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**Practice Cleaning Schedule**

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| **FREQUENCY** | **AREAS** | **ACTIONS** | **PERSON RESPONSIBLE** |
| **Daily** | All horizontal surfaces | Damp dust |  |
| Hard floors | Mop |  |
| Carpeted floors | Vacuum, preferably using a HEPA filter |  |
| Toilets and basins, including tap handles | * Clean with diluted bleach, which cleans diarrhoea contamination, norovirus, and C. difficile
* Chlorine bleach degrades microfibre cloths
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| Chairs in waiting room | Damp dust, or vacuum cloth covered seating |  |
| Any area or surface that is touched routinely (e.g. door handles, reception counter, chair arms) | * Increase the cleaning frequency when there are known outbreaks of concern in the community, and after known high infectious risk patients
* Ideally, use about 70% alcohol or diluted bleach on these high-touch areas
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| **Weekly** | Telephone and keyboards | Damp dust |  |
| Communal children's toy (may require more frequent cleaning as needed) | Clean and disinfect |  |
| Maintenance of cleaning equipment (e.g., mops, buckets, cleaning rags, filters on vacuum) | * Launder used rags.
* Clean buckets and mop heads with detergent and water, then allow to dry before storing. Mop heads can be autoclaved (if they are not microfibre).
* Change vacuum filters as required or as per indicator.
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| **Monthly** | Light fittings | Damp dust |  |
| Windows and glass partitions | Routinely clean with glass cleaner, then wipe |  |
| **Yearly** | Walls and ceilings | Wipe with hot water and detergent |  |

* Spot clean all areas and objects as necessary, e.g. if visibly soiled or after contact from known high infectious risk patients.
* Start in the cleaner areas, and move on to the dirtier or contaminated areas, e.g. clean toilet areas last.