

PAS 5748:2014

Specification for the planning,
application, measurement and review
of cleanliness services in hospitals



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Foreword

This PAS was sponsored by the Department of Health (DH). Its development was facilitated by BSI Standards Limited and it was published under licence from the British Standards Institution. It came into effect on 24 November 2014.

Acknowledgement is given to the following organizations that were involved in the development of this PAS as members of the steering group:

- Association of Healthcare Cleaning Professionals
- British Infection Association
- The British Institute of Cleaning Science
- The Business Services Association
- Department of Health
- East Leicestershire and Rutland Clinical Commissioning Group
- Health and Social Care Information Centre
- Health Estates and Facilities Management Association
- Healthcare Infection Society
- Infection Prevention Society
- NHS England
- The Rotherham NHS Foundation Trust
- Royal College of Nursing

Acknowledgement is also given to the members of a wider review panel who were consulted in the development of this PAS.

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This PAS is not to be regarded as a British Standard. It will be withdrawn upon publication of its content in, or as, a British Standard.

The PAS process enables a specification to be rapidly developed in order to fulfil an immediate need in industry. A PAS can be considered for further development as a British Standard, or constitute part of the UK input into the development of a European or International Standard.

Relationship with other publications

This PAS builds on the experience and content of *The national specifications for cleanliness in the NHS* (NSC), the most recent version of which was published by the National Patient Safety Agency in April 2007.

It does not replace the existing NSC; rather it will exist alongside it to provide an alternative means of demonstrating compliance with part of the registration requirements of the Care Quality Commission (CQC).

This PAS is expected to be used in conjunction with *The Revised Healthcare Cleaning Manual*^{a)}, ownership of which was transferred to the Association of Healthcare Cleaning Professionals in April 2012. The purpose of this manual is to give general and specific guidance on how to operate the provision of cleaning services within a healthcare environment.

It is also consistent with BS EN 13549:2001, *Cleaning services – Basic requirements and recommendations for quality measuring systems*.

^{a)} Available from: <http://www.ahcp.co.uk/images/stories/pdf-nat-manual/revised-healthcare-cleaning-manual-2009-06-v2.pdf>

Use of this document

It has been assumed in the preparation of this PAS that the execution of its provisions will be entrusted to appropriately qualified and experienced people, for whose use it has been produced.

Presentational conventions

The provisions of this standard are presented in roman (i.e. upright) type. Its requirements are expressed in sentences in which the principal auxiliary verb is “shall”.

Commentary, explanation and general informative material is indicated by *italics* and numbered endnotes presented at Annex A, and does not constitute a normative element. The word “should” is used to express recommendations, the word “may” is used to express permissibility and the word “can” is used to express possibility, e.g. a consequence of an action or an event.

Spelling conforms to The Shorter Oxford English Dictionary. If a word has more than one spelling, the first spelling in the dictionary is used.

Contractual and legal considerations

This publication does not purport to include all the necessary provisions of a contract. Users are responsible for its correct application.

Compliance with a PAS cannot confer immunity from legal obligations.

0 Introduction

“A well-run ward has very high standards of cleanliness and hygiene. Not only is a clean ward more likely to be a healthy one, it is an environment which will improve morale and confidence”.

“It is not just the responsibility of cleaning staff to keep the ward spotlessly clean, but of all staff. Consultants and senior executives should be just as alert to picking up and disposing of waste on the floor as cleaning staff. All who detect something that needs cleaning should alert those responsible for taking action immediately”.

The Mid Staffordshire NHS Foundation Trust Public Inquiry
Robert Francis QC
February 2013

0.1 General

The provision of a clean and safe healthcare environment remains a key priority for all healthcare organizations. It provides one of the key elements for effective infection prevention and control, and also promotes patient confidence and demonstrates the existence of a positive safety culture.

The absolute requirement to provide clean, safe healthcare is now written into a range of key legal processes and documents which govern the delivery of NHS-funded care.

NHS organizations in England that provide regulated activities must be registered with the CQC. They must meet the requirements specified in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010^{b)} in order to be registered. Regulation 12 specifies requirements for cleanliness and infection control.

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance, December 2010, contains guidance about demonstrating compliance with the CQC’s registration requirements for cleanliness and infection control.

The *NHS Constitution* pledges that the NHS will commit to ensuring that “services are provided in a clean safe environment that is fit for purpose, based on national best practice”. The Secretary of State for Health, all NHS bodies as well as private and voluntary sector providers supplying NHS services are required by law to take account of the *NHS Constitution* in their decisions and action.

0.2 Overview for NHS users

The DH has sponsored this revision of PAS 5748:2011 only in relation to its use in hospitals in the NHS in England. Any use of this PAS outside NHS hospitals in England is not a matter for the DH.

NHS hospitals are entirely free to choose whether or not to use this PAS. There are currently no central statutory or procedural requirements that they do so. Organizations might choose to adopt the PAS to provide evidence of an intention to comply with part of the CQC’s registration requirements in relation to cleanliness and infection control.

^{b)} New fundamental standards regulations – the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – are due to come into force for all providers on 1 April 2015, subject to Parliamentary process and approval.

This PAS is not a typical input or output specification in the sense that many staff working in the NHS might understand the term. Rather, it provides a governance framework for the planning, application, measurement and review of cleanliness services. In this revised form, it continues to reflect the increased autonomy of NHS organizations. Therefore any decisions about, for example, how clean the hospital should be or the frequency with which particular elements or functional areas should be cleaned are matters for local determination.

Throughout this PAS, reference is made to the concept of risk. This is because of the variety of problems that poor cleaning can cause. Clause 4 requires a comprehensive assessment to be undertaken of the risk posed by poor cleaning in relation to infection for patients and a poor public image and loss of confidence from patients and staff. The outcome of these assessments can be used, in conjunction with other service data, to determine and justify the cleaning frequencies required across the hospital.

The risk assessment clause (Clause 4) now includes supportive material based on work carried out since the publication of PAS 5748:2011 by staff at The Rotherham NHS Foundation Trust together with staff from three professional bodies[ⓐ] representing cleaning, nursing and infection prevention and control staff.

This is represented as a completed risk assessment of all 50 scored elements (Annex C) as well as a range of typical functional areas likely to be found at all hospitals (Annex D). PAS users can choose to adopt this completed risk assessment (together with its professional provenance) or continue to undertake their own locally.

In addition to these provisions, this PAS continues to allow a more sophisticated risk assessment process to be implemented locally so long as compliance with the minimum requirements set out in Clause 4 is achieved.

This PAS supports the measurement of cleanliness through technical auditing and identifies 50 elements (Annex B) to be scored during a technical audit. These 50 scored elements are intended to be a **representative sample that reflects the range of risk associated with elements**, rather than the 50 elements that might pose the greatest infection or confidence risk. Not all scored elements will be present in all types of hospital. For example, mental health hospitals are unlikely to contain certain scored elements because of their

patient profile. However, all functional areas within a hospital will contain a significant proportion of the scored elements and where a scored element is not present it can be identified as such.

This PAS is expected to be used in conjunction with *The Revised Healthcare Cleaning Manual*, ownership of which was transferred to the Association of Healthcare Cleaning Professionals in April 2012. The purpose of this manual is to give general and specific guidance on how to provide cleaning services within a healthcare environment.

It is also consistent with BS EN 13549:2001, *Cleaning Services – Basic requirements and recommendations for quality measuring systems*.

Any feedback received will be reviewed when developing future revisions of this document.

Also note that this PAS has been developed in such a way as to enable future revisions to accommodate other types of healthcare facilities.

[ⓐ] Association of Healthcare Cleaning Professionals (AHCP), Royal College of Nursing (RCN) and Infection Prevention Society (IPS).

1 Scope

This PAS specifies requirements for the planning, application, measurement and review of cleanliness services in acute, community and mental health hospitals.

It specifies requirements for:

- a) governing cleanliness services (see Clause 3);
- b) assessing risk and categorizing elements and functional areas (see Clause 4);
- c) providing cleaning tasks (Clause 5), including:
 - 1) identifying cleaning tasks;
 - 2) risk assessment of cleaning tasks;
 - 3) setting cleaning frequencies;
 - 4) providing method statements;
 - 5) setting work schedules;
 - 6) establishing competence;
 - 7) contingency planning;
- d) measuring cleanliness on the basis of visual assessment (see Clause 6);
- e) implementing corrective action (see Clause 7);
- f) conducting performance analysis and implementing review and improvement actions (see Clause 8);
- g) providing a continuous service improvement plan (see Clause 9); and
- h) reporting cleanliness (see Clause 10).¹⁾

NOTE *The relationship between the requirements of this PAS and supporting figures and annexes is shown in Figure 1. In particular, attention is drawn to the detailed guidance on the provision of cleanliness given in The Revised Healthcare Cleaning Manual [1].*

This PAS is designed to cover all functional areas in a hospital, including all clinical and non-clinical areas. However, catering facilities in a hospital that are covered by food hygiene legislation may be excluded from the provisions of this PAS, except where the catering facility forms an integral part of a functional area for which catering is not the primary purpose, such as a ward kitchen, beverage bay or staff room. It is a matter for local determination as to whether a large ward kitchen is deemed to constitute a functional area in its own right and hence be excluded from the provisions of this PAS.

The methodology for the assessment of cleanliness is visual inspection. However, other methods of assessment, such as microbiological testing, which are not covered in this PAS, may be considered to complement visual inspection. Arrangements for this are for local determination in conjunction with the infection control team and the undertaking of a risk assessment.

This PAS does not cover the cleaning of internal parts of mechanical and electrical equipment, for example the interior parts of air handling systems and lift shafts. These would typically be managed by means of planned preventative maintenance.

This PAS does not cover hospital grounds or gardens.