

Module 4: Cleaning and Disinfection of Resident Rooms

Infection Prevention and Control Training for Environmental Services Staff

Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health



Objectives

- Describe the critical role of cleaning and disinfection
- Discuss daily and terminal cleaning processes
- Use an environmental cleaning checklist

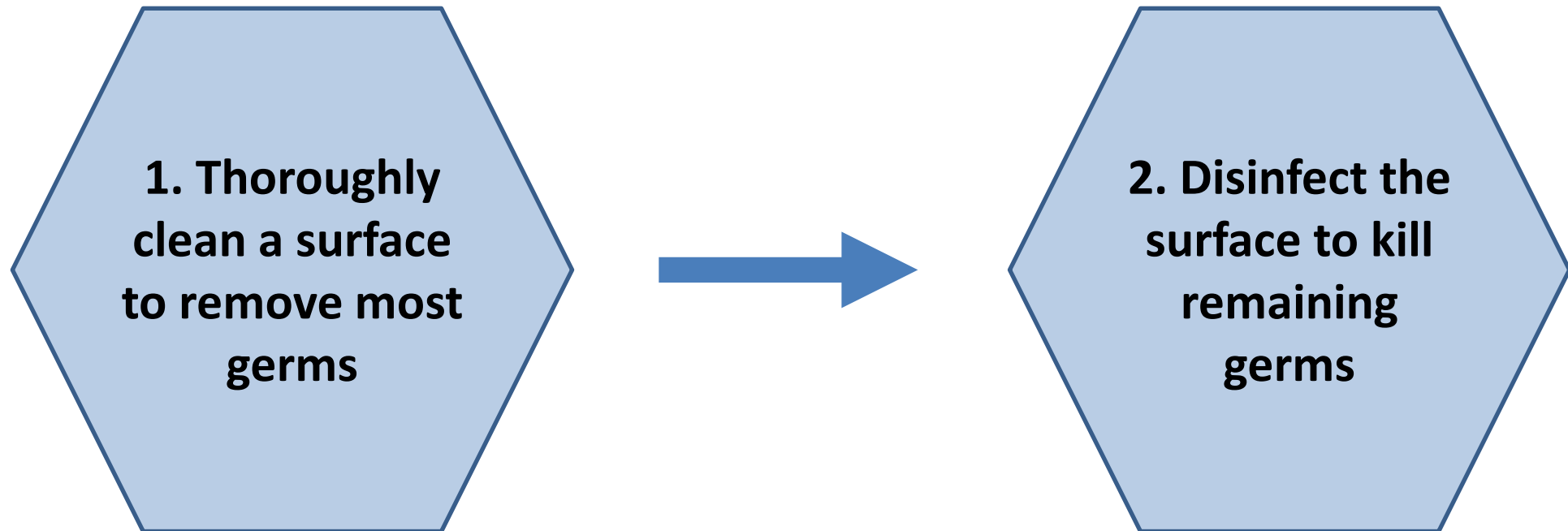
Why Do Cleaning and Disinfection Matter?

- Germs are present everywhere including objects and surfaces in the resident's room
- Germs are a source of infection
- Improper cleaning and disinfection allows germs to spread leading to more infections

Clean Before You Disinfect a Surface

- **Cleaning** is the physical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, germs)
- **Disinfection** is the chemical process of killing germs on surfaces

Disinfectants Won't Work if a Thorough Cleaning Doesn't Happen First



Where Can You Find the Highest Concentration of Germs in a Resident Room?



High-Touch Surfaces: An Overview

- Surfaces and equipment that are most likely to be contaminated by germs
- Surfaces that healthcare workers and residents touch more often
- Prioritize cleaning high-touch surfaces at least once a day to reduce likelihood of germ spread



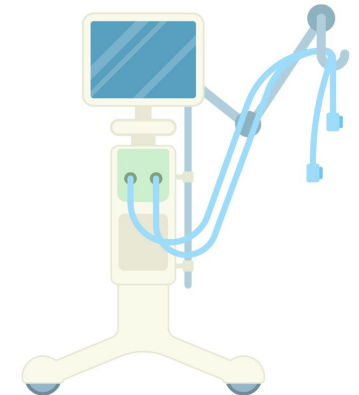
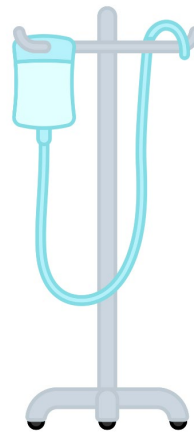
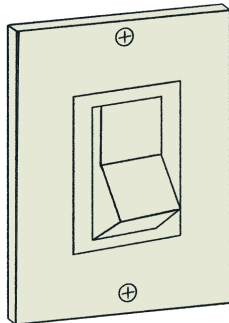
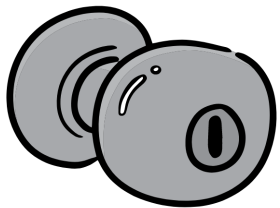
Examples of High-Touch Surfaces

- Include:

- Doorknobs
- Light switch
- Bedpans
- Toilet handle
- Bedrail

- Call button
- Remote
- IV pump and pole
- Bedside table
- Commode chair

- Computer keyboard
- Tray table
- Telephone
- Respiratory equipment
- Chairs



Tip: Post a list of high-touch surfaces on the EVS cart for reference.

Knowledge Check

What are some examples of high-touch surfaces? Select all that apply.

- A. Light switch
- B. Bedrail
- C. Doorknob
- D. Toilet flusher
- E. All of the above

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STANDARD CLEANING PROCESS

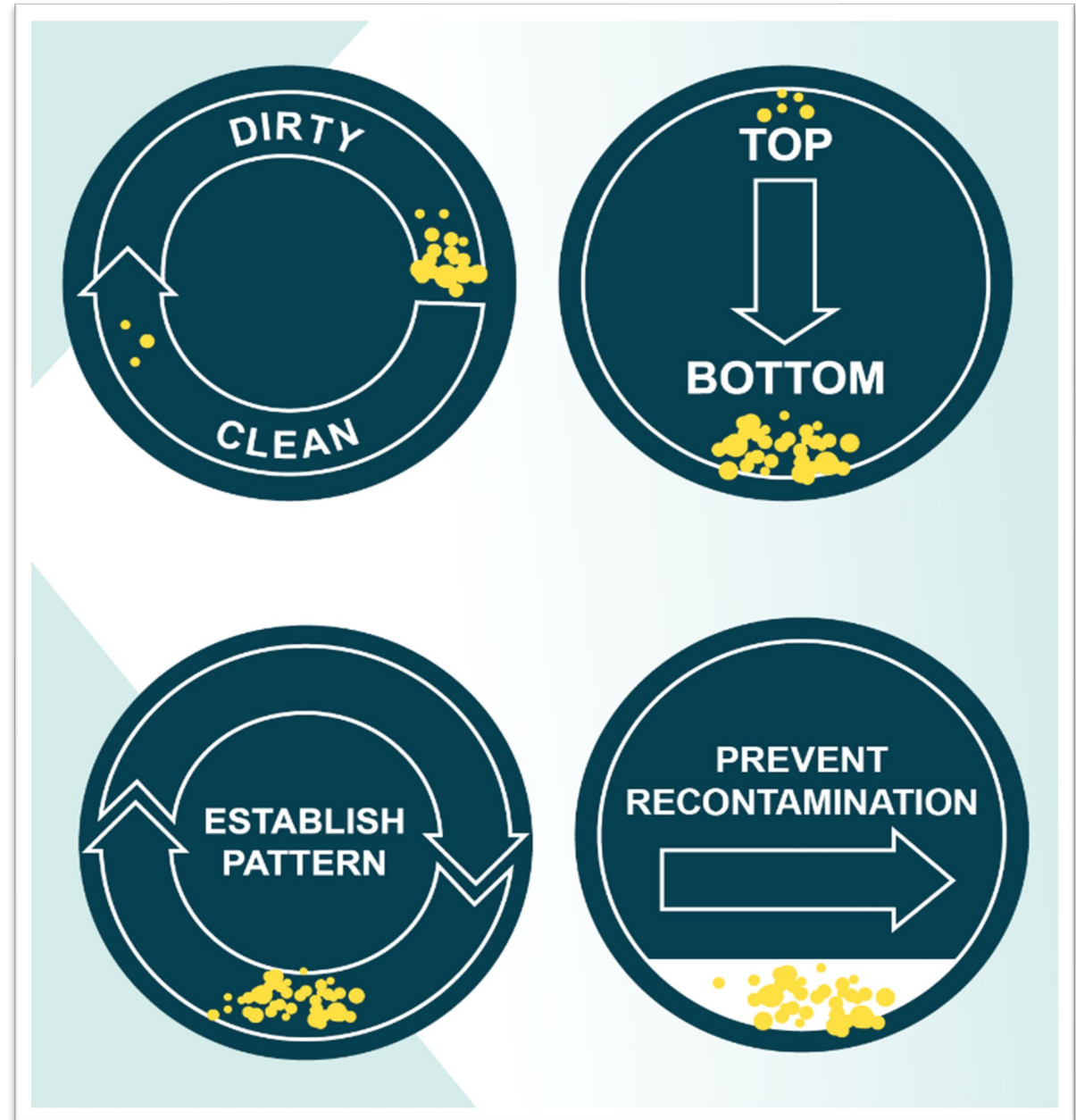


Standard Cleaning Process

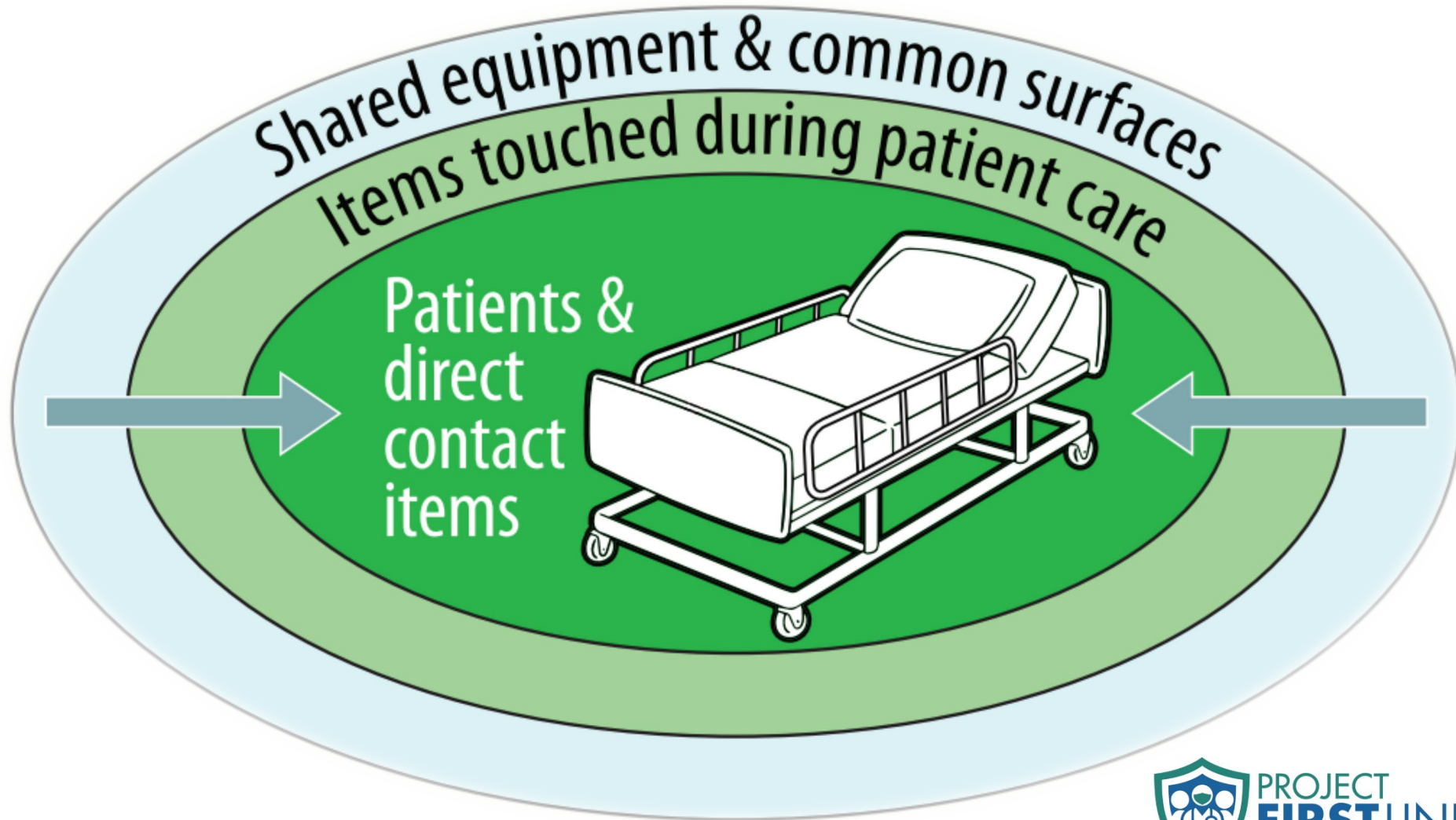
- Clean from clean to dirty
- Clean from top to bottom
- Establish a pattern
- Prevent contamination

Examples:

- Begin with common surfaces (e.g., doorknobs) before moving to the resident area
- Restrooms should be cleaned last
- Clean bed rails before bed legs



Standard Cleaning Process in a Resident Room



Prepare to Clean!

- ✓ Coordinate with nursing staff (or follow the facility schedule) on which rooms need to be cleaned and when they need to be cleaned
- ✓ Check isolation signage for required PPE and supplies
- ✓ Clean your hands before handling cleaning supplies
- ✓ Stock supplies in the EVS cart (e.g., prepare the needed number of microfiber cleaning cloths)
- ✓ Clean your hands and put on PPE based on the isolation signage



Hand Hygiene and Glove Use

- Gloves are not a substitute for hand cleaning
- Change gloves and clean your hands when moving from dirty to clean tasks (e.g., after cleaning the toilet, before getting the mop from the cart)
- Clean in-between every glove change
- Never reuse gloves



Daily Room Cleaning Steps

- ✓ Follow facility's standard cleaning process
- ✓ Remove trash and other items
- ✓ Remove gloves and clean your hands when going from a dirty to a clean task
- ✓ Change cleaning cloths between cleaning resident care areas, and when moving from a dirty to clean task
- ✓ Follow facility floor cleaning policy
- ✓ Clean and disinfect supplies before placing them back on the cart

Terminal Room Cleaning

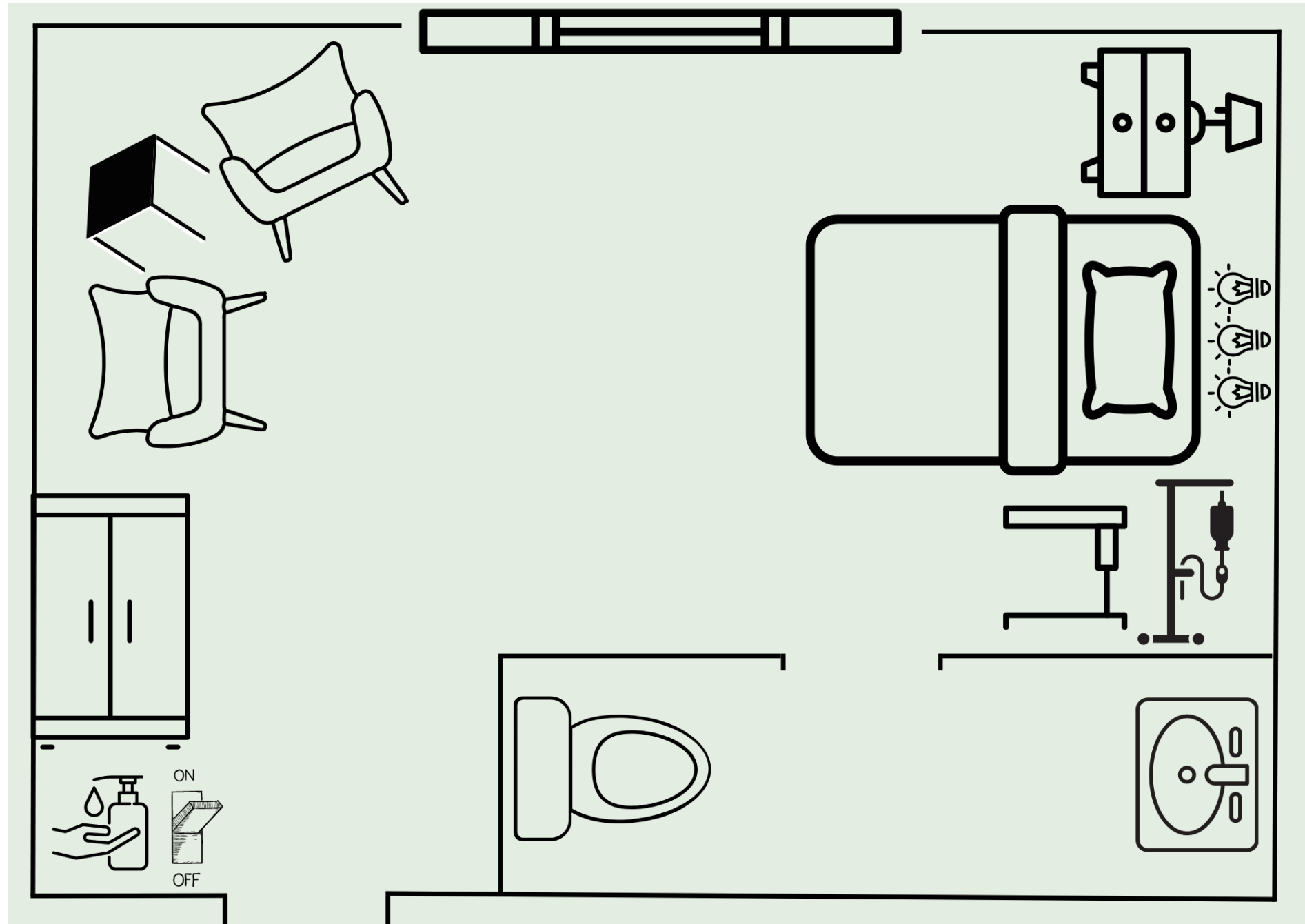
In addition to all steps in a daily room cleaning:

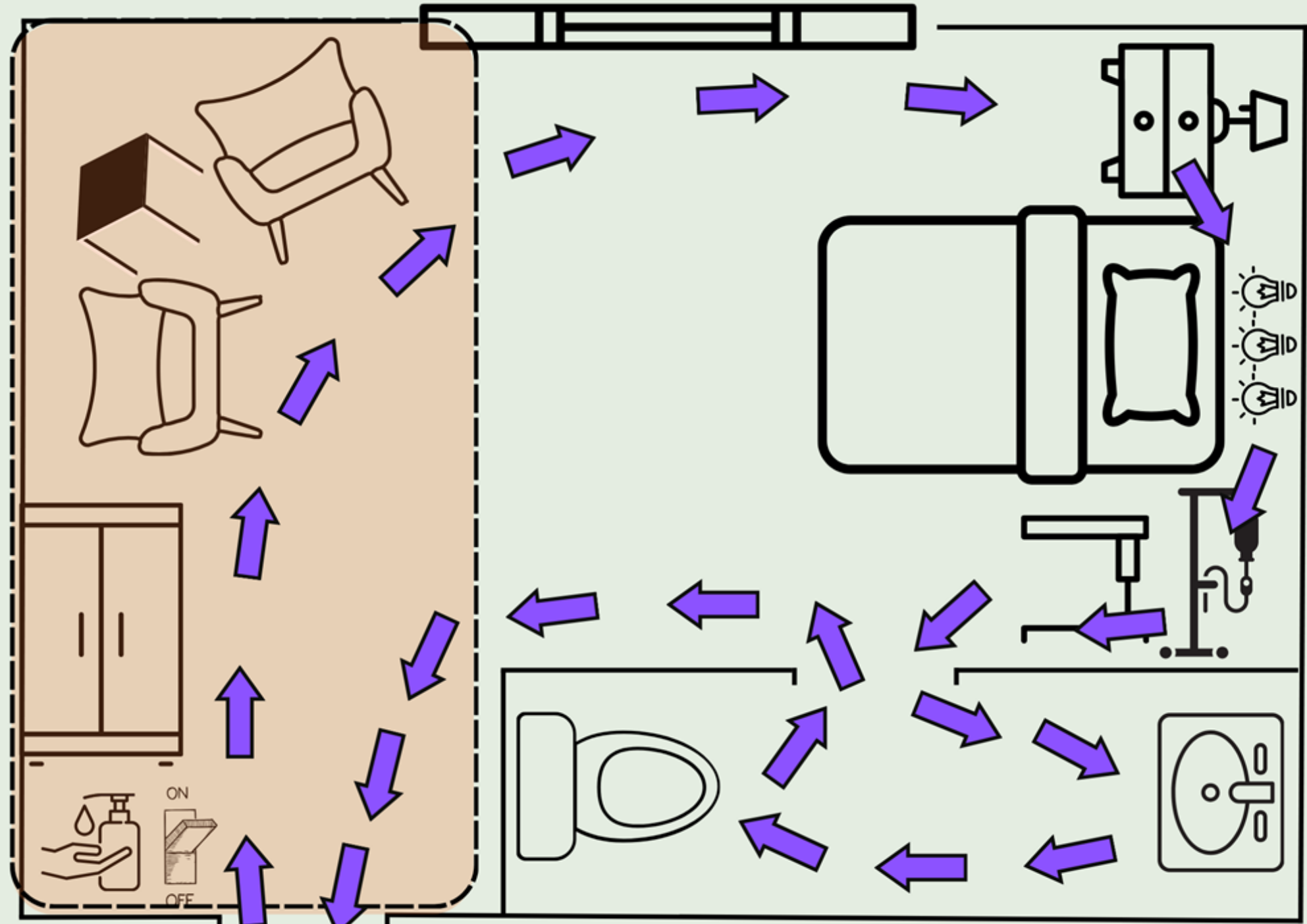
- ✓ Work with CNA to remove the resident's belongings before cleaning the room
- ✓ Remove any paper and tape on walls or equipment
- ✓ Discard disposable items if used (e.g., paper-based bedpans)
- ✓ Send any reusable items to be reprocessed
- ✓ Clean the walls, blinds, or window curtains
- ✓ **For isolation room:** Discard any open supplies and replace the privacy curtain

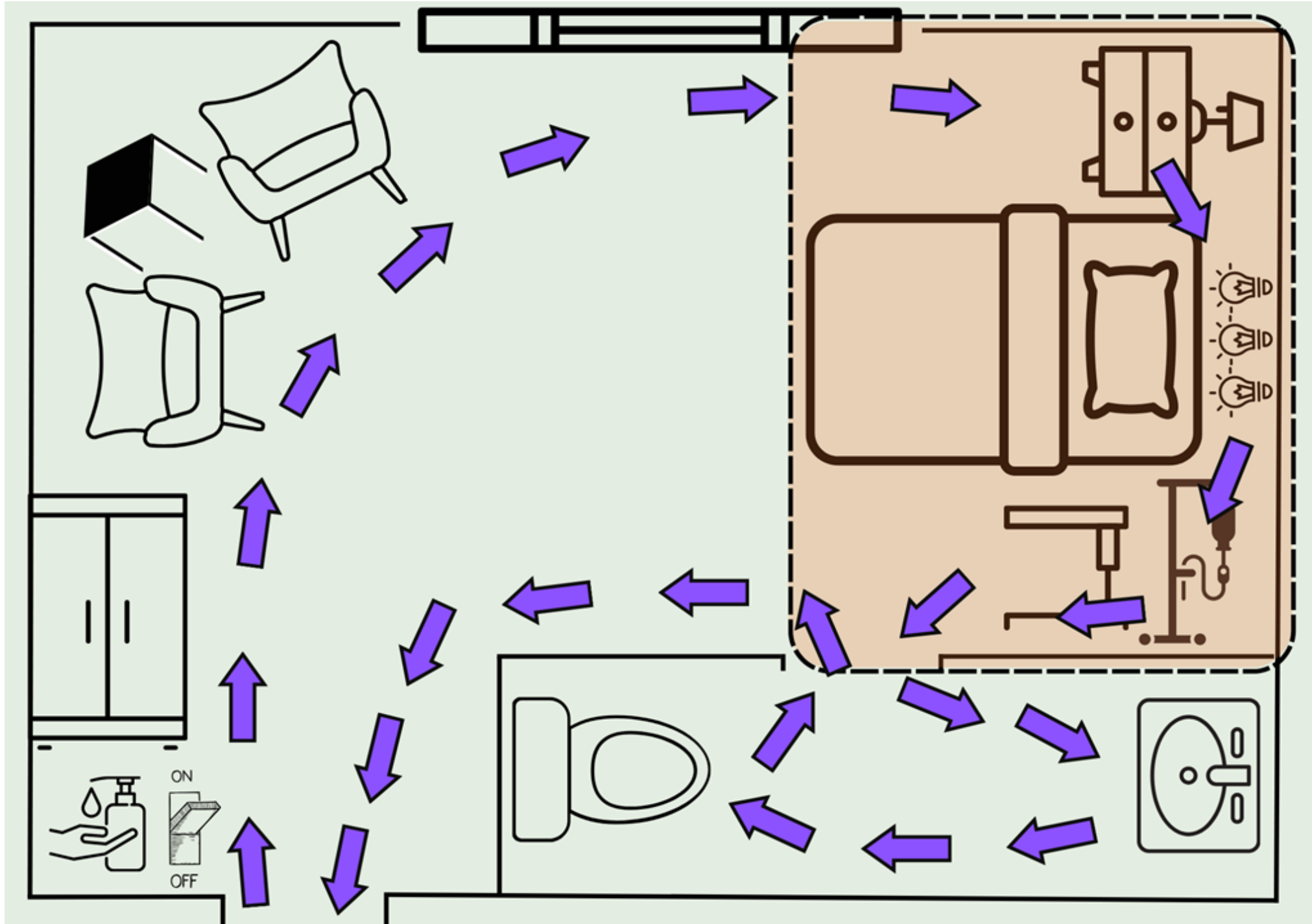
Cleaning Considerations for All!

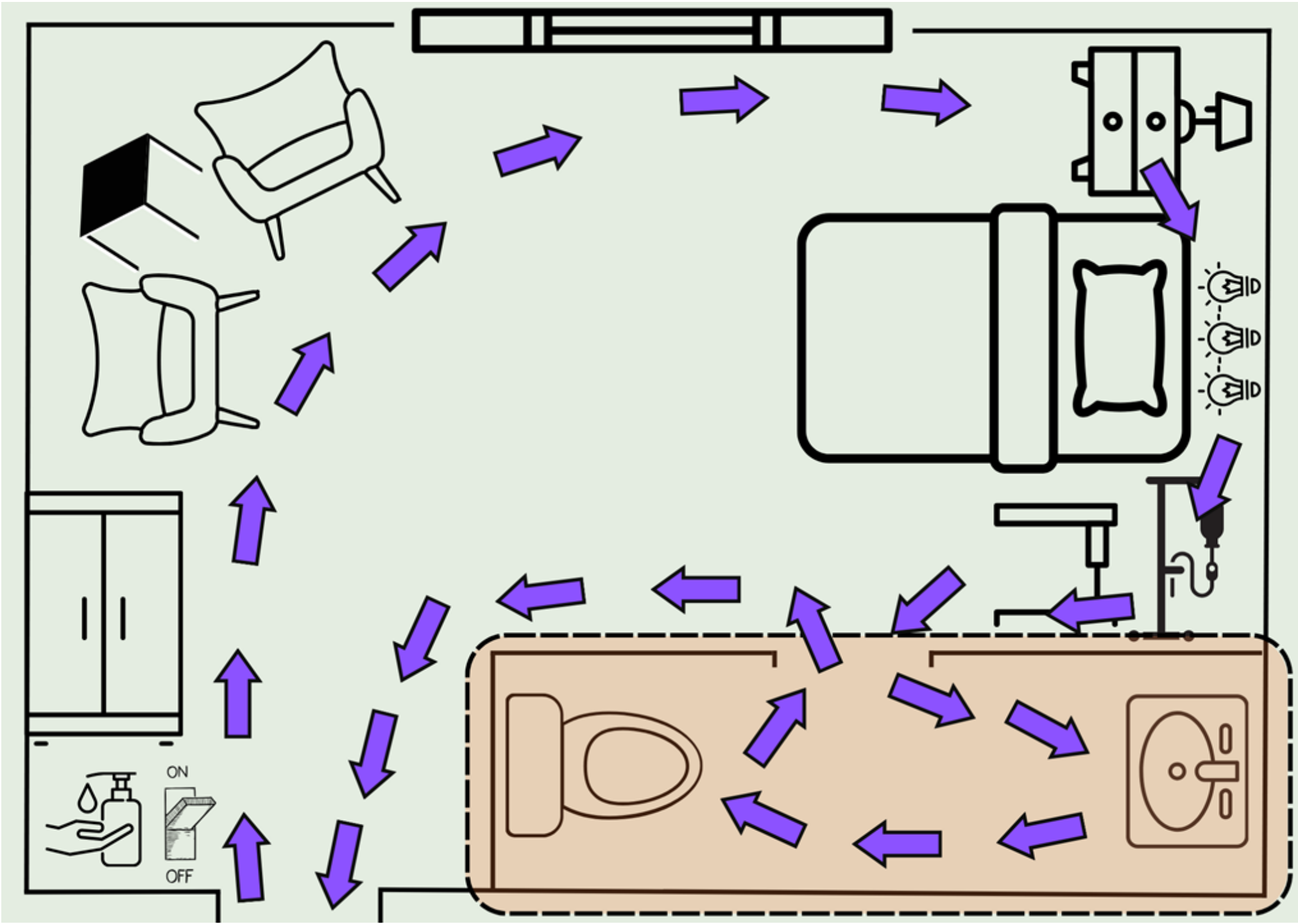
- Everyone plays a role in cleaning and disinfection
- Clinical staff can remove resident's personal items so EVS can better focus on cleaning
- Cleaning decreases germ bioburden in the room: The cleaner the room, the lower the chances of spreading germs.

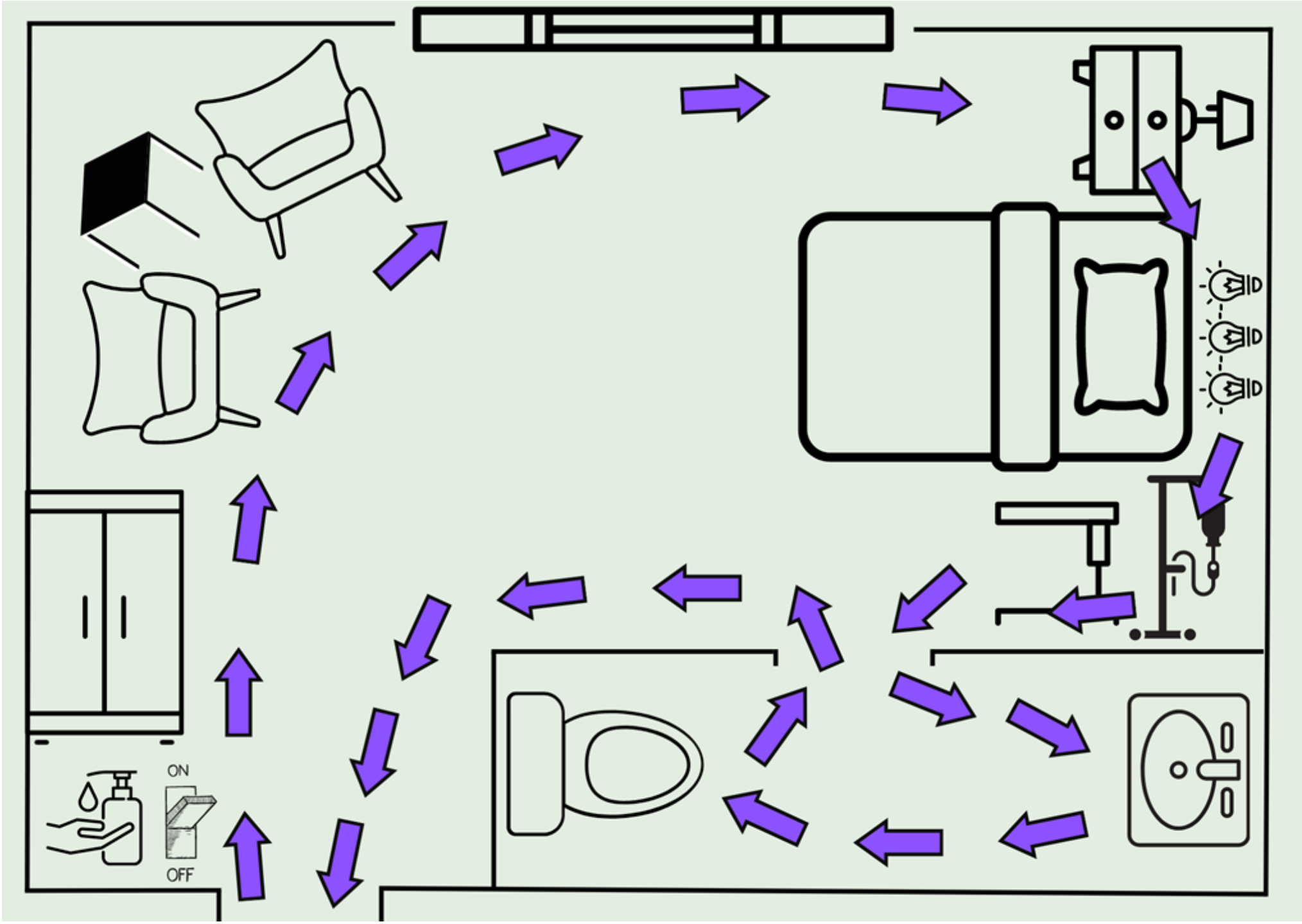
Cleaning a Single-Bed Room



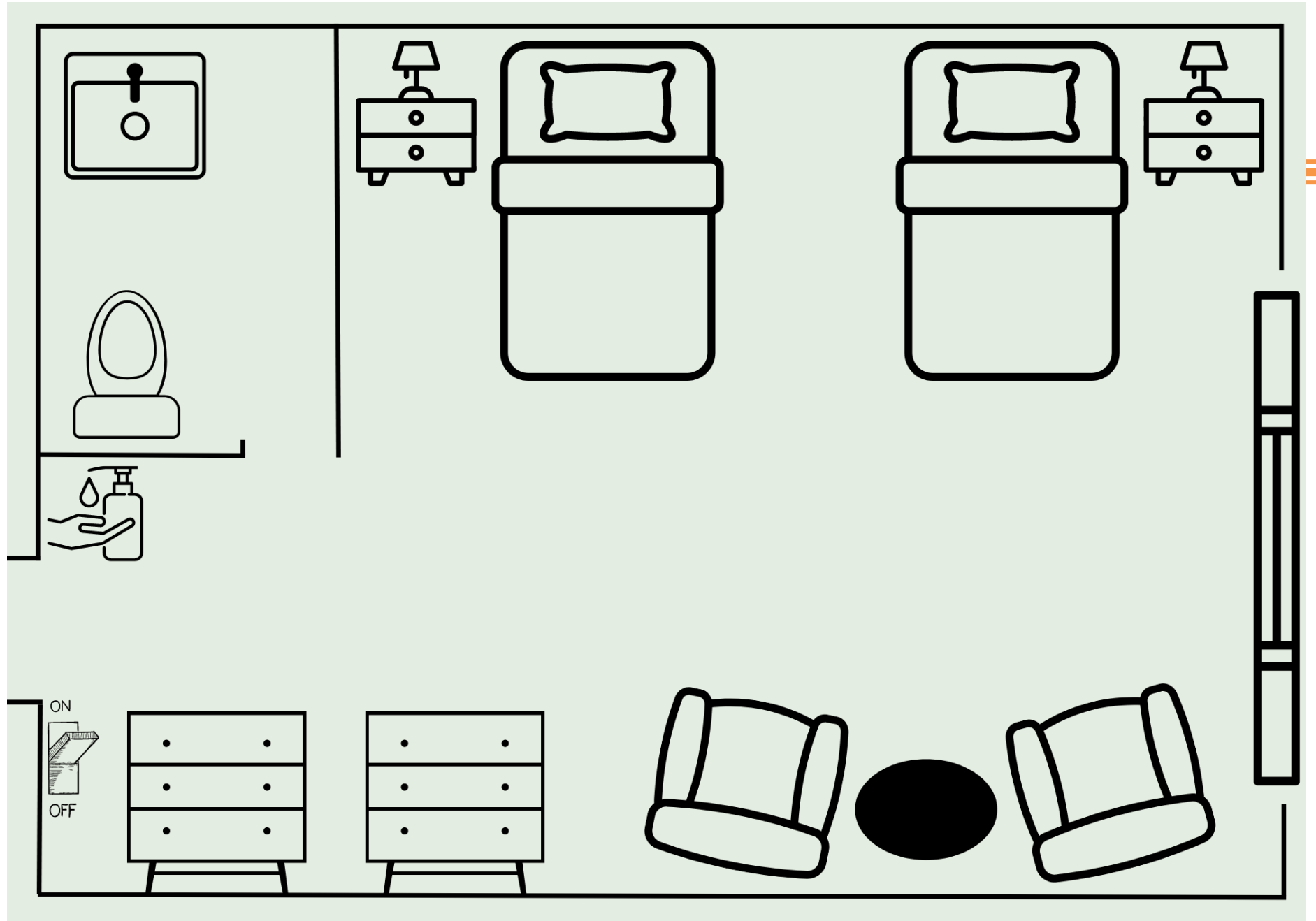


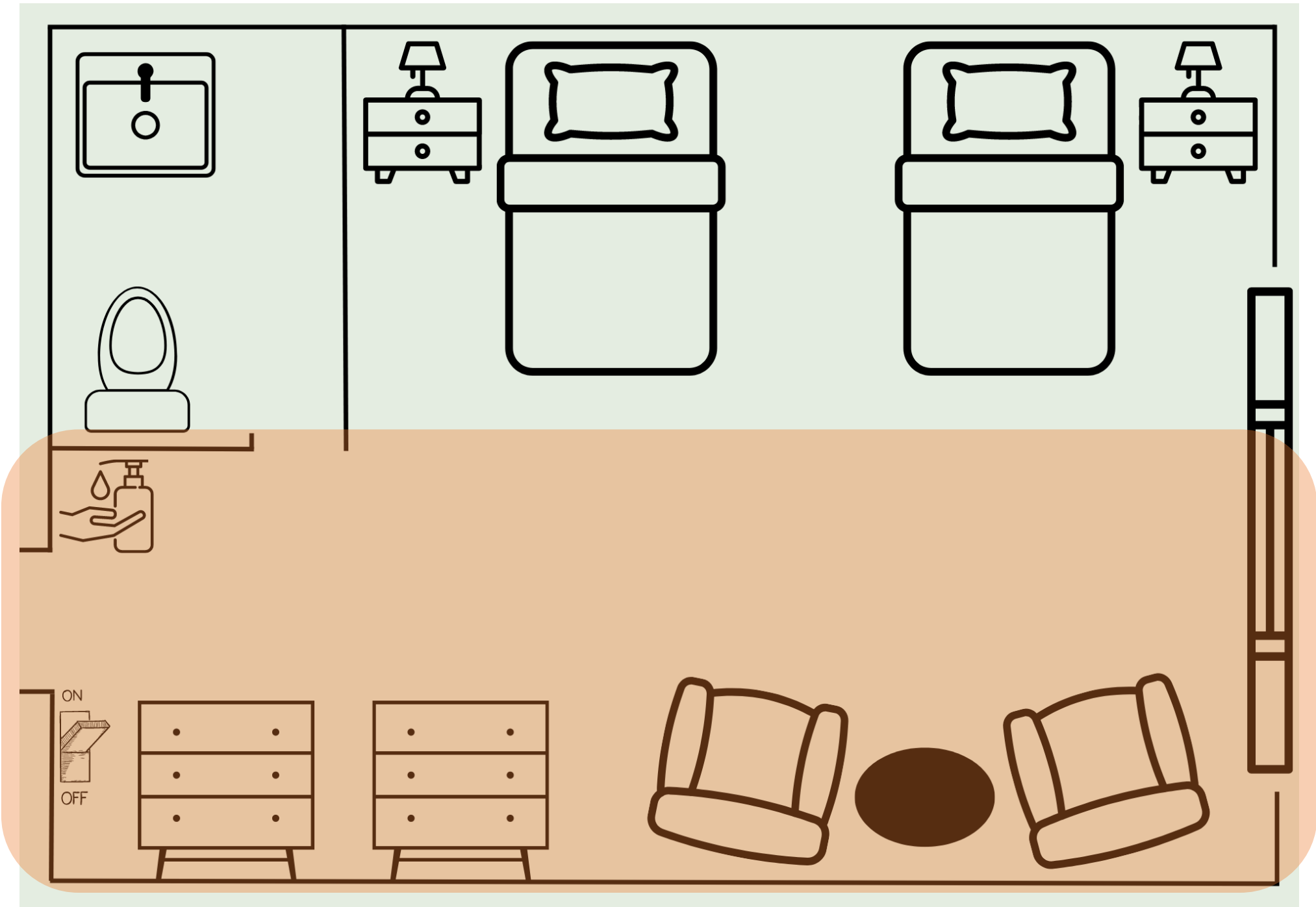


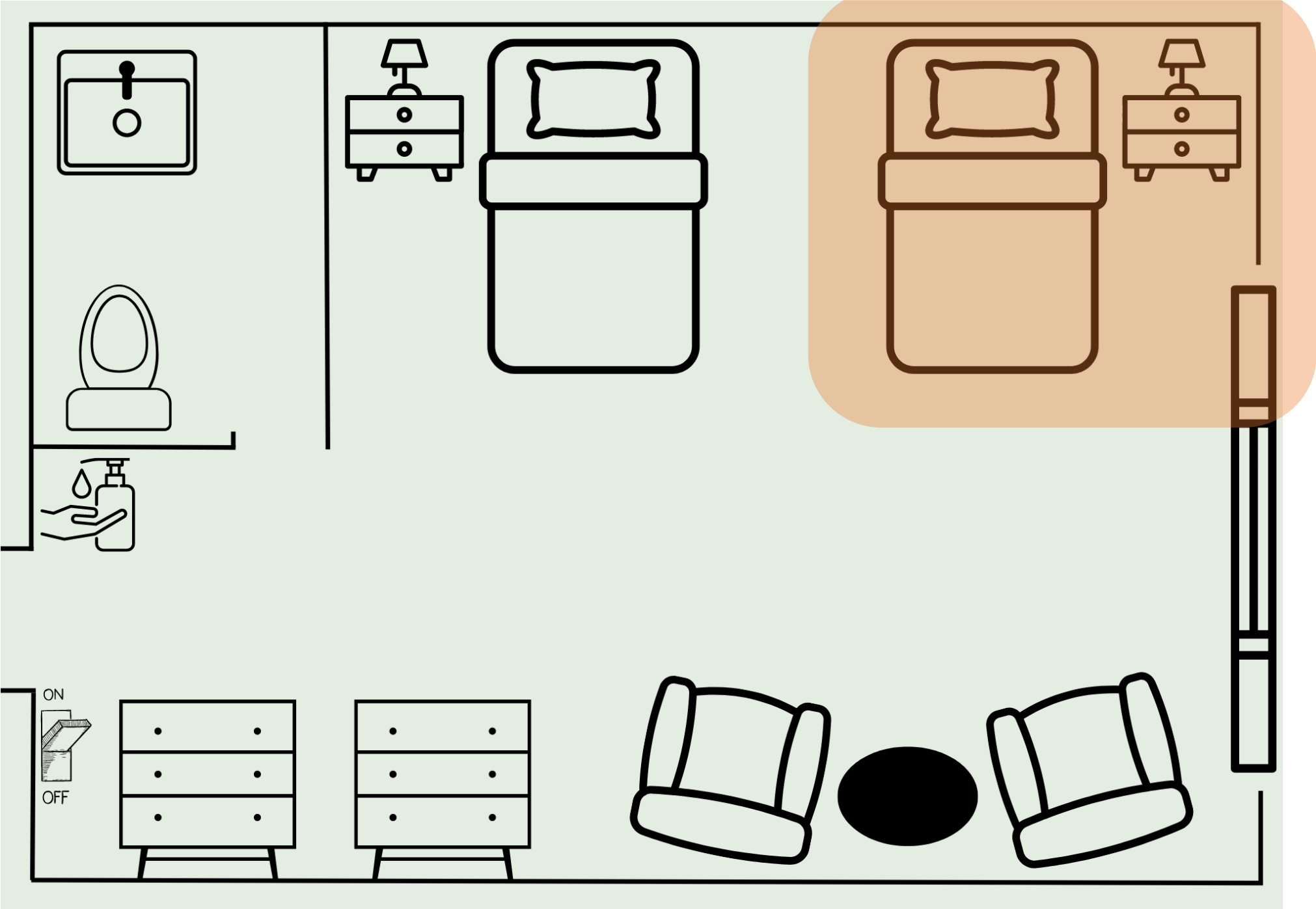


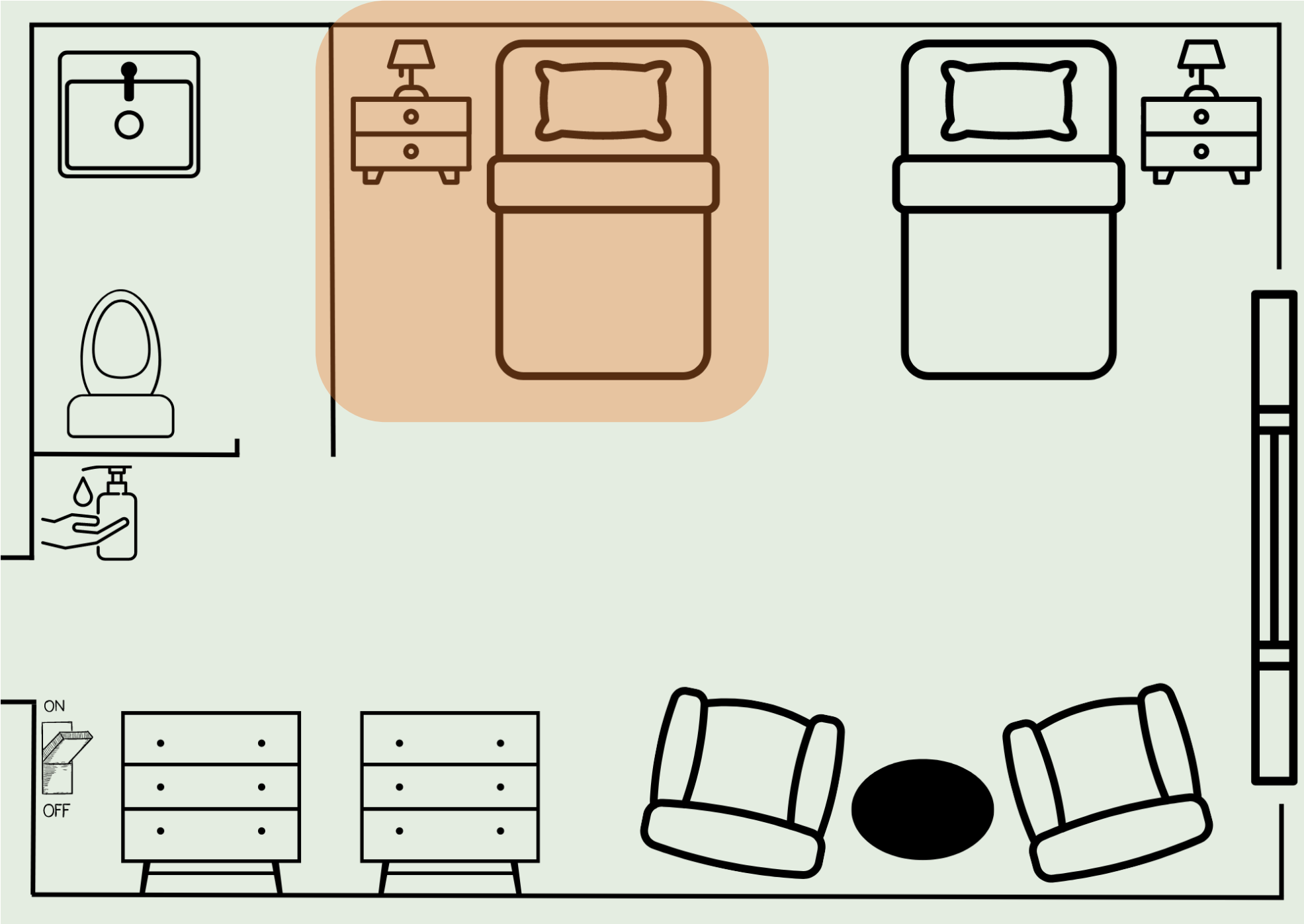


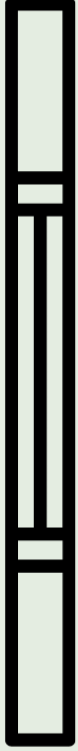
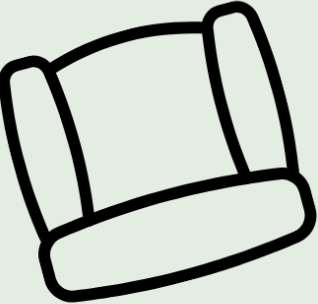
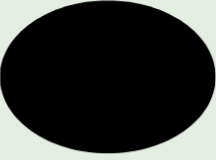
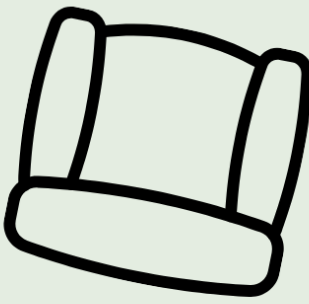
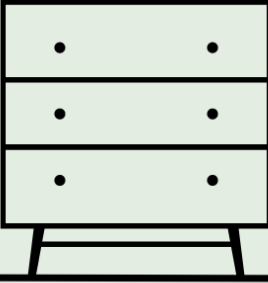
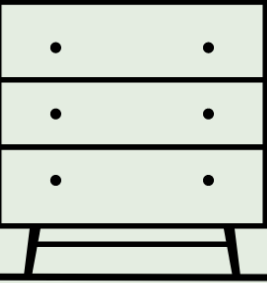
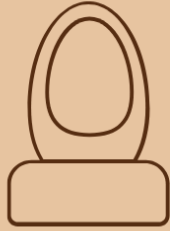
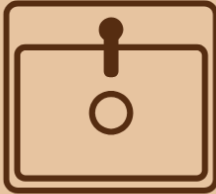
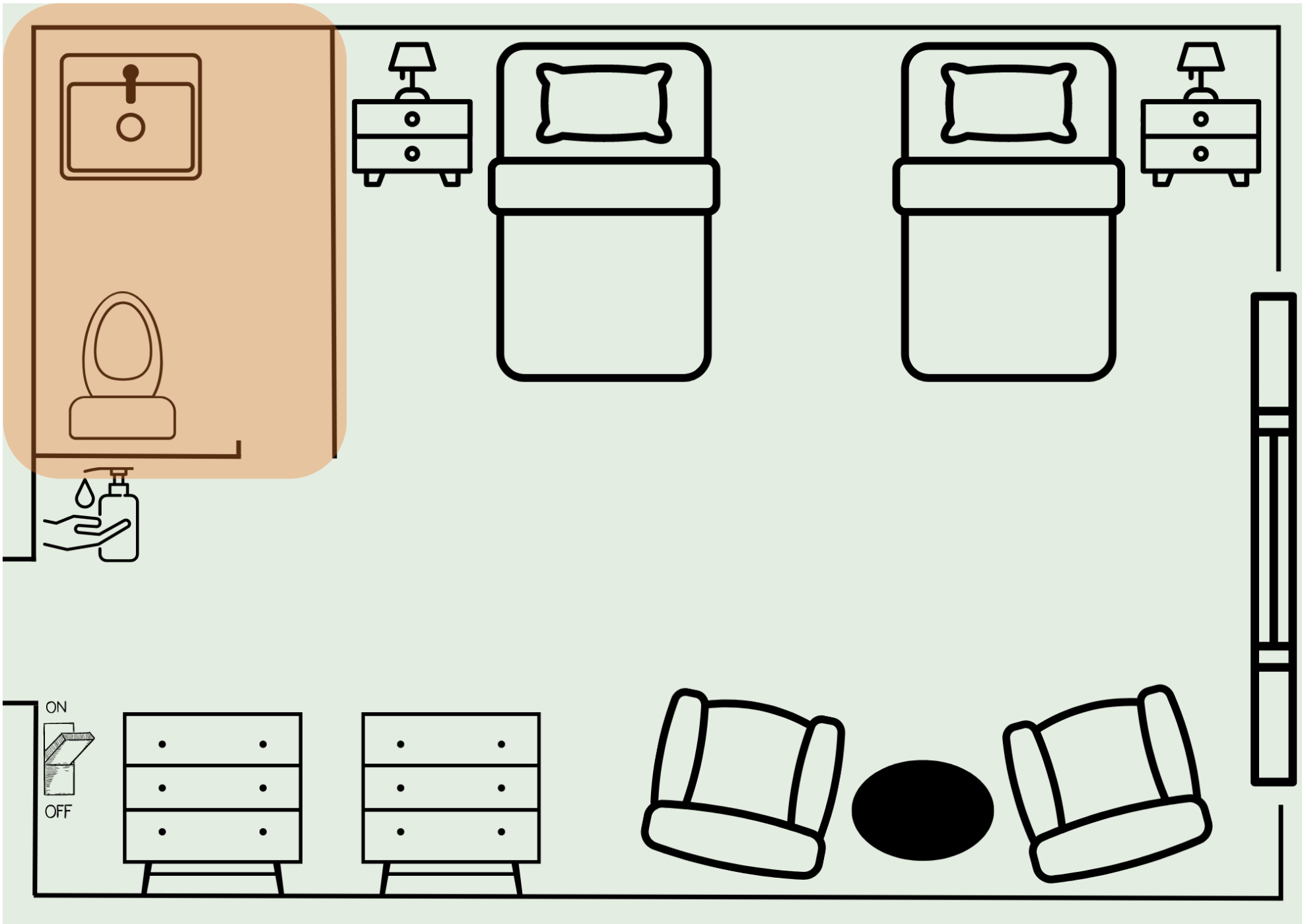
Cleaning a Two-Bed Room

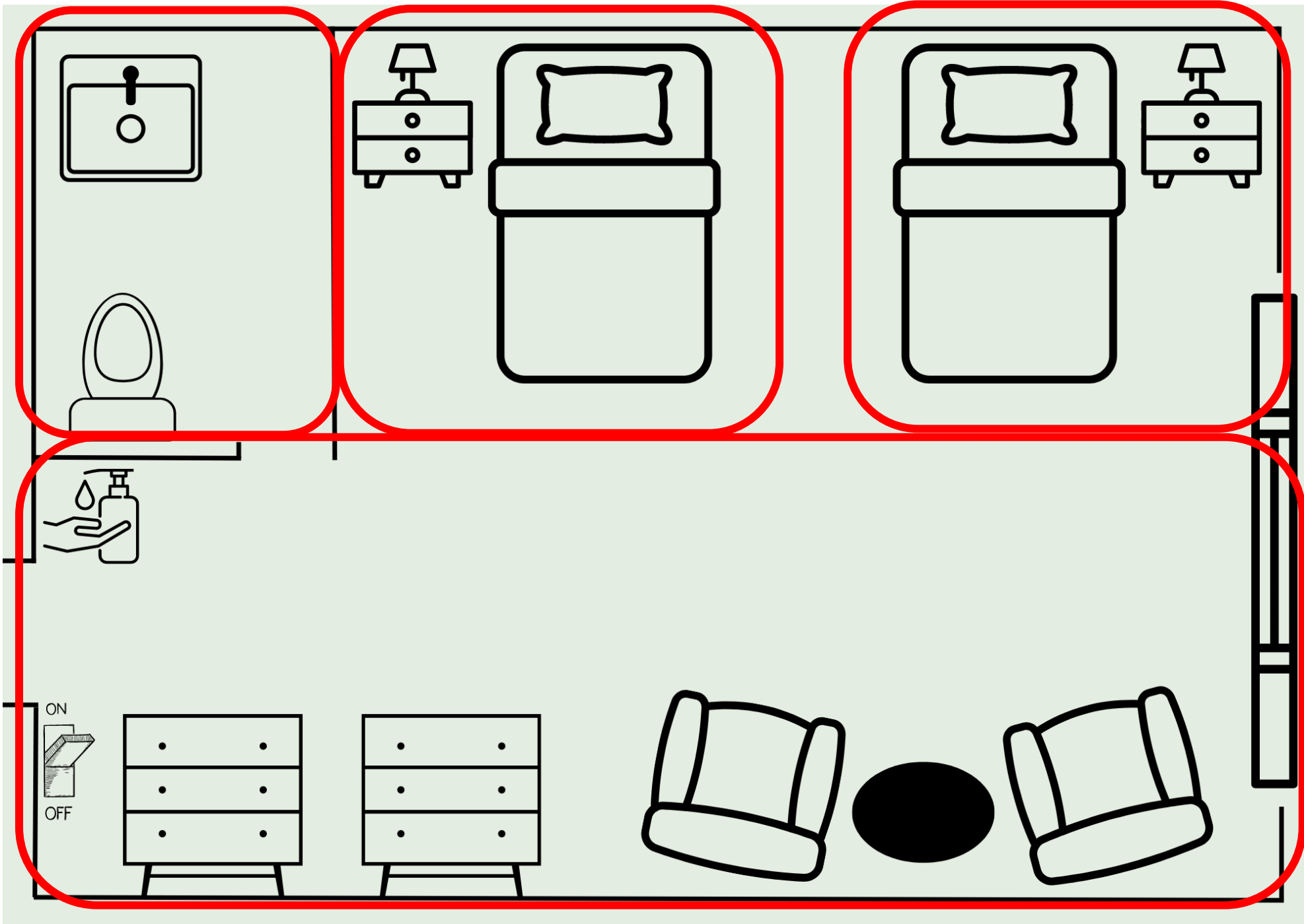


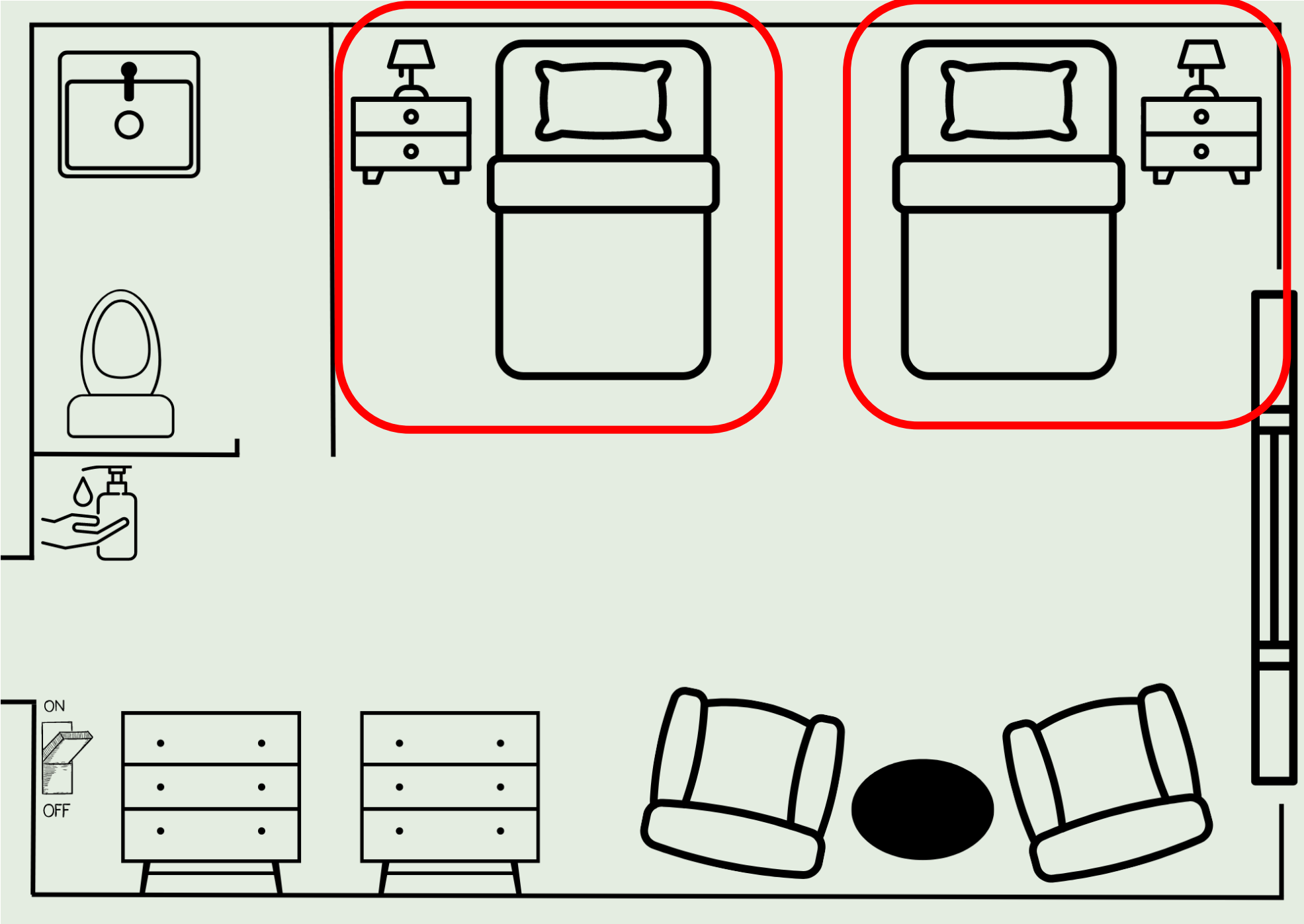


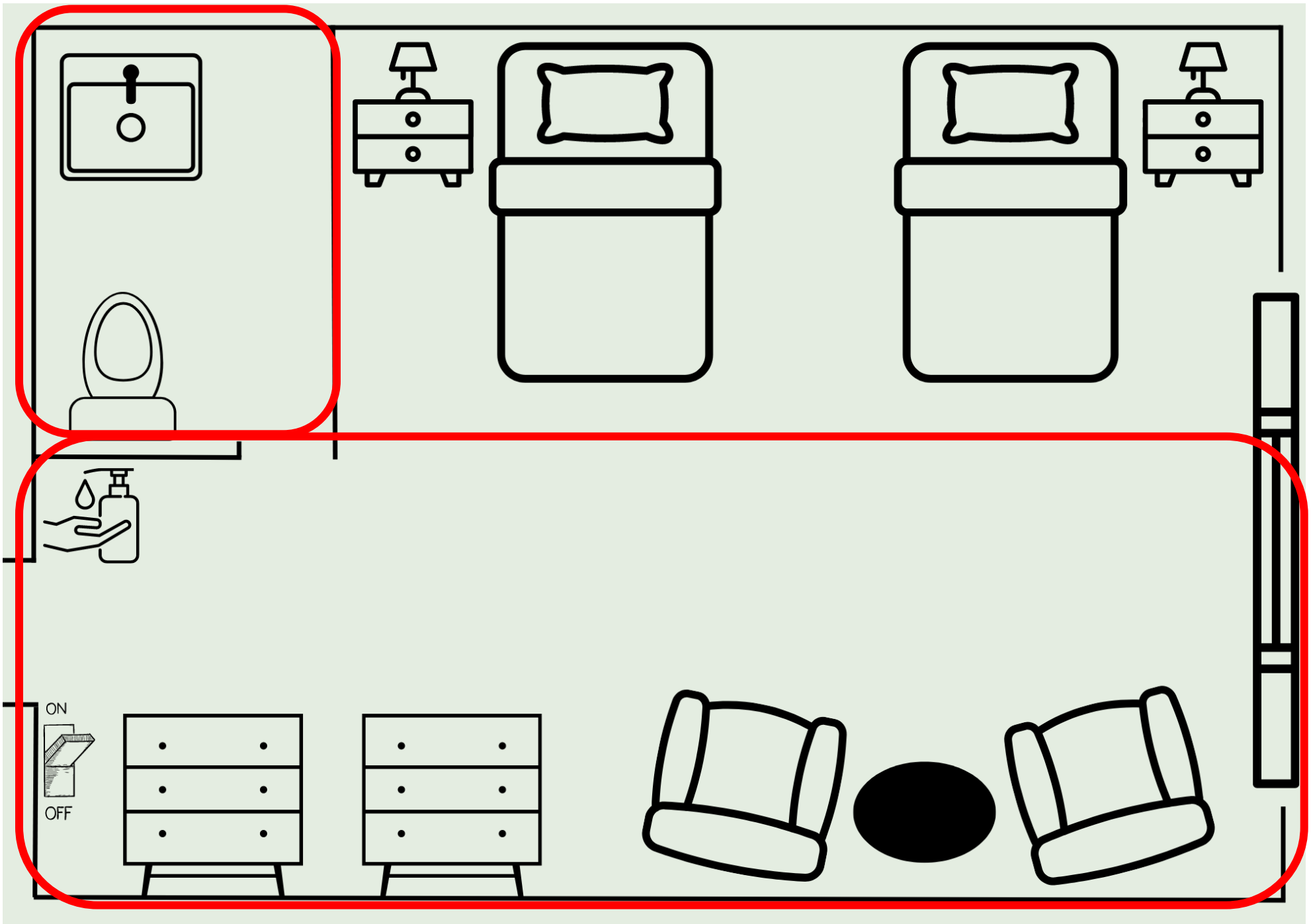












Use an Environmental Cleaning Checklist to Ensure all Surfaces are Cleaned

CDC Environmental Checklist for Monitoring Terminal Cleaning¹

Date:	
Unit:	
Room Number:	
Initials of ES staff (optional):²	

Evaluate the following priority sites for each patient room:

High-touch Room Surfaces ³	Cleaned	Not Cleaned	Not Present in Room
Bed rails / controls			
Tray table			
IV pole (grab area)			
Call box / button			
Telephone			
Bedside table handle			
Chair			
Room sink			
Room light switch			
Room inner door knob			
Bathroom inner door knob / plate			
Bathroom light switch			
Bathroom handrails by toilet			
Bathroom sink			
Toilet seat			
Toilet flush handle			
Toilet bedpan cleaner			

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

High-touch Room Surfaces ³	Cleaned	Not Cleaned	Not Present in Room
IV pump control			
Multi-module monitor controls			
Multi-module monitor touch screen			
Multi-module monitor cables			
Ventilator control panel			

Mark the monitoring method used:

- Direct observation Fluorescent gel
 Swab cultures ATP system Agar slide cultures

¹Selection of detergents and disinfectants should be according to institutional policies and procedures

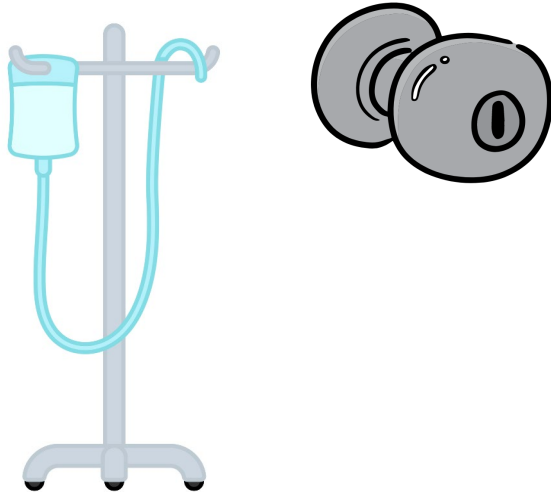
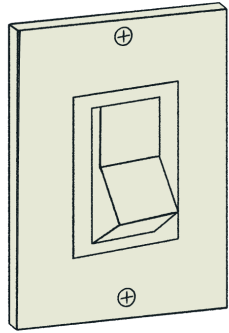
²Hospitals may choose to include identifiers of individual environmental services staff for feedback purposes.

³Sites most frequently contaminated and touched by patients and/or healthcare workers



Best Practices for Cleaning and Disinfection

- ✓ Ensure surfaces are clean before disinfecting
- ✓ Organize supplies in the EVS cart
- ✓ Identify high-touch surfaces to clean / Focus on high-touch surfaces



Best Practices for Cleaning and Disinfection

- ✓ Clean from clean to dirty areas
- ✓ Clean from top to bottom
- ✓ Don appropriate PPE
- ✓ Clean hands before and after cleaning tasks



Best Practices for Cleaning and Disinfection



- ✓ Don't touch clean supplies with dirty hands
- ✓ Never mix bleach and quaternary ammonium products (quats)

References

1. [CDC Environmental Checklist for Monitoring Terminal Cleaning, Centers for Disease Control and Prevention \(CDC\)](https://www.cdc.gov/hai/pdfs/toolkits/environmental-cleaning-checklist-10-6-2010.pdf) (PDF) (www.cdc.gov/hai/pdfs/toolkits/environmental-cleaning-checklist-10-6-2010.pdf)
2. [Cleaning, Disinfection and Reprocessing Reusable Equipment | California Department of Public Health \(CDPH\) Healthcare-Associated Infections \(HAI\) Program](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/SNF_OnlineIPC_Course_Gs_Cleaning%20Disinfection%20Reprocessing_012521_ADA.pdf) (PDF) (www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/SNF_OnlineIPC_Course_Gs_Cleaning%20Disinfection%20Reprocessing_012521_ADA.pdf)
3. [Cleaning and Disinfection Strategies for Non-Critical Surfaces and Equipment, CDC](https://www.cdc.gov/infectioncontrol/pdf/strive/EC102-508.pdf) (www.cdc.gov/infectioncontrol/pdf/strive/EC102-508.pdf)
4. [Environmental Cleaning and Disinfection, CDC](https://www.train.org/cdctrain/course/1081815/) (www.train.org/cdctrain/course/1081815/) Note: must make account to access
5. [Reprocessing Reusable Resident Care Equipment, CDC](https://www.train.org/cdctrain/course/1081814/) (www.train.org/cdctrain/course/1081814/) Note: must make account to access

Project Firstline Resources

Visit the Project Firstline Website

www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstline.aspx

Email the Project Firstline AskBox

ProjectFirstline@cdph.ca.gov

Project Firstline is a national collaborative led by the U.S. Centers for Disease Control and Prevention (CDC) to provide infection control training and education to frontline healthcare workers and public health personnel. The California Department of Public Health Healthcare-Associated Infections (HAI) Program is proud to partner with Project Firstline, as supported through Strengthening HAI/AR Program Capacity (SHARP) funding. CDC is an agency within the Department of Health and Human Services (HHS). The contents of this presentation do not necessarily represent the policies of CDC or HHS and should not be considered an endorsement by the Federal Government.

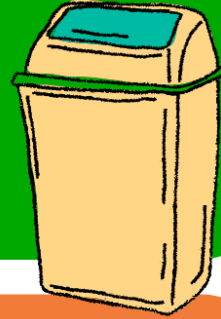
ACTIVITY TEACHING AIDES / WORKSHEETS



Proper Cleaning and Disinfection Order

Place the cleaning and disinfection steps in order.

Pull trash & linen



High & low dust



Damp-mop the floor



Clean high-touch surfaces



Perform hand hygiene



Dust-mop the floor



Perform hand hygiene



Clean bathroom



Make bed, use cleaning supplies, & inspect



Pull trash & linen

2



High & low dust

3



Damp-mop the floor

8



Clean high-touch surfaces

4



Perform hand hygiene

1



Dust-mop the floor

6



Perform hand hygiene

9



Clean bathroom

5



Make bed, use cleaning supplies, & inspect

7



Identify Who Cleans What

What are the high-touch surfaces in your facility?
Who cleans each surface?



ABHR dispenser _____

Bathroom _____

Bedrail _____

Call button _____

Charting area _____

Feeding pump _____

Floor _____

Glucometer _____

IV pole _____

IV pump _____

Light switch _____

Medication cart _____

Oxygen tank _____

Patient bed scale _____

Patient lift _____

Patient linen _____

Pill crusher _____

PPE container _____

Privacy curtains _____

Room door handle _____

Room/toilet sink _____

Side table _____

Tray table _____

TV remote _____

Ventilator _____

Vitals machine _____

Wound care cart _____

List other high-touch surfaces
and responsible staff:

What Would You Do? Understanding Proper IPC Practices

Instructions

- Read the cleaning and disinfecting example statement
 - Think about if you would or would not do the practice based on the training
 - Raise your hand as quickly as possible to answer the question and race others
 - Provide answer and rationale
-
-

Question 1

Would you clean from clean areas to dirty?



Question 1: Answer

Yes!

We should always move from clean areas to dirty areas. For example, begin with common surfaces before moving to the resident area, and restrooms should always be cleaned last.



Question 2

**Would you clean from high surfaces to low
and top to bottom?**



Question 2: Answer

Yes!

Clean from high to low surfaces, top to bottom. For example, clean bed rails before bed legs, or high-touch surfaces before floors.



Question 3

Would you change the curtains in a resident's room daily?



Question 3: Answer

No!

Consider changing curtains when visibly soiled and per a set schedule. Refer to facility policy.



Question 4

Would you store soiled equipment on the inside of the EVS cart?



Question 4: Answer

No!

Items like medical equipment used during resident care should be removed. Follow facility's equipment cleaning policy to ensure that shared medical equipment are cleaned and disinfected appropriately.



Question 5

Would you say that all facilities have the same high-touch surfaces?



Question 5: Answer

No!

Facilities may differ in what surfaces are considered high-touch. High-touch surfaces are surfaces and equipment that are most likely to be contaminated by germs. These are surfaces that healthcare workers and residents touch more often, and therefore must be properly cleaned and disinfected regularly to prevent spreading germs.



Question 6

Would you place a used toilet brush in the shower?



Question 6: Answer

No!

Placing a used toilet brush in the shower can lead to germs on the toilet brush spreading to the shower and putting residents at risk.



Question 7

When cleaning each resident care area, would you start by cleaning the direct resident area or objects distant from the resident care area?



Question 7: Answer

No!

We start by cleaning objects distant from the resident care area such as the common surfaces like doorknobs or light switches, then move to items touched during resident care like bedrails or tray tables.



Question 8

When cleaning each bed space, would you start from the headboard and then move on to the footboard?



Question 8: Answer

Yes!

When cleaning each bed space, start from the headboard and then move on to the footboard.



Thank you for your participation!