



SANITISE AND IT'S GONE

A PRACTICAL RESOURCE
FOR CARE PROVIDERS

Care Home Hygiene Framework

A practical five-stage framework for
reviewing and strengthening hygiene
practices in care environments.



Practical
guidance



Evidence-led
thinking



Five clear
stages

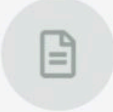


COMPLIMENTARY
GUIDE



QUESTIONS TO CONSIDER

Understanding the process.

-  Is the purpose of each hygiene step clear?
-  Are procedures understood and followed consistently?
-  Can completed actions be demonstrated?

-  Helps identify gaps in current practice.
-  Encourages consistent, high standards across the care home.
-  Supports a culture of accountability and continuous improvement.

A MORE STRUCTURED APPROACH

Making expectations clear.

-  Appropriate products supported by relevant evidence.
-  Clear procedures and responsibilities.
-  Records that provide evidence of good practice.

-  Makes expectations easier to understand and follow.
-  Makes roles and responsibilities clear.
-  Provides evidence of what has been done and when.



THE FRAMEWORK

Why a framework?

Care environments encompass a range of private and shared spaces, including residents' bedrooms, lounges, dining areas and communal facilities. Each has distinct hygiene requirements, reflecting its purpose, frequency of use and the needs of those who use it.

Effective hygiene depends on more than product selection. It requires a consistent, structured approach to cleaning and sanitisation, underpinned by clear procedures, defined responsibilities and regular monitoring. Together, these measures help maintain a clean, well-managed environment and build confidence among residents, staff and families.

Effective hygiene isn't a single action. It's a process.



Cleanliness

is what people see

Hygiene

is the process

Reassurance

is what people experience



Clean

PRINCIPLE 1

Remove what you can see.

A clean space is the foundation for good hygiene

WHAT IT MEANS

Effective cleaning provides the foundation for the wider hygiene process. Existing procedures should address visible dirt, debris and contamination, together with frequently touched surfaces and shared equipment.

In care settings this may include door handles, light switches, handrails, call buttons, bed rails and mobility equipment.

POINTS FOR CONSIDERATION

- ☐ Is there a defined cleaning procedure?
- ☐ Is responsibility clearly established?

- ☐ Are frequently touched areas addressed?
- ☐ Is cleaning completed before sanitisation?

What cleaning should include

Cleaning throughout a care home should include the following tasks, as appropriate to each area:

Dusting

Damp dust furniture, shelves, windowsills, skirting boards and other surfaces.

Surface cleaning

Clean tables, worktops, chairs, doors and other washable surfaces.

Frequently touched points

Clean door handles, light switches, handrails, grab rails and shared controls.

Floors

Vacuum carpets and mop hard floors, including corners and accessible areas beneath furniture. Leave floors dry and safe.

Bathrooms and toilets

Clean toilets, sinks, taps, baths, showers and surrounding surfaces. Remove soap residue and limescale as needed.

Glass and mirrors

Clean mirrors, internal glass and windows as scheduled.

Bins and waste

Empty bins, replace liners and clean bin surfaces.

Soft furnishings and linen

Clean upholstery, wash washable furnishings and change linen as scheduled or whenever soiled.

Shared equipment

Clean shared items and equipment according to their cleaning instructions.

Supplies

Replenish soap, toilet paper, paper towels and other essential supplies.

Spills and stains

Deal with spills promptly, following the appropriate procedure for body fluids.

Periodic cleaning

Clean behind furniture, high surfaces, vents and other less accessible areas on a planned schedule.



Sanitise

PRINCIPLE 2

Go beyond visible cleanliness.

Sanitise with evidence, not assumptions

WHAT IT MEANS

Looking clean is not the same as being hygienically clean. Routine cleaning removes dust, dirt and residue, while appropriate sanitisation provides an additional hygiene step where required.

Once an area has been thoroughly cleaned, select a sanitisation product and application method suitable for the environment and the surfaces being treated. Understanding the evidence behind the product's claims helps inform that choice, including what testing demonstrates and which microorganisms it has been tested against.

Always follow the manufacturer's instructions, paying attention to application, coverage and contact time—the length of time the product needs to remain in contact with a surface to work effectively. Where applicable, follow guidance on ventilation and safe re-entry.

Sanitisation should form part of a consistent hygiene routine, alongside thorough cleaning, regular attention to frequently touched surfaces and clear cleaning schedules.



POINTS FOR CONSIDERATION

- ☐ What role does sanitisation play?
- ☐ Is the product right for the environment?
- ☐ Are efficacy claims independently tested?
- ☐ Do staff understand method & contact time?
- ☐ Is technical documentation available?



Protect

PRINCIPLE 3

Make it routine and proactive.

Make hygiene proactive, not reactive

Hygiene is more effective when built into a repeatable routine rather than treated only as a response to a problem. Sanitisation should form part of a considered approach — not introduced only after illness, an incident or a complaint. The right frequency depends on the environment, occupancy and your own procedures.



POINTS FOR CONSIDERATION

- ☐ Where does sanitisation add value?
- ☐ Which rooms or shared spaces are appropriate?
- ☐ Have triggers or frequencies been defined?
- ☐ Is responsibility clearly defined?
- ☐ Are instructions & contact time understood?
- ☐ Is it covered by COSHH where required?



Record

PRINCIPLE 4

Make it visible and accountable.

A record turns an informal task into a defined process

Recording what was done, when and by whom supports consistency, accountability and effective oversight. This need not mean extra paperwork — it can be incorporated into existing cleaning, hygiene or compliance records.

WHAT A RECORD ANSWERS



OWNERSHIP

Who is responsible for deciding, completing and overseeing the procedure?



PROCEDURE

What was completed, where, using which product and to which instructions?



TRACEABILITY

When was it completed, what prompted it and when is the next action due?

POINTS FOR CONSIDERATION

- ☐ Is there a system for recording when cleaning and sanitisation has taken place?
- ☐ Are records easy to complete and access?
- ☐ Are any issues or deviations followed up?
- ☐ Is responsibility for record-keeping clearly defined?
- ☐ Are records reviewed as part of routine management?



Reassure

PRINCIPLE 5

Communicate and build confidence.

Communicate the process

Care providers invest considerable time and resources in maintaining high standards of hygiene, much of which happens behind the scenes. Clear communication helps residents, families and visitors understand the measures in place and makes good hygiene practice more visible, helping to build confidence and reassurance.



POINTS FOR CONSIDERATION

- ☐ What information is useful and reassuring?
- ☐ Is communication clear and relevant?
- ☐ Does it reflect the measures carried out?
- ☐ Where claims are made, are they evidenced?



UNDERSTANDING PRODUCT EVIDENCE

Evidence should support the claim

When choosing a cleaning or sanitisation product, it is important to understand the evidence behind the claims being made.

Independent testing to recognised standards can help care providers understand what a product has been tested against and under what conditions.

Questions to consider

What has been tested?

Does the evidence relate to bacteria, yeasts, fungi or viruses?

Is the evidence relevant?

Check that the test results relate to the specific product, concentration and method of use.

Which standard was used?

Recognised BS EN standards provide a consistent method for assessing antimicrobial efficacy.

Is documentation available?

Supporting laboratory reports and technical information should be available where appropriate.

What contact time is required?

Contact time is the length of time a product needs to remain in place to work effectively. Following the recommended contact time helps ensure the product has sufficient time to do its job as intended.

What do the BS EN standards mean?

BS EN 1276

Bactericidal activity

Tests whether a disinfectant is effective against specified bacteria under defined laboratory conditions. It provides evidence that the product can achieve the required reduction in bacterial contamination when used under the tested conditions.

BS EN 1650

Yeasticidal and fungicidal activity

Tests effectiveness against specified yeasts and fungi. This is important because environmental hygiene is not only about controlling bacteria; different types of microorganisms require appropriate evidence of efficacy.

BS EN 14476

Virucidal activity

Tests whether a disinfectant has demonstrated activity against viruses under defined conditions. Unlike the other two standards, EN 14476 is specifically a medical-area standard and explicitly covers situations where disinfection is medically indicated, including care and nursing homes.

Why does this matter in a care home?

Care homes support people who may be particularly vulnerable to infection. Recognised testing standards help providers look beyond general statements such as *"kills germs"* and understand what type of antimicrobial activity has actually been demonstrated, under what conditions and with what contact time. The standard alone should not be treated as proof that a product is suitable for every care-home application; the specific test report, instructions for use and intended application also matter.

REVIEW

Five-stage hygiene review

Use these five questions as a simple internal review. A 'no' does not automatically indicate non-compliance; it identifies an area that may benefit from clearer ownership or procedure.

The Sanigone **Care Home** Hygiene Framework — a simple five-stage approach to consistent, evidenced hygiene.



CLEAN



SANITISE



PROTECT



RECORD



REASSURE

STAGE	REVIEW QUESTION	IN PLACE	REVIEW	ACTION / NOTES
CLEAN	Do we have a defined cleaning procedure for this room, vehicle or shared space?			
SANITISE	Do we understand the evidence, instructions and contact time for the sanitisation products we use?			
PROTECT	Have we defined when hygiene actions should take place based on use and our own procedures?			
RECORD	Can we show when the action was completed, what was done and who was responsible?			
REASSURE	Where communication is appropriate, does it accurately reflect what we do in practice?			

Care home hygiene record

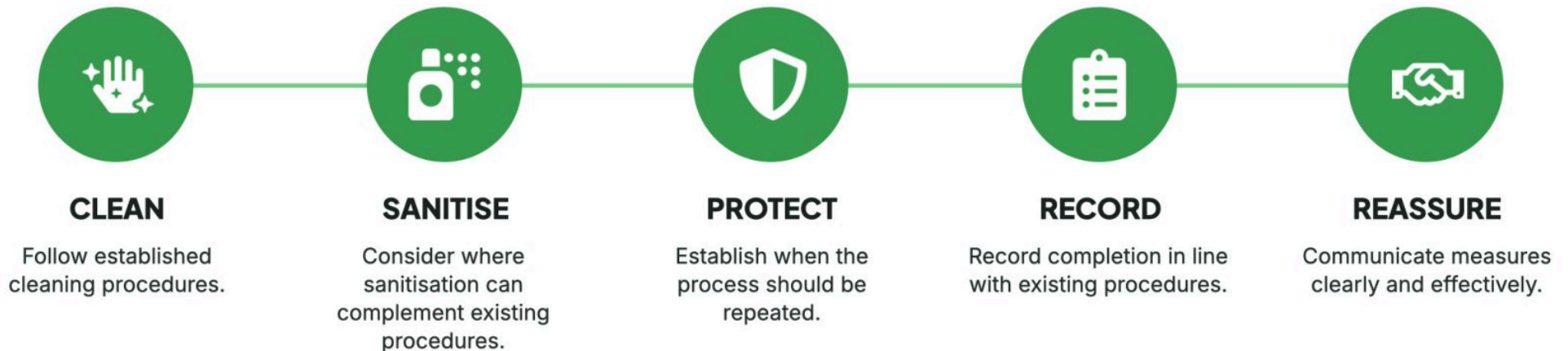
An illustrative template that can be adapted or incorporated into existing operational records.

Area / Room	Cleaned	Sanitised	Date	Time	Completed by	Product / notes
Residents Bedroom						
Dining Room						
Communal Lounge						
Bathroom Facilities						
Visitors Toilet						
Café/Restaurant						
TV Room						
Hairdressers						
Staff Rooms						
Offices						
Laundry Facilities						
Kitchen Areas						
Vehicles						

This template is illustrative. Organisations should adapt records to their own operating procedures, product instructions, risk assessments and sector requirements.

Putting the framework into practice

Designed to complement, rather than replace, existing care-home hygiene and infection-prevention procedures. How each principle is applied should reflect the environment, its use and the home's own procedures.



Together for cleaner, healthier care environments.

Applicable to all areas subject to the home's own procedures and risk assessments.

ABOUT

About Sanigone

Sanigone was founded by Susanne after a particularly nasty case of Covid made her examine what products we use to keep people safe and the verification behind them. Sanigone supplies independently tested and verified sanitisation solutions for rooms, shared environments and vehicles.

The Sanigone Care Home Hygiene Framework has been developed as a complimentary resource for care providers, bringing together five practical principles around cleaning, evidence-led sanitisation, routine, accountability and reassurance.

For product-specific efficacy, directions for use and technical claims, please refer to the relevant Sanigone technical documentation and laboratory reports which are available on request.



Good practice you can see. Confidence you can feel.

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