templates for auditing completion, management and reporting are available and utilised
- Ensure auditing schedules and systems are adhered to
- Ensure provision of adequate reporting (monthly and trended) to facilitate relevant action.
- Participate in auditing completion, supervision, and reporting processes where applicable.

3.3   District Managers / Service Managers will:
- Ensure that resources are available to comply with the requirements of the procedure
- Ensure managers have access to electronic auditing systems (where appropriate) that are fit for purpose
- Manage and support resolution of non-compliance with the procedure and associated policy and standards
- Ensure access to a forum/s through which issues and concerns relating to compliance can be raised and resolution identified.

3.4   Clinical / Department staff will:
- Report any concerns related to the cleanliness of the environment to the local Domestic Service Manager, with further escalation to relevant senior management or executive
- Ensure Domestic Service Managers retain membership on and provide reports to the local IPC Committee
- Department/Unit Manager (or their delegate) to participate in the environmental audit and associated rectification process as a minimum
- Support compliance by ensuring access to clinical spaces/areas for cleaning and auditing purposes.

4.   PROCEDURE

4.1 Functional Risk Rating

The methods, thoroughness and frequency of cleaning and the products used for different surfaces are to be determined by an assessment of risk. This risk has a subsequent impact on the frequency and scheduling of auditing.

The functional risk rating for an area, as described in the NSW Health Policy (and summarised below) is broken down into four key categories:

Extreme risk areas	Extreme risk areas are areas with the greatest risk of transmission of infection to patients, as patients in these areas are very susceptible to infection (for example are immunocompromised and/ or have significant comorbidities and/ or are undergoing highly invasive procedures). Cleaning outcomes must be achieved through the highest level of cleaning intensity and frequency
High risk areas	High risk areas are areas where infection transmission risk is high because patients are susceptible to infection and invasive procedures are conducted here. Cleaning outcomes must be maintained by a

	frequent cleaning schedule with capacity for rapid spot cleaning.
Medium risk areas	Medium risk areas are areas where there is a medium risk of infection as there are no invasive procedures performed, such as outpatient departments, non-emergency transport vehicles, pharmacy. Cleaning outcomes must be maintained through scheduled regular cleaning with capacity for spot cleaning.
Low risk areas	Low risk areas are areas where the risk of infection is low as there is no patient care performed, e.g. ambulance stations, offices, non-patient transport vehicles. Cleaning outcomes must be maintained through scheduled regular cleaning with capacity for spot cleaning

Using the above definitions, at a minimum, the functional risk rating allocated to an area needs to be re-confirmed every two years. This process needs to be a scheduled in line with the annual audit program.

Where a unit, department or clinical area's purpose or function changes within the two-year period, the functional risk rating must be re-reviewed. Ideally, this process must be completed by a manager or supervisor within the Environmental Services team and include a facility IPC representative. Where the assessment is required in a community-based setting this assessment can be completed by the service manager and/or quality representative. The outcome of the review and proposed functional risk rating must be documented and provided to the individual Portfolio Manager for confirmation.

Once endorsed, the annual audit schedule must be updated to reflect the changes and be re-tabled at the hospital IPC or relevant committee meeting for noting.

Any changes to the auditing tool must also be actioned and confirmation of such action taking place, also included in reporting to the relevant hospital IPC Committee meeting or relevant committee meeting for noting.

Any disagreement on allocation of a risk rating is to be evaluated for advice through to the SESLHD IPC Sub Committee by the relevant Environmental Services Manager.

4.2   Scheduling of Environmental Cleaning Audits

Detailed information regarding risk categories definitions and relationships with internal audit frequency and AQL are detailed within the NSW Health Policy and are as follows:

Table 1: Audit frequency according to risk category

Risk category	Aim	AQL
Extreme	To audit all rooms at least once a month. Minimum requirement = At least 50% of rooms are audited each month, and all rooms every 2-months	**90%**
High	To audit all rooms at least once every 2-months. Minimum requirement = At least 50% of rooms are audited every 2-months, and all rooms every 4-months	**88%**
Medium	Minimum requirement = At least 50% of rooms are audited every 3-months and all rooms every 6-months.	**85%**
Low	Minimum requirement = All rooms are audited once a year	**80%**

At the end of each calendar year, the hospital Environmental Services Manager is required to create an updated audit scheduling for the upcoming calendar year. This schedule must capture all areas and allocate frequency in line with the confirmed risk ratings. The schedule must also highlight the scheduling of the Environmental Cleaning Equipment and Consumable audit as described in Section 4.3.

The audit approach and associated scheduling undertaken at SESLHD hospitals will be comprehensive and multi-layered and has been developed to ensure multiple opportunities to confirm compliance to policy and process.

A summary of audit types is detailed below:

Table 2: Summary of audit types

Audit type	Frequency	Role responsible	Roles required to action / implement	Purpose	Results and compliance monitoring
Internal Environmental Cleaning Audit	Monthly and as per functional risk rating frequency	Environmental Services Manager	Environmental Services Manager Department representative from audit area Site management where services are delivered off campus	Regular monitoring of cleaning quality compliance	Results and reports (inclusive of rectification actions where appropriate) submitted **monthly** to hospital IPC Committee
Cleaning Equipment and Consumable Audit	Quarterly (1 for each functional risk area)	Environmental Services Manager	Environmental Services Manager Department representative from audit area Site management where services are delivered off campus	Regular monitoring of compliance to standards and policy requirements	Results and reports (inclusive of rectification actions where appropriate) submitted **quarterly** to hospital IPC Committee
Extreme Risk Area - Cross Site Internal Audit	Annually	Environmental Services Manager where the audit is occurring	Environmental Services Manager from another SESLHD site IPC representatives from another SESLHD site	Act as an objective audit assessment. Confirm monthly internal audits are occurring as per policy and process. Support sharing of audit knowledge and expertise.	To be included in overall site schedule. Results and reports (developed by external staff completing the report) to be tabled at the hospital IPC Committee
External audit	All functional areas every two years as a minimum or per NSW policy requirements	Senior Corporate support Services Operations Manager	Senior Corporate support Services Operations Manager Environmental Services Managers	Objective assessment of adherence to quality standards inclusive of the governance framework	Results and action plan (where relevant) provided and/or presented to site Executive representative and hospital IPC Committee.

With respect to the Extreme Risk Area - Cross Site Internal Audit the Environmental Manager and IPC representative from another SESLHD site is required to undertake an extreme risk area audit at another site. This must occur when the Cleaning Equipment and Consumable Audit is also scheduled to ensure comprehensive review.

4.3 Audit Establishment and Review

SESLHD hospitals are to utilise the same software program for environmental cleaning auditing purposes (In Control – Topcat). This is to ensure appropriate benchmarking and comparison of results can be undertaken and variation due to differences in software limited.

Should a hospital or service responsible for delivering clinical care in either extreme or high risk rated environment wish to move away from the standard software program this must be proposed via brief and submitted to the SESLHD IPC Sub Committee for consideration.

The audit elements that are to be referenced and used to establish the facility environmental audit templates in Topcat are based on the NSW Clinical Excellence Commission (CEC) audit tool and have been confirmed as relevant and appropriate by SESLHD Environmental Services and IPC Sub Committee representatives. Selection of elements are to align to the environment. These elements are referenced in **Appendix A.**

NSW Health organisations must have documented procedures for effective use, maintenance, and storage of cleaning equipment such as mops, cloths, and solutions. In addition to completing the environmental cleaning audit an additional quarterly audit is required to confirm compliance with these requirements. This audit can be completed using **Appendix B.**

4.4 Audit Completion

In addition to completing the audit as per pre-determined scheduling, there are a range of principles that need to be adhered to when auditing.

- Health workers undertaking internal cleaning audits must be familiar with the NSW Health Policy
- Prior to completing audits in nominated areas, the cleaning auditor/s are to always refer to the previous cleaning audit to understand what sections were audited, identify any previous actions and to know what sections are required to be audited
- The approach to auditing each space must be consistent across audits and auditor. For example, when entering a room, one might start on the left and work bottom to top, or top to bottom
- Audits must occur in line with endorsed scheduling. Variation from this must be reported to the relevant hospital IPC or or relevant committee meeting outlining reasons for deviation
- Where possible, the environmental cleaning auditor is to be accompanied by a staff member from the area being assessed to ensure identified issues are validated and understood. The auditor is to provide feedback and explain areas of concern.
- If particular elements (questions) are not audited, N/A must be selected so as not to skew results
- In order to pass the audit, the cleaning audit scores must be equal to or higher than the minimum AQL for each functional area. The frequency of cleaning audits for each functional area depends on the risk category allocated to that area. For functional areas where compliance is not met the ratification process described below must be adhered to.

4.5   Rectification of Failed Elements

Each risk category has its own timeframe for rectifying identified issues when they occur. This timeframe has been developed to minimise the time a patient is placed at risk of infection whilst the issue is being corrected.

Table 3: Rectification timeframes according to risk category

Risk category	Timeframe for rectifying all failed elements
Extreme	Within 24-hrs *Note: Risks to patient safety are rectified immediately
High	Within 48-hrs
Medium	Within 72-hrs
Low	Within 7-days

Where an area has failed to meet the AQL the audit report and rectification plan is to be provided to the Department/Unit Manager and responsibility for rectification to align to the below:

- Where elements have failed due to environmental cleanliness, responsibility for rectification lies with the hospital Environmental Service Manager
- Where elements have failed due to medical / clinical equipment* cleanliness, responsibility for rectification lies with Department/Unit Manager
- Where elements have failed due to the state of building, fixtures, of infrastructure, the Department/Unit Manager is responsible for the logging, management and escalation of any Assets and Facilities Management Online requests (AFMs).

NOTE: Where this issue is identified in an extreme risk area, and noting requirements for rectification timeframes, the Environmental Service team will be responsible for logging the AFM the same business day. Once logged, the details are to be provided to the Department/Unit Manager who is responsible for follow up.

Any non-compliance with the above are to be highlighted at the facility monthly IPC or relevant committee meeting. Additional craft group education can also be considered if required.

Where consecutive audit failures are observed a plan to mitigate any issues and ongoing risk is to be developed by the appropriate manager (noting responsibilities highlighted above) and tabled for endorsement at the next scheduled committee meeting.

4.6 Reporting

Where auditing occurs in a hospital environment, audit reports are to be developed by Environmental Services Managers, tabled and reported on at the monthly hospital IPC Committee meetings. Where audits are completed for services based on a facility campus, the audit reports are also required to be provided to relevant service managers.

The monthly reports at a minimum must include:
- Audit completion rate as per approved annual schedule
- Compliance to AQL by areas audited.
- Rectification timeframes compliance by areas audited

- Department/Unit Manager included in audit/s
- Occasions of consecutive audit failures
- Trends in non-compliance.

In addition to above, reporting can be modified to meet the need of the hospital or service to ensure any risks and issues are appropriately addressed. Reporting changes should be discussed and driven by the hospital IPC or relevant committee.

5.   POPULATION AND COMMUNITY BASED HEALTH SERVICES

Population and community health services can be based on hospital campuses or in the community.

Where such services are located on a hospital campus and cleaning is undertaken by hospital Environmental Services teams, auditing is to be incorporated in line with hospital processes and schedules as described above.

Services located within the community and / or where cleaning is undertaken by an external party, are still required to adhere to internal environmental cleaning audit and cleaning equipment and consumable audit requirements as outlined Section 4.2, Table 2. This includes ensuring the development of an audit schedule in line with a confirmed functional risk rating and ongoing monitoring of performance against the relevant AQL.

Community based services can participate in external audits (as coordinated through Corporate Services every two years) however this is not mandatory as most community services have a functional risk rating of low or medium.

For off-campus sites where electronic auditing is not available, a manual audit must be completed. It is recommended that the audit tool used reflects the Clinical Excellence Commission Tool (CEC) highlighted within the NSW Health Policy.

Audit outcomes are to be documented and where there are failed elements, an action plan must be developed (template also available via the CEC tool). Site management or their delegate are responsible for the oversight of completion of actions to ensure compliance.

Audit results, inclusive of rectification reports where available, are to be collated by the service and tabled at the relevant committee as determined by the Service Director.

Where an external provider fulfils the audit function, site management are still required to ensure that their audit approach aligns with the requirements as outlined in the NSW Health Policy and SESLHD procedure.

Whilst overarching responsibility for the confirmation of functional risk rating, scheduling, completion and reporting for off campus services remains with site management, expertise and support will be available through Corporate Services as required.

6.   DOCUMENTATION
- Audit / TopCat Reports
- Rectification reports
- Quality action plans
- Hospital IPC Committee Reports
- Annual Summary Report

7.   AUDIT

In addition to auditing and reporting described in Section 4.2 an Annual Summary Report outlining compliance to cleaning and auditing policy and process is required. Development of the report should be a collaborative process recognising any key issues, risks and challenges faced throughout the year and as identified by assessing all audit results. Compliance with all aspects of this procedure must be addressed.

Report development is led by the respective hospital Environmental Services Manager however IPC clinical representative input is also required. The report should be table at the hospital IPC Committee meeting scheduled for the final calendar month of the year.

8.   REFERENCES
- [Clinical Excellence Commission Environmental Cleaning Auditing Tool](#)
- [NSW Health Policy Directive PD2023_018 - Cleaning of the Healthcare Environment](#)

9.   VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
10 March 2025	1.0	New procedure to outline the process which hospitals are to audit healthcare environment as outlined in NSW Health Policy Directive PD2023_018 – Cleaning of the Healthcare Environment. Noted at SESLHD Infection Prevention Control Committee meeting. Approved at SESLHD Patient Safety and Quality Committee.
10 March 2025	1.1	Addition of Appendix B as images.

Appendix A: Audit Questionnaire - Elements

Elements to be applied for inclusion in the audit questionnaire in line with the environment.

Question #	Name	Points	Question Type
/1	Ceilings are free from dust, soil, mould, stains, smudges and cobwebs	1	01 Ceilings, high areas, moldings, curtain rails
/2	Light covers and diffusers are free from dust, cobwebs and insects	1	01 Ceilings, high areas, moldings, curtain rails
/3	Sprinkler panels/nozzles and detectors are free from dust and cobwebs	1	01 Ceilings, high areas, moldings, curtain rails
/4	Ceiling mounted electrical equipment (e.g. TVs and monitors) are free from dust, soil, mould, stains, smudges and cobwebs.	1	01 Ceilings, high areas, moldings, curtain rails
/5	Curtain rails are free from dust, dirt, lint, cobwebs, insects and adhesive material.	1	01 Ceilings, high areas, moldings, curtain rails
/6	All ventilation outlets are free of visible blockages and free from dust, dirt, soil, film, mould, cobwebs, scuffs and any other marks.	1	02 Ducts, grills and vents
/7	Internal glass surfaces are free from all streaks, marks, smudges and adhesive material.	1	03 Windows
/8	Window frames, tracks and ledges are clear and free from dust, dirt, marks, insects, mould and adhesive material.	1	03 Windows
/9	Internal walls are free from removable marks, dust, dirt, soil, mould, adhesive material and cobwebs.	1	04 Internal Walls and Skirting Boards
/10	Handrails are clean and free from stains.	1	04 Internal Walls and Skirting Boards
/11	Light switches and electrical outlets are free from dust, dirt and smudges.	1	04 Internal Walls and Skirting Boards
/12	Wall mounted dispensers, such as liquid soap, paper towels, glove holders, alcohol hand rub, including holder of the bedside alcohol handwash container, are free from blood or body substances, dust, dirt, debris and spillages.	1	04 Internal Walls and Skirting Boards

Question #	Name	Points	Question Type
/13	Internal doors, door closers and doorframes are free from removable marks, dust, soil, smudges, cobwebs, and adhesive material.	1	05 Doors
/14	Door vents, relief grilles and other ventilation outlets are unblocked and free from dust, soil, mould and cobwebs.	1	05 Doors
/15	Door tracks and door jambs are free from dust and other debris.	1	05 Doors
/16	Glass panel inserts are free from streaks, marks, smudges and adhesive material.	1	05 Doors
/17	Metal surfaces and door handles are free from removable marks, dust, soil, smudges, cobwebs and adhesive material.	1	05 Doors
/18	Hand-wash dispensers are free from product build-up around the soap nozzle. There are no soap splashes on the wall, floor and sink.	1	06 HandBasins
/19	Porcelain and plastic surfaces are free from smudges, smears, body fats, soap build-up and mineral deposits.	1	06 HandBasins
/20	Plumbing fixtures are free from smudges, dust, soap build-up and mineral deposits.	1	06 HandBasins
/21	Splashback is free from dust, dirt, smudges/streaks, mould, soap build-up and mineral deposits.	1	06 HandBasins
/22	The floor is free from dust, dirt, litter, marks, water and other liquid spills and/or residue.	1	07 Hard Floors
/23	Wall edges and corner areas and around furniture legs, the floor is free from dust, dirt, litter liquid spills and residue build-up.	1	07 Hard Floors
/24	The floor is free from dust, dirt, litter, marks, water or other spills.	1	08 Soft Floors
/25	Wall edges and corner areas and around furniture legs, the floor is free from dust, dirt, litter liquid spills and residue build-up.	1	08 Soft Floors
/26	Patient room fridges and microwaves, drinking fountains, cooler bottles, ice machines are free from stains, dust, dirt, residue, mould and mineral build-up. Rubber seals are intact and clear of mould.	1	11 Electrical Fixtures and Appliances
/27	Computer screens, keyboards, telephones are free from debris, dust, stains and smudges.	1	11 Electrical Fixtures and Appliances
/28	Equipment washer externally is free from stains and mineral build-up. Rubber seals are intact and clear of mould.	1	11 Electrical Fixtures and Appliances

Question #	Name	Points	Question Type
/29	General hard surface furniture (e.g. plastic/vinyl chairs, desks) are free from removable marks, dust, dirt, smudges, cobwebs, liquid spills and adhesive material.	1	12 Furnishings and Fixtures
/30	Work surfaces/benches are free from removable marks, dust, dirt, smudges, encrustations, liquid spills and adhesive material.	1	12 Furnishings and Fixtures
/31	Shelves are free from dust, dirt, cobwebs, adhesive material and insects.	1	12 Furnishings and Fixtures
/32	General fabric furniture (e.g. couches and chairs) are free from removable marks, dust, dirt, smudges, cobwebs, liquid spills and adhesive material.	1	12 Furnishings and Fixtures
/33	Furniture legs, wheels and castors are free from mop strings, dust, dirt and cobwebs.	1	12 Furnishings and Fixtures
/34	Curtains, blinds and drapes are free from stains, dust, cobwebs, lint.	1	12 Furnishings and Fixtures
/35	Fire extinguishers and fire alarms are free from dust, dirt and cobwebs.	1	12 Furnishings and Fixtures
/36	Fixtures, surfaces and appliances (toasters, microwaves etc) are free from grease, dirt, dust, encrustations and stains.	1	13 Kitchenette/Beverage Bay Patient Area
/37	Cupboard inside surfaces are free from grease, dirt, dust, encrustations and stains.	1	13 Kitchenette/Beverage Bay Patient Area
/38	Refrigerators/freezers outside surfaces are free from stains and mineral build-up. Rubber seals are intact and clear of any mould.	1	13 Kitchenette/Beverage Bay Patient Area
/39	Inside surfaces of refrigerators/freezers are free from stains, odours, mineral build-up and mould.	1	13 Kitchenette/Beverage Bay Patient Area
/40	Area appears free of vernim, no visible sightings of cockroaches, rats, mice and no droppings and flying insects.	1	13 Kitchenette/Beverage Bay Patient Area
/41	Porcelain and plastic surfaces are free from smudges, smears, body fats, soap build-up and mineral deposits.	1	15 Bathroom and Toilet Fixtures
/42	Metal surfaces, shower screens and mirrors are free from streaks, soil, smudges, soap build-up and oxide deposits.	1	15 Bathroom and Toilet Fixtures
/43	Wall tiles, tile grout are free from dust, dirt, smudges/streaks, mould, soap build-up and mineral deposits.	1	15 Bathroom and Toilet Fixtures

Question #	Name	Points	Question Type
/44	Shower curtains, smudges, smears, odours, mould and body fats.	1	15 Bathroom and Toilet Fixtures
/45	Tap handles and faucet fixtures are free from smudges, dust, soap build-up and mineral deposits.	1	15 Bathroom and Toilet Fixtures
/46	Drain openings and grills are free of mould, soil, smudges, soap build-up and oxide deposits.	1	15 Bathroom and Toilet Fixtures
/47	Bathrooms are odour free.	1	15 Bathroom and Toilet Fixtures
/48	Sanitary disposal units external surfaces are free from stains and odours and not greater than 75% full.	1	15 Bathroom and Toilet Fixtures
/49	Bed frame, under carriage and rails is free from dirt, smudges, dust, grease, liquid spills, body substances and adhesive material.	1	21 Patient Bed
/50	Bed wheels/castors are free from mop strings, dust, dirt and cobwebs.	1	21 Patient Bed
/51	All back of bed wall mounted equipment (e.g. wall suction, sphygmomanometer, oxygen, call panels, glove racks etc) including underneath should be visibly clean and free from blood or body substances, dust, dirt, debris and liquid spillages.	1	22 Beside Wall Mounted Equipment
/52	Bedside locker, chair, wheel table, all parts of the items are free from blood or body substances, dust, dirt and debris.	1	23 Patient Furniture
/53	Patient furniture legs, wheels and castors are free from mop strings, dust, dirt and cobwebs.	1	23 Patient Furniture
/54	IV poles are free from dirt, smudges, dust, grease, liquid spills, body substances and adhesive material. IV pole legs, wheels/castors are free from mop strings, dust, dirt and cobwebs.	0	24 Medical Equipment
/55	IV pumps are free from dirt, smudges, dust, grease, liquid spills, body substances and adhesive material.	0	24 Medical Equipment
/56	ECG equipment is free from dirt, smudges, dust, grease, liquid spills, body substances and adhesive material. ECG equipment legs, wheels/castors are free from mop strings, dust, dirt and cobwebs.	0	24 Medical Equipment
/57	Dressing trolleys are free from dirt, smudges, dust, grease, liquid spills, body substances and adhesive material. Dressing trolley legs, wheels/castors are	0	24 Medical Equipment

Question #	Name	Points	Question Type
	free from mop strings, dust, dirt and cobwebs.		
/58	Procedure/IV trolleys are free from dirt, smudges, dust, grease, liquid spills, body substances and adhesive material. Procedure/IV trolley legs, wheels/castors are free from mop strings, dust, dirt and cobwebs.	0	24 Medical Equipment
/59	Cardiac arrest trolley is free from dirt, smudges, dust, grease, liquid spills, body substances and adhesive material. Cardiac arrest trolley legs, wheels/castors are free from mop strings, dust, dirt and cobwebs.	0	24 Medical Equipment
/60	Linen trolley is free from dirt, smudges, dust, grease, liquid spills, body substances and adhesive material. Linen trolley wheels legs, wheels/castors are free from mop strings, dust, dirt and cobwebs.	0	24 Medical Equipment
/61	Nasogastric pumps are free from dirt, smudges, dust, grease, liquid spills, body substances and adhesive material.	0	24 Medical Equipment
/62	Wheelchair/s is free from dirt, smudges, dust, grease, liquid spills, body substances, adhesive material; and wheels are free from mop strings, dust, dirt and cobwebs.	0	24 Medical Equipment
/63	Commode chair/s is free from dirt, smudges, dust, grease, liquid spills, body substances, adhesive material; and wheels are free from mop strings, dust, dirt and cobwebs.	0	24 Medical Equipment
/64	All waste bins, linen bins, sharps containers are no more then 3/4 full	1	31 Waste Receptacles
/65	Waste/rubbish bins or containers and linen skips external surfaces are free of dirt, body fluids and free from odours.	1	31 Waste Receptacles
/66	Are there preventative maintenance issues identified in this audit. If so please use general comments section to record.	1	32 General Issues
/67	Furniture is not damaged and maintained in a fashion that allows for cleaning.	1	32 General Issues
/68	All areas should be odour free.	1	32 General Issues

Appendix B: Environmental Cleaning Equipment and Consumable Audit

South Eastern Sydney Local Health District

Environmental Cleaning Equipment and Consumable Audit

Quarterly audit

NSW Health organisations must have documented procedures for effective use, maintenance, and storage of cleaning equipment such as mops, cloths, and solutions.

The below questions aim to audit and assess compliance with this requirement and should be conducted <u>Quarterly</u> for an Extreme and High-risk area only and should not only include a visual inspection but also consider process, workflows and documentation where appropriate.
This audit is required to be completed by the Environmental Service Manager and an IPC representative.

This audit is required to be included in the overarching annual environmental auditing cleaning schedule. Like the standard audits, results are to be reported via the monthly site IPC committee.

Should sites choose, this audit can be completed manually using this form or via QARS. If completing manually, the audit document must be stored for minimum of 2 years.

Date of audit:	
Location:	
Area/unit:	
Functional Risk Rating:	
Last known audit completion date:	

Produced by Corporate Support Services   May / 2024

No.	Item	Pass/Fail	Comments and action	Status Open, Pending, Closed
1	Reusable cleaning equipment is maintained, used, cleaned, laundered, and stored in accordance with their manufacturer's instructions and relevant standards.			
2	After use, single-use cleaning equipment is to be disposed of in accordance with their manufacturer's instructions. In wards and units, health workers must have access to cleaning equipment during times when regular cleaning staff are not available.			
3	Before commencing a cleaning task, health workers must check that the selected equipment is clean, in good working order and appropriate for the cleaning task as per the manufacturer's instructions and facility requirements			
4	On completion of a cleaning task, reusable cleaning equipment must be cleaned and, if required, disinfected, laundered, and stored as per the manufacturer's instructions and relevant standards			
5	Disposable or single-use cleaning equipment must be disposed of in the correct waste stream and as per the manufacturer's instructions			
6	Neutral detergent and water are used for routine cleaning			
7	Disinfectants are used for extreme risk areas, during outbreaks, terminal cleaning following an MRO/ infectious disease and toilets			
8	Equipment and consumable are appropriately colour coded			

Auditor 1: Name   Position Title: Signature:

Auditor 2: Name   Position Title: Signature: