Scheduled cleaning

Practices must have a cleaning schedule that ensures that the practice is systematically and appropriately cleaned. The cleaning schedule sets out the staff who are responsible for cleaning, the surfaces that need cleaning, the frequency of cleaning, the cleaning method, and the products and equipment to be used.

In addition to scheduled cleaning (routine cleaning that occurs at pre-planned intervals, regardless of events), opportunistic cleaning may also be necessary throughout the working day. This may include cleaning surfaces after they are touched by a patient with a potentially transmissible infection (for example, disinfecting a chair or examination table after a patient with influenza).

The cleaning agent, method and frequency depend on the risk of transmission of clinically significant pathogenic microorganisms. The practice’s risk assessment for each surface or item will depend on:

the potential for exposure (eg high-touch versus low-touch surfaces)

the pathogenic microorganisms likely to be present, including the possible presence of multidrug-resistant microorganisms. This may change over time, eg during an outbreak.

and the vulnerability of patients or staff to infection.

The [practice cleaning schedule](#schedule) below can be edited as needed to record your practice’s schedule.

This template is drawn from the Royal Australian College of General Practitioners [*Infection prevention and control guidelines for general practices and other office-based and community-based practices*](https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/table-of-contents). Refer to [Scheduled cleaning](https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/9-cleaning-laundry-and-waste-management/scheduled-cleaning) in the guidelines for more information.

**Disclaimer**

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. It is no substitute for individual inquiry. Compliance with any recommendations does not guarantee discharge of the duty of care owed to patients.

The RACGP and its employees and agents have no liability (including for negligence) to any users of the information contained in this publication.

© The Royal Australian College of General Practitioners 2022

This resource is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence

We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

Insert practice name here

Practice cleaning schedule

Last updated by Name on Click or tap to enter a date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surface | Usual cleaning agent(a) | Usual method(b) | Frequency | Person responsible |
| Door handles (consultation rooms, examination room) | Detergent and water | Damp wipe | Daily | [*Name*] |
| Door handles (toilets) | Detergent and water | Wipe | Twice daily and after use by patient with suspected relevant infection | [*Name*] |
| Surfaces (bench tops, couches, sinks, toilets, sanitary bin lids, floors)Frequently touched surfaces (light switches, handrub dispensing pumps) | Detergent and water | Damp-wipe with a disposable cloth or wipe | *As determined by the practice*, eg:Bench tops, sinks, toilets and treatment room floors dailyOther floors every second dayFrequently touched surfaces twice daily during an outbreak | [*Name*] |
| Hard floors  | Detergent and water(Detergent and disinfectant if required for a specific organism)(c) | Vacuum (using vacuum cleaner with HEPA-filter) then damp-mop to ensure dust is captured and not dispersed into the airSpot cleaning with detergent and paper towel(Note: mops must be cleaned and left to dry after use, not left wet in a bucket) | *As determined by the practice* | [*Name*] |
| Carpet(d) – regular vacuum cleaning | Vacuum cleaner with high-efficiency particulate absorbing filter | Vacuum | *As determined by the practice (eg daily)* | [*Name*] |
| Carpet(d)/carpet tiles – spot cleaning | Carpet cleaning solution recommended by manufacturerorVacuum cleaner | Replace carpet tiles that are marked or contaminated Use spill kit to blot excess moisture and other matter (eg vomitus)Clean according to directions for useDry carpet quickly (ventilation/heating) and quarantine room until dryUse carpet cleaning solution for other spillsUse vacuum cleaner for solid objects | *As determined by the practice (eg when soiled)* | [*Name*] |
| Carpet – steam(e)/dry cleaning | Usually performed by a carpet cleaning contractor using a hot water extraction method recognised by the current relevant standard to minimise chemical and soil residue | Perform out of hours if possibleDry carpet quickly (ventilation/heating) and quarantine area until dry | *As determined by the practice (eg when soiled or yearly)* | [*Name*] |
| Fabrics (eg upholstered furniture)(f) | Fabric cleaner recommended by the manufacturerorDetergent and water | Clean according to directions for use and quarantine the item until dry | *As determined by the practice (eg when soiled)* | [*Name*] |
| Drug refrigerator (outside surface and handle grooves) | Detergent and water or disinfectant | Wipe | Daily spot checkWeekly clean | [*Name*] |
| Other items (eg stethoscopes,(g) plastic blood pressure cuffs, pulse oximeters, digital thermometers, tape measures, digital devices) | Detergent and water, detergent wipes | Clean thoroughly, wipe over with detergent wipe | *As determined by the practice* | [*Name*] |
| Mobile phones, tablets | Detergent and water, detergent wipes, alcohol wipes | Wipe | Frequently | [*Name*] |
| Computer keyboard(h) | Detergent and water, detergent wipes, alcohol wipes(i) | Wipe | Twice daily and when visibly soiled | [*Name*] |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | [*Name*] |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | [*Name*] |

HEPA: high-efficiency particulate absorbing

a. The choice to use a disinfectant depends on the local epidemiology and a local risk assessment, such as the presence of a multi-drug resistant organism or other pathogen of concern.

b. Does not apply to blood and body substance spills management

c. The use of a TGA-listed hospital-grade disinfectants with specific claims for efficacy against relevant microorganisms, or a chlorine-based product such as sodium hypochlorite, should be based on assessment of the risk of transmission of infectious agents from the particular spill and the compatibility of the disinfectant with the floor material where the spill occurred.

d. Carpet should not be installed in treatment areas, which should have hard smooth flooring that can be easily cleaned.

e. Steam cleaner must operate at correct temperature to inactivate microorganisms.

f. Upholstered chairs should be avoided and replaced with chairs that have non-porous, smooth surfaces and smooth edges with no grooves or crevices.

g. Some products can damage stethoscope tubing. Check the manufacturer’s advice. stethoscope tubing

h. Washable keyboard covers may be installed

i. Wipes should be moist but not dripping, to avoid damage to keyboard.