



Minnesota Hospital Association

Controlling CDI
ENVIRONMENTAL SERVICES

Environmental Services Cleaning Guidebook

Adapted from Allina Hospitals and Clinics Environmental Services Cleaning Guidebook by the Minnesota Hospital Association (MHA), Minnesota Department of Health (MDH) and Stratis Health, with representatives from: CentraCare Health – Melrose, Grand Itasca Clinic and Hospital, Minnesota Valley Health Center, Park Nicollet Methodist Hospital, United Hospital, University of Minnesota Medical Center, and Windom Area Hospital, as a part of the “Controlling CDI” project.

Introduction

Clostridium difficile infection (CDI) is becoming more prevalent as a health care-associated infection, causing diarrhea that can lead to colitis, colon perforation, sepsis, and, according to the Centers for Disease Control and Prevention (CDC), is fatal in approximately 14,000 Americans annually. CDC guidelines have been in place nationally for at least five years, targeting antimicrobial stewardship, early identification and treatment, and the prevention of health care facility transmission.

A recent study by Sitzlar, et al. (2013) suggested that effective cleaning coupled with staff supervision is a powerful method in decreasing the potential for CDI transmission in hospitals. The Minnesota Hospital Association (MHA), in conjunction with Stratis Health and the Minnesota Department of Health (MDH), has been working with seven Minnesota hospitals: CentraCare Health – Melrose, Grand Itasca Clinic and Hospital, Minnesota Valley Health Center, Park Nicollet Methodist Hospital, United Hospital - a part of Allina Health, University of Minnesota Medical Center, and Windom Area Hospital, to adapt the Allina Health System environmental cleaning training and supervision model for statewide dissemination.

The accompanying environmental services cleaning guidebook and training presentation apply to general infection and control principles, with CDI specific recommendations included, such as bleach or other sporicidal disinfectants. Additional resources provided by our partner hospitals are included in the package and are intended to serve as examples of best practices that hospitals can adopt if found helpful.

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1) Basic cleaning concepts

General sanitizing

To make a surface or area clean by removing dirt, germs or unwanted substances.

Bathrooms/restrooms

Restroom cleaning includes the cleaning of toilets, fixtures and commodes. Bathrooms should be cleaned last, after completing the room. Shower walls should be thoroughly scrubbed at least weekly. Shower curtains should be changed at least yearly and as required.

Cleaning

The physical removal of dust, soil, blood and body fluids. Cleaning physically removes germs. It is accomplished with water, detergents and mechanical action. The key to cleaning is the use of friction to remove germs and debris.

Contamination

The presence of germs on hands or on a surface such as clothes, gowns, gloves, bedding, toys, surgical instruments, patient care equipment, dressings or other inanimate objects.

Cross-contamination

Cross-contamination is the transfer of harmful germs from one person, object or place to another.

Disinfectant

A product that is used on surfaces or medical equipment/devices which results in disinfection of the equipment/device. Some products combine a cleaner with a disinfectant.

Disinfection

The killing of germs. Surfaces and equipment must be cleaned first before applying disinfectant in order to kill germs.

Dry mopping

The process of removing dirt and debris from floors using only mop head without water or detergent.

High dusting

High dusting includes all horizontal surfaces and fixtures above shoulder height, including vents. Ideally, the patient/resident should be out of the room during high dusting to reduce the risk of inhaling dust particles.

Hospital clean

Hospital clean is a measure of cleanliness routinely maintained in care areas of the health care setting. Cleaning practices are periodically monitored and audited with feedback and education.

- ☐ Floors and baseboards are free of stains, visible dust, spills and streaks.
- ☐ Walls, ceilings and doors are free of visible dust, gross soil, streaks, spider webs and handprints.
- ☐ All horizontal surfaces are free of visible dust or streaks (includes furniture, window ledges, overhead lights, phones, picture frames, carpets, etc.)
- ☐ Bathroom fixtures including toilets, sinks, tubs and showers are free of streaks, soil, stains and soap scum.
- ☐ Mirrors and windows are free of dust and streaks.
- ☐ Dispensers are free of dust, soiling and residue and replaced/replenished when empty.
- ☐ Appliances are free of dust, soiling and stains.
- ☐ Waste is disposed of appropriately.
- ☐ Items that are broken, torn, cracked or malfunctioning are replaced.
- ☐ High touch surfaces in client/patient/resident care areas are cleaned and disinfected with a hospital-grade disinfectant.
- ☐ Non-critical medical equipment is cleaned and disinfected between clients/patients/residents.

Isolation precautions

Infection control interventions used to reduce the risk of transmission of germs to patients and hospital staff.

Includes: contact, enteric, droplet, airborne, strict contact.

Terminal cleaning

The thorough cleaning of a patient room following discharge in order to remove germs that might be transferred to the next patient in the room.

Wet mopping

Final floor cleaning step using water and detergent or disinfectant.

Working from clean areas to dirty areas:

- ☐ Fill plastic basin with cleaning solution.
- ☐ Place microfiber pad(s) to soak in basin.
- ☐ Take a clean pad from the basin and attach to mop head using Velcro strips.
- ☐ Remove pad when soiled and set aside for laundering.
- ☐ Send soiled microfiber pads for laundering at the end of the day.

For Isolation precaution rooms:

- ☐ Take a clean pad from the basin and attach to mop head using Velcro strips.
- ☐ Take a clean microfiber pad from the cart and place in bucket containing disinfectant.
- ☐ Ensure that pad becomes saturated with disinfectant. Wring excess liquid from the pad before attaching to mop.
- ☐ Mop as usual working from clean areas to dirty areas.

2) High touch areas

High touch areas

High touch surfaces are those that have frequent contact with hands. High touch surfaces in care areas require more frequent cleaning and disinfection than minimal contact surfaces. Cleaning and disinfection is usually done at least daily and more frequently if the risk of environmental contamination is higher (e.g., intensive care units).

Patient room high touch areas



Bed hand rails



Nurse call box



Telephone



Telephone



Bedside table



Patient chair



Room door handles -
interior and exterior



Light switches



Computer keyboards



In-room sinks

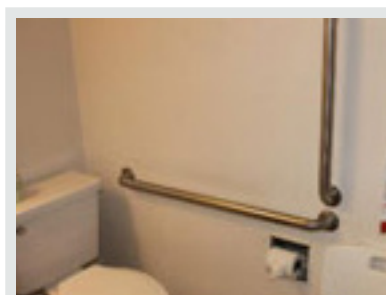
Patient restroom high touch areas



Toilet seat



Toilet handle



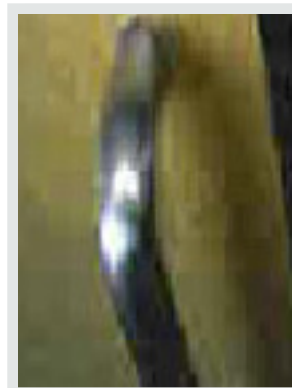
Toilet handle rails



Bathroom sink



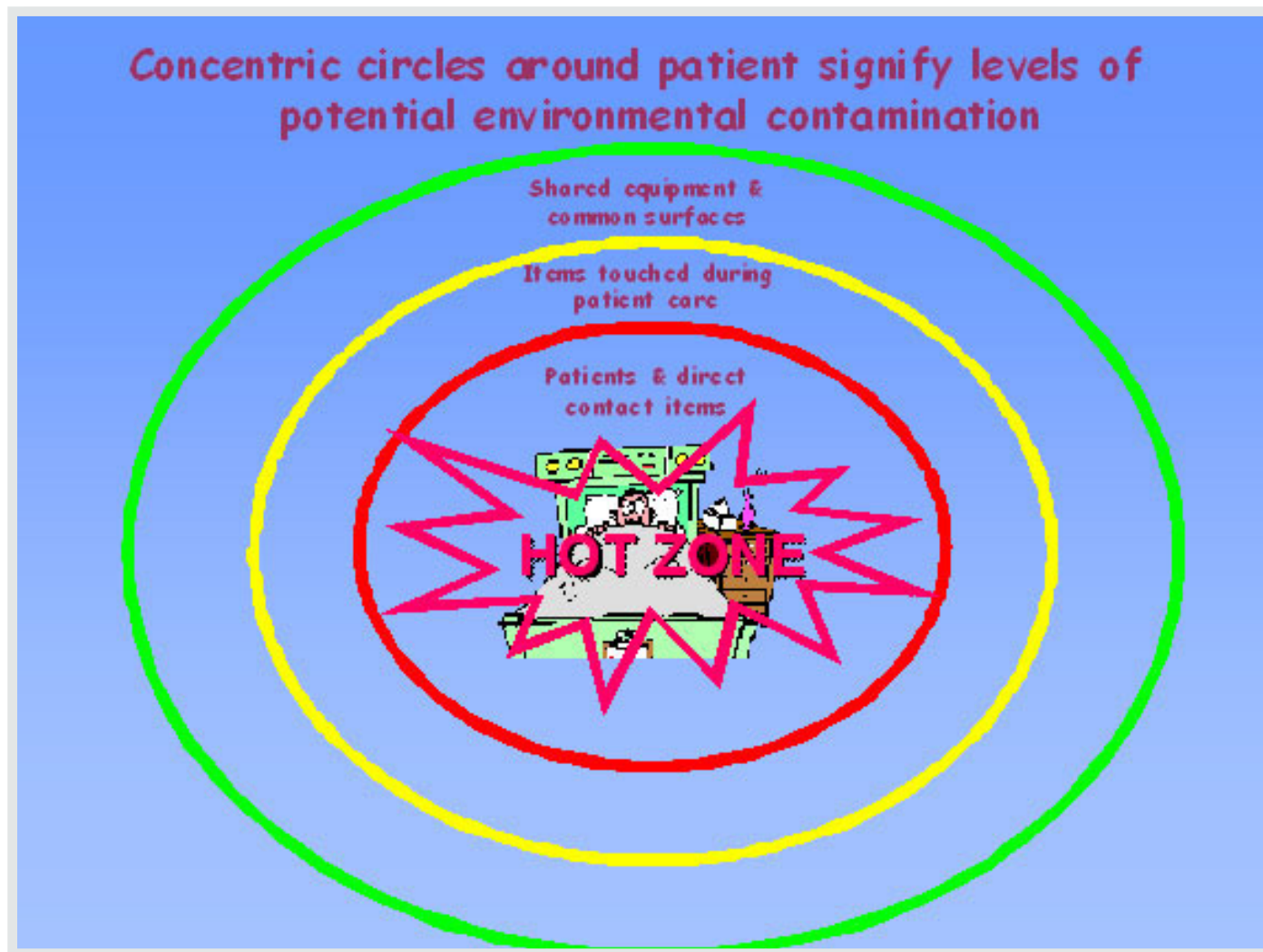
Restroom light switch



Restroom door handle
- interior and exterior

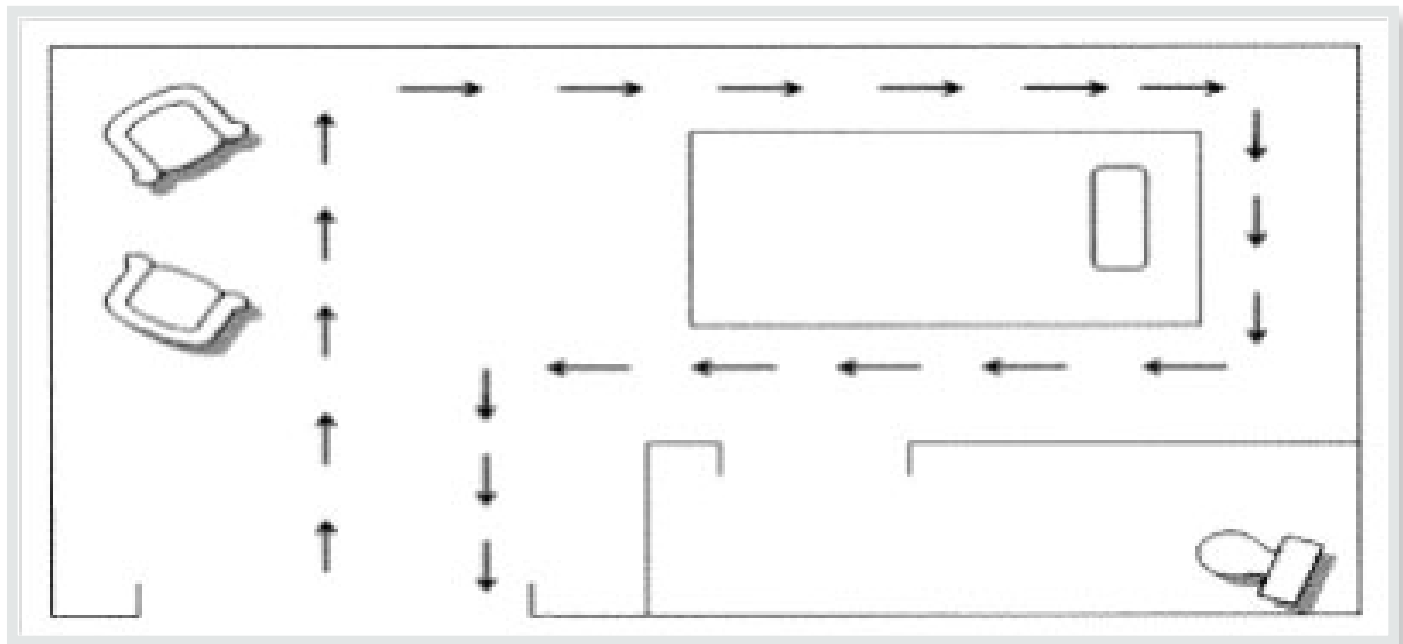
3) Room zoning

Hotzone



The equipment and areas closest to the patient are the most contaminated and considered the “hot zone.” As you move further from the patient, surfaces are less contaminated. Starting with the bed will allow adequate contact time with the disinfectant. Once the hot zone has been cleaned and disinfected, take a fresh cleaning rag and work clockwise from cleaner to dirtier (green to yellow ring on the diagram).

Room cleaning path example



A consistent room cleaning path must be established.

1. Disinfect bed using a minimum of one BLUE rag.
2. Starting back at the door use a fresh BLUE rag, begin disinfecting the rest of patient room following a clockwise path. Change rags as needed to assure proper saturation and avoid cross contamination (approximately 3-4 rags).
3. Using 2-3 bathroom rags disinfect the restroom and always finish with the toilet.

Note: Each hospital is to set standards regarding cloth colors, product selection and number of cloths used per room.

4) Room cleaning

Occupied room cleaning

Note: Each hospital is to set standards regarding cloth colors, product selection and number of cloths used per room.

Before occupied room cleaning: • Check for isolation status • Always perform hand hygiene • Don appropriate PPE • AIDET® • Check Sharps container. Change if necessary. • Empty the trash container. Handle plastic bags from top.	DO NOT WEAR DIRTY GLOVES OUTSIDE OF THE ROOM If you have to leave the room after you have started a room clean, remove your gloves and perform hand hygiene. Put a new pair of gloves on to resume cleaning.
PATIENT ROOM: Clean and disinfect using disinfectant and BLUE cleaning rags.	PATIENT RESTROOM: Clean and disinfect using disinfectant and GREEN cleaning rags.
Change rag as needed to ensure saturation NO DOUBLE DIPPING	Change rag as needed to ensure saturation NO DOUBLE DIPPING
PATIENT ROOM:	• Light switches – high touch area
• Raise and wipe down arm rails – high touch area	• Door handles, knobs – high touch area
• Wipe foot of bed	• Hand rails – high touch area
• If the call box or phone is on the bed wipe down at this time	• Sink and sink counter – high touch area
CHANGE RAG AND START WITH A FRESH ONE AFTER CLEANING THE BED	• Clean soap and paper towel dispensers
<u>Move from door and sanitize all equipment</u> (Restroom to be done last)	• Wipe shower or tub
Ledges (below shoulder height)	• Spot walls
• Door handles, knobs – high touch area	CHANGE RAG AND START WITH A FRESH ONE BEFORE CLEANING TOILET
• Light switches- high touch area	• Toilet paper dispenser
• Call box – high touch area	• Toilet flusher – high touch area
• Telephone – high touch area	• Toilet seat – high touch area
• Window sills and ledges	• Under the bowl
• Computer keyboard – high touch area	• Toilet rim
• Soiled linen hamper lid	• Clean inside of bowl with disinfectant cleaner and toilet brush
• In-room patient sink and faucet – high touch area	• Clean commode frame and seat cover LAST
• In-room soap dispenser and paper towel dispenser	BEFORE LEAVING THE ROOM:
• Biohazard can	• Remove gloves and perform hand hygiene
• Dry erase marker	• Restock supplies
• Over bed table – high touch area	• Place wet floor sign in doorway
• Patient chairs – high touch area	• Mop floor – never shake mop
• Bedside tables – high touch area	• AIDET®
• All other easily accessible wall mounted equipment	• Perform hand hygiene

Terminal room cleaning

Note: Each hospital is to set standards regarding cloth colors, product selection and number of cloths used per room.

Before terminal room cleaning:

- Change room status to “in progress”
- Always perform hand hygiene
- Don appropriate PPE
- Remove all soiled linen
- Wipe down equipment with disinfectant and then remove from room
- Remove linen from bed and place into linen hamper
- Remove any patient equipment from room per hospital procedure, place IV poles with bags on them by door and notify nursing staff
- Remove oxygen tubing and make sure oxygen is off
- Check room for previous patient belongings – take any items to the nursing station
- Check Sharps container. Change if necessary.
- Empty the trash container. Handle plastic bags from the top.
- Discard open facial tissue boxes and used toilet paper rolls.
- Perform high dusting with an extending lambs wool duster all areas above shoulder height – see guidebook.

DO NOT WEAR DIRTY GLOVES OUTSIDE OF THE ROOM

If you have to leave the room after you have started a room clean, remove your gloves and perform hand hygiene. Put a new pair of gloves on to resume cleaning.

PATIENT ROOM: Clean and disinfect using disinfectant and BLUE cleaning rags.
Change rag as needed to ensure saturation
NO DOUBLE DIPPING

PATIENT BED:

- Raise foot and head of bed before starting
- Hand rails – high touch area
- Mattress – Top and bottom
- Pillows - place cleaned pillow back on mattress

CHANGE RAG AND START WITH A FRESH ONE AFTER CLEANING THE BED

Move from door and sanitize all equipment
(Restroom to be done last)

- Ledges (below shoulder height)
- Door, door handles, knobs – high touch area
- Light switches- High Touch area
- Call box – High Touch area
- Telephone – High touch area
- Pt. storage cabinets & drawers – hosp. info book
- Window sills and ledges

PATIENT RESTROOM: Clean and disinfect using disinfectant and GREEN cleaning rags.
Change rag as needed to ensure saturation
NO DOUBLE DIPPING

- Light switches – high touch area
- Door handles, knobs – high touch area
- Hand rails – high touch area
- Sink and sink counter – high touch area
- Clean soap and paper towel dispensers
- Wipe shower or tub

• Spot walls
CHANGE RAG AND START WITH A FRESH ONE BEFORE CLEANING TOILET

- Toilet paper dispenser
- Toilet flusher – high touch area
- Toilet seat – high touch area
- Under the bowl
- Toilet rim
- Clean inside of bowl with disinfectant cleaner and toilet brush
- Clean commode frame and seat cover LAST

• Computer keyboard – high touch area	BEFORE LEAVING THE ROOM: • Remove gloves and perform hand hygiene • Restock supplies • Make up bed – will depend on location • Place wet floor sign in doorway • Final check for room cleanliness • Final maintenance check – lights and repairs • Mop floor – never shake mop • Change room status to “ready” using BedTracker or Navicare • Remove wet floor sign – after floor has dried • Perform hand hygiene
• Soiled linen hamper lid	
• In-room patient sink and faucet – high touch area	
• In-room soap dispenser and paper towel dispenser	
• Biohazard can	
• Dry erase marker	
• Over bed table – high touch area	
• Patient chairs – high touch area	
• Bedside tables – high touch area	
• Thermostat – check with maintenance for temperature	
• Glove boxes	
• All other easily accessible wall mounted equipment	
• Spot clean walls	
• Inspect privacy curtains for stains or damage - order change out if soiled	

5) Cleaning detail forms

Detailed occupied room cleaning form

Note: Each hospital is to set standards regarding cloth colors, product selection and number of cloths used per room.

- Clean and disinfect the patient room using disinfectant cleaner and **blue cleaning rags**. Change rag as needed to ensure saturation.
- Never shake mops.
- No double dipping of cloths.
- Do not wear dirty gloves outside of the room. If you have to leave the room after you have started a room clean, remove your gloves and perform hand hygiene. Put a new pair of gloves on to resume cleaning.

- Before entering room:
 - ☐ Check for isolation status
 - ☐ Perform hand hygiene
 - ☐ Don appropriate PPE
 - ☐ AIDET®
 - ☐ Place wet floor sign in front of door
 - ☐ Check Sharps container. Change if necessary.
 - ☐ Empty and clean the trash container. Handle plastic bags from the top.

- Clean the patient bed.
 - ☐ Raise and wipe down arm rails – high touch area
 - ☐ Wipe foot of bed.
 - ☐ If the call box or phone is on the bed wipe these down at this time.
 - ☐ Discard your rag and proceed with a clean one after cleaning the bed.

- Move clockwise from the door and sanitize all equipment skipping the restroom
 - ☐ Ledges (below shoulder height)
 - ☐ Door handles, knobs – high touch area
 - ☐ Light switches – high touch area
 - ☐ Call box – high touch area
 - ☐ Telephone – high touch area
 - ☐ Window sills and ledges
 - ☐ Computer keyboard – high touch area
 - ☐ Soiled linen hamper lid
 - ☐ In-room patient sink and faucet
 - ☐ In-room soap dispenser and paper rag dispenser
 - ☐ Biohazard can
 - ☐ Dry erase marker
 - ☐ Overbed table – high touch area
 - ☐ Patient chairs – high touch area
 - ☐ Bedside tables – high touch area
 - ☐ All other easily accessible wall mounted equipment
 - ☐ If in patient room, clean commode frame and seat cover last.

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- Clean and disinfect the patient restroom using disinfectant cleaner and **green cleaning rags**. Change rags as needed to ensure saturation.
- Clean Patient rest room in the following order:
 - ☐ Clean mirror with glass cleaner and wipe dry with a paper towel.
 - ☐ Light switches – high touch area
 - ☐ Door handles, knobs – high touch area
 - ☐ Hand rails – high touch area
 - ☐ Sink and sink counter – high touch area
 - ☐ Clean soap and paper towel dispensers
 - ☐ Wipe shower or tub
 - ☐ Spot walls
 - ☐ Clean commode frame and seat cover
- Change rag before cleaning toilet!
 - ☐ Toilet paper dispenser
 - ☐ Toilet flusher – high touch area
 - ☐ Toilet seat – high touch area
 - ☐ Under the bowl
 - ☐ Toilet rim
 - ☐ Clean inside of bowl with disinfectant cleaner and toilet brush
 - ☐ Remove gloves and perform hand hygiene
 - ☐ Restock supplies
 - ☐ Mop floor
 - ☐ AIDET®
 - ☐ Perform hand hygiene
 - ☐ Remove wet floor sign after floor has dried

Detailed terminal room cleaning form

Note: Each hospital is to set standards regarding cloth colors, product selection and number of cloths used per room

- Place wet floor sign in front of door.
- Change room status to “in-progress”
- Perform hand hygiene (use either the quick care foam or soap and water) and put on gloves for all contact with soiled items.
- Do not wear dirty gloves outside of the room. If you have to leave the room after you have started a room clean, remove your gloves and perform hand hygiene. Put a new pair of gloves on to resume cleaning.

- ☐ Remove all soiled linen and equipment from room. Remove linen from bed one piece at a time and place into linen hamper.
- ☐ Remove any patient equipment from the room per hospital procedure. Place IV poles with bags on them by the door and notify nursing. Remove oxygen tubing and make sure oxygen is off.
- ☐ Check room for previous patient belongings (bathroom, room and bathroom cabinets) - take any items to the nursing station.
- ☐ Check Sharps container. Change if sharps are at fill line.
- ☐ Empty trash container. Handle plastic bags from the top. Discard open facial tissue boxes and used toilet paper rolls used for commodes in patient room.

- Perform high dusting with an extending lambs wool duster all areas above shoulder height. This includes but is not limited to the following items:
 - ☐ Television (cabinet, screen and wires)
 - ☐ Clock
 - ☐ Drape rod
 - ☐ Blinds
 - ☐ Cubical curtain tracks
 - ☐ Vents
 - ☐ Area where ceiling meets the wall.
 - ☐ Ledges
 - ☐ Lights (patient room and bathroom)
 - ☐ Sprinkler heads
 - ☐ Clean patient bed

- Clean and disinfect the patient bed using disinfectant cleaner and blue cleaning rags. Change rags as needed to ensure saturation. Raise foot and head of bed before starting.
 - ☐ Hand rails – high touch area
 - ☐ Mattress – top and bottom
 - ☐ Pillows – place cleaned pillow back on mattress
 - ☐ Foot and headboard
 - ☐ Exposed frame, springs or bed panels
 - ☐ Base and wheels
 - ☐ Discard your rag and proceed with a clean one after cleaning the bed.

- Move clockwise from the door and sanitize all equipment skipping the restroom.
 - ☐ Ledges (below should height)

- ☐ Door handles, knobs – high touch area
- ☐ Door
- ☐ Light switches – high touch area
- ☐ Nurse call box – high touch area
- ☐ DVD remote (if present)
- ☐ Telephone – high touch area
- ☐ Patient storage cabinets and drawers
- ☐ Window sills and ledges
- ☐ Computer keyboard – high touch area
- ☐ Blood pressure cuff
- ☐ Hospital information book
- ☐ Soiled linen hamper
- ☐ In room patient sink and faucet – high touch area
- ☐ In room soap dispenser and paper towel dispenser
- ☐ Biohazard can
- ☐ Dry erase marker
- ☐ Step stool
- ☐ Refrigerator (if present)
- ☐ Overbed (tray) table – high touch area
- ☐ Bedside tables – high touch area
- ☐ Patient chairs – high touch area
- ☐ Thermostat - set at 69 degrees after cleaning
- ☐ Glove boxes
- ☐ All other wall mounted equipment
- ☐ If in patient room clean commode including bucket last.

- ☐ Spot clean walls
- ☐ Inspect privacy curtains for stains or damage. Order change out on privacy curtains if soiled.

- Clean and disinfect the patient restroom using disinfectant cleaner and **green cleaning rags**. Change rags as needed to ensure saturation. Clean patient restroom in the following order:
 - ☐ Clean mirror with glass cleaner and wipe dry with a paper towel.
 - ☐ Light switches – high touch area
 - ☐ Door handles, knobs – inside and outside – high touch area
 - ☐ Hand rails – high touch area
 - ☐ Sink and sink counter – high touch area
 - ☐ Wipe out all cabinets and shelves
 - ☐ Wipe towel rack.
 - ☐ Emergency pull cord
 - ☐ Clean soap and paper towel dispensers
 - ☐ Wipe shower or tub
 - ☐ Wipe down vinyl curtain
 - ☐ Check curtain for mold growth and change as needed
 - ☐ Spot clean walls
 - ☐ Clean commode including bucket
 - ☐ Toilet paper dispenser
 - ☐ Unroll toilet paper several times and discard

- Change rag before cleaning toilet!
- ☐ Toilet flusher – high touch area
- ☐ Toilet seat – high touch area
- ☐ Under the bowl
- ☐ Toilet rim
- ☐ Clean inside of bowl with disinfectant cleaner and toilet brush

- ☐ Remove gloves and perform hand hygiene
- ☐ Restock supplies. Do not overstock rooms.
- ☐ Make up bed. Bed makeup will depend on location.
- ☐ Do a final check for room cleanliness

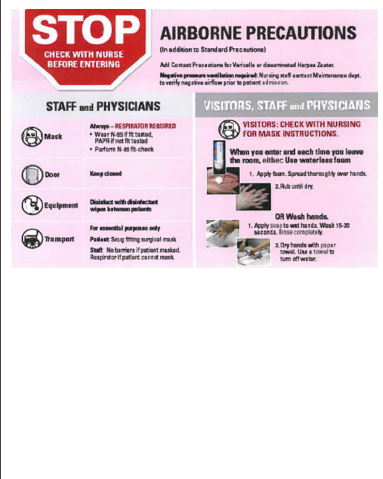
- Do a final maintenance check:
- ☐ Check all lights to ensure they are working
- ☐ Check for repairs that may be needed notify your supervisor and the nursing station

- ☐ Wet mop the floor
- ☐ Change room status to “ready”
- ☐ Remove wet floor sign when floor is dry.

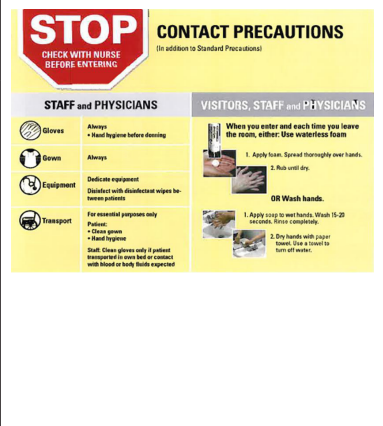
6) Isolation cleaning procedures

Isolation signage may differ by hospital

Airborne precautions

 STOP CHECK WITH NURSE BEFORE ENTERING AIRBORNE PRECAUTIONS (In addition to Standard Precautions) STAFF and PHYSICIANS Mask: Always - RESPIRATOR REQUIRED • Wear N95 or its equivalent • Perform fit and leak check Door: Keep closed Equipment: Disinfect with disinfectant wipes between patients Transport: For essential purposes only • Patient: Stereotyped surgical mask • Staff: No barriers if patient masked; Respirator if patient cannot mask VISITORS, STAFF and PHYSICIANS VISITORS: CHECK WITH NURSING FOR MASK INSTRUCTIONS. When you enter and each time you leave the room, either: Use water-based foam 1. Apply foam. Spread thoroughly over hands. 2. Rub until dry. OR Wash hands. 1. Apply soap to wet hands. Wash 15-20 seconds. Rinse completely. 2. Dry hands with paper towel. Use a towel to turn off water.	Diseases when used: TB measles chickenpox	PPE occupied 1. N95/PAPR for room entry. 2. Add isolation gown and gloves for contact precautions	PPE unoccupied 1. N95/PAPR for room entry within 1 hour of discharge. 2. Add isolation gown and gloves for contact precautions	Cleaning procedure: Check with nursing before room entry. Wait 1 hr after discharge to enter room without N95/PAPR. Routine cleaning. Neutral detergent or water (as directed by supervisor)
Check with nursing before entering airborne precaution room. For chickenpox or shingles, do not enter room if you have not had chickenpox or the chickenpox vaccine.				

Contact precautions

 STOP CHECK WITH NURSE BEFORE ENTERING CONTACT PRECAUTIONS (In addition to Standard Precautions) STAFF and PHYSICIANS Gloves: Always • Hand hygiene before donning Gown: Always Equipment: Dedicate equipment; Disinfect with disinfectant wipes between patients Transport: For essential purposes only • Patient: Gown and gloves • Staff: Stereotyped surgical mask • Staff: No barriers if patient transported in gown bed or contact with blood or body fluids exposed VISITORS, STAFF and PHYSICIANS When you enter and each time you leave the room, either: Use water-based foam 1. Apply foam. Spread thoroughly over hands. 2. Rub until dry. OR Wash hands. 1. Apply soap to wet hands. Wash 15-20 seconds. Rinse completely. 2. Dry hands with paper towel. Use a towel to turn off water.	Diseases when used: Resistant organisms (MRSA, VRE), bedbugs, lice, scabies, RSV, impetigo	PPE occupied 1. Gloves 2. Isolation gown	PPE unoccupied 1. Gloves 2. Isolation gown	Cleaning procedure: Nursing to disinfect and remove equipment from patient room prior to cleaning. Follow routine cleaning. Quat detergent for floor cleaning.
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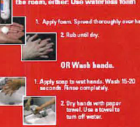
Droplet precautions

 STOP CHECK WITH NURSE BEFORE ENTERING DROPLET PRECAUTIONS (In addition to Standard Precautions) STAFF and PHYSICIANS Mask: Always Door: May be open Equipment: Disinfect with disinfectant wipes between patients Transport: For essential purposes only • Patient: Stereotyped surgical mask • Staff: No barriers VISITORS, STAFF and PHYSICIANS MASK FOR ALL ROOM ENTRY. VISITORS: CHECK WITH NURSING FOR MASK INSTRUCTIONS. When you enter and each time you leave the room, either: Use water-based foam 1. Apply foam. Spread thoroughly over hands. 2. Rub until dry. OR Wash hands. 1. Apply soap to wet hands. Wash 15-20 seconds. Rinse completely. 2. Dry hands with paper towel. Use a towel to turn off water.	Diseases when used: influenza pertussis mumps Respiratory illnesses in young children	PPE occupied Surgical mask for room entry	PPE unoccupied No mask required for room entry	Cleaning procedure: Routine cleaning, floor cleaning: neutral detergent or water (as directed by supervisor)
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Enteric precautions

 ENTERIC PRECAUTIONS (In addition to Standard Precautions) To be used only at direction of Infection Control.	Diseases when used:	PPE occupied	PPE unoccupied	Cleaning procedure:
STAFF and PHYSICIANS Gloves Always • Hand hygiene before donning Gown Always Equipment Disinfect with bleach wipe between patients Transport For essential purposes only • Patient • Clean gown • Effective disinfectant Environment Staff Clean gown only if patient transported to area that contains well-labeled receptacle for soiled linens Terminal Clean room with bleach VISITORS, STAFF and PHYSICIANS Each time you enter the room, Wash hands with soap and water or use waterless foam. Wash your hands with soap and water each time you leave the room. 	C. difficile infections, Norovirus	1. Gloves 2. Isolation gown	1. Gloves 2. Isolation gown	Nursing to disinfect and remove equipment from patient room prior to cleaning. Bleach cleaning. Discard toilet bowl brush after use. Quat detergent for floor cleaning.

Strict contact precautions

 STRICT CONTACT PRECAUTIONS (In addition to Standard Precautions) Anyone observing non-compliance with personal protection requirements or hand hygiene requirements must inform compliance immediately.	Diseases when used:	PPE occupied	PPE unoccupied	Cleaning procedure:
STAFF and PHYSICIANS Gloves Always on room entry Gown Always on room entry Equipment Patients equipment to patient. Disinfect with disinfectant wipe between use patients Transport For essential purposes only • Patient • Clean gown • Hand hygiene Staff Clean gown if gown only if patient transported to area that contains well-labeled receptacle for soiled linen VISITORS, STAFF and PHYSICIANS When you enter and each time you leave the room, perform these visitorless hand: 	MDRO – GNB (antibiotic resistant gram negative bacilli)	1. Gloves 2. Isolation gown 3. Strict compliance with Hand Hygiene	1. Gloves 2. Isolation gown 3. Strict compliance with Hand Hygiene	Routine cleaning Quat detergent for floor cleaning

Neutropenic Precautions (Protective Isolation)

 NEUTROPENIC PRECAUTIONS (In addition to Standard Precautions) Staff/visitors with respiratory, gastrointestinal or skin infection should not enter room. Remove overnight and leave outside room.	Diseases when used:	PPE occupied	PPE unoccupied	Cleaning procedure:
STAFF and PHYSICIANS Environment • No plants or flowers • Empty dust cany • No room maintenance Door • Keep closed Equipment • Must be shut too • Disinfect with disinfectant wipe between patients Transport • For essential purposes only • Patient: 100% respirator if severely immunosuppressed • Staff: No transport VISITORS, STAFF and PHYSICIANS MADE FOR ALL ROOM ENTRY IF RECEIVING FROM RESPIRATORY ILLNESS. When you enter and each time you leave the room, perform these visitorless hand: 	Used for patients who are at high risk for hospital-acquired infections	Wear surgical mask on room entry if YOU have symptoms of respiratory infection.	None needed	Clean when the patient is out of the room when possible. Damp clean all horizontal surfaces. No dry dusting or dry mopping.

7) Equipment specific cleaning instructions

When wiping down surfaces, use disinfectant and appropriate colored microfiber cloth unless specified differently in the instructions below.

Note: Electrical equipment should be cleaned per manufacturer's instructions.

Bed – empty



- ☐ Raise bed to highest level.
- ☐ Raise the head and foot of the mattress.
- ☐ Wipe down mattress- top, sides and bottom
- ☐ Wipe down any pillows.
- ☐ Raise and wipe all handrails
- ☐ Wipe down foot and headboard. Remove footboard if applicable.
- ☐ Wipe exposed bed frame, springs or bed panels.
- ☐ Wipe the base and wheels of the bed.
- ☐ Lower head and foot of mattress to horizontal.

Beside wall fixtures



- ☐ Wipe all fixtures near head of the bed.
- ☐ Be careful not to set off code blue alarm.

Bedside table



- ☐ Wipe down top and sides of the table.
- ☐ Open and wipe inside of drawers.

Blood pressure cuffs – standard



- ☐ Wipe off cuff, cord and ball
- ☐ Wipe off BP meter
- ☐ Place cuff in BP basket

Blood pressure cuffs – reusable or disposable



- ☐ Remove cuff
- ☐ Wipe off BP meter
- ☐ Place disposable cuff in trash
- ☐ Place reusable cuff in collection bin in soiled utility room

Ceiling lift



- ☐ Dust tracks & body of lift
- ☐ Wipe hanger
- ☐ Wipe control pendant
- ☐ Make sure base is back to charging station

Cardiac monitor



- ☐ Wipe all surfaces
- ☐ Wipe each cord separately, wrap and hang up
- ☐ Clean leads using bleach wipes and toothbrush.

Closet



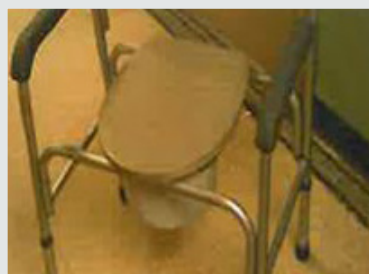
- ☐ Wipe the closet handle and surrounding area
- ☐ Open door and wipe all flat surfaces in closet

Computer



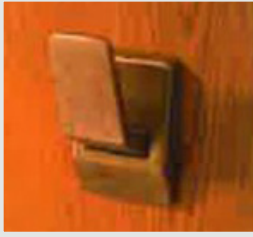
- ☐ Wipe off keyboard cover and mouse
- ☐ If no keyboard cover, wipe keyboard using super sanicloth wiper.
- ☐ Wipe off computer case and cords.
- ☐ Dust monitor. If needed, use damp (water) paper towel to remove spots.
- ☐ Wipe all support arms for computer.

Commode



- ☐ Wipe off arms and legs.
- ☐ Wipe off back and seat cover.
- ☐ Wipe seat top and bottom
- ☐ Wipe inside and outside of the bucket.

Door handles



- ☐ Wipe the door handle and surrounding area
- ☐ Make sure to wipe inside and outside door handles in the patient room and rest room.

IV pole



- ☐ Wipe off keyboard cover and mouse
- ☐ If no keyboard cover, wipe keyboard using super sanicloth wiper.
- ☐ Wipe off computer case and cords.
- ☐ Dust monitor. If needed, use damp (water) paper towel to remove spots.
- ☐ Wipe all support arms for computer.

Linen hamper



- ☐ Wipe down frame and cover (if present)
- ☐ Allow to air dry before replacing bag.

Mirrors



- ☐ Clean mirrors with glass cleaner and paper towels.

Nurse call box



- ☐ Wipe the entire handheld device making sure to get in crevices.
- ☐ Wipe the cord from device to wall.
- ☐ Place next to patient to ensure they can reach for use if needed.

Over bed table



- ☐ Wipe surface and any shelves
- ☐ Open and wipe all panels and compartments
- ☐ Clean mirror if present
- ☐ Wipe leg and base

Paper towel dispensers



- ☐ Wipe entire enclosure
- ☐ Open and restock if needed
- ☐ Do not use soiled gloves when handling clean supplies

Patient care board



- ☐ Wipe board with glass cleaner
- ☐ Wipe decals carefully avoiding edges. Wiping along edges of decals may cause the edges to curl.
- ☐ Disinfect any markers in room.

Patient chair



- ☐ Wipe the entire surface of the chair
- ☐ Including arm, seat, back rest, and back.

Patient phone



- ☐ Wipe entire device
- ☐ Wipe cord to wall

Patient recliner



- ☐ Open/recline chair up to its fullest
- ☐ Extend trays if present
- ☐ Wipe all surfaces including seat, arms, backrest, sides and footrest
- ☐ Wipe in all grooves/hinged areas.

Privacy curtain



- ☐ Inspect privacy curtain for stains and replace per policy.

Shower



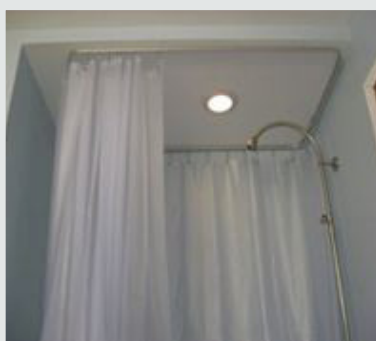
- ☐ Starting at the top, wipe down all surfaces.
- ☐ Wipe down all shower fixtures (handrails, shower head, shelving)
- ☐ Wipe door or curtain
- ☐ Wipe floor
- ☐ Ensure flexible hose is left hanging down.

Shower chair



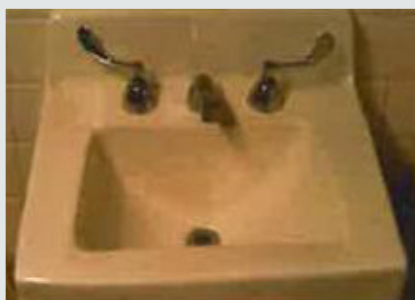
- ☐ Wipe base and back of chair
- ☐ Wipe underside of seat
- ☐ Wipe chair legs

Shower curtain



- ☐ 1. Wipe down vinyl curtains
- ☐ 2. Inspect curtain for mold growth and change if needed

Sinks



- ☐ Use cream cleaner in bowl to remove buildup
- ☐ Wipe counter, bowl and faucet
- ☐ Wipe under counter ledge
- ☐ Wipe any exposed plumbing.
- ☐ Wipe underside of sink if no counter
- ☐ Change towel if it becomes saturated with water when cleaning a sink with an automatic faucet.

Soap dispensers



- ☐ Wipe entire enclosure
- ☐ Wipe wall underneath dispenser to remove buildup.
- ☐ Open enclosure and change soap if needed.

Toilet



- ☐ Always use a fresh towel when cleaning a toilet.
- ☐ Wipe toilet paper dispenser.
- ☐ Wipe flusher.
- ☐ Wipe toilet seat.
- ☐ Wipe under bowl.
- ☐ Wipe toilet rim.
- ☐ Clean the inside of the bowl using disinfectant cleaner and a toilet brush

Trash cans



- ☐ Wipe outside of container
- ☐ Wipe inside of container
- ☐ Wipe wall behind container
- ☐ Replace bag - do not leave extra bags in bottom of container.

Tub



- ☐ Wipe walls and fixtures.
- ☐ Wipe ledge and tub walls.
- ☐ Wipe outside tub walls.

TV



- ☐ Dust screen. Do not use harsh chemicals on flat screen TV
- ☐ If screen is spotted clean with glass cleaner
- ☐ Wipe arm brackets.
- ☐ Wipe DVD player/cords/brackets/shelving if present.

Windows



- ☐ Clean windows with glass cleaner and paper towels
- ☐ Wipe ledges
- ☐ Spot clean/high dust blinds/shades as needed.

High dusting

Using a feather duster wipe the following areas in a room:

- ☐ Television (cabinet, screen and wires)
- ☐ Clock
- ☐ Drape rods
- ☐ Blinds
- ☐ Cubical curtain tracks
- ☐ Vents
- ☐ Areas where ceiling meets the wall
- ☐ Ledges
- ☐ Lights (patient room and bathroom)

8) Personal protective equipment (PPE)

Note: equipment appearance may differ by hospital

Eye protection



Facility approved goggles or other eye protection should be worn when there is a risk of chemical splash to the eyes (e.g. mixing cleaner) or risk of patient blood or body fluid splash exposure.

Gloves



Gloves are worn when there is a risk of contact with infectious materials. Always perform hand hygiene before putting on and after taking off gloves. Wear gloves when cleaning patient rooms as outlined in cleaning procedures.

Isolation gown



Isolation gowns are worn to protect clothing from potentially infectious material when patients are in contact or enteric precautions. Put on gown and gloves before entering contact or enteric precaution room.

Mask



Masks are worn to protect staff from infections spread by droplets in the air (e.g. influenza). Wear a mask when droplet precaution sign is posted, mask must be on before entering patient room.

PAPR – Powered Air Purifying Respirator



PAPR machines are worn by staff that cannot wear N95 respirators and are used for patients on airborne precautions. You must have received training on how to use the PAPR, if you have not received training and have not been fit tested to an N95 respirator you should not clean airborne precaution patient rooms.

N95 Respirator



Respirators should be worn when entering the room of a patient in airborne precautions. You must have gone through training and fit testing before using N95 respirators, if you have not been fit tested you should not clean airborne precaution patient rooms.

9) AIDET®

Basic AIDET® concept

A Acknowledge

Acknowledge the patient by announcing yourself and knocking on the door.

Always ask for permission to enter the patient's room.

I Introduction

Introduce yourself with your name, department, and ask this is an ok time to clean for the patient.

D Duration

Let the patient know how long the cleaning process will take.

E Explanation

Explain to the patient what you will be doing in the room.

Make sure to ask the patient if everything in the room is working correctly.

Make sure to let supervisor know if something isn't working correctly so a work order can be completed.

T Thank you

Remind the patient about the wet floors after mopping.

Make sure to ask if there is anything else you can do for the patient.

Thank the patient before you leave the room.

Core customer service values

- Eye contactListen
- Interact
- Courtesy and respect
- Positive body language
- Smile
- Eager to help
- Compassion and empathy

Specific examples of how to use AIDET®

1. Patient does not want the room cleaned now

Acknowledge: Housekeeping, may I enter your room?

Introduction: My name is Nick from Housekeeping and I am here to clean your room. Is this a good time for you?
(patient responds no)

Ok, no problem. I will come back in a while to clean your room. Have a nice day.

2. Cleaning in patient's personal space – bed, bedrails, etc.

Acknowledge: Housekeeping, may I enter your room?

Introduction: My name is Nick from Housekeeping and I am here to clean your room. Is this a good time for you?

Duration: It will take me between 10-15 minutes to complete.

Explanation: In order to meet your needs I am going to be cleaning your bed rails in order to disinfect this area to ensure your safety.

Additional notes

1. Responding to patient requests for items

When a patient asks for an item please meet their need.
If you cannot, please let the patient know you will get their nurse.

2. Responding to patient requests for specific cleanliness needs

Please address any requests for cleaning a patient may have while in room.

10) EVS equipment

Note: EVS equipment may differ by hospital. It is important, however, to standardize cart contents.

Cleaning chemicals

- Disinfectant
- Neutral floor cleaner
- Heavy cleaner
- Cream cleanser
- Bathroom cleaner
- Glass cleaner
- Clorox bleach wipes

Cart equipment

- Disinfectant bucket
- Wet mop bucket
- Wet mop handle
- Dust mop handle
- Counter brush
- Dust pan
- High duster
- Putty knife
- Door stop
- Toilet brush & holder
- Safety goggles

Cart supplies

- Dust mops
- Micro fiber
- Wet mops
- Blue cleaning rags
- Green cleaning rags
- Paper towels
- Trash and biobags

Documentation

- Occupied room cleaning guide
- Terminal room cleaning guide
- High touch surface card

11) Quality control guidelines

UV gel testing

1. Each employee will have a minimum of one room checked annually.
2. If success rate on high touch surfaces is not met, retraining/retesting will occur.
3. There is a process in place to validate room cleaning compliance.
4. UV testing is completed following a standard procedure.

Direct observations

1. Each employee will be observed cleaning a discharge and daily clean yearly.

Quality standards

1. Quality control documentation is standard across the system/hospital.
2. Copies of all QA forms are included in the appendix.

12) ES training and certification

New employee initial assessments of competency/certification

1. Attend classroom training (including practicum session with observation daily and terminal room cleaning)
2. Pass written test
3. Pass two UV gel assessments and/or ATP monitoring of terminal cleaning with minimum success on high touch surfaces within four weeks of classroom training
4. Pass two daily clean observation conducted by site manager or designee within four weeks of classroom training.

Yearly training and recertification

1. Employees will receive annual training that will include review of basic cleaning concepts and ongoing issues identified through observational and UV gel and/or ATP audits of practice.
2. Successful attendance at training session and written exam is required for recertification.

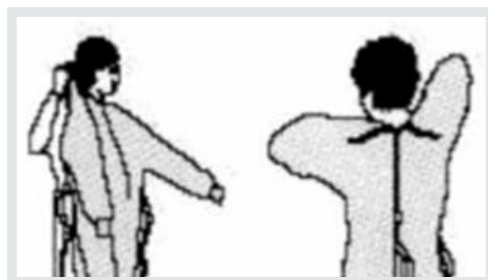
Retraining

1. Employees who fail audits of practice will receive retraining.
2. Continued failure to meet requirements will lead to corrective action.

ATTACHMENT A: Donning PPE

Gown

- Fully cover torso from neck to knees, arms to end of wrist, and wraparound the back
- Fasten in back at neck and waist



Mask or respirator

- Secure ties or elastic band at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



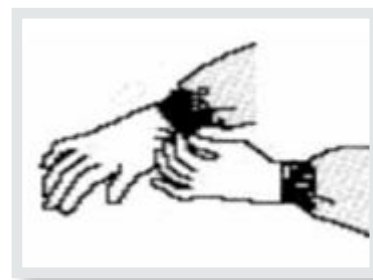
Goggles/face shield

- Put on face and adjust to fit



Gloves

- Use non-sterile for isolation
- Select according to hand size
- Extend to cover wrist of isolation gown



Safe work practices

- Keep hands away from face
- Work from clean to dirty
- Limit surfaces touched
- Change when torn or heavily contaminate
- Perform hand hygiene

ATTACHMENT B: Removing PPE

Remove PPE at doorway before leaving patient room or in anteroom.

Gloves

- Outside of gloves are contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist



Goggles/face shield

- Outside of goggles or face shield are contaminated!
- To remove, handle by “clean” head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container



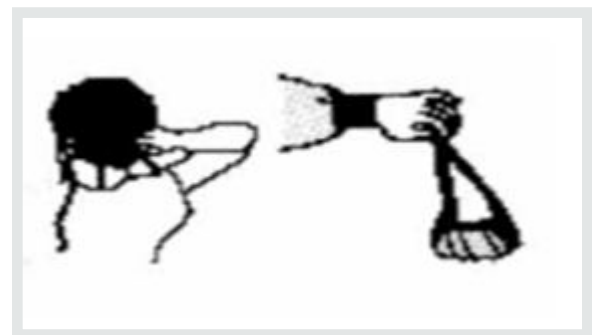
Gown

- Gown front and sleeves are contaminated!
- Unfasten neck, then waist ties
- Remove gown using a peeling motion; pull gown from each shoulder toward the same hand
- Gown will turn inside out. hold removed gown away from body roll into a bundle and discard into waste or linen receptacle



Mask or respirator

- Front of mask/respirator is contaminated - DO NOT TOUCH!
- Grasp ONLY bottom then top ties/elastics and remove
- Discard in waste container



Hand hygiene

- Perform hand hygiene immediately after removing all PPE!

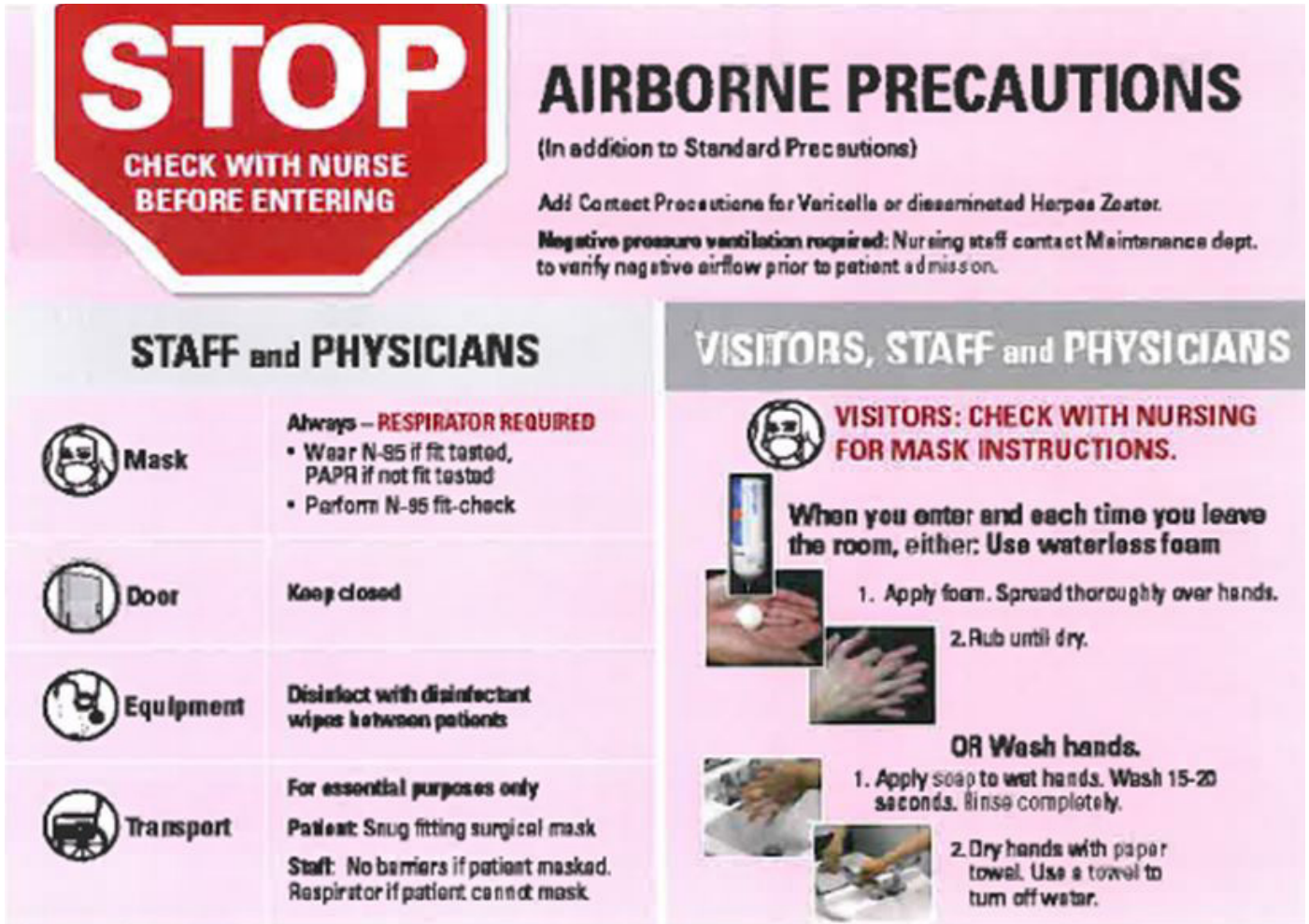
ATTACHMENT C: High touch surface card

High touch surface card	
Patient room	Patient restroom
Bed handrails	Toilet seat
Nurse call light/box	Toilet flush handle
Overbed tray table	Toilet handrails/grab bars
Telephone	Faucet handle (s)
Light switch	Door handles (both to pass)

ATTACHMENT D: High touch surface card

High touch surface monitoring tool					
Date: _____ Room#: _____ Employee#: _____ Unit: _____ Auditor Initials: _____					
Patient Room	Pass	Fail	Patient Restroom	Pass	Fail
Bed Handrails	☐	☐	Toilet seat	☐	☐
Nurse call light/box	☐	☐	Toilet flush handle	☐	☐
Overbed tray table	☐	☐	Toilet handrails/ grab bar	☐	☐
Telephone	☐	☐	Faucet handle(s)	☐	☐
Light Switch	☐	☐	Door handles (both)	☐	☐
Total Score: _____ Pass/Fail					

ATTACHMENT E: Airborne precaution sign



ATTACHMENT F: Contact precaution sign



CONTACT PRECAUTIONS

(In addition to Standard Precautions)

STAFF and PHYSICIANS		VISITORS, STAFF and PHYSICIANS	
	Gloves Always • Hand hygiene before donning		When you enter and each time you leave the room, either: Use waterless foam 1. Apply foam. Spread thoroughly over hands. 2. Rub until dry.
	Gown Always	OR Wash hands. 1. Apply soap to wet hands. Wash 15-20 seconds. Rinse completely. 2. Dry hands with paper towel. Use a towel to turn off water.	
	Equipment Dedicate equipment Disinfect with disinfectant wipes between patients		
	Transport For essential purposes only Patient: • Clean gown • Hand hygiene Staff: Clean gloves only if patient transported in own bed or contact with blood or body fluids expected		

ATTACHMENT G: Droplet precaution sign



DROPLET PRECAUTIONS

(In addition to Standard Precautions)

STAFF and PHYSICIANS

 Mask	Always
 Door	May be open
 Equipment	Disinfect with disinfectant wipes between patients
 Transport	For essential purposes only Patient: Snug fitting surgical mask Staff: No barriers

VISITORS, STAFF and PHYSICIANS



MASK FOR ALL ROOM ENTRY.
VISITORS CHECK WITH NURSING FOR MASK INSTRUCTIONS.

When you enter and each time you leave the room, either: Use waterless foam



1. Apply foam. Spread thoroughly over hands.
2. Rub until dry.

OR Wash hands.



1. Apply soap to wet hands. Wash 15-20 seconds. Rinse completely.
2. Dry hands with paper towel. Use a towel to turn off water.

ATTACHMENT H: Enteric precaution sign



ENTERIC PRECAUTIONS

(In addition to Standard Precautions)

To be used only at direction of Infection Control.

STAFF and PHYSICIANS		VISITORS, STAFF and PHYSICIANS	
	Gloves Always • Hand hygiene before donning	Each time you enter the room: Wash hands with soap and water or use waterless foam.	
	Gown Always	Wash your hands with soap and water each time you <u>leave</u> the room.	
	Equipment Disinfect with bleach wipes between patients		
	Transport For essential purposes only Patient: • Clean gown • Wash hands to elbows Staff: Clean gloves only if patient transported in own bed or contact with blood or body fluids expected		
	Environment Terminal clean room with bleach	1. Apply soap to wet hands. Wash 15-20 seconds. Rinse completely. 2. Dry hands with paper towel. Use a towel to turn off water.	

ATTACHMENT I: Strict contact precaution sign



NEUTROPENIC PRECAUTIONS

(In addition to Standard Precautions)

Staff/visitors with respiratory, gastrointestinal or skin infection should not enter room.

Remove overcoat and leave outside room.

STAFF and PHYSICIANS		VISITORS, STAFF and PHYSICIANS	
	Environment		MASK FOR ALL ROOM ENTRY IF RECOVERING FROM RESPIRATORY ILLNESS. VISITORS CHECK WITH NURSING FOR MASK INSTRUCTIONS. When you enter and each time you leave the room, either: Use waterless foam  1. Apply foam. Spread thoroughly over hands. 2. Rub until dry. OR Wash hands.  1. Apply soap to wet hands. Wash 15-20 seconds. Rinse completely. 2. Dry hands with papertowel. Use a towel to turn off water.
	Door		
	Equipment		
	Transport		

ATTACHMENT J: Neutropenic precaution sign (protective isolation)

STOP

VISITORS RESTRICTED

CHECK WITH NURSE

BEFORE ENTERING

STRICT CONTACT PRECAUTIONS

Strict adherence to hand hygiene and personal protection equipment requirements.

Anyone observing non-compliance with personal protection equipment or hand hygiene requirements must enforce compliance immediately.

STAFF and PHYSICIANS		VISITORS, STAFF and PHYSICIANS	
	Gloves <i>Always on room admit</i>		When you enter and each time you leave the room, either: Use waterless foam  1. Apply foam. Spread thoroughly over hands. 2. Rub until dry.
	Gown <i>Always on room admit</i>		OR Wash hands.  1. Apply soap to wet hands. Wash 15-20 seconds. Rinse completely. 2. Dry hands with paper towel. Use a towel to turn off water.
	Equipment Dedicate equipment to patient Disinfect with disinfectant wipes between patients		
	Transport For essential purposes only Patient: • Clean gown • Hand hygiene Staff: Clean gown & gloves only if patient transported in gown bed or contact with blood or body fluid is expected		