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| **Infection Prevention and Control Policy and Procedure** | **Subject: Cleaning and Disinfecting Resident’s Rooms and Equipment** |
| **Approved by:** | **Reviewed**: |
| **Effective:** | **Revised:** |

**DEFINITIONS**

**Cleaning**: the removal of visible soil from surfaces through physical action of scrubbing with a surfactant or detergent and water.

**Low-Level Disinfection**: destroys all vegetative bacteria (except tubercle bacilli) and most viruses. Does not kill bacterial spores. Examples: hospital disinfectants registered with the EPA with HBV and HIV label claim (purple top wipes). These are generally appropriate for most **environmental surfaces.**

**Intermediate-Level Disinfection**: kills a wider range of pathogens than a low-level disinfectant. Does not kill bacterial spores. Examples: EPA-registered hospital disinfectants with a tuberculocidal claim (purple top wipes). May be considered for environmental surfaces that are visibly contaminated with blood.

**Kill Claim**: information about which pathogens the disinfectant kills; found on the product label.

**Contact Time**: the time a disinfectant should be in direct contact with a surface to ensure that the pathogens specified on the label are killed. In order words, the amount of time a surface has to stay wet after being cleansed/disinfected with the product. Example, purple top wipe, 2 minutes.

**PURPOSE**

To provide guidelines for cleaning and disinfecting residents’ rooms and other environmental surfaces in order to break the chain of infection.

**RESPONSIBILITY**

Environmental Services (EVS) or Housekeeping staff are primarily responsible for following environmental cleaning and disinfection policies and procedures.

**GENERAL GUIDELINES**

1. Housekeeping surfaces (e.g. tabletops and floors) will be cleaned daily, when spills occur, and when these surfaces are visibly soiled.
2. All environments/areas (e.g. lobby, hallways, common areas, medication rooms, nurses’ stations) and residents’ rooms will be disinfected (or cleaned) daily and when surfaces are visibly soiled.
3. When there is an outbreak (e.g. Influenza, Norovirus, Covid-19), residents’ rooms and other environmental surfaces (e.g. rails in hallways; elevators, to include keypads; common areas) will be disinfected and/or cleaned more often.
4. When there is a room with a known multi-drug resistant organism (MDRO), room environment will be disinfected and cleaned regularly; mops and cleaning cloths will be dedicated for use in this room only.
5. Manufacturers’ instructions will be followed for proper use of disinfecting (or detergent) products including:
   1. Recommended use-dilution
   2. Material compatibility
   3. Storage
   4. Shelf life, and
   5. Safe use and disposal
6. Walls, blinds and window curtains in resident areas will be cleaned at least every 3 months and when these surfaces are visibly contaminated or soiled.
7. Disinfecting (or detergent) solutions will be prepared as needed and replaced with fresh solution frequently.
8. Floor mopping solution will be replaced every 3 resident rooms, or at least every hour, whichever comes first.
9. Personnel should remain alert for evidence of rodent activity (droppings) and report findings to Director of EVS/Housekeeping and log in Pest Control Log Book.
10. Clean medical waste containers intended for reuse (e.g. garbage bins/pails) daily or when such receptacles become visibly contaminated with blood, body fluids or other potentially infectious materials.
11. Perform hand hygiene (wash hands with alcohol-based hand rub [ABHR] or soap and water for 20 seconds) after removing gloves.
12. Common intermediate and low-level disinfectants for smooth, hard surfaces and non-critical items include:
    1. Ethyl or isopropyl alcohol (70 - 90%)
    2. Sodium hypochlorite/household bleach (5.25-6.15% diluted 1:500 or per manufacturer’s instructions)
    3. Phenolic germicidal detergent (follow product label for use-dilution)
    4. Iodophor germicidal detergent (follow product label for use-dilution)
    5. Quaternary ammonium germicidal detergent for low-level disinfection only (follow product label for use-dilution)

**EQUIPMENT and SUPPLIES**

1. Environmental service cart (do not take in resident’s rooms)
2. Disinfecting solution
3. Cleaning cloths
4. Mop
5. Bucket
6. Personal protective equipment (e.g. gown, mask, gloves, as needed)

**PROCEDURE**

1. Gather supplies as needed
2. Prepare disinfectant according to manufacturer’s recommendations
3. Discard disinfectant/detergent solutions that become soiled or clouded with dirt and grime and prepare fresh solution
4. Change mop solution water at least every three (3) rooms, or at least every hour; whichever comes first.
5. Change cleaning cloths when they become soiled. Wash cleaning cloths daily and allow cloths to dry before reuse.
6. Clean horizontal surfaces (e.g. overbed tables, chairs) daily with a cloth moistened with disinfectant solution. May use purple top wipes, unless *Clostridium difficile* or *Candida auris* present (then use orange top wipe). Do not use feather dusters.
7. Clean personal use items (e.g. lights, phones, call bells, bedrails, bed remote, etc.) with disinfection solution daily. May use purple top wipes for surfaces other than floor, unless *Clostridioides difficile* *Candida auris* or norovirus (then use orange top wipe)
8. When cleaning rooms of residents on isolation precautions, use personal protective equipment (PPE) as indicated.
9. When possible, isolation rooms should be cleaned last and water discarded after cleaning room.
10. Utilize disinfectant solution based on type of precaution. May use orange top wipe for *Clostridioides difficile*, *Candida auris*, and Norovirus, for surfaces other than floor.
11. Clean curtains, window blinds, and walls at least every 3 months or when they are visibly soiled or dusty.
12. Clean spills of blood or body fluids as follows:
    1. Use personal protective equipment, that is, gloves (heavy duty if available)
    2. Spray area with bleach
    3. Wipe spill or splash with a cloth or paper towels
    4. Discard saturated cloth or paper towels into red “biohazard” bag
    5. Repeat as necessary until the spill or splash area is dry.
    6. Spray disinfectant solution onto the discarded cloth or paper towels inside the plastic bag.
    7. Tie the bag. If the outside of the bag becomes contaminated with blood, body fluids, secretions, or excretions, place the contaminated bag into a clean plastic bag.
    8. Place the plastic bag into a designated red container for medical waste, located in the soiled utility room on each unit.
    9. Remove gloves, discard.
    10. Wash hands with soap and water (at least 20 seconds).
13. Refer to checklist for daily room cleaning.

**TERMINAL ROOM CLEANING**

1. Terminal room cleaning is done when a resident is transferred, discharged, or expires OR when room is/has been occupied by someone with a multi-drug resistant organism (MDRO)
2. Gather cleaning equipment and supplies (gloves, disinfectants, cleaning cloth, plastic trash bag, mop, bucket).
3. Prepare disinfectant according to manufacturers’ recommendations
   1. Use fresh solutions for terminal and thorough cleaning of all rooms
   2. Discard solution when the procedure has been completed
4. Clean all high-touch furniture items (e.g. overbed tables, bedside tables, chairs, and beds) with disinfectant solution or appropriate wipe
5. Clean all high-touch personal use items (e.g. lights, phones, call bells, bed rails, bed remote, etc.) with disinfectant solution.
6. Discard personal (e.g. toothbrush, toothpaste, mouthwash, lotion, soaps, bodywash, etc.) and single-resident use items (e.g. thermometers)
7. Clean all equipment, if present, in room (ex: nebulizer machine, tube feeding pump, IV poles, concentrator, ventilator, etc.) and return to designated storage area.
8. Refer to checklist for terminal room cleaning

**References**:

CDC. Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 at <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/tables/table1.html>

CDC. Options for Evaluating Environmental Cleaning

<https://www.cdc.gov/hai/toolkits/evaluating-environmental-cleaning.html>

EPA. Selected EPA-Registered Disinfectants.

<https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>

Yale, S.L. and Levenson, S.A. (2016). Infection Control Policy and Procedure Manual. Med-Pass, Inc.

**Facility’s Name:**

**Adapted from: CDC Environmental Checklist for Monitoring Daily Room Cleaning**

|  |  |
| --- | --- |
| **Date:** | **Unit:** |
| **Initials of ES staff:** | **Room Number:** |

**Evaluate the following priority sites for each patient room:**

|  |  |  |  |
| --- | --- | --- | --- |
| **High-touch Room Surfaces** | **Cleaned** | **Not Cleaned** | **Not Present in Room** |
| Bed rails |  |  |  |
| Bed remote |  |  |  |
| Overbed/Bedside table |  |  |  |
| Call button |  |  |  |
| Telephone |  |  |  |
| Chair(s) |  |  |  |
| Room sink |  |  |  |
| Room light switches |  |  |  |
| Room door knobs (inner/outer) |  |  |  |
| Bathroom inner door knob |  |  |  |
| Bathroom light switches |  |  |  |
| Bathroom handrails by toilet |  |  |  |
| Bathroom sink |  |  |  |
| Toilet seat |  |  |  |
| Toilet flush handle |  |  |  |
| Toilet bowl brush |  |  |  |

**Evaluate the following additional sites if these equipment are present in the room:**

**(Facility to determine frequency of cleaning – e.g., daily/weekly, etc.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **High-touch Room Surfaces** | **Cleaned** | **Not Cleaned** | **Not Present in Room** |
| IV pole |  |  |  |
| Feeding tube pole |  |  |  |
| Feeding tube pump |  |  |  |
| Nebulizer machine |  |  |  |
| Concentrator |  |  |  |
| Ventilator |  |  |  |

**Mark the monitoring method used:**

Direct observation Fluorescent gel

Swab cultures ATP system Agar slide cultures

Auditor's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility’s Name:**

**Adapted from: CDC Environmental Checklist for Monitoring Terminal Room Cleaning**

|  |  |
| --- | --- |
| **Date:** | **Unit:** |
| **Initials of ES staff:** | **Room Number:** |

**Evaluate the following priority sites for each patient room:**

|  |  |  |  |
| --- | --- | --- | --- |
| **High-touch Room Surfaces** | **Cleaned** | **Not Cleaned** | **Not Present in Room** |
| Closet(s) – inside & outside |  |  |  |
| Windows, blinds, window sills |  |  |  |
| Walls in room |  |  |  |
| Bed rails |  |  |  |
| Bed/TV remote |  |  |  |
| Overbed/Bedside table |  |  |  |
| Call button |  |  |  |
| TV and Telephone |  |  |  |
| Chair(s) |  |  |  |
| Room sink |  |  |  |
| Room light switches |  |  |  |
| Room door knobs (inner/outer) |  |  |  |
| Bathroom walls/inner door knob |  |  |  |
| Bathroom light switches |  |  |  |
| Bathroom handrails by toilet |  |  |  |
| Bathroom sink |  |  |  |
| Bathroom shower/tub |  |  |  |
| Toilet seat |  |  |  |
| Toilet flush handle |  |  |  |
| Toilet bowl brush |  |  |  |

**Evaluate the following additional sites if these equipment are present in the room:**

|  |  |  |  |
| --- | --- | --- | --- |
| **High-touch Room Surfaces** | **Cleaned** | **Not Cleaned** | **Not Present in Room** |
| IV pole |  |  |  |
| Feeding tube pole & pump |  |  |  |
| Nebulizer machine |  |  |  |
| Concentrator |  |  |  |
| Ventilator |  |  |  |

**Mark the monitoring method used:**

Direct observation

Auditor's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_