

SCOPE OF WORK AND CLEANING TASK DESCRIPTION PER UNIT (AS APPLICABLE)						
AREA & TASK	EACH VISIT	SEMI-WEEKLY	WEEKLY	MONTHLY	QUARTERLY	SEMI-ANNUAL
<b>Lobby</b>						
Arrange Furniture	X					
Clean All Ceiling Vents				X		
Clean and Polish Drinking Fountains	X					
Clean Glass			X			
Damp Mop Hard Surface Floors	X					
Damp Wipe Horizontal Surfaces	X					
Detail Dust High and Low Areas			X			
Dust Mop Hard Surface Floors	X					
Empty and Remove Trash, Replace Liner as needed	X					
Spot Clean All Walls, Light Switches and Doors	X					
Vacuum Or Wipe Upholstered Furniture				X		
Vacuum Walk Off Mats	X					
<b>Reception / Nurses Stations</b>						
Arrange Furniture	X					
Clean All Ceiling Vents				X		
Clean and Disinfect Telephones	X					
Clean Glass			X			
Damp Mop Hard Surface Floors	X					
Damp Wipe and Disinfect Cabinets			X			
Damp Wipe Horizontal Surfaces-Use Appropriate Cleaner	X					
Detail Dust - High And Low Areas			X			
Dust Mop Hard Surface Floors	X					
Empty And Remove Trash, Replace Liner	X					
Spot Clean All Walls, Light Switches And Doors	X					
Vacuum Or Wipe Upholstered Furniture				X		
<b>Patient / ED Areas</b>						
Damp Dust All hard surfaced floors	X					
Vacuum All carpeted floor areas.	X					
Wet Mop All hard surfaced floors with infection control approved germicidal solution.	X					
Spot Mop All areas as required.	X					
Ensure all baseboards are free of dust, splash marks and old finish.	X					
Burnish all unoccupied patient rooms, traffic areas including corridors and nursing stations.			X			
Strip and Refinish - Semi Annually or as needed and requested by facility						X
Scrub hard surfaced floors and apply floor finish.					X	
Remove spots and stains from carpeted areas.	X		X			
Spray Clean utilizing floor machine and bonnet pads to clean carpeted floor areas as per schedule and as needed.						X
Shampoo Carpets or heavy deep extraction of carpets as needed.						X
Damp Dust: Head, foot, and side rails of beds, bedside tables, bed tables, chairs, cabinets, desks, window ledges, lamps, telephones and vents.	X					

Empty all patient room trash, cleaning and relining waste cans. Trash is deposited in holding area for pick up.	X					
Disinfect bathroom commodes, and sinks. Shower floors and wipe clean shower walls and curtains Mirrors and polishing of stainless surfaces.	X					
Replenish all hand soap, paper towels, toilet tissue, and toilet seat covers.	X					
Water Fountains - Clean and polish.	X					
Clean and remove finger marks from low-level interior glass partitions, door panels, mirrors, etc.	X					
Remove finger marks and smears from walls, doors, door jams etc.	X					
High Dust - Dust all high level ledges and fittings not listed for daily dusting.		X				X
<b>Isolation Cleaning - Perform daily cleaning and terminal cleaning in isolation rooms as described in EVS Cleaning Manual</b>	X					X
<b>OR / PACU</b>						
Vacuum All carpeted floor areas.	X					
Wet Mop All hard surfaced floors with infection control approved germicidal solution.	X					
Spot Mop All areas as required.	X					
Ensure all baseboards are free of dust, splash marks and old finish.	X					
Burnish all unoccupied patient rooms, traffic areas including corridors and nursing stations.			X			
Strip and Refinish - Semi Annually or as needed and requested by facility						X
Scrub hard surfaced floors and apply floor finish.					X	
Remove spots and stains from carpeted areas.	X					
Spray Clean utilizing floor machine and bonnet pads to clean carpeted floor areas as per schedule and as needed.						X
Shampoo Carpets or heavy deep extraction of carpets as needed.						X
Damp Dust: Head, foot, and side rails of beds, bedside tables, bed tables, chairs, cabinets, desks, window ledges, lamps, telephones and vents.	X					
Empty and Clean Trash Cans	X					
Disinfect bathroom commodes, and sinks. Shower floors and wipe clean shower walls and curtains Mirrors and polishing of stainless surfaces.	X					
Replenish all hand soap, paper towels, toilet tissue, and toilet seat covers.	X					
Water Fountains - Clean and polish.	X					
Clean and remove finger marks from low-level interior glass partitions, door panels, mirrors, etc.	X					
Remove finger marks and smears from walls, doors, door jams etc.	X					

High Dust - Dust all high level ledges and fittings not listed for daily dusting.		X				
Clean All Ceiling Vents		X				
Detail Dust - High And Low Areas	X					
Clean All Walls, Light Switches and Doors	X					
Disinfect Light Booms and Procedural Equipement	X					
Clean and Disinfect Surgical Table	X					
Clean and Disinfect Furnishings including IV Poles and Chair	X					
Clean and disinfect scrub sinks including under surfaces and drain pipes with sporicidal disinfectant.	X					
Clean and Disinfect Telephones	X					
Spot Clean All Walls, Light Switches and Doors	X					
Vacuum Or Wipe Upholstered Furniture	X					
Arrange Furniture	X					
<b>Between Case Cleaning OR</b>	As Needed					
<b>Terminal Cleaning OR</b>	X					
<b>ADDITIONAL ITEMS FOUND IN EVS MANUAL</b>	X					
<b>Lab / Pharmacy / Imaging Areas</b>						
Arrange Furniture	X					
Clean All Ceiling Vents		X				
Clean And Disinfect Telephones	X					
Clean Sink - Per Instructions	X					
Damp Mop Hard Surface Floors- Use Appropriate Cleaner	X					
Damp Wipe and Disinfect Cabinets	X					
Damp Wipe Horizontal Surfaces-Use Appropriate Cleaner	X					
Detail Dust - High And Low Areas	X					
Empty And Remove Trash; Except Bio-Hazard/Sharps	X					
Spot Clean All Walls, Light Switches And Doors	X					
Vacuum Or Wipe Upholstered Furniture				X		
<b>Office Areas</b>						
Clean And Disinfect Telephones	X					
Clean All Ceiling Vents				X		
Damp Wipe and Disinfect Cabinets			X			
Damp Wipe Horizontal Surfaces-Use Appropriate Cleaner	X					
Detail Dust - High And Low Areas			X			
Detail Vacuum All Carpet as Needed			X			
Dust Computer Monitors				X		
Empty And Remove Trash, Replace Liner If Needed	X					
Spot Clean All Walls, Light Switches And Doors	X					
Spot Clean Carpet, i.e. Spills	X					
Vacuum Or Wipe Upholstered Furniture				X		
<b>Hallways</b>						
Damp Mop Hard Surface Floors- Use Appropriate Cleaner	X					
Detail Dust - High And Low Areas	X					
Dust Computer Monitors				X		
Dust Door Frames	X					
Dust Furniture (tables, cabinets, etc.)	X					
Dust Nurse Call Lights	X					
Dust Picture Frames	X					

Dust Scales (adult and baby)	X					
Spot Clean All Walls, Light Switches And Doors	X					
<b>Restrooms</b>						
Thoroughly clean top and bottom of sinks, faucets, and pipes under sinks using hospital approved germicidal solution. Clean adjacent walls and mirrors.	X					
Machine scrub and/or strip hard surfaced floors. Apply non-slip finish, if appropriate. Pressure washing is acceptable if maintained properly.			X			
Remove finger marks and smears from walls, doors, door jams, and other areas.	X					
Clean Counters	X					
Damp wipe with approved germicidal solution all ledges, fittings, external vent surfaces, doors, dispensers and partitions	X					
Dust with a microfiber head or vacuum all ledges and vents		X				
Using a hospital approved germicidal solution clean outside of toilet, including chrome handles and pipes, top and bottom of seats, and rim of toilet seat. Clean insides of toilet/urinal.	X					
Using a microfiber mop or pad clean all floor surfaces with an approved germicidal solution.	X					
Empty and disinfect all waste containers. Replace with new liner. Deposit trash in designated holding area for pickup.	X					
Replenish all supplies including paper towels, toilet paper, hand-soap, and toilet seat covers etc.	X					
<b>Breakrooms</b>						
Arrange Furniture	X					
Clean All Ceiling Vents				X		
Clean Coffee Machine/Station	X					
Clean Coffee Machines, Walls And Light Switches	X					
Clean Refrigerator, Empty Contents If Requested			X			
Clean Sinks Using Appropriate Cleaner	X					
Damp Clean Interior And Exterior Of Microwave	X					
Damp Mop Hard Surface Floors- Use Appropriate Cleaner	X					
Damp Wipe All Lunchroom Tables	X					
Damp Wipe and Sanitize Cabinets			X			
Damp Wipe Counter Tops Using Appropriate Cleaner	X					
Damp Wipe Eating Area Chairs			X			
Damp Wipe Refrigerator Top			X			
Detail Dust - High And Low Areas			X			
Dust Mop Hard Surface Floors	X					
Empty And Remove Trash	X					
Vacuum Walk-Off Mats	X					
<b>Utility Rooms</b>						
Clean Flushable Sink	X					
Clean All Ceiling Vents				X		
Detail Dust - High And Low Areas			X			
Spot Clean All Walls, Light Switches And Doors	X					
Spot Mop Stains And Spills Using Appropriate Cleaner	X					

Other Building Requirements						
Bathroom: Wipe down tile walls (often overlooked).	X	X				
Breakroom: Clean Water Coolers, as well as behind them.	X	X				
Clean Air Supply and Return Vents in Ceiling		X				
Clean All Trashcans inside/out				X		
Clean And Arrange Janitor Closet	X					
Clean light switches throughout	X					
Empty All Trashcans	X					
Exam Rooms/Labs: Office/Rooms: Wipe off Cabinet Facings.	X					
Exam rooms-ER suites= pictures, monitors, sharps containers, vomit bag holders, equipment on head wall (odoscope etc...) <b>ADDITIONAL ITEMS FOUND IN EVS MANUAL</b>	X					
General- fire alarms weekly	X					
Soiled Supply Room: Clean "Hopper" (many times they are left "unflushed", and dirty).	X					
Additional Cleaning Specifications						
Shampooing Carpets						X
Machine Scrub Hard Surface Floors		X				
Finished Floor Buffing			X			
Strip and Wax Finished Floors						X

CONFIDENTIAL

# ENVIRONMENTAL SERVICES CLEANING MANUAL

Adapted from Integrated Support Solutions Inc. (ISSI) cleaning protocols, Minnesota Hospital Association, Centers for Disease Control

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# Introduction

Environmental Services will utilize this manual to ensure a clean environment for our patients, visitors, and staff.

## 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.

### **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.

### **Sharps**

Defined as syringes, needles, blades, acupuncture needles, root canal files. Any device having acute ridge corners, edges or protuberance capable of cutting or piercing. Broken glass items and blood vials which are contained with other medical waste.



## General rules

- All disinfectants must be approved by the facility's Infection Control Committee.
- All secondary containers and spray bottles must be properly labeled with the product name and appropriate warnings. Mop buckets and small 5-quart pails do not need to be labeled.
- All EVS Associates will follow facility adopted Standard Precautions.
- EVS Associates should be aware that some rooms should not be entered without a respirator for certain time periods after patient/resident discharge. Check the history of the room with the Nurses' Station. Read Isolation Signage posted and check with patient care personnel.

## How To

### Dust Mop

#### Procedure

- Dust mop flooring area first. Set the dust mop along a baseboard and push forward in a straight line. Always maintain the same leading edge in front. Turn in a "U" shape and overlap about six inches on each pass.  
\*\*Never shake the dry mop.
- After dust mopping is complete, clean up all dirt and dust with a dust pan. Never push dust and dirt under or into other objects or elevator shafts. Return soiled mop head to the dirty mop linen hopper in the housekeeping closet.

### Wet Mop

#### Procedure

- Fill mop bucket 3/4 full with the proper and approved cleaning products according to the manufacturer's specified dilution ratios.
- Position "Caution Wet Floor" signs about 30-40 feet apart and at blind corners.
- Position the mop bucket at the final caution sign 30-feet from the beginning of the corridor being mopped. The bucket will be in the center of the hall.
- Wring the mop fairly dry and set along the baseboard. Push the mop back to the beginning of the hall. This cleans the baseboards as well as 6 to 8 inches of the floor.
- At the end of the hall, using the "S" stroke pattern and walking backwards, damp mop one-half of the hall, leaving one-half dry for traffic. Be careful not to hit the baseboards.
- On arriving at the bucket, rinse the mop and repeat steps 13 and 14 above. As you damp mop backwards, always position the "Caution Wet Floor" signs on the side that is wet. Repeat the above procedure through all assigned corridors.
- At the end of the day, remove the soiled mop from its handle. Clean the mop wringer and bucket. Store the bucket in the closet. Never leave a wet mop on the handle or in a bucket. Return soiled mop head to the dirty mop linen hopper in the housekeeping closet.

### High Speed Burnishing

#### Procedure

- Visually inspect equipment before use. If there are any deficiencies with the equipment contact EVS management.
- Attach a polishing pad to the high-speed burnisher.
- Set the burnisher along the wall and lay the cord along the wall. Plug the cord into an outlet. As you walk up and down the hall, you will be working away from the cord. This will prevent the cord from becoming entangled under the machine. Using a back and forth motion evenly burnish the flooring area.
- After the corridor is burnished, dust mop the corridor to remove debris caused from burnishing.

- Inspect your work, make note of any maintenance concerns and be sure to report it to EVS management immediately.
- Clean and store equipment in cart
- Remove gloves, wash hands

## Handling Sharps

### Procedure

- Free Standing Sharps Containers:
  - Sharps containers will be labeled “Sharps Waste” or with the international symbol and the word “BIOHAZARD”.
  - When full, securely snap the lid into place.
  - Carry to a soiled utility room.
  - Environmental Services will pick-up sealed containers from the soiled utility room at least two times during shift 1 and once during shift 2.
  - The used sharps container will be held temporarily at the soiled utility room until picked up by Environmental Services.
- Disposal Method: Used sharps containers will be disposed in the same manner as medical waste.
  - Sharps containers will be picked up by Environmental Services from the temporary soiled storage sites at least 2 times per day and as needed.
  - Sharps containers are transported to the soiled room via a designated reusable rigid medical waste container. The transport container is to be leak resistant with tight fitting lids, in good repair and labeled BIOHAZARDOUS WASTE or with the international symbol and the word BIOHAZARD.
  - The hazardous waste contractor will pick up sharps from the soiled storeroom.

## Cart Set Up

### Procedure

- All chemicals must remain locked inside cart when they are not in use.
- Each cart is to have the following: 1 micro mop handle, 1 high duster, 1 small broom, and 1 dustpan.
- The top of the Environmental Service cart should have one bucket of hospital approved disinfectant, one container with clean wet mops in a neutral based cleaner chemical cleaning caddy while in use.
- Inside top shelf should be stocked with paper towels and toilet paper.
- The second shelf should be stocked with hand soap, alcohol based hand sanitizer and toilet seat covers.
- The third shelf should be stocked with cleaning chemicals and chemical caddy.
- Employees should have 1 NIOSH approved N95 fit tested mask when cleaning an occupied Air Borne Isolation room.
- Each cart must have a pair of goggles.
- Carts are to remain clutter free and clean at all times.
- One tub of Task Whip w/ Sodium Hypochlorite (bleach) to be swapped out daily. Red lids for Monday, Wednesday, Friday and blue lids for Tuesday, Thursday, and Saturday. Tubs to be dumped after every shift and top left off to dry.

## Specific Cleaning Protocols

### Bed Bugs

#### Procedure

- Contact Facilities Manager to call current pest control service provider for servicing of potentially infested area.
- Contact Infection Control department to inform them of possible bed bug sighting.
- Respond to potential sighting location, and gather information on possible cause of Bed Bug presence.
- Close area to all staff and guests until current pest control provider responds. Turn on all lights in effected area.
- Direct current pest control provider to affected area to provide assessment and verify presence of Bed Bugs.
- Pest control provider will determine whether the room has to be closed for 72 hours or more.
- If there are no Bed Bugs present the room will be treated and remained sealed for 24 hours

## High touch Areas

### High touch areas

High touch surfaces are those that have frequent contact with both patient and health care workers hands. High touch surfaces require more frequent cleaning and disinfection as they can contain a higher concentration of pathogens. Cleaning and disinfection is usually done at least once a day and more frequently if the environmental concentration is higher.

The high touch areas in a patient room are:

- Bed hand rails
- Bedside table
- Computer keyboard
- In room sink
- Light Switches
- Nurse call box
- Over bed table
- Patient Chair
- Room door handles
- Telephone

The high touch areas in a patient bathroom are:

- Handrails
- Light switches
- Sink
- Toilet bidpan
- Toilet flush handle
- Toilet Seat

## Baseboard Cleaning Protocol

### Procedure

- Assemble material and equipment needed
- Put on appropriate Personal Protective Equipment (PPE) before starting cleaning procedure.
- Remove furniture or other objects that are positioned near the baseboards or that limit access to the baseboards.
- Position wet floor signs in area ensuring all entrances to the work area have signs posted.
- Use a neutral based floor cleaner according to the manufacturers' specifications.
- If needed scrub baseboards with doodlebug and pad.
- Clean and store equipment in Environmental Services area or your assigned Environmental Services closet.
- Remove gloves, wash hands.

## Clean and Soiled Utility Room Cleaning Protocol

### Procedure

- Assemble material and equipment needed
- Put on appropriate Personal Protective Equipment (PPE) before starting cleaning procedures.
- Empty all the trash, clean can inside and out. Replace with fresh liner.
- Clean vents and lights.
- Clean sink and shelves and wipe down with a hospital approved disinfectant.
- Clean on top of all cabinets, ice machines, and blanket warmers.
- Spot clean walls.
- Place a wet floor sign at the entrance.
- Make sure everything is cleaned, neat and organized.
- Dust mop floor.
- Wet Mop floor.
- Inspect your work, make note of any maintenance concerns and be sure to report it to an Environmental Services management team member.
- Clean and store equipment in cart.
- Take off gloves, Wash hands.

## Closet and Storage Areas

### Procedure

- Put on appropriate Personal Protective Equipment (PPE) before starting cleaning procedures.
- Clean vents and lights.
- Clean floor sink and shelves.
- Spot clean walls.
- Place a wet floor sign at the entrance.
- Make sure everything is cleaned, neat and organized.
- Sweep floor.
- Wet Mop floor.
- Stock appropriate needed items in the closet. Do not over stock area or place anything directly on the floor.
- Inspect your work, make note of any maintenance concerns and report it to Hospitality Management.
- Clean and store equipment in cart
- LOCK CLOSET DOOR AT ALL TIMES.
- Take off gloves, Wash hands.

## Corridor Cleaning

### Procedure

This is a multi-step process. Steps must be done in order but not all steps need done every time. Check with EVS Management for instructions.

Please be aware of traffic in the corridor.

- Assemble material and equipment needed
- Put on appropriate Personal Protective Equipment (PPE) before starting the cleaning procedure.
- Walk the corridor and remove by hand any large debris and litter and dispose of it in a refuse container.
- High dust all pictures, alarms, or other items on corridor walls.
- Damp wipe the following areas using a hospital approved disinfectant solution.
  - Kick/push plates
  - Walls

- Doors
- Light switches
- Fire extinguisher
- Ledges
- Use a putty knife to loosen gum or other material.
- Spot clean walls and baseboards.

## Door Cleaning

### Procedure

- Assemble materials and equipment needed
- Put on appropriate Personal Protective Equipment (PPE) before starting cleaning procedures.
- Dust the entire door frame and both sides of the door surface with a dust wand from top to bottom
- Using a damp cloth with hospital approved disinfectant solution, wash door from the top down. Make sure to wipe door handle, frame, kick/push plate.
- Inspect your work, make note of any maintenance concerns and be sure to report it to Hospitality management.
- Clean and store equipment in cart.
- Take off gloves, Wash hands.

## High Level Dusting

### Procedure

- Assemble material and equipment needed
- Put on appropriate Personal Protective Equipment (PPE) before starting cleaning procedures.
- Use a high dusting tool
- High dust all ledges and surfaces not reachable by normal dust wiping. Dust tops of lights, doors, curtain tops, wall-mounted television sets, clocks, moldings, curtain rods, door frames, etc.
- After dusting each room, throw away dusting material into trash container. Brush slowly in a downward direction. Use vacuum if one is available. Replace mop as necessary.
- Never high dust directly over an occupied patient bed. Always be careful not to shake the duster. When dusting the light over the bed, use a damp cloth. To gather dust go from left to right, never lift the cloth after you start, make one clean swipe.

## Interior Window Cleaning

### Procedure

- Assemble materials and equipment needed
- Put on appropriate Personal Protective Equipment (PPE) before starting the cleaning procedures.
- Always inspect blinds to ensure that they are dust free. If they are not, dust them according to the proper cleaning procedure. Open blinds and drapes all the way. This will provide an unobstructed work area and protect the window treatment from any damage.
- Carefully remove any items on the windowsill such as plants and books. Place them on the floor and out of harm's way.
- Dust windowsill and window frame area, if heavily soiled damp wipe window frame or sills. (It's essential to use clean water consistently throughout the cleaning process. Change the water as many times as necessary based on the condition of the window.)
- Use a trigger sprayer to apply the cleaning solution directly on the entire window surface in a side-to-side motion. If the window is heavily soiled, apply the cleaning solution in an up-and-down motion in addition to the right-to-left application.

- There are two methods to use a squeegee:
  - Side-to-Side: Place the squeegee in the upper left-hand corner of the window in a vertical position. Proceed to move the squeegee across from side-to-side using “S” stroke. When bottom is reached wipe the blade of the squeegee and the base of the windowsill where water might accumulate.
  - Top-to-Bottom Method: Place the squeegee in a horizontal position at the top left-hand corner of the window and move downward. After each stroke, wipe the squeegee and the windowsill clean. Continue this process across the entire window (Remember to overlap strokes for both methods).
- Return all items to their original position in the windowsill.
- Inspect your work, make note of any maintenance concerns and be sure to report it to Facilities Manager.
- Clean and store equipment in cart.
- Remove gloves, wash hands.

## Linen Room Cleaning

### Procedure

- Assemble materials and equipment needed
- Put on appropriate Personal Protective Equipment (PPE) before starting cleaning procedures.
- Pull trash and tie liners appropriately. Remove to the soiled utility room for disposal.
- High dust the linen room.
- Dust mop the floor.
- Spot wash the walls.
- Damp wipe the furniture with germicidal disinfectant solution.
- Place a wet floor caution sign outside the entrance before mopping. Wet mop floor.
- Clean and replace equipment in a neat and orderly fashion
- Inspect your work, make note of any maintenance concerns and be sure to report them to an Environmental Services management team member.
- Clean and store equipment in cart
- Remove gloves, wash hands.

## Mop and Rag Laundry

### Procedure

- All soiled mops and rags are to be placed in plastic bags.
- Place all tied soiled bags in large blue bins for pick up.
- Linen company will pick up all soiled linen for processing twice a week.

## Staff Lounge Cleaning

### Procedure

- Assemble materials and equipment needed.
- Put on appropriate Personal Protective Equipment (PPE) before starting cleaning procedures.
- Empty all trash. Clean the can inside and out. Replace with fresh liner.
- Clean and dust all vents and lights.
- Clean tops of counters and cabinet fronts and sink. Move all appliances to clean under them.
- Clean the inside of the microwave.
- Clean the exterior and tops of all appliances.
- Position wet floor sign outside the door. Dust mop and damp mop floor
- Remove gloves, wash hands.
- Inspect your work, make note of any maintenance concerns and be sure to report it to Hospitality management.

- Clean and store equipment in cart.
- Take off gloves, Wash hands.

## Room Cleaning Protocols

### Daily Room Clean (non-isolation)

#### Procedure

1. Assemble Equipment/Supplies
  - a. Correct dilution of germicidal products is essential for effective cleaning. Carefully read and follow the manufacturer's instructions on proper dilution ratios for each product.
2. Identify Rooms to be Daily Cleaned
  - a. Check rooms to be cleaned. List the room numbers in the notebook on the cart for future reference. Check history of room with the Nurses' Station. For isolation cases refer to your facility's Infection Control Policy.
3. Position Wet Floor Signs
4. Wash hands and Put On Personal Protective Equipment (PPE)
  - a. Refer to your facility's Infection Control Policy for appropriate PPE in this area.
5. Knock Before Entering
  - a. Knock and introduce yourself before entering a patient room. Always be polite and respectful of the patient and family. Explain to the patient why you are there and how long it will take.
 

*\*Hint\*Position the cleaning cart outside the room. Make sure that it does not block traffic.*
6. Remove Any Notable Blood Spills
  - a. Remove any blood spills before proceeding with the cleaning procedures.
  - b. Appropriate PPE must be worn while cleaning blood spills. Follow the Standard Blood/Body Fluid Precautions, outlined in your facility's Infection Control Policy.
  - c. Notify Nurse if any Needles or broken glass; must be picked up with forceps or a brush and dustpan. Do not use your hands even if gloved!
  - d. Use hospital approved germicide.
  - e. Blot up blood with paper towels prior to spraying disinfectant.
  - f. **Place paper towels in a red-bagged waste container if they are saturated with blood.** Paper towels with small amounts of dried blood can be disposed of in the regular trash container.
  - g. Non-disposable cleaning cloths and mop heads should be handled according to your facility's linen policy. They should not be red bagged.
  - h. Wet the area with disinfectant and allow to remain in place for the time recommended on the label.
  - i. Spray curtain with hospital approved disinfectant
  - j. Wipe off remaining disinfectant and dispose of wipe (no red bagging required).
  - k. Remove gloves, wash hands.
7. Empty Trash Receptacles
  - a. Remove all trash liners from the restroom and patient areas.
 

*\*Hint\*If patient is present, remove entire receptacle from room before removing liner. Place the sealed trash liners in the cleaning cart trash receptacle. Empty the cleaning cart trash receptacle in the Soiled Utility Room, as needed. Remember to hold the trash liners away from your body to avoid injury from protruding objects.*
8. Spot Clean Mirrors and Glass
  - a. Use paper hand towels and glass cleaner to spot clean all interior windows, mirrors, etc.
9. Damp Wipe

- a. Use a cloth dampened with a germicidal disinfectant solution to damp wipe the following areas:
  - b. Telephone receiver and base
  - c. Over-bed table
  - d. Bedside table
  - e. Over-bed light
  - f. Headboard, bed rails and footboards ONLY IF PATIENT IS NOT IN THE BED
  - g. Window sills, frames and ledges
  - h. Vinyl and Formica surfaces
  - i. Chairs

\*Hint\* Do not interrupt or disturb the patient.
10. Dust Mop
  - a. Dust mop the entire room according to the Dust Mopping Procedure. Start from the rear of the room and finish at the entrance to the room. Use a counter brush and dustpan to retrieve loose debris generated from dust mopping. Never shake the dust mop to remove debris.

\*Hint\* Use a putty knife to remove foreign material from the floor as needed.

\*Hint\* Do not damp wipe medical equipment such as IV Poles, Orthopedic Equipment, monitors, etc. unless specifically instructed. This equipment is to be cleaned by others.
11. Spot Clean Walls/Baseboards/Doors
  - a. Spot clean soiled areas of walls, the exterior of the closet, soiled baseboards, and doors with a cloth dampened with a germicidal disinfectant solution.

\*Hint\* Pay special attention to the wall area surrounding light switches, door handles, kick/push plates and doorframes.
12. Damp Wipe Trash Receptacles and Reline
  - a. Damp wipe and disinfect the interior and exterior of all soiled areas of trash receptacles and reline with the approved trash liners.

\*Hint\* Do not use the trash receptacle cleaning cloth on any other surface.
13. Clean the Restroom
  - a. Clean the restroom according to the Patient Restroom Cleaning Procedure.
14. Return All Equipment to Cleaning Cart
15. Damp Mop
  - a. Thoroughly damp mop the restroom, then damp mop the patient room from the back of the room to the entrance. Place soiled mop heads in a plastic trash liner for laundering.

\*Hint\*  
Mop bucket germicidal disinfectant solution must be changed as necessary.
16. Observe/Inspect
  - a. Inspect the cleaned area properly.
  - b. Thank the patient and ask if there is anything else that you can do for them.
17. Remove Wet Floor Signs
  - a. Remove the wet floor signs when the area is completely dry.
18. Report Maintenance Issues
  - a. Report any maintenance concerns to the Hospitality Department.
19. Clean Equipment/Replenish Supplies
  - a. Clean all equipment and replenish supplies as needed.
20. Remove Gloves and Wash Hands



# Discharge Room Clean


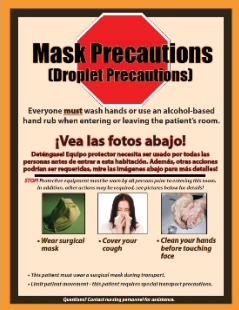

## Procedures


- Assemble Equipment/Supplies
  - \*Hint\*
  - Correct dilution of germicidal products is essential for effective cleaning. Carefully read and follow the manufacturer's instructions on proper dilution ratios for each product
- Wash Hands and Put on appropriate Personal Protective Equipment (PPE) before starting cleaning process
- Position Wet Floor Signs
- Remove Any Notable Blood Spills
  - Remove any blood spills before proceeding with the cleaning procedures.
  - Appropriate PPE must be worn while cleaning blood spills. Follow the Standard Blood/Body Fluid Precautions, outlined in your facility's Infection Control Policy.
  - Notify nurse if any Needles or broken glass must be picked up with forceps or a brush and dustpan. Do not use your hands even if gloved!
  - Hospital approved disinfectant must be used
  - Blot up blood with paper towels prior to spraying disinfectant.
  - **Place paper towels in a red-bagged waste container if they are saturated with blood. Paper towels with small amounts of dried blood can be disposed of in the regular trash container.**
  - Non-disposable cleaning cloths and mop heads should be handled according to your facility's linen policy. **They should not be red bagged.**
  - Wet the area with disinfectant and allow to remain in place for the time recommended on the label.
  - Wipe off remaining disinfectant and dispose of wipe (no red bagging required).
  - Remove gloves, wash hands.
- Empty Trash Receptacles
  - Remove all trash liners from the restroom and patient areas.
  - \*Hint\* Place the sealed trash liners in the cleaning cart trash receptacle. Empty the cleaning cart trash receptacle in the Soiled Utility Room, as needed. Remember to hold the trash liners away from your body to avoid injury from protruding objects.
- High Dust
  - Use a high dusting tool to dust vents, overhead lights, blinds, wall treatment, door and window frames and other areas normally located above the shoulder.
- Spot Clean Mirrors and Glass
  - Use paper hand towels and glass cleaner to spot clean all interior windows mirrors, etc.
- Spot Clean Walls/Baseboards/Doors Spot clean soiled areas of walls, the exterior of the closet, soiled baseboards, and doors with a cloth dampened with a germicidal disinfectant solution. \*Hint\* Pay special attention to the wall area surrounding light switches, door handles, kick/push plates and doorframes
- Damp Wipe
  - Use a cloth dampened with germicidal disinfectant to damp wipe the following areas:
    - Towel Dispensers
    - Hand Rails
    - Mirrors
- Clean shower enclosure. When finished, leave shower head hanging down.
- Clean Sink
- Use a toilet bowl cleaner and evenly coat the inside of the bowl using a toilet bowl mop.
- Restock paper products

- Dust Mop
  - Dust mop the entire room. Start at the rear of the room and finish at the door. Use a counter brush and dustpan to retrieve loose debris generated from dust mopping. Never shake the dust mop to remove debris.
    - \*Hint\* Use a putty knife to remove foreign material from the floor as needed.
- Damp Mop
  - Thoroughly damp mop the restroom, then damp mop the patient room from the back of the room to the entrance. Place soiled mop heads in a plastic trash liner for laundering.
    - \*Hint\*
    - Mop bucket germicidal disinfectant solution must be changed as necessary..
- Inspect your work, make note of any maintenance concerns and be sure to report it to Facilities Manager.
- Clean and store equipment in cart.
- Remove gloves, wash hands.

## Isolation Room

### Signage

Signage	Isolation Type	PPE to use	Additional notes
 <p><b>Closed Door and Special Mask Precautions</b> (Airborne Precautions)</p> <p>Everyone <b>must</b> wash hands or use an alcohol-based hand rub when entering or leaving the patient's room.</p> <p><b>¡Veá las fotos abajo!</b> Desingañe Equipos protectoros necesarios ser usado por todas las personas antes de entrar a esta habitación. Además, otras acciones posibles ser requeridas, tales las imágenes abajo para más detalles.</p> <p><b>Special Mask Precautions must be used for all patients with the following conditions, unless otherwise specified:</b></p> <p><b>Wear a N95 Respirator</b>    <b>Cover your cough</b>    <b>Keep door closed</b></p> <p><b>This patient needs to be placed in a negative airflow pressure room and must wear a surgical mask during transport.</b> <b>This patient requires special handling of specimens.</b></p> <p><small>Quarantine/Control rooming necessary for all cases.</small></p>	Airborne isolation	<ul style="list-style-type: none"> <li>• N95/PAPR for room entry</li> </ul>	<p>Leave the room unoccupied for a minimum of 60 minutes post charge prior to discharge clean.</p> <p>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</p>
 <p><b>Mask Precautions (Droplet Precautions)</b></p> <p>Everyone <b>must</b> wash hands or use an alcohol-based hand rub when entering or leaving the patient's room.</p> <p><b>¡Veá las fotos abajo!</b> Desingañe Equipos protectoros necesarios ser usado por todas las personas antes de entrar a esta habitación. Además, otras acciones posibles ser requeridas, tales las imágenes abajo para más detalles.</p> <p><b>Special Mask Precautions must be used for all patients with the following conditions, unless otherwise specified:</b></p> <p><b>Wear surgical mask</b>    <b>Cover your cough</b>    <b>Clean your hands before touching face</b></p> <p><b>This patient must wear a surgical mask during transport.</b> <b>This patient requires special transport precautions.</b></p> <p><small>Quarantine/Control rooming necessary for all cases.</small></p>	Droplet Isolation	<ul style="list-style-type: none"> <li>• Surgical mask</li> </ul>	
 <p><b>Contact Precautions</b> (Contact Precautions)</p> <p>Everyone <b>must</b> perform hand hygiene upon entering the patient's room. Everyone <b>must</b> wash their hands with soap and water upon exiting the room. Do <b>not</b> use waterless hand rub when exiting the room.</p> <p><b>¡Veá las fotos abajo!</b> Desingañe Equipos protectoros necesarios ser usado por todas las personas antes de entrar a esta habitación. Además, otras acciones posibles ser requeridas, tales las imágenes abajo para más detalles.</p> <p><b>Special Mask Precautions must be used for all patients with the following conditions, unless otherwise specified:</b></p> <p><b>Gloves</b>    <b>Gown</b>    <b>Use dedicated equipment</b></p> <p><b>This patient requires special handling of specimens.</b> <b>This room may require special cleaning by Environmental Services.</b></p> <p><small>Quarantine/Control rooming necessary for all cases.</small></p>	Special Precautions Isolation	<ul style="list-style-type: none"> <li>• Gloves</li> <li>• Isolation Gown</li> </ul>	When exiting the patient room, wash hands with soap and water.

 <p><b>Glove and Gown Precautions</b> (Contact Precautions)</p> <p>Everyone <b>must</b> wash hands or use an alcohol-based hand rub when entering or leaving the patient's room.</p> <p><b>¡Vea las fotos abajo!</b></p> <p>Designated hygiene procedures must be used for persons entering or leaving a patient's room. Always, other activities should be suspended, with the exception of other vital activities.</p> <p>1. Wash hands with soap and water for 20 seconds before entering the room or after leaving the room.</p> <p>2. Wear gloves and gown when entering the room.</p> <p>3. Use dedicated equipment.</p> <p>4. Limit patient movement - Only patient equipment should transport patients.</p> <p>5. Clean and disinfect equipment and surfaces.</p>	<p>Contact Isolation</p>	<ul style="list-style-type: none"> <li>• Gloves</li> <li>• Isolation gown</li> </ul>	
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## Personal Protective Equipment

- When entering any patient room, check for isolation signage on, or next to door. If the sign does not indicate what type of protective apparel you should wear ask the patients nurse for information and report incident to the Facilities Manager.
- Some airborne diseases, such as tuberculosis (TB) can persist in a room for varying amounts of time; sometimes an hour after a patient has left to room. Isolation signs should not be removed from a room until Environmental Services has finished cleaning.

## Procedure

1. Follow instructions on isolation signage
2. Assemble Equipment/Supplies
  - \*Hint\*
  - Use of germicidal products is essential for effective cleaning. Carefully read and follow the manufacturer's instructions on proper dilution ratios for each product.
3. Identify Discharge Rooms
  - a. Check rooms to be cleaned according to discharge procedures.
  - b. List the room numbers in the notebook on the cart for future reference. Check history of room with the Nurses' Station.
4. Position Wet Floor Signs
5. Wash hands and put on Personal Protective Equipment (PPE)
  - a. Refer to your facility's Infection Control Policy for appropriate PPE in this area.
6. Knock Before Entering
  - a. Knock and introduce yourself before entering a patient room. Always be polite and respectful of the patient and family. Explain to the patient why you are there and how long it will take.
    - \*Hint\* Position the cleaning cart outside the room. Make sure that it does not block traffic.
7. Remove Any Notable Blood Spills
  - a. Remove any blood spills before proceeding with the cleaning procedures.
    - i. Appropriate PPE must be worn while cleaning blood spills. Follow the Standard Blood/Body Fluid Precautions, outlined in your facility's Infection Control Policy.
    - ii. Needles or broken glass must be picked up with forceps or a brush and dustpan. Do not use your hands even if gloved!
    - iii. Disinfectant with hospital approved cleaning products
    - iv. Blot up blood with paper towels prior to spraying disinfectant.
    - v. Place paper towels in a red-bagged waste container if they are saturated with blood. Paper towels with small amounts of dried blood can be disposed of in the regular trash container.
    - vi. Non-disposable cleaning cloths and mop heads should be handled according to your facility's linen policy. They should not be red bagged.
    - vii. Replace the curtain with a clean curtain

- viii. Wipe off remaining disinfectant and dispose of wipe (no red bagging required).
      - ix. Remove gloves, wash hands.
8. Strip bed and Retrieve Soiled Linens
  - a. Retrieve all soiled linens such as sheets, towels and washcloths and place them in the linen hamper.
9. Remove Disposable Items
  - a. Inspect the bedside drawers, cabinets, closet and restroom for any disposable utensils (bedpans, basins) or disposable restroom items (soap, toothpaste) and dispose of them in the trash receptacle.

\*Hint\*

Any personal items left behind by the patient should be taken to the Nurses' Station.
10. Empty Trash Receptacles
  - a. Remove all trash liners from the restroom and patient areas.

\*Hint\*

Place the sealed trash liners in the cleaning cart trash receptacle. Empty the cleaning cart trash receptacle in the Soiled Utility Room, as needed. Remember to hold the trash liners away from your body to avoid injury from protruding objects.
11. High Dust
  - a. Use a high dusting tool to dust vents, overhead lights, blinds, wall treatment, door and window frames and televisions and other areas normally located above the shoulder.
12. Spot Clean Mirrors and Glass
  - a. Use paper hand towels and glass cleaner to spot clean all interior windows, mirrors, etc.
13. Damp Wipe
  - a. Use a cloth dampened with germicidal disinfectant to damp wipe the following areas:
    - i. Telephone receiver and base
    - ii. Over-bed table – interior/exterior
    - iii. Bedside table – interior/exterior
    - iv. Wall equipment
    - v. Window sills, frames and ledges
    - vi. Cabinets, Closets – interior/exterior
    - vii. Chairs – Exterior Chairs – Exterior
14. Dust Mop
  - a. Dust mop the entire room. Start at the rear of the room and finish at the door. Use a counter brush and dustpan to retrieve loose debris generated from dust mopping. Never shake the dust mop to remove debris.

\*Hint\*

Use a putty knife to remove foreign material from the floor as needed. Pull out and clean behind couch.
15. Spot Clean Walls/Baseboards/Doors
  - a. Spot Clean soiled areas of walls, the exterior of the closet, soiled baseboards, and doors with a cloth dampened with a germicidal disinfectant solution.

\*Hint\*

Pay special attention to the wall area surrounding light switches, door handles, kick/push plates and doorframes.
16. Bed Cleaning
  - a. Clean the stripped bed and pillow with a germicidal disinfectant solution. Damp wipe headboard, bed rails, footboard, mattress, bed frame, and reusable pillows.
17. Damp Wipe Trash Receptacles and Reline

- a. Damp wipe and disinfect the interior and exterior of all soiled areas of trash receptacles and reline with the approved trash liners.
  - \*Hint\*
  - Do not use trash receptacle cleaning cloth on any other surface.
18. Clean the Restroom
  - a. Clean the restroom according to the Patient Restroom Cleaning Procedure.
19. Return All Equipment to Cleaning Cart
20. Bed Making
  - a. Retrieve linens from the clean linen closet or the linen cart and proceed to make the bed.
21. Damp Mop
  - a. Thoroughly damp mop the restroom, then damp mop the patient room from the back of the room to the entrance. Place soiled mop heads in a plastic trash liner for laundering.
    - \*Hint\*
    - Mop bucket germicidal disinfectant solution should be changed as necessary.
22. Observe/Inspect
  - a. Inspect the cleaned area properly.
  - b. Thank the patient and ask if there is anything else that you can do for them
23. Remove Wet Floor Signs
  - a. Remove the wet floor signs when the area is completely dry.
24. Turn Off Lights and TV
25. Report Maintenance Issues
  - a. Report any maintenance concerns to the Facilities Manager.
26. Clean Equipment/Replenish Supplies
  - a. Clean all equipment and replenish supplies as needed.
27. Remove Gloves/Wash Hands

## Isolation

- Rooms and bedside articles and equipment associated with isolation patients should be cleaned using the same thorough procedures described for patients who are on no special precautions, Shower and bedside curtains so not usually need to be changed unless soiled or damaged.
- Terminal cleaning of patient room will be done when patient is discharged. The nursing staff will notify the Environmental Services Department that a room is ready to be cleaned after the Nursing Staff has removed all medical equipment from the room. Environmental Services will perform the following procedures.
- All disinfectants must be approved by the facilities Infection Control Committee.
- All containers and bottles must be properly and clearly labeled with product name, ingredients and antidotes (except chemicals that are in the mop bucket)
- Environmental Services should be aware that some rooms should not be entered without a respirator for certain time periods after patient discharge, (Check history of the room with Nurses' station). Read Isolation Signage posted and reference Standard Precautions for specific standards.
- Increased levels of cleaning may be required when a patient is infected with an organism that can exist in the environment for prolonged periods of time. These organisms, such as vancomycin resistant enterococcus (VRE) and *C difficile*, require increased attention to bedside equipment and surfaces such as bed rails, over-bed tables, telephones, handles and door knobs. This is especially true if there is a large amount of environmental contamination.

## Isolation Rest Room Cleaning

- Rooms and bedside articles and equipment associated with isolation patients should be cleaned using the same thorough procedures described for patients who are on no special precautions.

- Shower and bedside curtains do not usually need to be changed unless soiled. Spray curtains with disinfectants approved by the facilities.
- Increased levels of cleaning may be required when a patient is infected with an organism that can exist in the environment for prolonged periods of time.
- These organisms, such as vancomycin resistant enterococci (VRE), require increased attention to bedside equipment and surfaces such as bed rails, over-bed tables, telephones, handles and door knobs. This is especially true if the patient has been in the room for an extended period of time.

## Surgery Department Cleaning

### Pre-Op, PACU, and Waiting Areas

#### Procedure

- EVS employee will perform Standard Cleaning Procedures (SCP) in the following areas: Recovery, Men's and Ladies' restroom/locker areas, staff lounge, common areas, scrub areas, sub-sterile area, storage areas/rooms and the main reception desk.
- The Housekeeping Attendant will stock cleaning supplies, paper and plastic supplies, linen and scrub garments.
- All bi-weekly and monthly periodic cleaning will be performed on a timely basis and recorded on the monthly periodic cleaning schedule for the Surgery Department.
- Wall washing and floor scrubbing will be performed nightly by EVS in the suites that were used.
- All equipment and furniture cleaning is the responsibility of the day shift personnel.
- It is the responsibility of the EVS team member to follow all infection control policies and procedures including Standard Precautions..

### Operating Room Terminal Cleaning

#### Procedure

- Assemble material and equipment needed.
- Put on appropriate Personal Protective Equipment (PPE) before starting cleaning procedures.
- Position wet floor signs at the entrance to the OR suite that is being cleaned.
- Empty all trash, linen, and medical waste containers thoroughly clean can inside and out. Replace with fresh liners.
- Change sharps containers and replace after cleaning and disinfecting sharps container holder.
- High-dust entire area, including vents, and booms.
- Using hospital approved disinfectant wipe ALL horizontal surfaces in OR suite, this includes underside of tables and desks.
- Using hospital approved disinfectant wipe all walls, light switches, thermostats, alarms (anything attached to walls).
- Using hospital approved disinfectant wipe down light booms, and all procedural equipment.
- Using hospital approved disinfectant wipe thoroughly wipe and clean surgical table.
- Using hospital approved disinfectant wipe down all OR furnishings including IV poles chairs basin stands ensure all items in the room have been wiped down thoroughly.
- Thoroughly wet floor with mild disinfectant and allow to dwell for 5 minutes.
- Damp mop floors thoroughly.
- Using hospital approved disinfectant wipe down scrub sinks and sink area.
- Once area has been completed thoroughly inspect areas and items to ensure the area has been properly cleaned.

- After inspecting your work, make note of any maintenance concerns and be sure to report it to an EVS management team member immediately.
- Remove wet floor signs once floor is completely dry.
- Clean and store equipment in cart
- Remove gloves, wash hands

## Waste Disposal

### Infectious Waste Identification & Spills

#### Identification

##### Infectious waste shall be defined as:

- Significant laboratory wastes, including pathological specimens (which shall include all tissue specimens or blood elements, excreta and secretions obtained from patients) and disposable fomites (which shall include any substance which may harbor or transmit pathogenic organisms).

##### Surgical specimens:

- Similar disposable material from outpatient areas and emergency rooms.
- All waste materials such as syringes, needles, swabs, soiled dressings, culture plates, paper towels and used gloves generated in an by the areas listed below will be considered as potentially infectious and must be handled as infectious waste.
- All material generated from the following areas will be placed in red bags and handled according to departmental procedures.
  - Surgery
  - Laboratory
  - Designated Isolation Rooms
  - Body Holding

### Infectious Waste Spills

#### **Procedure:**

- Immediate Action NOTIFY SUPERVISOR
  - Assess the type of spill and degree of hazard involved.
  - Notify all employees in the same area that a spill has occurred.
  - Secure the area to prevent the spread of infectious agents and to restrict access preventing the exposure of additional personnel.
  - Determine most effective and least hazardous approach to clean-up.
  - Decontaminate the area.
- Spill on Floor
  - Use proper personal protective equipment, i.e., Eye Protection, gloves, Apron, surgical mask, etc.
  - Flood area with disinfectant solution.
  - Pick up the disinfectant and contaminated materials with an absorbent material (paper towels) and dispose of in a red plastic bag.
  - The spill area should be thoroughly washed after clean up.
  - Remove all contaminated clothing. All contaminated material must be contained while in the restricted area.

## Medical Waste Disposal

### Procedure:

- Put on appropriate Personal Protective Equipment (PPE).
- All biomedical waste will be placed in red biomedical bags.
- All biomedical waste in red bags and sealed Sharps Container will be placed in large puncture resistant containers located in soiled utility closets.
- All large biomedical waste containers from soiled utility closets will be exchanged daily with empty and full ones taken to biomedical holding area on first floor for pick-up by the waste management company.

## Medical Waste Spill

### Procedure:

- Immediate Action
  - Assess the type of spill and degree of contamination involved.
  - Notify all employees in the same area that a spill has occurred.
  - Secure the area to prevent the spread of medical agents and to restrict access preventing the exposure of additional personnel.
  - Pick-up and decontaminate area following procedures below.
- Clean Up and Decontaminate Procedures
  - Use proper personal protective equipment, (i.e., disposable cover gown, gloves, surgical mask, cap, etc.)
  - Flood area with one of the following disinfectant solutions:
    - Hypochlorite solution (500 ppm available chlorine)
    - Phenolic solution (500 ppm active agent)
    - Iodoform solution (100 ppm available iodine)
    - Quaternary ammonium solution (400 ppm active agent)
- Pick up the disinfectant and contaminated materials with an absorbent material (paper towels) and dispose of in a red "Biohazard" bag.
- The contaminated area will be thoroughly washed and disinfected by using one of the disinfectant solutions listed on item "b" above.
- Remove all contaminated clothing and place in a red "Biohazard" bag. All contaminated material must be contained while in the restricted area.
- Dispose of contaminated items according to established procedures.

## Solid Waste Handling & Transportation

### Procedure:

#### Inpatient Unit/PREOP/PACU

- All solid waste generated at First Texas Hospital will be removed from the waste baskets located in each room and securely tied.
- Each soiled utility room will be emptied at least two times during the shift or as needed and transported to the outside dumpsters for pickup by the waste management company.

#### Emergency Room

- All waste will be removed from the Emergency Rooms as needed and transported to the outside dumpsters as needed for pickup by waste management company.

#### General Notes

- All mobile waste transportation carts used in the hospital will be covered during transportation to avoid potential airborne contamination.



- Waste transportation containers will be cleaned and sanitized after watch process period with disinfectant.
- At no time should red bag BIO-Hazard waste be mixed with solid waste. Follow the Bio-Hazard waste policy for the handling and transport of red bag waste.
- Inspect your work, make note of any maintenance concerns and be sure to report them to Environmental Services.
- Remove gloves, wash hands.

## Quality Assurance Programs

### Room Cleaning Efficacy

#### Introduction

The manager will perform inspections throughout the facility to ensure Environmental Services personnel cleaning techniques are effective and the facility is clean and safe for patients, visitors and employees.

#### Procedure

- Inspections will be performed twice weekly by the supervisor. The following patient areas will be inspected:
  - Random Floors
  - Random patient Rooms
- General areas (i.e., lab, x-ray, surgery, etc.) will be inspected monthly.
- All deficiencies will be logged in the areas and discussed with the Environmental Services staff. The Facilities Manager will document that they have spoken to the employee if a deficiency is found in their area. All documentation will be written in the comment section for the Quality Control sheet. All general areas will be checked monthly and the above procedure will be followed.
- The following is completed on a daily basis:
  - Patient discharges are checked by the supervisor to be sure the room is ready for admitting a new patient. All floor areas of the Hospital are covered several times a day to inspect the quality of work performed by Environmental Services Staff.
- The Environmental Services Department is also a member of the Infection Prevention Committee whose function is to maintain sanitary and safe condition throughout the hospital.

## Linens Service Quality Assurance

#### Introduction

Environmental Services is to provide patients with high quality laundry and linen related services by: (1) identifying quality and appropriateness of linen service, (2) taking opportunities to improve quality of linen service, (3) managing problems and/or concerns, (4) implementing plans for improvement of quality of linen service, and (5) evaluating plans with follow-up.

#### Responsibility

- The Facilities Manager is responsible for monitoring and evaluating departmental activities
  - Identifying important aspects of service and functions
  - Identifying appropriate indicators and thresholds for evaluation
  - Collecting and analyzing data
  - Identifying changes as appropriate
  - Identifying problems and/or opportunities for improvement
  - Evaluating actions or changes with follow-up

- The department staff will be informed of Quality Improvement activities at staff meeting. The Hospital Quality Improvement Committee will receive a quarterly report of the department's quality improvement activities.

## Procedure

- Linen service is under the responsibility of Facilities. Linen distribution to all patient care areas and to staff required to wear hospital provided attire is the responsibility of Environmental Services.
- Linen service is provided 24 hours day, 7 days a week. Linen services performed are:
  - Ordering clean linen from outside laundry facility
  - Delivery of clean linen to patient care areas
  - Collection of soiled linen from patient care areas
- Procedures used to perform linen services are:
  - Ordering and receiving clean linen
  - Distribution of clean linen to user departments
  - Collection of soiled linen from user departments

## Major Aspects of Service

- Timely and appropriate ordering of clean linen from outside laundry facility.
  - Indicator and Threshold
    - Procedure for inventory of linen items (stocked according to patient census)
    - Linen order will be placed 5 days a week 100% of the time
    - An appropriate par level of linen will be maintained 100% of the time
- Methodology
  - Par levels will be compared with actual usage by the Facility Manager every 3 months. Any additions or deletions to the par levels will be approved and implemented by the director and supervisor. Any activity will be reported to the Quality Improvement Committee on a quarterly basis.
- Timely and appropriate distribution of linens to user departments.
  - Indicator and Threshold
    - The appropriate amount of linen is distributed daily and as needed 100% of the time.
- Methodology
  - Linen supervisor will conduct inspections of linen storage area; any shortage will be recorded and reviewed monthly by department manager. Any problems identified will be reported to the Quality Improvement Committee with findings and conclusions actions and follow-up on a quarterly basis.
- Timely and appropriate collection of soiled linen
  - Indicator and Threshold
    - Procedures will be followed for linen duty lists and linen schedules for soiled linen collection 100% of the time.
    - Soiled linen holding areas are inspected daily.
- Methodology
  - Facility Manager will inspect all soiled holding areas, any problems will be identified, inspect holding areas and any problems will be identified, recorded and reviewed monthly by department director. Findings, conclusions, actions and follow-up will be reported to the Quality Improvement Committee on a quarterly basis.

## Evaluation of Services Provided

Service is reviewed and assessed monthly by the Facilities Manager. Results and findings of monitors are compared by level of performance with established thresholds. Plans are developed to solve problems, or improve service if need is indicated by results of investigation of the findings. Suggested solutions and implementation of action is scheduled and monitored for a set

period of time. If problem is not resolved a new action plan will be developed and implemented will follow-up quality and appropriateness of care meeting. Thresholds will be documented. Data will also be a part of staff performance reviews when applicable.

### Communication

Quality improvement activity will be reviewed by department manager and supervisors monthly. The Environmental Services staff will be informed of Quality Improvement activity at monthly staff meetings and as needed. The Facility Manager will report to the Quality Improvement and Infection Prevention Committees quarterly according to established format.

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