

REFERENCE OF TENDER	DESCRIPTION OF TENDER	TIME PERIOD OF TENDER	DEPARTMENT/ DIVISION/UNIT REQUESTING TENDER	FEES	CLOSING DATE NOT LATER THAN 2.00PM	FOCAL PERSON
KK/198/2025/TUT(TC)	THE PROVISION OF CLEANING SERVICES FOR THE PENGIRAN MUDA MAHKOTA PENGIRAN MUDA HAJI AL-MUHTADEE BILLAH (PMMPMHAMB) HOSPITAL, TUTONG AND NATIONAL ISOLATION CENTRE (NIC) FOR A PERIOD OF THREE (3) YEARS	3 years	HOSPITAL PENGIRAN MUDA MAHKOTA PENGIRAN MUDA HAJI AL-MUHTADEE BILLAH (PMMPMHAMB), TUTONG	\$500.00	12hb Ogos 2025	Rais bin Haji Talip Unit Pembelian dan Perbekalan Pengiran Muda Mahkota Pengiran Muda Haji Al-Muhtadee Billah Hospital PMMPMHAMB, Tutong Negara Brunei Darussalam Contact No.: 4221010 EXT. 177 Fax: 4260750 e-mail: rais.talip@moh.gov.bn

TENDER REFERENCE NO.: KK/198/2025/TUT(TC)

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**THE PROVISION OF CLEANING SERVICES FOR THE
PENGIRAN MUDA MAHKOTA PENGIRAN MUDA HAJI AL-
MUHTADEE BILLAH (PMMPMHAMB) HOSPITAL, TUTONG
AND NATIONAL ISOLATION CENTRE (NIC) FOR A PERIOD
OF THREE (3) YEARS**

TENDER FEES : \$500.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 12th August 2025

TIME : 2.00 PM

FOA :

**THE CHAIRMAN
MINI TENDER BOARD, TENDER BOX
GROUND FLOOR, MINISTRY OF HEALTH
COMMONWEALTH DRIVE
BANDAR SERI BEGAWAN BB3910
NEGARA BRUNEI DARUSSALAM**

(CLUSTERING)

SECTION 2

SPECIFICATIONS

TENDER REFERENCE NO: KK/198/2025/TUT(TC)

INVITATION TO TENDER

CLEANING SERVICES FOR THE PENGIRAN MUDA MAHKOTA PENGIRAN MUDA HAJI AL-MUHTADEE BILLAH HOSPITAL, TUTONG AND NATIONAL ISOLATION CENTRE (NIC) FOR A PERIOD OF FIVE (5) YEARS

1. GENERAL

- Tenderers are sought from suitably qualified cleaning contractors who wish to be considered for the provision of cleaning services (hereinafter 'the Services') at the Pengiran Muda Mahkota Pengiran Muda Haji Al-Muhtadee Billah Hospital, the National Isolation Centre.
- The duration of the provision of Services is for **FIVE (5) years**.
- The successful contractor is required to submit proposed Standard Operation Procedures (SOPs) which must be applicable to the Hospital and conform with the requirements of the Ministry of Health, Brunei Darussalam as set out in **Schedule A**.
- The successful contractor will also required to observe the following guidelines issued by the Ministry of Health:
 - Guidelines on the Control of Hospital-Acquired Infection by the Medical Services Division, Ministry of Health;
 - Disinfection and sterilization policy and practice of the Ministry of Health;
 - Code of Practice for the prevention of infection and accidents in the hospital, laboratory and post-mortem rooms (Ministry of Health);
 - Universal Infection Control Precautions (Ministry of Health).
- Operating since 1997, the Hospital provides accident and emergency services as well as obstetric & gynaecology, paediatrics, surgery, ophthalmology, dentistry, pharmacy, laboratory, radiology, rehabilitation and other clinical support services. There are 6 wards with 147 patient beds.
- National Isolation Centre was Operationalised on 3 December 2012, which consist of 2 wards and total of 27 beds

2. JOB SCOPE

- The Contractor shall provide the Services to the Hospital for a period of **Five (5) years**, including the surrounding area and compound as set out in **Schedule B**.
- The Services include typical cleaning services, replacement or top-up of consumables and waste management as set out in **Schedule C**. General guidelines and requirements of the cleaning services are provided for in **Schedule C**.
- The Contractor is expected to meet or exceed the quality standards required for each for the functioning areas set by the Hospital, as provided for in **Schedule D**, and cleaning frequency specifications as described in **Schedule E**, **Schedule F** respectively.
- Joint inspection by the Hospital representative/s and contractor representative (Contract Manager) shall be conducted from time to time to ensure that these standards are met.

3. WARRANTY

- The Contractor warrants that it has the requisite manpower/personnel, equipment, machinery, material, skill and expertise to the satisfactory provision of the cleaning services for the Hospital.

4. CONTRACT PRICE AND PAYMENT

- The Contractor shall submit a breakdown of the contract price in the format set out in **Section 3** in this Invitation to Tender.

- The Ministry of Health reserves the right to reduce (during renovation) or extend the contract price to the new area according to the rate set out in the Contract Price, following consultation with the Contractor.
- The Contractor shall submit the invoice of the previous month **on the first week of each month.** All claims shall be addressed to:

Acting Chief Executive Officer
Pengiran Muda Mahkota Pengiran Muda Haji Al-Muhtadee Billah Hospital, Tutong
Negara Brunei Darussalam

- Payment will be made within forty-five (45) days after submission of the invoice and other related documents.
- Written warnings will be sent to the cleaning contractor if the quality of work is proven to be unsatisfactory. The Hospital are entitled to make deductions, following advice from the Ministry of Health, with regards to the amount payable to the contractor.

Payment Terms Based on KPI and Attendance Performance

- The monthly payment shall be subject to performance-based evaluation which will be made based on the achievement of Key Performance Indicators (KPIs) and compliance with manpower deployment requirements as illustrated below:

No.	Key Deduction Indicators	KPI %	Weightage to Overall
C1	Outcome of cleansing activities shall meet good quality standards.	95%	25%
C2	Cleansing activities shall be carried out at all user locations, within cleanable land areas, façade and building exterior according to agreed schedule.	100%	25%
C3	Cleansing activities shall be carried out following the agreed procedures.	100%	15%
C4	Sufficient supplies of consumables shall be provided and replenished at all user area.	100%	15%
C5	All chemical used for cleansing in the hospital shall comply with MOH Approved Chemical List (ACL) and all tool and equipment used shall be acknowledged by MOH.	100%	5%
C6	Collection of general waste done according agreed schedule.	100%	15%

Key Performance Aspects:

1. **Service Quality:** Adherence to cleanliness standards, timely completion of tasks, and audit scores.
2. **Attendance Compliance:** Deployment of the required number of cleaning personnel as per the agreed schedule and scope of work.
3. **Responsiveness:** Timely response to ad-hoc or emergency cleaning requests, including during hospital events.

Performance Deductions:

- Deductions may be imposed for non-compliance, including but not limited to:
 - ✓ Shortfall in daily manpower attendance.
 - ✓ Repeated failure to meet cleanliness standards.
 - ✓ Failure to respond or perform duties during scheduled or ad-hoc events.

5. CONDITION OF PREMISES

- The Contractor is required to inspect the Hospital premises and fully acquaint itself with the premises in respect of the conditions, accessibility, working space, storage accommodation and other limitations imposed on access to the premises.

- All costs arising from or in connection with such conditions or limitations are deemed to be included in the contract price.

6. **ACCESS TO PREMISES**

- Reasonable access shall be provided by the Hospital to the Contractor's personnel for the purpose of providing the cleaning services.
- Prior approval shall be sought from the relevant department to conduct the cleaning services to be carried out after office hours.
- For this purpose, the Contractor shall be responsible for collecting and returning any keys promptly to the security office.
- The Contractor shall inform any replacement of its personnel to the relevant department.

7. **WORKING HOURS**

- The Contractor shall provide the Services on a 24-hour daily basis, including Fridays, Sundays and public holidays, for **all wards, waiting areas, waiting rooms and the Accident and Emergency Department, Operation Theatre, Labour Room, NIC-ICU and all public areas**, as provided for in **Schedule F**. The Services will be performed according to the following shifts:
 - ✓ Morning shift: 07.00 am – 04.00 pm
 - ✓ Afternoon shift: 04.00 pm – 11.00 pm
 - ✓ Night shift: 11.00 pm – 07.00 am
- The Contractor shall also provide the Services at the following areas set out in **Schedule C** at the following days and working hours:
 - ✓ Mondays to Thursdays and Saturdays (excluding Fridays and public holidays from 0730 hours to 1630 hours).
- The Contractor shall ensure all his personnel comply with the working days and hours set out by the Hospital.
- The Hospital reserves the right to amend the working hours without prior notice to the Contractor.
- The Contractor shall ensure that his personnel are present at their designated work areas during such working hours.
- Immediate steps shall be taken by the Contractor to provide temporary replacement/relief to make up the full strength of the personnel required to provide the Services to the satisfaction of the Hospital.
- Replacement must be made not later than two (2) hours before commencement of the shift with approval from the Hospital.
- In the event of shortage of personnel, the Contractor will take immediate steps to provide temporary workers. Such replacement/s must be informed to the Hospital not later than two (2) hours before the commencement of any shift. Failure to provide such replacements shall result in a penalty on the Contractor as follows:

Supervisor	B\$25.00 per Supervisor/shift
General Worker	B\$15.00 per General Worker/shift

- Weekly duty rosters for deploying the number of workers shall be submitted by the Contractor to the Hospital's Acting Chief Executive Office (hereinafter "CEO Office") for approval. Any changes made to the roster must be immediately notified to the Hospital's CEO Office.
- The Contractor is also required to make allowance for any additional expenses which may be incurred due to the work which his employees may be required by the Hospital outside the working hours.
- The Contractor may be required to perform floor polishing outside office hours to avoid causing any inconvenience to the public.

8. **PERSONNEL**

- To ensure the proper and efficient execution of the Services, the Contractor shall provide and employ an adequate number of qualified workers to perform the Services as set out in **Schedule F**.

- The Contractor shall ensure that training of his staff will commence immediately upon recruitment. Training must be completed before commencement of the Services.
- A list of workers shall be submitted on a monthly basis to the Hospital's CEO Office for monitoring and security purposes.

A. SUPERVISORS

- The Contractor shall provide experienced and competent language-speaking supervisors and be deployed exclusively for the provision of the Services.
- To ensure the proper efficient execution of the Services, the Contractor shall provide the employ an adequate number of workers (Contract Manager and Supervisors) as follows:

General Workers	44
Supervisors	1

- The Contractor shall submit the CVs, basic duties and responsibilities of the Contract Manager, Supervisor and Housekeeper as the case may be.

B. MEDICAL SCREENING

- The Contractor shall ensure that all his personnel appointed for the provision of the Services have undergone medical screening and deemed medically fit to perform the Services.

C. REMOVAL OF PERSONNEL

- The Hospital reserves the right to remove or replace any of workers employed by the Contractor from the Hospital premises, who in the opinion of the Hospital has misbehaved or is incompetent or negligent in the performance of his/her duties.

D. WAGES AND WELFARE

- The Contractor is responsible for the wages, insurance, medical and welfare of his workers in accordance with the requirements of the Labour Department, Brunei Darussalam.
- The Contractor shall take out, at its own expense, with an insurance approved in writing by the Hospital a policy or policies each specifically endorsed to provide indemnity to the Contractor and to the Hospital against any liabilities arising out of claims by an personnel for payment of compensation under the Workmen's Compensation Act (Cap 74 of the Laws of Brunei).

E. EMPLOYMENT OF ILLEGAL WORKERS

- The Contractor undertakes to the Hospital that he will not employ, and will ensure that all of its sub-contractors will not employ, any illegal foreign workers.
- The Contractor will ensure that his workers possess the necessary employment passes if they are employed outside Brunei Darussalam.

F. UNIFORM

- The Contractor must ensure that all his personnel are neatly and properly attired in uniforms.
- Uniforms are to be provided by the Contractor at his own cost. Design, colour and materials of the uniform must also be approved by the Hospital.

G. LOCKERS FOR PERSONNEL

- Space will be provided by the Hospital for lockers for personnel. Lockers shall be provided by the Contractor at its own cost.

9. TRAINING AND DEVELOPMENT

- The Contractor is to provide basic cleaning training for his personnel in accordance with the Hospital's requirements before assigning them to the provision of the Services.
- The Contractor shall provide on-the-job training and orientation, at its own expense, to all his personnel as follows:
 - All cleaners : minimum 2 weeks
 - Supervisors : 3 weeks
- The training shall be conducted by the Contractor at the Hospital premises.
- A list of such training programme shall be submitted by the Contractor to the Hospital for approval no less than 30 days prior to the commencement of provision of the Services.
- The Contractor shall employ a qualified trainer to train all personnel on basic hospital cleaning.
- The Contractor shall also provide and maintain at its own cost all training equipment and manuals necessary for this purpose.
- The Hospital reserves the right to send any of the Contractor's personnel for retraining if deemed incompetent by the Hospital.
- The Contractor shall bear the expenses incurred to retrain or replace his personnel during the retraining period.

10. SAFETY AND HYGIENE

- The Contractor shall observe and comply at all times with all current prevailing laws and regulations relating to safety and hygiene in carrying out the Services, and take all necessary and prudent precaution to ensure the safety on the Hospital premises of his own staff and personnel, the staff and property of the Hospital and the general public.
- Proper signboards and barriers shall be erected and maintained during the progress of the Services which may endanger the safety of the Hospital staff and the general public. The signboards and barriers must be sufficiently large to attract attention and shall include words such as "DANGER" or "BAHAYA", "CAUTION WET FLOOR" or "AWAS LANTAI BASAH", as appropriate.
- The Contractor shall comply with all instructions, policies and regulations as may be issued by the Hospital from time to time in relation to safety and hygiene in the provision of the Services.
- The Contractor is required to submit a proposed List of Safety Measures for Work and Cleaning.

11. EQUIPMENT AND CHEMICALS TO BE USED

- The Contractor is responsible to procure and provide at its own expenses of all necessary equipment, tools and materials for the efficient provision of the Services.
- A list of the proposed equipment to be used in the provision of the Services, together with the manufacturer's brochure/s, shall be submitted in the format set out in **Section 3** of this Invitation To Tender.
- The Contractor shall ensure that an adequate supply of consumables as set out in **Schedule G** shall be provided in the wards, toilets and other specified areas in the Hospital. The Contractor is also required to submit a list indicating the brand/quality and quantity of products/materials he intends to provide in the format set out in **Section 3** of this Invitation To Tender.
- The chemicals to be used must meet the following standards :
 - Disinfectant for isolation wards. Operation Theatre and Laboratory – BS.EN1276:1997 requirements against HIV, Hepatitis B and other bacteria;
 - A neutral detergent is recommended for general cleaning of the Hospital;
 - Toilet cleaners – BS.EN13967:2001 requirements. pH level must be appropriate to the drainage pipe system of the Hospital;
 - Multi-purpose cleaners – BS.EN1276:1997 requirements pH level must be applicable to all hard floor surfaces and vinyl floor surfaces. The contractor will ensure that the appropriate chemical is used as any damages to the flooring surfaces will affect the warranty of the flooring surfaces;

- Specific strippers to be used for hard floor surfaces and vinyl floor surfaces to prevent staining or discolouration of the floor polishes;
 - Floor polishes must be emulsion polish suitable for hard floor surfaces and vinyl floor surfaces;
 - Stainless steel cleansers must be suitable for all metal or chrome fittings with an acceptable pH level to prevent corrosion to steel fitting.
- The standards required for the provision in toilet requisites are as follows:
 - Paper towels – pulp, 2 ply or hand towel
 - Toilet roll – pulp, 2-ply
 - Liquid soap – neutral (pH 7)
- All equipment, tools and materials must be approved by the Hospital prior to use for the provision of the Services.
- The Contractor MUST including Personal Protective Equipment (PPE) Including Mask, Boots and face shields, Biohazard Plastic Liners size : Medium and Large, Black Plastic Bag Size: Medium and Large.
- The Contractor undertakes and warrants that all equipment, tools and materials utilized for the Services shall be free from all defects, patent or latent, and fit and suitable for the purpose of providing the Services and shall be compliant with relevant industry standards.
- The Contractor is responsible for the safe storage of the equipment, tools and materials at its own expenses.
- The Contractor shall use only certified electrical appliances and circuit breakers.
- For the purpose of infection control and bacteria control, the identification of tools and equipment utilized in the different areas of the Hospital is **essential**. In this respect, clear identification by colour coding of the various items of cleaning equipment is considered the most effective method of restricting equipment to individual areas of the Hospital.
- All tools and equipment used in the following areas shall be colour-coded according to the Hospital's colour coding standards:

Infection/Isolation areas	Yellow
Toilets/Bathrooms/Dirty Utility Room	Red
General Cleaning	Blue
Operating Theaters	White
Food Service	Green

Tools and equipment include dry mops, wet mops, mop handlers, buckets, gloves and cleaning cloths. Any other equipment that may encourage the spread of infection and bacteria, shall also be colour coded.

12. **WATER AND ELECTRICITY**

- The Hospital shall provide all water and electricity required for the provision of the Services.
- The Contractor shall ensure the use of water and electricity for the provision of the Services is economic and not wasteful, and undertakes that all personnel will strictly adhere to this.

13. **MAINTENANCE AND REPAIR WORKS**

- The Contractor shall call directly to the Fault Reporting Centre of the Hospital to report any fault detected during the housekeeping process.
- The Contractor shall report any damage (due to negligence of the workers) of any cleaning element of Hospital property immediately to the Fault Reporting Centre and also the Contract Manager.
- Cost of repair/replacement of any damage to the equipment or property belonging to the Hospital caused by the Contractor's personnel shall be borne by the Contractor.

14. OFFICE AND STORE

- Space on the Hospital premises shall be provided by the Hospital as an office for the Contractor's administrative purpose.
- The Contractor shall at its own expenses maintain an office with a minimum of 2 telephone lines.
- The Hospital shall also provide space for storage of all equipment, machinery, tools and consumable items as set out in **Schedule G**.

15. SECURITY ARRANGEMENT

- The Contractor's personnel shall immediately leave the Hospital premises if requested by the Hospital or any of its staff.
- The Contractor is required to establish a Security Plan to demonstrate the method of staff registration and tracking with valid permits. The Contractor must ensure that such records are maintained daily.
- The Contractor shall at its own expenses provide, for all his personnel, identification passes as specified by the Hospital. Any damaged pass shall be replaced by the Contractor at its own cost.
- The Contractor undertakes to inform the Hospital of any lost or stolen security pass. Any security pass to be reissued will require the approval of the Hospital.
- The Contractor shall ensure that his personnel do not, at any time, enter into areas which are not part of the Hospital premises except as directed by the Hospital.
- For security purposes, the Contractor will provide the Hospital's Housekeeping Department with the following particulars of his workers at least one (1) month before the commencement of the Services:
 - Name
 - Address
 - Identity Card Number / Passport Number
 - Gender
 - Citizenship
 - Expiry date of work pass (for foreign workers)

16. REGULATIONS, LICENCES AND PERMITS

- The Contractor is responsible to procure and maintain all necessary licences, permits and approvals, and shall at all times comply with all legal and regulatory requirements applicable to the provision of the Services.
- In the event of any change in legal or regulatory requirements during the contract period, the Contractor shall promptly and at its own expense take any necessary action for complying with the same.
- The Contractor is to comply with best practices as may be proposed or recommended by any relevant bodies in the relevant industry, and also ensure that the standard of Services provided shall, at the minimum, be of such quality and standard as is generally regarded as good in the relevant industry.

17. HOUSEKEEPING PROGRAM

- Joint inspections and meetings shall be held and attended by the Contract Manager and the Hospital's representative. Records of such meetings are to be provided to the Hospital.
- Rectification of defective works which are rated poorly shall be ready for re-inspection within 7 days.
- Daily and periodic cleaning reports submitted by the Contractor's supervisors shall be collated and submitted to the Hospital in a format acceptable to the Hospital/set out in **Schedule H**. These checklist forms will be used as a basis for performance evaluation.

- Monthly reports shall be submitted by the Contract Manager by the first week of each month. Such reports shall list out among others, staff strength, KPS outcome, analysis and recovery services (if necessary), training utilization and QIs project update, safety and waste statistic.
- The Contractor shall ensure that all supervisors respond to any call by the Hospital within 5 minutes (24 x 7).

18. RIGHT TO APPOINT OTHER VENDORS

- The Hospital reserves the right to engage other vendors to provide the Services if the Contractor fails to perform in full compliance with the contract.
- All expenses incurred shall be recoverable in full from the Contractor by the Hospital.

19. DAMAGE TO PERSONS AND PROPERTY

- The Contractor shall take indemnify the Hospital against any loss or damage to any property caused by any negligent act or omission by the Contractor or its employees.

20. DOCUMENTS TO SUBMIT

- The following documents shall be submitted, and labeled accordingly, together with the documents listed out in **Section 3** of this Invitation To Tender:
 - Proposed Standard Operation Procedures
 - JDs (Job Descriptions) of Contractor's Staff
 - Proposed Training Programme for Contractor Staff
 - List of Safety Measures

SCHEDULE A

CHECKLIST OF SOPs

STANDARD OPERATIONAL PROCEDURE MANUAL

HOSPITAL HOUSEKEEPING SERVICES

HOUSEKEEPING OPERATIONAL SYSTEMS MANUAL

Contents

Housekeeping Department:

Item No.	Description
1.	Function
2.	Location
3.	Service Criteria
4.	Special Arrangements
5.	Staff training and development
6.	Communications
7.	Cleaning procedure
7.1	Chemical list
7.2	Color Coding System
7.3	Blood Spill Cleaning Procedure
7.4	Bio Hazard Waste Handling Procedure
7.5	Isolation Patient Room Cleaning Procedure
7.6	ICU Cleaning Procedure
7.7	OB/Delivery Room Cleaning Procedure
7.8	Cleaning Procedure for an Unoccupied Patient Room
7.9	Maintaining an Unoccupied Room
8.	Housekeeping Task for An Occupied Patient Room
9.	Check List

HOUSEKEEPING DEPARTMENT

1. FUNCTION

The housekeeping department provides the following function 24 hours a day 7 days a week:

- 1.1 Cleaning Services
- 1.2 Window Cleaning
- 1.3 Trash collection and removal
- 1.4 Landscaping services

2. LOCATION

- 2.1 The Housekeeping department is located on the
- 2.2 The department comprises the following:
 - 2.2.1 Stores located in the both building of PMMPMHAMB, Tutong Hospital and National Isolation Centre (NIC).
 - 2.2.2 Janitor closets in the located areas convenient to where housekeeping services are provided throughout PMMPMHAMB, Tutong Hospital and National Isolation Centre (NIC)
 - 2.2.3 Central trash collection sites located on the designated area within the Hospital compound.

3. SERVICE CRITERIA

- 3.1 The housekeeping department is capable of providing the following services 24 hours a day and 7 days a week:
 - 3.1.1 Cleaning of Patient wards
 - 3.1.2 Cleaning of delivery suites
 - 3.1.3 Cleaning of intensive care area
 - 3.1.4 Cleaning of Operation Theatre
 - 3.1.5 Cleaning of general areas
 - 3.1.6 Cleaning of windows
 - 3.1.7 Cleaning of upholstery and carpet
 - 3.1.8 Cleaning of Staircase
 - 3.1.9 Cleaning of Accident and Emergency area
 - 3.2.0 Trash removal (excluding biohazard waste)
 - 3.2.1 Cleaning all ward and all compound area at National Isolation Centre
 - 3.2.2 To Clean and disinfect the gowning area
 - 3.2.3 To Clean and disinfect Room of Covid-19 Patients Including the Toilet
 - 3.2.4 To clean and disinfect the wad daily and after patient discharge,
 - 3.2.5 To Collect and dispose bio-hazard rubbish bags to bio-hazard bins.
 - 3.2.6 To collect and washing and cleaning boots/face shield to be sent to the Washing area.
 - 3.2.7 To deliver the disinfected boots/faces shield to the gowning area
 - 3.2.8 To Collect and dispose Bio-hazard Rubbish bags to bio –hazard bins.
 - 3.2.9 To collect the linen item (Sheet, Blankets and pillows) for laundry unit

4. SPECIAL ARRANGEMENTS

- 4.1 Specialized Equipment
 - 4.1.1 Specialized Equipment (i.e high speed floor polishers, carpet and upholstery cleaning materials, buffers and wet/dry vacuum machines, etc) will only be operated by staff trained and proficient in the operation of the equipment.

4.2 Healthy and safety

- 4.2.1 Staff with opens sores or wounds, cough any injury or suspected illness that may be contagious and / or may subject the individual employee due to physical weakness susceptibility to infection. Must report to Housekeeping Supervisor before reporting to work area at PMMPMHAMB, Tutong Hospital and National Isolation Centre (NIC).
- 4.2.2 Staff will be knowledgeable of infection control guidelines and implement these procedures when conducting as designated by nursing staff.
- 4.2.3 All biohazard waste will be handled and bagged properly prior to transportation to a central location for collection and incineration. All steps will be taken to minimize the handling of biohazard waste.
- 4.2.4 Staff will be aware of fire procedures and will be on constants lookout for any indication of fire. In the event of fire, staff will take appropriate steps to sound the fire alarm and control the fire if possible.

5. **STAFF TRAINING AND DEVELOPMENT**

- 5.1.1 Housekeeping staff participates in on-the-job continuing education programs conducted on a regular basis by housekeeping supervisor and the Manager
- 5.1.2 Supervisory housekeeping staffs are encouraged to participate in relevant professional organisations and to attend seminars to broaden and expand and expand their professional knowledge.
- 5.1.3 Housekeeping staff attends in the infection control and fire / safety courses on annual basis.

6. **COMMUNICATIONS**

NO.	CONTACT PERSONS	TELEPHONE NO.
1.		
2.		
3.	Project Coordinator	
4.	House Keeping Offices	
5.	House Keeping Requests	

7. **CLEANING PROCEDURE**

- 7.1 Chemical List / Labeling Chemical bottle
- 7.2 Colour Cording System
- 7.3 Blood Spell Cleaning Procedure
- 7.4 Isolation patient Room Cleaning Procedure
- 7.5 ICU Cleaning Procedure
- 7.6 OB / Delivery Room Cleaning Procedure
- 7.7 Cleaning Procedure for an Unoccupied patient room
- 7.8 Maintaining An Unoccupied Room

7.1 **CHEMICAL LIST**

CHEMICALS

ITEM NO.	DESCRIPTION	BRAND	MANUFACTURER	COUNTRY OF ORIGIN
7.1.1	Cleaning and Toilet Chemicals			
a.	Floor Striper	Premstip 2000	Premiere	U.K
b.	Floor	P.S.5	Premiere	U.K





ITEM NO.	DESCRIPTION	BRAND	MANUFACTURER	COUNTRY OF ORIGIN
c.	Floor Polish	Platinum Satin	Premiere	U.K
d.	Window Cleaner	Glass Cleaner	Implexco	Malaysia
e.	Disinfectant	Screen	Premiere	U.K
f.	Toilet Bowl Cleaner	Freshaloo	Premiere	U.K
g.	Multi-Purpose Cleaner	Nature's Way	Premiere	U.K
h.	Spray Deodorizer	Power Lux	Implexco	Malaysia
i.	Liquid Hand Soap	Cachan handsoap	Premiere	U.K
j.	Stainless Steel Cleaner & Polisher	Stainless Steel Cleaner	Klenco	Singapore
k.	Spray Buff Liquid	Clean and Buff	Premiere	U.K
l.	Furniture Polish	Shine On	Premiere	U.K
7.1.2	Carpet Chemicals			
a.	Carpet Extraction Cleaner	Release	Premiere	U.K
b.	Carpet Pretreatment Cleaning	Pre-Cleaner	Premiere	U.K
c.	Spin Bonnet Cleaner	C.S.8	Premiere	U.K
7.1.3	Toiletries Supply			
a.	Deodorant Block	Carnation		
b.	Toilet Paper	Klassy		
c.	Liquid Hand Soap	Cachan Handsoap		

7.2. Colour Coding System





The Golden Rule – Work from the Clean set Area toward the Dirtiest Area. This greatly reduces the risk of cross contamination:




- 1) The aim of a colour coding system is to prevent cross-contamination
- 2) It is a vital that a system forms part of any employee induction or continuous training programme
- 3) It is imperative that the colour coding system is easily understood by staff and is simple and effective to use.
- 4) A sizeable minority of people are colour blind in one or more colours. Some individuals may not know this and colour identification testing should form part of any induction training
- 5) Monitoring of the system and control of colour coding disposable items against new stock release is extremely important.

COLOUR CODING FOR CLOTH

	YELLOW	: Isolation Wards / Rooms
	BLUE	: All Common Wards / Rooms
	GREEN	: Common Offices /Public Area Corridors
	RED	: Toilets

COLOUR CODING FOR WET MOP

	YELLOW	: Isolation Wards / Rooms
	BLUE	: All Common Wards / Rooms
	GREEN	: Common Offices / Public Area Corridors
	RED	: Toilets

	YELLOW + RED	: Isolation Toilets
	BLUE + RED	: All Common Ward Toilets
	GREEN + RED	: Common Office Room Public Areas/Toilets

7.3 Blood Spill Cleaning Procedure

Response Team: Trained-in Housekeeper

- The individual cleaning the blood spill needs to use the proper personal protective (PPE) (e.g. Water, impervious gloves, outerwear, goggles, etc)
- Spray the blood-contaminated surfaces with 1-10 solution of screen 'disinfectant' and water.
- Absorb and remove all traces of the spill with paper towels or other acceptable materials (micro-encapsulation absorbent) be careful not to contaminate the outside of the spray bottle.
- Re-spray the cleaned area with the screen 'disinfectant' solution and allow to air dry
- Place all waste materials including disposable PPE into a plastic biohazard bag. Be careful not to contaminate the outside of the bag. Mattresses, rugs and other large item that cannot fit in a biohazard bag can be wrapped in plastic wrap after being decontaminated.
- This type of waste cannot be discarded through the regular trash services.
- Note: Inspect the blood spill area closely making sure that there is nothing missed and that the clean-up process is complete.

SUGGESTED BLOOD SPILL CLEAN-UP KIT LIST	CLEAN-UP MATERIALS
<ul style="list-style-type: none">▪ Single use Apron▪ Goggles▪ Single use gloves▪ Micro-encapsulation absorbent material	<ul style="list-style-type: none">▪ Five gallon container▪ Two quarts of Screen Disinfectant▪ Large biohazard disposal bags

7.4 Disposal Waste Handling Procedure

➤ Colour Coding of Waste Bags

- Yellow / Biohazard / Clinical Waste Bags

Only waste that is contaminated with blood or body fluids must be thrown into these bags e.g:

- Dressings
- Sanitary items
- Waste from isolated patients
- Cloth use for wiping up spills
- Use gloves/aprons contaminated by blood and fluid spills
- Yellow sharps container

For all sharps and broken glass

- Black Plastic

Is for all general domestic type/household waste, including kitchen refuse and food waste

- White Plastic Bags

For all paper waste

➤ Handling of Waste Bags

- Cover cut and abrasion with waterproof dressing

- Always wear gloves
- Under no circumstances should anyone place their hand into any waste container
- When moving and dealing with yellow, clinical biohazard waste bags you protect yourself and wear the provide aprons.
- Should you anytime, notice incorrect disposal of sharps into bags notify supervisor do not transport bags until rendered safe.

➤ **Collection of Waste:**

- Housekeeping staff shall collect all clinical waste from all areas at least twice a day. Follow your provided routines on this.
- Place used yellow bags straight into yellow collection bins for transportation to outside waste skips.
- All clinical waste shall be transported in dedicated trolley, which has a tight sealable lid.

7.5 Isolation Patient Room Cleaning Procedures:

- Procedure for daily cleaning: Report daily to the nurse in charge before starting work in the isolation room this will ensure that it is convenient to carry out the work and enable one to be updated on any additional / special instructions.
- The equipment that is required for cleaning the room should be taken into the room, when used, rinsed in the store room, and left back inside the isolation room.
- For the cleaning of the room:
 - Bucket and bowl (for damp dusting)
 - Colour coded Yellow towels
 - Disposal clothes
 - General purpose (screen disinfectant)
 - Yellow clinical waste bags
 - Clean mop heads and handle
 - Fresh all Toilet Disinfectant / cleanser
- Before entering the room prepare a solution of hot water and detergent in a bowl and bucket
- Put on disposable gloves and plastic disposal apron
- On entering room collect any rubbish and place in yellow clinical waste bags. Remove all bags in rubbish bins locker bags and place them into one yellow waste bags.
- Damp dust all surfaces first including door handles followed by disinfecting with screen start with locker and finish with the waste / rubbish bin. Dry all surfaces using paper towel. Reline waste bags with fresh yellow bags.
- Clean and dry hand basin using with cleanser. Dispose of all used cloth into yellow waste bag.
- Vinyl floors are dry mopped first and then damp mopped using multi/general purpose detergent working from furthest most point towards the door. Place both mop heads in yellow bags and then place to one side at door to removal to laundry to heat disinfecting.

- Carpet floor must be vacuumed. If there are any areas that require wet vacuum/shampoo – will inform to housekeeping supervisor.
- Remove apron, the gloves and place into yellow rubbish bags.
- Tie up neck of yellow bags, ensure secure closure.
- Leave the room taking rubbish bags, buckets etc. label rubbish bags infection.
- If vacuum cleaner has been used empty contents and change filter. Wipe outside of cleaner with detergent and water and dry with paper towels.
- Remove gloves and wash hands.

TERMINAL CLEANING OF ISOLATION ROOMS:

- Follow the procedure for daily cleaning
- All surfaces and the floor (not carpeted) should be wiped over with the appropriate disinfectant, Presept 1,000 ppm/screen disinfectant.
- Carpeted floors will require shampooing
- Check all cleaning procedures are completed and that the patient soaps and towel supplies have been replenished.
- Carpet shampoo machine must be emptied and cleaned using hot water and detergent and lefts cleans and dry.
- Wall washing and cubical curtain changing.

ROOMS FOR PROTECTIVE ISOLATION:

- (These patients are at risk of infection from others, it is most important that if the domestic housekeeper is unwell or has any infections that the domestic housekeeper shall not enter this room and inform the housekeeping supervisor and Nurse-In-Charge. When these protective isolation rooms are cleaned if MUST be cleaned before any other areas of the ward).

7.6 CLEANING OF INTENSIVE CARE AREA:

- Wipe non-medical furniture, chair, bedside cabinet, etc, with general-purpose detergent solution (screen).
- Dust window ledges and shelves with general purpose detergent.
- Wipe door and door frames clean the door glass.
- Replenish paper towel and soap.
- Dust mop floor and wet mop with general purpose detergent solution. Put up the “Wet Floor” sign.
- Wipe lavatory, fixtures, sink faucet; drain pipe, wipe paper towel dispenser, soap dispensers, walls with cloth and disinfectant.
- General-purpose detergent. Clean mirror with glass cleaner.

- Empty bio-hazard trash cans, twice a day and clean the inside and outside of the trash cans with a general purpose disinfectant.

CLEANING OF OFFICES

- Empty trash cans and replace bin liner.
- Polish all wooden surface, furniture from top to bottom.
- Wipe all high surfaces and office accessories and glass surface with glass cleaner.
- Dust and wet mop with multipurpose detergent from inner room toward the door.
- Vacuum carpeted floor.

CLEANING OF GENERAL AREAS

- Reception
- Empty trash can and replace bin liner
- Wipe all surfaces with multipurpose detergent from top to bottom
- Vacuum carpet areas and dust and wet mop for vinyl floor
- Clean glass with glass cleaner
- General cleaner (patrolling all the public areas including reception, corridors, lift, staircase, toilets, etc) to provide spotting and touch-up job.

CLEANING OF WINDOWS

- High glass panels – to use lifting equipment to reach windows and clean from top to bottom.
- Glass windows – to wipe and clean using glass cleaner.

7.7 OBSTERIL UNIT CLEANING REQUIREMENT:

DAILY:

- Wipe non-medical furniture, bedside cabinet, etc with general-purpose disinfectant detergent solutions (screen)
- Dust ledges and shelves with general purpose disinfectant detergent
- Wipe door and door frames, clean door glasses
- Replenish paper towel and soap
- Dust floor and mop with general-purpose detergent solution. Put up the “Wet Floor” sign.
- Wipe lavatory, fixtures, sink, drain pipes, paper and soap dispenser, and walls with wet cloth using general-purpose detergent. Clean mirror with glass cleaner.
- Empty trash cans and replace the trash can liner. Wipe with general purpose detergent.

- Use of disinfectant solution for any spillage. Solution (SCREEN).
- Trash removal 3 times per day.

DELIVERY ROOMS SHOULD BE CLEANED WHEN UNOCCUPIED:

- Cleaner to be thoroughly clean the bed including removing the mattress and checking all parts wheel, etc. using SCREEN DISINFECTANT and leave dry.
- Floor to be cleaned with Lemon Disinfectant
- All bins emptied
- Bathroom and sinks cleaned
- Clean any splashes of blood with screen disinfectant.

WEEKLY:

- Air-conditioning vents to be cleaned
- All movable furniture to be moved and clean
- Wash out rubbish bins
- Base boards to be clean
- Toilet shower area tile should be scrubbed
- Sofa needs to be vacuumed

MONTHLY:

- Windows cleaning
- Windows blinds damp dusting
- Wall washing
- Floor buffing

As required:

- Floor to be stripper and waxed
- Toilet floor tile scrubbing

7.8 CLEANING PROCEDURES FOR AN UNOCCUPIED PATIENT ROOM:

- The following are procedures to be carried out by housekeeping staff when cleaning and unoccupied patient room in inpatient care areas.
- All patient care rooms are to be cleaned according to the following and are to be periodically reclined to attain a “ready for occupancy” status at all times.

TERMINAL CLEANING:

- These procedures are to be completed as soon as possible after a patient has been discharged or transferred to another room or area.
- Look for any personal items that the patient may have left behind. Take these items to the charge nurse; report them noting which room the items came from.
- Collect all trash in the room. Any trash that may be contaminated with blood or body fluids will be placed in yellow biohazard trash bags. Normal innocuous trash will be placed in black or white trash bags.
- Vacuum air conditioning vents.
- Wipe telephone with general purpose detergent.
- Wipe all horizontal (flat) surfaces in the room with general-purpose detergent solution. Use a ladder to reach high areas.
- Open all drawers and doors to closets and cabinets. Clean the insides with general-purpose detergent solution. Vacuum insides of these areas if required.
- Check the cubicle curtains and if soiled notify housekeeping supervisor and make arrangement for these drapes to be replaced with clean ones.
- Wipe all window blinds with general-purpose detergent solution.
- Remove cushions from all chairs and couches, vacuum chair couches and cushion and return these furniture items to their original position.
- Clean outside window and glass doors.
- VIP floor wipes off patio furniture ledges and railings with general purpose detergent. Check walls for accumulated Dust and vacuum if necessary. Sweep, vacuum and damp mop patio floor. Wipe off the railings (after wiping with general-purpose detergent) with dry cloth or paper towel to remove any detergent residue.
- Spray cream cleanser around the rim of the toilet bowl and proceed cleaning the rest of the bathroom as follows.
- Wipe down all walls in the bathrooms with general-purpose detergent solution, pay particular attention to shower glass doors and hinges.
- Wipe all porcelain surfaces of sink, bathtub, and bidet and outside of toilet bowl with cream cleaner/freshaloo and rinse with plain water.
- Wipe faucets, other water fixtures, and drain mechanisms and metal trim with glass cleaner.
- Return to the toilet and clean the seat completely including the hinges. Wipe the inside of the toilet bowl.
- With a toilet brush. Pay particular attention to under the rim of the bowl.
- Replenish soap and toilet tissue.
- Remove all collected trash from the room.

- Dust mop the floor then damp mop the floor with a general-purpose detergent solution. Use wet caution signs. Return after 15 minutes and remove the wet caution signs.
- Carpet floor vacuum and treat and remove any spots on the carpet.
- Clean the brass plate on the floor under the door.
- Make note of anything needing repair advice housekeeping supervisor.

7.9 MAINTAINING AN UNOCCUPIED ROOM:

- The housekeeper will check an unoccupied room twice daily. Once in the morning, prior to 0900, and again in the afternoon, after 1630.
- Daily, at random, the cleaner supervisor will check all unoccupied rooms.
- Rooms will be checked for any required maintenance, dust, window cleanliness, trash in bins etc. And corrective measures will be initiated.
- If a room is unoccupied for more than three days the carpet, drapes and stuffed furniture will be vacuumed.
- Once a day the toilets will be flushed and faucets turned on and water run until the water runs clear.

8.0 HOUSEKEEPING TASKS FOR AN OCCUPIED PATIENT ROOMS:

- Always let the patient know who you are and that you will be cleaning the room and you will be finished as soon as possible.
- The following tasks are to be accomplished when cleaning an occupied patient room.
- Clean the bathroom fixtures, sink and drainpipes, toilet and bidet with a solution of general purpose detergent. Clean the mirror with glass cleaner. Spot clean the walls. Dry the shower faucets, showerhead, walls and floor.
- Replenish paper products and toiletries.
- Empties the trash can and replace the trash can liner. Two times per day. Clean the trash with cloth damp with general purpose detergent.
- Wipe over bed table, bedside cabinet and top surfaces of other furniture with cloth damp with a solution of general-purpose detergent.
- Empty trash cans and replace the trash can liner. Two times per day. Clean the trash can with cloth damp with a general-purpose detergent.
- Wipe off balcony furniture, table and chairs. With general purpose detergent. Vacuum and mop the balcony floor.
- Clean the windows every day with glass cleaner.
- Wipe all door handles, door frames and door panels with general [urpose detergent solution. Clean the glass patio door with glass cleaner.

- Vacuum the carpet with the up-right vacuum machine. Check for spots on the carpet and clean.
- Wipe brass fixtures.
- Check the walls and doors for any finger or handprints or smudges and wipe them off.
- Advise housekeeping supervisor if any work orders need to be turned in for the room.

SCHEDULE B

AREAS TO BE CLEANED

A. **PMMPMHAMB Hospital**

Ground Floor

This floor has an area of approximately 8081 square metres and consists of the following:

- Phlebotomy Unit
- Paediatric Unit
- Obstetrics & Gynaecology Clinic
- Medical Record Unit
- Payment Counter
- Telephone Operator
- Customer Service Unit
- Information Technology Unit
- Physiotherapy Unit
- Bilik Seri Kenangan
- Occupational Therapy Unit
- Pharmacy
- Emergency Department
- Radiology
- Finance Unit (and Payment Counter)
- Medical Social Work Unit
- Medical Store
- Estate Maintenance Unit
- Kitchen
- Breast Feeding Room
- Lobby and Corridors
- Laundry Unit
- Public Toilets
- Prayer Rooms
- Pelangi Corner
- Surrounding area of Koperasi
- Surrounding area of Substation
- Lifts
- Stairs

First Floor

This floor has an area of approximately 5633 square metres and consists of the following:

- Religious Officer Rooms
- Paediatric Ward
- Administration Section
- Laboratory Unit
- Female Medical Ward
- Male Medical Ward
- Dental Clinic
- Bilik Sakinah
- Seri Merimbun Waiting Room
- Public Toilets
- Lifts
- Stairs
- Specialist Outpatient Clinic

- PHYSician Clinic
- Ophthalmology Clinic
- Dietician Clinic
- Gastroenterology & Hepatology Clinic
- Diabetic Nurse Educator (DNE)
- Warfarin Clinic
- Echocardiogram

Second Floor

This floor has an area of approximately 4137 square metres and consists of the following:

- Obstetrics & Gynaecology Ward
- Biomedical Engineering Unit
- Surgical Outpatient Unit (SOPD)
- Operation Theatre Unit
- Dayward
- Stairs
- Lifts

B. National Isolation Centre (NIC)

ZONE A

- Entrance Lobby
- Female Prayer
- Male Prayer
- Meeting Room
- Director's Office
- Manager / Executive Workstation
- Support Staff Executive
- Medical Records / Archive
- Staff Pantry
- Corridor
- General Store / Medicine
- Medical Equipment Store
- Linen Store
- Pass Thru for food caterers
- Patients Food Pantry
- Main Virology Lab
- Processing Room
- Pre PCR Room
- PCR Room
- Storage Root
- Sterilization Room
- On Call Room
- Internal Corridor 1
- Doctor's On Call Room
- Pantry
- Nurse Officer Room
- Female Changing Room
- Male Changing Room
- Air Shower

ZONE B

- Entrance Lobby
- Registration Area
- Security
- Waiting Area
- Satellite Pharmacy
- Rehabilitation Room
- Admission & Business Office
- Triage Area
- Consultation Room 1
- Consultation Room 2
- Consultation Room 3
- Nurse Station
- Lobby
- Holding Rm 1
- Holding Rm 2
- Ambulance Entrance
- OT
- Doctors Lounge
- Nurse Officer Room
- Tea Room
- Doctor's On Call Room
- Store
- PPE
- Scrub Room
- Degown
- Disposal
- Elect
- AHU
- Genset
- Substation
- Store
- Xray Parking
- Male Changing Room
- Female Changing Room
- Internal Corridor 1
- Turfing
- Female Changing Room
- Male Changing Room
- Doctor's On Call Room
- Pantry
- Nurse Officer Room

ZONE C

ISOLATION WARD NEUTRAL

- Nurse Station
- Medicine Preparation Room
- Doctor's On-Call Room
- Pantry
- Nurse Office Room
- Female Changing Room
- Male Changing Room
- Gas tank Store
- Turfing
- Internal Corridor 2

ISOLATION WARD NEGATIVE PRESSURE

- Nurse Station
- Medicine Preparation Room
- Turfing
- Doctor's On Call Room
- Pantry
- Nurse Office Room
- Female Changing Room
- Male Changing Room
- Internal Corridor 2

ICU NEGATIVE PRESSURE

- Nurse Station
- Medicine Preparation Room
- Sub-Station
- Female Changing Room
- Male Changing Room
- Turfing
- Internal Corridor 2

CSSD UNIT

This floor has an area of approximately 640 square metres and consists of the following:

- Pengurusan CSSD room
- Pantry
- Male Toilet
- Female Toilet
- Kaunter Pengeluaran Barang-Barang Steril
- Zon Steril
- Autoclave Room
- Stor Barang-Barang Guna Habis (Consumable Store)
- Inspection & Packing Zone
- Stor Instrumen Baru
- Decontamination Zone
- Ruang Trolley
- Dirty Counter

ZONE D

NURSING HOME & FLAT (Nursing /Doctors Temporary Accommodation (Nursing Home/ Bungalows)

This floor has an area of approximately 500 square meters and consists of the following:

- Sweeping Floor and mopping at Staircase
- Garage
- Grass Cutting within 1metre from hospital compound
- Walls
- Cleaning Drains
- Scrubbing at Staircase Area
- Rubbish Bin
- Trimming and cutting trees

Compound/surrounding area

This area includes, but is not limited to, the car park, garden/s, roof and including compound or surrounding area within the area of the PMMPMHAMB, Hospital, National Isolation Centre (NIC), New Building National Isolation Centre (NIC).Including CSSD Unit and Nursing Flat.

SCHEDULE C

SCOPE OF SERVICES AND GENERAL GUIDELINES

SCOPE OF SERVICES

INCLUDED SERVICES

Typical Cleaning Services:

- All patient rooms and supporting areas, daily and routine cleaning
- All washrooms/showers/sinks and replenish supplies
- Prepare rooms after all patient/discharges and transfers and transfers (includes stripping beds/units)
- Bed making (including changing of bed linens, changing bed sheets on examination trolleys and collection of washable blankets, bed sheets and pillow cases for washing)
- All isolation rooms and MRSA cleaning (daily & discharge)
- Remove blue-ware from rooms and place in soiled utility room
- Stretchers, beds, all areas, routine and cycle cleaning of frames and mattresses
- All patient medical related equipment, including oxygen units and traction
- All patient related equipment and furnishings, including wheelchairs, commodes and walkers
- Suction units, crash/lakeside carts, IV poles and oscillating fans
- Isolation carts, linen/garbage hampers, air mattresses, autoclaves
- All supply carts stored in unit, shelves and frames
- Medication carts must be coordinated with pharmacy and nursing units
- (Whirlpool) tubs including routine disinfections of jets and plumbing
- All refrigerators and appliances
- Offices, desk, furniture, phone, computer screens and all office desk and wall fixtures
- Shelves, ledges and vents
- Canteen tables and chairs
- Kitchen food freezers and refrigerators
- Vending machines, face and tops
- Elevators and lifts, including doors and tracks
- All areas in the Hospital, including Main Lobbies, corridors and stairs and entrance mats
- Main hospital exterior entrance areas, within 20 feet from doorways, i.e. waste/ashtrays/sweep
- All exterior glass on ground level and windows, including screens
- All interior glass and windows, including screens
- Window coverings, blinds and exchange cubicle, security grilles, window and shower curtains
- Provide carpet and upholstery cleaning program (extracting/bonnet/spot/vacuum)
- Provide comprehensive floor care program (scrub/polish/topcoat/strip/finish)
- Move furnishing and equipment from rooms when performing project cleaning
- Spills body fluids/water/general fluids, and may include chemical spill according to Hospital protocol
- Clean entrance mats located in parkade
- Clean and dispose of hazardous spills preferably with sodium hypochloride solution 1:10
- Clean car parks (both public and staff car parks), roads and drains within and surrounding Hospital area
- Clean aquarium
- To Clean All sink that is Available
- To Clean Air Condition Venting (ceiling)
- To clean Exhaust Venting (Ceiling)
- To clean all door handle.
- To clean All Automatic Door.
- To Clean and disinfect the gowning room
- To Clean and disinfect room of COVID-19 Patients including the toilets.
- To Clean and disinfect the wad daily and after patient discharge

- To Collect and dispose bio-hazard rubbish bags to bio-hazard bins
- To Collect Boots/face to be sent to the washing area.
- To deliver the disinfected boots/face shield to the gowning area
- To Collect the line items (Sheet, Blankets and Pillows) for laundry.

Critical Care Area Services

- Specialty areas such as Isolation Ward, Operating Theatre, TB Ward, All Isolation Room in the wards.
- Other critical care areas such as, but not limited to, OBGYN and Accident & Emergency require discharge cleaning as per regular in patient areas
- To Clean All sink that is Available.

Waste Management Services

- Collect waste (non-clinical and clinical) from all rooms
- Transportation of non-clinical waste to waste disposal station
- Compliance with Infection Control Unit with regards to clinical waste, including disposal by incineration
- Provide appropriate polythene bags for non-clinical waste and clinical waste (yellow plastic bags written "BIOHAZARD WASTE"), storage bins and trolleys/carts/containers for waste transportation
- Provide gloves, masks, aprons and visors for handling of waste
- Clean trolleys/carts/containers used for transport of waste
- Segregate/package/label all waste streams, particularly for clinical waste.
- Exchange/empty small bedside garbage bags
- Replace all containers when full

Facilities Management

- Move heavy furniture or equipment
- Report all facility conditions that affect the cleaning operation, present as a safety hazard, or is detrimental to the image of a visually pleasing environment
- Maintain security of serviced areas during cleaning procedures. Ensure areas are secure and locked when leaving if required.
- To provide additional support for hospital-organized events, functions or activities that may take place within the hospital premises (both indoor and outdoor areas). This includes, but is not limited to:
 - Pre-event cleaning and preparation of event areas
 - Provision of on-site cleaning personnel during the event to maintain cleanliness and hygiene standards
 - Post-event cleaning and restoration of the venue to its original condition
 - Disposal of event-related waste, including proper segregation and adherence to hospital waste management policies

Landscaping Services

- Includes cleaning water landscape
- Grass cutting within 1 metre from hospital compound
- Maintenance of plants and/or flowers within Hospital area
- Cleaning of drains
- Trimming and cutting trees

GENERAL GUIDELINES TO CLEANING

The following guidelines shall be followed by the Contractor in the provision of Services. These guidelines are not exhaustive, and may be changed from time to time, notice of which will be given to the Contract Manager.

- (a) The flooring, columns, partition and glass panels of all common areas shall be cleaned, sealed and, where necessary, polished.
- (b) All scrubbing shall be done with a heavy-duty scrubbing machine.
- (c) Mops and buckets, including materials and equipment used for toilet cleaning shall be segregated and shall not be used to clean other parts of the Hospital. The mops must be washed at 70°C, to prevent cross-infection.
- (d) Burnishing of floors shall be done with a high-speed burnishing machine.
- (e) All receptacles, such as dustbins, waste paper baskets and ashtrays, must be emptied whenever they are full, and at least once a day. All receptacles shall be thoroughly washed at least once a week.
- (f) Waste matter from sanitary towel receptacles shall be collected as soon as the receptacles are full, and at least once daily, and all sanitary towel receptacles shall be cleaned and disinfected immediately after emptying. The Contractor shall provide waste containers for the collection of litter at locations requested by the Hospital from time to time. These containers shall be transported on suitable trolleys mounted on rubber castors, which are also to be provided by the Contractor.
- (g) No waste containers of any description are to be dragged along the floors.
- (h) All refuse collected from the waste receptacles shall be taken to the refuse centres at the Hospital for subsequent disposal.
- (i) The Contractor is responsible for drawing and collecting both clean and soiled curtains from the linen room and any other areas as and when instructed by the Hospital.
- (j) For areas which require a higher standard of hygiene, the Contractor shall ensure that all personnel are appropriately attired, and where required by the Hospital, shall put on sterilized overalls and footwear provided by the Hospital.
- (k) Debris and dry leaves shall be swept and removed from the rooftops of all buildings on the Hospital, as well as any fencing.
- (l) All chokes to basins, sinks, water closets, squatting pans, bidets, floor traps, gulley traps and silt traps are to be cleared immediately upon discovery or notification, and as directed by the Hospital.
- (m) All lamp fittings, globe fittings, fluorescent fittings, fans and electric clocks are to be kept clean and free from dust and cobwebs.
- (n) All plants within the buildings of the Hospital must be regularly watered. The leaves of such plants shall be regularly wiped to remove dust, and any litter in the pots shall be removed.
- (o) Windows and accessible claddings are to be cleaned generally.
- (p) Umbrella stands with an adequate number of umbrella sleeves shall be provided by the Contractor at all entrances at all times.

SCHEDULE D
QUALITY STANDARDS

A. IDENTIFYING RISKS

I. VERY HIGH-RISK FUNCTIONAL AREAS

Required standard

In the functional area designated as very high risk, the required cleaning standards are of critical importance. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.

As patients are at very high risk of infection, a frequent and responsive cleaning service is essential. Defined protocols and processes in addition to the outcomes need strict adherence.

Functional areas

- Isolation Room including those in the National Isolation Centre
- Emergency Room

Additional internal areas

It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning. These include bathrooms, All Sink, corridors, storerooms, lecture/meeting rooms, offices, pan rooms and staff lounges.

II. HIGH RISK FUNCTIONAL AREAS

Required standard

The required standards are of high importance. The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean.

Functional areas

- Triage Room
- Sterile supply areas (including sterilizing room)

Additional internal areas

It is essential that areas adjoining high risk functional areas also receive the same level of cleaning. These include balconies, bathrooms, corridors, All Sink, meeting rooms, pantry/nourishment station, offices, pan rooms, staff lounges and storerooms.

III. MODERATE RISK FUNCTIONAL AREAS

Required standard

In the functional areas designated as moderate risk, the required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with some capacity to spot clean in between.

Functional areas

- Kitchens
- Public Thoroughfares
- Toilets
- Urine Test Room
- Injection Room
- Treatment Room
- Waiting rooms
- Breastfeeding room

Additional internal areas

It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning. These include balconies, bathrooms, corridors, elevators, meeting rooms, All Sink, pantry/nourishment section, offices, stairwells, pan rooms, staff lounges and storerooms.

IV. LOW/MINIMAL RISK FUNCTIONAL AREAS**Required standard**

The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a scheduled or project basis, with a capacity to spot clean in between.

Functional areas

- Administrative areas
- Non-sterile supply
- Record storage and archives
- Lecture Room

Additional internal areas

It is essential that areas adjoining low/minimal risk functional areas also receive the same level of cleaning. These include balconies, bathrooms, corridors, elevators, All Sink, meeting rooms, pantry/kitchenette, offices, staff lounges, storerooms and loading docks.

B. REQUIREMENTS AND STANDARDS FOR THE FUNCTIONAL AREAS

This part covers four main components which will encompass the cleaning services:

- I. Building
- II. Fixtures
- III. Patient Equipment
- IV. General environment

I. BUILDING

1) External features, fire exits and stairwells

Includes: landings, ramps, stairwells, fire exits, steps, entrances/exits, porches, patios, balconies, eaves and external light fittings.

Required standard

- Landings, ramps, stairwells, fire exits, steps, entrances, porches, patios, balconies, eaves, external light fittings are free of dust, grit, dirt, leaves, cobwebs, All Sink, rubbish, cigarette butts and bird excreta.
- Handrails are clean and free of stains.

Risk	Standards
Very high risk <ul style="list-style-type: none">▪ Areas with patients in protective isolation	Critically important <p>Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.</p> <p>It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.</p>
High risk <ul style="list-style-type: none">▪ Triage Room▪ sterile supply areas (including sterilizing room)	Highly Important <p>The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean.</p> <p>It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.</p>
Moderate risk <ul style="list-style-type: none">▪ Kitchens▪ Public Thoroughfares▪ Toilets▪ Urine Test Room▪ Injection Room▪ Treatment Room▪ Waiting rooms▪ Breastfeeding room	Very important <p>The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between.</p> <p>It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.</p>
Low/minimal risk <ul style="list-style-type: none">▪ Administrative areas▪ Non-sterile supply▪ Record storage and archives▪ Lecture room	Important <p>The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.</p>

2) Walls, skirtings and ceilings

Includes: interior partitions, registers (interior and exterior) light switches, ceiling support beams and trusses.

Required standard

- Internal and external walls and ceilings are free of dust, grit, lint, soil, film and cobwebs.
- Walls and ceilings are free of marks caused by furniture, equipment or staff.
- Light switches are free of fingerprints, scuffs and any other marks.
- Light covers and diffusers are free of dust, grit, lint and cobwebs.
- Polished surfaces are of a uniform lustre.

Risk	Standards
Very high risk <ul style="list-style-type: none"> ▪ Areas with patients in protective isolation 	Critically important Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning. It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.
High risk <ul style="list-style-type: none"> ▪ Triage Room ▪ sterile supply areas (including sterilizing room) 	Highly Important The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean. It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.
Moderate risk <ul style="list-style-type: none"> ▪ Kitchens ▪ Public Thoroughfares ▪ Toilets ▪ Urine Test Room ▪ Injection Room ▪ Treatment Room ▪ Waiting rooms ▪ Breastfeeding room 	Very important The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between. It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.
Low/minimal risk <ul style="list-style-type: none"> ▪ Administrative areas ▪ Non-sterile supply ▪ Record storage and archives ▪ Lecture room 	Important The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.

3) Windows

Includes: internal and external surfaces of all windows, double paned windows with venetian blinds, window ledges, all internal and external glass, mirrors and flyscreens.

Required standard

- External and internal surfaces of glass are clear of all streaks, spots and marks, including fingerprints and smudges.
- Window frames, tracks and ledges are clear and free of dust, grit, marks and spots.

Risk	Standards
Very high risk <ul style="list-style-type: none"> ▪ Areas with patients in protective isolation 	Critically important Patients are at very high risk of infection, and a

Risk	Standards
	<p>frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.</p> <p>It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.</p>
High risk <ul style="list-style-type: none"> ▪ Triage Room ▪ sterile supply areas (including sterilizing room) 	Highly Important <p>The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean.</p> <p>It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.</p>
Moderate risk <ul style="list-style-type: none"> ▪ Kitchens ▪ Public Thoroughfares ▪ Toilets ▪ Urine Test Room ▪ Injection Room ▪ Treatment Room ▪ Waiting rooms ▪ Breastfeeding room 	Very important <p>The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between.</p> <p>It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.</p>
Low/minimal risk <ul style="list-style-type: none"> ▪ Administrative areas ▪ Non-sterile supply ▪ Record storage and archives ▪ Lecture room 	Important <p>The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.</p>

4) **Doors**

Includes: doorknobs, handles and door guides, relief grilles and door plates, door tracks and jambs.

Required standard

- Internal and external doors and doorframes are free of dust, grit, lint, soil, film, fingerprints and cobwebs.
- Doors and doorframes are free of marks caused by furniture, equipment or staff.
- Air vents, relief grilles and other ventilation outlets are kept unblocked and free of dust, grit, soil, film, cobwebs, scuffs and any other marks.
- Door tracks and door jambs are free of grit and other debris.
- Polished surfaces are of a uniform lustre.

Risk	Standards
Very high risk <ul style="list-style-type: none"> ▪ Areas with patients in protective isolation 	Critically important <p>Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.</p> <p>It is essential that areas adjoining very high risk functional</p>

	areas also receive the most intensive level of cleaning.
High risk <ul style="list-style-type: none"> ▪ Triage Room ▪ sterile supply areas (including sterilizing room) 	Highly Important The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean. It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.
Moderate risk <ul style="list-style-type: none"> ▪ Kitchens ▪ Public Thoroughfares ▪ Toilets ▪ Urine Test Room ▪ Injection Room ▪ Treatment Room ▪ Waiting rooms ▪ Breastfeeding room 	Very important The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between. It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.
Low/minimal risk <ul style="list-style-type: none"> ▪ Administrative areas ▪ Non-sterile supply ▪ Record storage and archives ▪ Lecture room 	Important The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.

5) **Hard floors**

Includes: vinyl, tiles, concrete, wood and lino.

Required standard

- The floor is free of dust, grit, litter, marks and spots, water or other liquids.
- The floor is free of polish or other build-up at the edges and corners or in traffic areas.
- The floor is free of spots, scuffs or scratches on traffic lanes, around furniture and at pivot points.
- Inaccessible areas (edges, corners and around furniture) are free of dust, grit, lint and spots.
- Polished or buffed floors are of a uniform lustre.
- Appropriate signage and precautions are taken regarding pedestrian safety of newly cleaned or wet floors.

Risk	Standards
Very high risk <ul style="list-style-type: none"> ▪ Areas with patients in protective isolation 	Critically important Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning. It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.
High risk <ul style="list-style-type: none"> ▪ Triage Room ▪ sterile supply areas (including sterilizing room) 	Highly Important The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean. It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.
Moderate risk <ul style="list-style-type: none"> ▪ Kitchens 	Very important The required standards are important for both hygiene and

Risk	Standards
<ul style="list-style-type: none"> Public Thoroughfares Toilets Urine Test Room Injection Room Treatment Room Waiting rooms Breastfeeding room 	<p>aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between.</p> <p>It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.</p>
Low/minimal risk <ul style="list-style-type: none"> Administrative areas Non-sterile supply Record storage and archives Lecture room 	Important <p>The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.</p>

- 6) **Soft floors**
Includes: carpets and carpet tiles

Required standard

- The floor is free of dust, grit, litter, marks and spots, water or other liquids.
- The floor is free of stains, spots, scuffs or scratches on traffic lanes, around furniture and at pivot points.
- Inaccessible areas (edges, corners and around furniture) are free of dust, grit, lint and spots.

Risk	Standards
Very high risk <ul style="list-style-type: none"> Areas with patients in protective isolation 	Critically important <p>Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.</p> <p>It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.</p>
High risk <ul style="list-style-type: none"> Triage Room sterile supply areas (including sterilizing room) 	Highly Important <p>The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean.</p> <p>It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.</p>
Moderate risk <ul style="list-style-type: none"> Kitchens Public Thoroughfares Toilets Urine Test Room Injection Room Treatment Room Waiting rooms Breastfeeding room 	Very important <p>The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between.</p> <p>It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.</p>
Low/minimal risk <ul style="list-style-type: none"> Administrative areas Non-sterile supply Record storage and archives Lecture room 	Important <p>The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.</p>

7) **Ducts, grills and vents**

Includes: exterior surface of duct outlets, air vents and grills, registers, air conditioners, relief grilles, exhaust fans, extraction fans and other ventilation outlets.

Required standard

- All ventilation outlets are kept unblocked and free of dust, grit, soil, film and cobwebs.
- All ventilation outlets are kept clear and uncluttered following cleaning.

[Note: Cleaning and maintenance of filters of air conditioners etc must be undertaken in accordance with the manufacturers' requirements or otherwise determined by the Health Centre.]

Risk	Standards
Very high risk <ul style="list-style-type: none"> ▪ Areas with patients in protective isolation 	Critically important Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning. It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.
High risk <ul style="list-style-type: none"> ▪ Triage Room ▪ sterile supply areas (including sterilizing room) 	Highly Important The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean. It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.
Moderate risk <ul style="list-style-type: none"> ▪ Kitchens ▪ Public Thoroughfares ▪ Toilets ▪ Urine Test Room ▪ Injection Room ▪ Treatment Room ▪ Waiting rooms ▪ Breastfeeding room 	Very important The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between. It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.
Low/minimal risk <ul style="list-style-type: none"> ▪ Administrative areas ▪ Non-sterile supply ▪ Record storage and archives ▪ Lecture room 	Important The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.

II. FIXTURES

1) Electrical fixtures and fittings

Includes: computer equipment, refrigerators, microwaves, dryers, TVs and associated fittings, light fittings, telephones, drinking fountains, vending machines, exhaust fans, light switches and insect killing devices.

Required standard

- Electrical fixtures and appliances are free of grease, dirt, dust, encrustations, marks, stains and cobwebs.
- Electrical fixtures and appliances are kept free from signs of use or non-use.
- Hygiene standards are satisfied where the fixture or appliance is used in food preparation.
- Motor vents etc. are clean and free of dust and lint.
- Drinking fountains are clean and free of stains and mineral build-up.
- Insect killing devices are free of dead insects and are clean and functional.

Risk	Standards
Very high risk <ul style="list-style-type: none">▪ Areas with patients in protective isolation	Critically important <p>Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.</p> <p>It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.</p>
High risk <ul style="list-style-type: none">▪ Triage Room▪ sterile supply areas (including sterilizing room)	Highly Important <p>The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean.</p> <p>It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.</p>
Moderate risk <ul style="list-style-type: none">▪ Kitchens▪ Public Thoroughfares▪ Toilets▪ Urine Test Room▪ Injection Room▪ Treatment Room▪ Waiting rooms▪ Breastfeeding room	Very important <p>The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between.</p> <p>It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.</p>
Low/minimal risk <ul style="list-style-type: none">▪ Administrative areas▪ Non-sterile supply▪ Record storage and archives▪ Lecture room	Important <p>The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.</p>

2) Furnishings and fixtures

Includes: chairs, sofas, stools, beds, tables, cupboards, wardrobes, lockers, trolleys, benches, shelves and storage racks, waste/rubbish bins, plants, fire extinguishers, fire alarms, bed screens, curtains, blinds and drapes.

Required standard

- Hard surface furniture is free of spots, soil, film, dust, fingerprints and spillages.
- Soft furniture is free from stains, soil, film and dust.
- Furniture legs, wheels and castors are free from mop strings, soil, film, dust and cobwebs.
- Inaccessible areas (edges, corners, folds and cervices) are free of dust, grit, lint and spots.

- All high surfaces are free from dust and cobwebs.
- Curtains, blinds and drapes are free from stains, dust, cobwebs, lint and signs of use or non-use.
- Equipment is free of tapes/plastic, etc, which may compromise cleaning.
- Furniture has no odour that is distasteful or unpleasant.
- Shelves, benchtops, cupboards and wardrobes/lockers are clean inside and out and free of dust and litter or stains.
- Internal plants are free of dust and litter.
- Waste/rubbish bins or containers are clean inside and out, free of stains and mechanically intact.
- Fire extinguishers and fire alarms are free of dust, grit, dirt and cobwebs.

[Note: Furniture should not be repaired using tapes etc. that may compromise cleaning. Damaged furniture should be reported to the Health Centre management.]

Risk	Standards
Very high risk <ul style="list-style-type: none"> ▪ Areas with patients in protective isolation 	Critically important Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning. It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.
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Moderate risk <ul style="list-style-type: none"> ▪ Kitchens ▪ Public Thoroughfares ▪ Toilets ▪ Urine Test Room ▪ Injection Room ▪ Treatment Room ▪ Waiting rooms ▪ Breastfeeding room 	Very important The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between. It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.
Low/minimal risk <ul style="list-style-type: none"> ▪ Administrative areas ▪ Non-sterile supply ▪ Record storage and archives ▪ Lecture room 	Important The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.

3) **Toilets and bathroom fixtures**

Includes: toilets, urinals, sinks, showers, baths, wash basin areas, taps, tap handles, sluices, bath mats, shower curtains and shower/bath rails.

Required standard

- Porcelain and plastic surfaces are free from smudges, smears, body fats, soap build-up and mineral deposits.
- Metal surfaces, shower screens and mirrors are free from streaks, soil, smudges, soap build-up and oxide deposits.
- Wall tiles and wall fixtures (including soap dispensers and towel holders) are free of dust, grit, smudges/streaks, mould, soap build-up and mineral deposits.
- Shower curtains and bath mats are free from stains, smudges, smears, odours, mould and body fats.
- Plumbing fixtures are free of smudges, dust, soap build-up and mineral deposits.
- Bathroom fixtures are free from odours that are distasteful or unpleasant.

- Sanitary disposal units are clean and functional.
- Consumable items are in sufficient supply.

Risk	Standards
Very high risk <ul style="list-style-type: none"> ▪ Areas with patients in protective isolation 	Critically important Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning. It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.
High risk <ul style="list-style-type: none"> ▪ Triage Room ▪ sterile supply areas (including sterilizing room) 	Highly Important The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean. It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.
Moderate risk <ul style="list-style-type: none"> ▪ Kitchens ▪ Public Thoroughfares ▪ Toilets ▪ Urine Test Room ▪ Injection Room ▪ Treatment Room ▪ Waiting rooms ▪ Breastfeeding room 	Very important The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between. It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.
Low/minimal risk <ul style="list-style-type: none"> ▪ Administrative areas ▪ Non-sterile supply ▪ Record storage and archives ▪ Lecture room 	Important The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.

III. PATIENT EQUIPMENT

Includes: wash bowls, commodes, shower chairs, bed pans, bottles, lifting machines, patient slides, harnesses, call buttons, meal tables, medical gas containers, rehabilitation equipment.

Required standard:

- Equipment is free from soil, smudges, dust, fingerprints, grease and spillages.
- Equipment is free of tapes/plastic etc. that may compromise cleaning.
- Equipment legs, wheels and castors are free from mop strings, soil, film, dust and cobwebs.
- Equipment has no odour that is distasteful or unpleasant.
- Equipment is free from signs of non-use.

Risk	Standards
Very high risk <ul style="list-style-type: none">▪ Areas with patients in protective isolation	Critically important <p>Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.</p> <p>It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.</p>
High risk <ul style="list-style-type: none">▪ Triage Room▪ sterile supply areas (including sterilizing room)	Highly Important <p>The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean.</p> <p>It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.</p>
Moderate risk <ul style="list-style-type: none">▪ Kitchens▪ Public Thoroughfares▪ Toilets▪ Urine Test Room▪ Injection Room▪ Treatment Room▪ Waiting rooms▪ Breastfeeding room	Very important <p>The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between.</p> <p>It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.</p>
Low/minimal risk <ul style="list-style-type: none">▪ Administrative areas▪ Non-sterile supply▪ Record storage and archives▪ Lecture room	Important <p>The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.</p>

IV. ENVIRONMENT

1) General tidiness

Required standard

- The area appears tidy and uncluttered.
- Floor space is clear, only occupied by furniture and fittings designed to sit on the floor.
- Furniture is maintained in a fashion which allows for cleaning.
- Fire access and exit doors are left clear and unhindered.

Risk	Standards
Very high risk <ul style="list-style-type: none"> ▪ Areas with patients in protective isolation 	Critically important Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning. It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.
High risk <ul style="list-style-type: none"> ▪ Triage Room ▪ sterile supply areas (including sterilizing room) 	Highly Important The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean. It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.
Moderate risk <ul style="list-style-type: none"> ▪ Kitchens ▪ Public Thoroughfares ▪ Toilets ▪ Urine Test Room ▪ Injection Room ▪ Treatment Room ▪ Waiting rooms ▪ Breastfeeding room 	Very important The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between. It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.
Low/minimal risk <ul style="list-style-type: none"> ▪ Administrative areas ▪ Non-sterile supply ▪ Record storage and archives ▪ Lecture room 	Important The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.

2) Odour control

Required standard

- The area smells fresh.
- There is no odour which is distasteful or unpleasant.
- Room deodorizers are clean and functional.

Risk	Standards
Very high risk <ul style="list-style-type: none"> ▪ Areas with patients in protective isolation 	Critically important Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.

Risk	Standards
	It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.
High risk <ul style="list-style-type: none"> ▪ Triage Room ▪ sterile supply areas (including sterilizing room) 	Highly Important The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean. It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.
Moderate risk <ul style="list-style-type: none"> ▪ Kitchens ▪ Public Thoroughfares ▪ Toilets ▪ Urine Test Room ▪ Injection Room ▪ Treatment Room ▪ Waiting rooms ▪ Breastfeeding room 	Very important The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between. It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.
Low/minimal risk <ul style="list-style-type: none"> ▪ Administrative areas ▪ Non-sterile supply ▪ Record storage and archives ▪ Lecture room 	Important The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.

SCHEDULE E

CLEANING SCHEDULE AND FREQUENCY

PMMPMHAMB HOSPITAL

AREAS	FLOOR TYPE	REWAXING TIME
SPECIALIST OUTPATIENT CLINIC <ul style="list-style-type: none"> ▪ DIETITION ROOM ▪ EYE CLINIC ▪ SKIN CLINIC ▪ ENT CLINIC ▪ DOCTORS' ROOMS ▪ DIABETIC ROOM ▪ COUNTER ▪ PANTRY ▪ WAITING AREA DENTAL CLINIC <ul style="list-style-type: none"> ▪ ADMINISTRATIVE OFFICE ▪ COUNTER ▪ SURGERY ROOMS ▪ STAFF WAITING AREA ▪ PANTRY ▪ PATIENTS' WAITING AREA OBSTETRIC AND GYNAECOLOGY CLINIC <ul style="list-style-type: none"> ▪ EXAMINATION ROOMS ▪ NURSE'S EXAMINATION ROOM ▪ COUNTER ▪ WAITING ROOM OUT-PATIENT CLINIC <ul style="list-style-type: none"> ▪ EXAMINATION ROOMS ▪ PANTRY ▪ DOCTORS' LOUNGE ▪ WAITING AREA ▪ COUNTER LABORATORY UNIT <ul style="list-style-type: none"> ▪ OFFICE ▪ COUNTER ▪ WAITING AREA ▪ STAFF ON-CALL ROOM ▪ PANTRY ▪ PLEBOTOMY ROOM PHARMACY UNIT <ul style="list-style-type: none"> ▪ OFFICE ▪ PANTRY ▪ DRUG STORE ROOM ▪ PANTRY ▪ COUNTER ▪ WAITING ROOM MEDICAL RECORD UNIT	VINYL	EVERY 3 – 4 MONTHS (ESPECIALLY WAITING AREA, COUNTER AND WALKWAY AREA)

AREAS	FLOOR TYPE	REWAXING TIME
<ul style="list-style-type: none"> ▪ OFFICES ▪ PANTRY ▪ FILING AREA ▪ COUNTER ▪ SECURITY ROOM <p>EMERGENCY DEPARTMENT</p> <ul style="list-style-type: none"> ▪ OFFICES ▪ COUNTER ▪ WAITING AREA ▪ EXAMINATION ROOMS ▪ TROLLEY ROOM ▪ OBSERVATION AREA ▪ TREATMENT ROOMS ▪ SURGERY ROOM ▪ TRIAGE AREAS ▪ LODGER AREA ▪ ON-CALL DOCTOR'S ROOM ▪ PANTRY <p>FINANCE UNIT</p> <ul style="list-style-type: none"> ▪ OFFICES ▪ COUNTER ▪ WAITING AREA <p>ALL WARDS</p> <ul style="list-style-type: none"> ▪ MALE WARD ▪ FEMALE WARD ▪ MATERNITY WARD ▪ PAEDIATRIC WARD <p>ADMINISTRATION OFFICE</p> <ul style="list-style-type: none"> ▪ OFFICES ▪ COUNTER ▪ PANTRY <p>RADIOLOGY UNIT</p> <ul style="list-style-type: none"> ▪ OFFICES ▪ COUNTER ▪ WAITING AREA ▪ FILING AREA ▪ ALL X-RAY ROOMS ▪ PANTRY <p>PHYSIOTHERAPY UNIT</p> <ul style="list-style-type: none"> ▪ OFFICE ▪ COUNTER ▪ TREATMENT ROOMS ▪ GYM ▪ WAITING AREA ▪ PANTRY <p>OCCUPATIONAL THERAPY</p> <ul style="list-style-type: none"> ▪ OFFICE ▪ ASSESSMENT ROOM 		

AREAS	FLOOR TYPE	REWAXING TIME
<ul style="list-style-type: none"> ▪ CORRIDOR ▪ COUNTER ▪ WAITING ROOM <p>OPERATION THEATRE</p> <ul style="list-style-type: none"> ▪ OFFICE ▪ TRANSFER PATIENT AREA ▪ ALL THEATRES ▪ CORRIDORS ▪ PANTRY ▪ CHANGING ROOMS <p>ISOLATION WARD</p> <ul style="list-style-type: none"> ▪ ALL ISOLATION ROOMS ▪ WAITING AREA ▪ COUNTER ▪ TREATMENT ROOMS <p>MEDICAL SOCIAL WORK UNIT</p> <ul style="list-style-type: none"> ▪ OFFICE ▪ COUNSELLING ROOM ▪ WAITING AREA ▪ COUNTER 		
WALKWAY/CORRIDORS TO:	TILES	EVERY MONTH
<ul style="list-style-type: none"> ▪ ALL UNITS IN ALL FLOORS ▪ CANTEEN ▪ KITCHEN ▪ ACCIDENT AND EMERGENCY UNIT ▪ OUT-PATIENTS' DEPARTMENT ▪ X-RAY ENTRANCE ▪ HOSPITAL STAFF CAR PARK 		
MAIN HOSPITAL KITCHEN AND OFFICES	TILES	EVERY MONTH
LOADING AREA OF ACCIDENT AND EMERGENCY UNIT	TILES	EVERY 3 – 4 MONTHS
OCCUPATIONAL THERAPY UNIT <ul style="list-style-type: none"> ▪ PATIENTS' ASSESSMENT ROOM ▪ SIDE OFFICE ▪ SENSORY INTEGRATION ROOM 	TILES	EVERY 3 – 4 MONTHS
MAIN LOBBY AREA	TILES	EVERY 1 OR 2 WEEKS (AS WHEN REQUIRED AND DEPENDING ON STATE OF WAX)
ALL LIFTS	VINYL	EVERY MONTH

NATIONAL ISOLATION CENTRE

AREAS	FLOOR TYPE	REWAXING TIME
<u>ZONE A</u> <ul style="list-style-type: none"> ▪ Entrance Lobby ▪ Manager / Executive Workstation ▪ Support Staff Executive ▪ Medical Records / Archive ▪ Staff Pantry ▪ Corridor ▪ General Store / Medicine ▪ Medical Equipment Store ▪ Linen Store ▪ Pass Thru for food caterers ▪ Patients Food Pantry ▪ Main Virology Lab ▪ Processing Room ▪ Pre PCR Room ▪ PCR Room ▪ Storage Root ▪ Sterilization Room ▪ On Call Room ▪ Internal Corridor 1 ▪ Doctor's On Call Room ▪ Pantry ▪ Nurse Officer Room ▪ Female Changing Room ▪ Male Changing Room ▪ Air Shower 	TILES/VINYL	<p>EVERY 3 – 4 MONTHS (ESPECIALLY WAITING AREA, COUNTER AND WALKWAY AREA)</p>
<u>ZONE B</u> <ul style="list-style-type: none"> ▪ Entrance Lobby ▪ Registration Area ▪ Security ▪ Waiting Area ▪ Satellite Pharmacy ▪ Rehabilitation Room ▪ Admission & Business Office ▪ Triage Area ▪ Consultation Room 1 ▪ Consultation Room 2 ▪ Consultation Room 3 ▪ Nurse Station ▪ Lobby ▪ Holding Rm 1 ▪ Holding Rm 2 ▪ Ambulance Entrance ▪ Doctors Lounge ▪ Nurse Officer Room ▪ Tea Room ▪ Store ▪ PPE 	TILES/VINYL	<p>EVERY 3 – 4 MONTHS (ESPECIALLY WAITING AREA, COUNTER AND WALKWAY AREA)</p>

AREAS	FLOOR TYPE	REWAXING TIME
<ul style="list-style-type: none"> ▪ Scrub Room ▪ Degown ▪ Disposal ▪ Elect ▪ AHU ▪ Genset ▪ Substation ▪ Store ▪ Xray Parking ▪ Male Changing Room ▪ Female Changing Room ▪ Internal Corridor 1 ▪ Turfing ▪ Female Changing Room ▪ Male Changing Room ▪ Doctor's On Call Room ▪ Pantry ▪ Nurse Officer Room ▪ OT ▪ Doctor's On Call Room 		
<p><u>ZONE C</u></p> <p><u>ISOLATION WARD NEUTRAL</u></p> <ul style="list-style-type: none"> ▪ Nurse Station ▪ Medicine Preparation Room ▪ Doctor's On-Call Room ▪ Pantry ▪ Nurse Office Room ▪ Female Changing Room ▪ Male Changing Room ▪ Gas tank Store ▪ Turfing ▪ Internal Corridor 2 <p><u>ISOLATION WARD NEGATIVE PRESSURE</u></p> <ul style="list-style-type: none"> ▪ Nurse Station ▪ Medicine Preparation Room ▪ Turfing ▪ Doctor's On Call Room ▪ Pantry ▪ Nurse Office Room ▪ Female Changing Room ▪ Male Changing Room ▪ Internal Corridor 2 <p><u>ICU NEGATIVE PRESSURE</u></p> <ul style="list-style-type: none"> ▪ Nurse Station ▪ Medicine Preparation Room ▪ Sub-Station ▪ Female Changing Room ▪ Male Changing Room ▪ Turfing 	TILES/VINYL	<p>EVERY 3 – 4 MONTHS (ESPECIALLY WAITING AREA, COUNTER AND WALKWAY AREA)</p>

AREAS	FLOOR TYPE	REWAXING TIME
<ul style="list-style-type: none"> Internal Corridor 		
<u>ZONE D</u> <ul style="list-style-type: none"> Guard House Dirty Utility Collection Point / Waste Centre Mortuary Storage Post Mortem Male Toilet Waiting Room Admin Office Lobby Inspection Room Cleaning Preparation Parking Bay and Fire Engine Turfing Bay 	TILES/VINYL	EVERY 3 – 4 MONTHS (ESPECIALLY WAITING AREA, COUNTER AND WALKWAY AREA)
<u>1st FLOOR</u> <ul style="list-style-type: none"> Chiller Yard (Open Area) Staircase AHU Nursing Station Exhaust Fans Room AHU negative AHU neutral Store 1 Store 2 	TILES/VINYL	EVERY 3 – 4 MONTHS (ESPECIALLY WAITING AREA, COUNTER AND WALKWAY AREA)
<u>CSSD UNIT</u> <ul style="list-style-type: none"> Pengurusan CSSD room Pantry Male Toilet Female Toilet Kaunter Pengeluaran Barang-Barang Steril Zon Steril Autoclave Room Stor Barang-Barang Guna Habis (Consumable Store) Inspection & Packing Zone Stor Instrumen Baru Decontamination Zone Ruang Trolley Dirty Counter Stor Pusat Perkhidmatan Pembasmi Kuman 	TILE	EVERY 3 – 4 MONTHS (ESPECIALLY WAITING AREA, COUNTER AND WALKWAY AREA)
<u>NURSING HOME & FLAT (Nursing /Doctors Temporary Accommodation (Nursing Home/ Bungalows)</u> <ul style="list-style-type: none"> Sweeping Floor and mopping at Staircase (Ground floor, 1st floor. 2nd Floor. 3rd Floor) Cleaning Handrails Sweeping Garage Grass Cutting within 1m from hospital compound Trimming/cutting trees Cleaning Drains Scrubbing at Staircase Area Rubbish Bins 	TILE	EVERY 1-2 MONTHS (ESPECIALLY STAIRCASE)

NO.	AREAS	SCHEDULE AND FREQUENCY						
A.	GENERAL AREAS	FLOOR	WALL	WINDOW DOOR	CEILING	FURNITURES FIXTURES & EQUIPEMNTS	EMPTY BAG HOLDER	CLEANING OF GENERAL (G) & CLINICAL CW BAG HOLDER
	1. CORRIDOR	V/DM 4XD AR	SC 1XW AR HDV/C 1XW	SC 1XD AR	HDV/C 1XW AR	-	Every 2 hours AR	(G) 1XW
	<ul style="list-style-type: none"> METAL RAILING GLASS PANELS 	-	-	SC 1XD SC 1XD	-	-	-	-
	2. ALL STAIR CASE	V/DM 3XD AR	SC AR DW 1XW	SC AR DW 1XW	HDV/C 1XW	-	-	-
	3. LIFT	V/DM 2XD SC AR	DW 2XD	DW 2XD POLISH 1XW	SC AR HDV/C 1XD	-	-	-
	4. TOILET (PUBLIC)	WS 6XD, AR VMS, SC AR WET MOP AR	WS 3XD SC AR	SC AR DW 3XW	HDV/C 1XW	W2XD WS 2XD RT AR	Every 2 hours. AR	(G) 1XW
	5. OFFICE ▪ ADMINISTRATION	V/DM 1XD 1XW AR	SC AR WS AXM	SC AR DW 1XM	SC AR HDV/C	DW 1XD	2XD	(G) 1XW
	▪ TOILET	W 2XD WS 1XW	SC AR	DW 1XW SC AR	SC AR HDV/C 1XM	RT 1XD, AR WS 1XD	2XD	(G) 1XW
	▪ KITCHEN/ PANTRY	W2XD WS 1XD	WS 1XD	W 1XD	DW 1XW	-	2XD	(G) 1XW AR
	6. ALL STORES	V/DM 2XW	SC AR	DW 1XW SC AR	SC AR HDV/C 1XM	DW 1XM	1XD	(G) 1XW
	7. PAVEMENT (FOOT- PATH TO ATTACHED BUILDING)		1XW					
	8. LOBBIES	V/DM 4XD AR	SC 1XW, AR HDV/C 1XW	SC 1XD AR	HDV/C 1XW AR	-	2XD	(G) 1XW
	9. HALLWAYS	V/DM 4XD AR	SC 1XW, AR HDV/CW	SC 1XD AR	HDV/C 1XW AR	-	2XD	(G) 1XW
	10. OFFICE	V/DM 1XD	SC AR WS	SC AR DW	SC AR	DW 1XD	2XD	-

NO.	AREAS	SCHEDULE AND FREQUENCY						
		W 1XW AR	AXM	1XM	HDV/C			
	11. COUNTER / RECEPTIONIST	-	-	-	-	DW 1XD	2XD	(G) 1XW
	12. APRON	-	-	-	-	-	2XD	(G) 1XW
	13. DRIVEWAY	-	-	-	-	-	2XD	(G) 1XW
	14. OPEN DRAINS	-	-	-	-	-	-	(G) 2XD
	15. ROOF	-	-	-	-	-	-	(G) 2XM
	16. WAITING SEATS / CHAIRS	-	-	-	-	-	-	(G) 2XD
	17. PUBLIC TELEPHONE	-	-	-	-	-	-	(G) 2XD
	18. FIRE EXTINGUISHER & FIRE HOSE REEL CABINETS	-	-	-	-	-	-	(G) 2XD
B.	MEDICAL AREAS	FLOOR	WALL	WINDOW DOOR	CEILING	FURNITURES FIXTURES & EQUIPEMNTS	EMPTY BAG HOLDER	CLEANING OF GENERAL (G) & CLINICAL CW BAG HOLDER
	1. CLINIC EXAMINATION ROOM	V 1XD VMS 2XD AR SC AR	SC AR DW/C 2XM	SC AR DW 1XW	SC AR HDV/C 2XM	DW 1XD	2XD AR	(CW) 1XD
	TREATMENT ROOM	VMS 2XD SC AR	SC AR DW/C 2XM	SC AR DW/C 1XM	SC AR HDV/C 1XM	DW 1XD	2XD, AR	(CW) 1XD
	WAITING ROOM	V 1XD VMS 2XD AR SC AR	SC AR DW/C, 2XM	SC AR DW 1XM	SC AR HDV/C 1XM	DW 1XD	2XD	(G) 1XW
	2. WARDS PATIENT AREAS	VMS 2XD	SC AR DW/C 1XM	SC AR DW 1XW	HDV/C 1XM SC AR	DW 1XD SC AR RT1XD, AR	2XD	(G) 1XW (CW) 1XD
	PANTRY	VMS 2XD SC AR	SC AR DW/C 1XW	SC AR DW 1XW	HDV/C 1XM SC AR	DW 1XD SC AR	3XD	(G) 1XW
	TOILET / BATHROOM	Every 2 hours	SC AR DW/C 1XW	SC AR DW 1XW	HDV/C 1XM SC AR	DW 1XD SC AR	3XD	(G) 1XW
	FLAT & NURSING HOME - compound, parking areas and stairs							

Legend:

V/DM - Vacuum / Dust and Mop
Sc - Spot Cleaning
DW - Damp Wipe
EOD - End of the day
W - Wash
P - Polish
AEC - After Each Case
W - Weekly
PCC - Post Case Cleaning
D - Daily
M - Monthly
HDV/C - High Dust Vacuum/Clean
E - End of day
RT - Replenish Toiletries
WS - Wash & Scrub
V - Vacuum
VMS - Vacuum Mop & Sanitise
DSC - Daily spot cleaning
AR - As Required

SCHEDULE F

ALLOCATION OF PERSONNEL

The Contractor shall employ the minimum number of skilled or semi-skilled workmen as enumerated below:

PMMPMHAMB HOSPITAL			
Sessions	Venue	Ordinary Working Days	Fridays, Sundays & Public Holidays
7 am – 3 pm	Ground Floor and surrounding area	8	3
	First Floor	5	3
	Second Floor	4	3
		2 Supervisors	1 Supervisor
3pm – 11pm	Ground Floor and surrounding area	5	3
	First Floor	3	3
	Second Floor	3	3
		1 Supervisor	1 Supervisor
11pm – 7am	Ground Floor and surrounding area	2	2
	First Floor	1	1
	Second Floor	1	1
		1 Supervisor	1 Supervisor

NATIONAL ISOLATION CENTRE			
	ZONE Area as listed above (Schedule E)	ORDINARY WORKING DAYS	FRIDAYS, SUNDAYS & PUBLIC HOLIDAYS
Am / Pm	A	1	1
	B	1	1
	C	2	2
		2	2
		2	2
	D & 1 st Floor	3	2
	Supervisor	1	1

SCHEDULE G

LIST OF EQUIPMENT AND SUPPLIES TO BE PROVIDED BY CONTRACTOR

All tools, equipment, chemicals and materials to be used in the cleaning services shall be provided by the Contractor such as:

Machines		Quantity
1	Burnishing machine	2
2	Carpet shampooing machine	2
3	Vacuum cleaners	
	▪ Wet Vacuum Machine	2
	▪ Dry Vacuum Machine	2
4	Polishing machine	2
5	Scrubbing machine	2
6	Grass cutter	2/3
7	Pruning machine	2
8	Trimmer machine	2
9	Water jet	2
Chemical		
1	Floor polish	} Adequate when used
2	Toilet cleaner	
3	Disinfectants	
4	Deodorant	
5	Clorox	
Gardening tools		
1	Scoop	} Adequate when used
2	Hoe	
3	Wheelbarrows	
4	Choppers	
5	Garden fork	
6	Spade	
Other equipment		
1	Brooms	} Adequate when used
2	Dustbins	
3	Garbage trolleys	
4	Dustpans	

SCHEDULE H

CHECKLIST FORMS

SECTION 3
FORM TO BE USED
CONTENTS

1.	SCHEDULE A – TENDER FORM
2.	SCHEDULE B – INFORMATION SUMMARY.....
3.	SCHEDULE C – SUB-CONTRACTS
4.	SCHEDULE D – COMPANY BACKGROUND
5.	SCHEDULE E – REFERENCES
6.	SCHEDULE F - DECLARATION.....
7.	SCHEDULE G – LIST OF EQUIPMENT
8.	SCHEDULE H – LIST OF CHEMICALS

SCHEDULE A

TENDER FORM

To :

TENDER REFERENCE NO: KK/198/2025/TUT(TC)

INVITATION TO TENDER

CLEANING SERVICES FOR THE PENGIRAN MUDA MAHKOTA PENGIRAN MUDA HAJI AL-MUHTADEE BILLAH HOSPITAL, TUTONG AND NATIONAL ISOLATION CENTRE (NIC) FOR A PERIOD OF FIVE (5) YEARS

TENDER OF *(name of tenderer)*

Company/Business Registration No: _____

Tender Closing Date: _____

NO.	DESCRIPTION	PRICE
1	MONTHLY CHARGES FOR CLEANING SERVICES	
2	TOTAL CHARGES FOR CLEANING SERVICES FOR FIVE (5) YEARS	

1. We offer and undertake on your acceptance of our Tender to provide the above-mentioned services in accordance with your Invitation To Tender.
2. Our Tender is fully consistent with and does not contradict or derogate from anything in your Invitation To Tender. We have not qualified or changed any of the provisions of your Invitation To Tender.
3. We shall execute a formal agreement in the appropriate form set out in Section 4 – Contract of the Invitation To Tender together with such further terms and conditions, if any, agreed between the Government and us.
4. OUR OFFER IS VALID FOR **ONE (1) YEAR CALENDAR** FROM THE TENDER CLOSING DATE.
5. When requested by you, we shall extend the validity of this offer.
6. We further undertake to give you any further information which you may require.

Dated this day of 2025.

Signature of authorised officer of Tenderer

Name:

Designation:

Tenderer's official stamp:

SCHEDULE B

INFORMATION SUMMARY

2.1 Tenderers shall provide in this Schedule the following information:

- a. Management summary
- b. Company profile (including Contractor and sub-contractor(s), if any)
- c. Years of experience (as of the Tender Closing Date) of the Contractor and sub-contractor(s) in the:
 - ***Provision of Cleaning Services***
- d. Other information which is considered relevant

SCHEDULE C

SUB-CONTRACTS

- 3.1 Tenderers shall complete Table 3.1 with information about all the companies involved in the provision of the services and items specified in this tender. This shall include details about the Contractor and each sub-contractor involved, as well as their respective responsibilities.
- 3.2 Tenderers shall also indicate in Table 3.1 any alliance relationship established with each sub-contractor. An alliance is defined as a formal and binding business relationship between the allied parties.

Table 3.1 - Responsibility Table

Company Name	Responsibility Description	Alliance Relationship between Contractor and Sub-contractor(s)		
		Alliance Exists? (Y/N)	Date Established	Alliance Description
Contractor				
		Not Applicable	Not Applicable	Not Applicable
Sub-contractor(s)				

SCHEDULE D

COMPANY'S BACKGROUND

- 4.1 Each of the companies involved in this tender, including Contractor and sub-contractor(s) (if any), shall provide information on the company's background, scope of operations, financial standing and certified copy of its Certificate of Incorporation or Certificate of Registration (as the case may be).

SCHEDULE E

REFERENCES

- 5.1 Tenderers shall submit a list of customers in Table 5.1 to whom the Contractor has provided similar services and items as specified in this tender in the recent 5 years as of the Tender Closing Date.

Table 5.1 - References of previous customers

Customer Name and Address	Customer Type (Govt or Quasi Govt)*	Contact Person	Title	Contact Number, Fax Number and E-mail Address

***Note:** Tenderers shall indicate whether the customer is a Government or Quasi Government organisation. A Quasi Government is defined as an organisation which (1) is managed and controlled by the Government; or (2) has at least 50% shares being held by the Government. Please leave the column blank if the customer is neither a Government or Quasi Government organisation.

- 5.2 The Ministry of Health shall treat all the information submitted under this schedule in strict confidence.
- 5.3 The Ministry of Health reserves the right to contact the references for tender assessment purposes.

SCHEDULE F

DECLARATION

**PENGAKUAN PENENDER
*TENDERER'S DECLARATION***

SCHEDULE G

LIST OF EQUIPMENT

- 7.1 Tenderers are required to list out the equipment and tools including the quantity required, which shall be used in providing the services described in **Section 2** of this Invitation To Tender. Tenderers are allowed to add in any other equipment and tools which are deemed necessary for the execution of the services.

NO.	LIST OF EQUIPMENT AND MACHINERY	QUANTITY	BRAND
1.	Janitor Cart		
2.	Mop Squeeze bucket with wet mop		
3.	Dry Mop		
4.	Vacuum Cleaner		
5.	Wet and Dry Vacuum Machine		
6.	Polishing Machine		
7.	Scrubbing Machine		
8.	Carpet Shampoo Machine		
9.	Carpet Dryer		
10.	Wet Suction		
11.	High Pressure Cleaner		
12.	Grass Cutter		
13.	Pruning Machine		
14.	Glass Cleaning Tools		
15.	Caution Signboards		
16.	Lobby Dustpan		
17.	Toilet Bowl Brushes		
18.	Brute Angle Brooms		
19.	Aluminium Ladders		

SCHEDULE H

LIST OF CHEMICALS

8.1 Tenderers are required to list out the chemicals which are intended to be used for the services.

NO.	DESCRIPTION	BRAND	COUNTRY OF ORIGIN
1.	Floor Sealer		
2.	Floor Polish		
3.	Floor Stripper		
4.	Carpet Shampoo		
5.	Carpet Pre-Treatment		
6.	Disinfectant for Cubicle area		
7.	General disinfectant		
8.	Furniture Polish/Cleaner		
9.	Buffing Liquid		
10.	Deodoriser		
11.	Deodorant Block		
12.	Liquid Hand Soap		
13.	Toilet Bowl Cleaner		
14.	Toilet Disinfectant		
15.	Toilet Paper		
16.	Glass/Mirror Cleaner		

NUMBER OF WORKER (MANPOWER)

Hospital PMMPMHAMB, Tutong	
Number of workers (Manpower)	
Supervisors:	
Morning Shift:	
Afternoon Shift:	
Night Shift:	
Number of workers at National Isolation Center Tutong (NIC)	
Morning Shift:	
Afternoon Shift:	
Night Shift:	
Over All Total Number of Staff:	