

Request form for special room cleaning and disinfection

Ward Request date

Name of requester

Your job title

Room/bay number

Type of cleaning required

MRSA

or

Chlorine based cleaning and disinfection

Start date for special cleaning

Review date for special cleaning

Name of Domestic Management team contacted

Save both forms before sending to Domestic Services

Request form for room deep clean

- Please complete and **save the form before** emailing to Domestic Services within **48 hours** of receiving notice of discharge/transfer from Admissions
- Please note, a minimum of **5 days'** notice is required
- Please complete a separate form for each room

Date requested

Ward/Department

Reason for clean e.g. discharge, transfer

Room N^o Beds per room Bed N^o

Date of discharge/transfer ^(if known)

Date of new admission/transfer ^(if known)

Name of requester

Job title ^(eg Ward Manager)

Please ensure all personal items and clinical equipment are removed from the room to be cleaned and blutak etc. is removed from the walls.

For Domestic Services use only

Assessed by

Contact on ward at assessment

Date assessed Date to be cleaned

Time of cleaning : 24hr clock

Date Elis informed (curtain)

Completed work checks

Check that curtains are in place before room allocation with Nurse in Charge

Checked by

Signature

Ward/ Department

Signature

Date checked