



Policy and Procedure

Policy Name:	Routine Decontamination		
Effective Date:		Revision Date:	
Department(s)/Site(s):			
Document Owners:			
Approved By:			
Relevant Law/Standard:	California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. (Requires the review and certification of Primary Care Practitioner (PCP) sites.) Department of Health Care Services (DHCS) All Plan Letter 20-004, Facility Site Reviews. 29 CFR 1910.1030		

Purpose:

To maintain a clean environment for patients and minimize the risk of patient and healthcare personnel exposure to potentially infectious microorganisms.

Definition:

- **Routine Decontamination:** Contaminated work surfaces are decontaminated with an appropriate disinfectant (29 CFR 1910.1030). Written “housekeeping” schedules have been established and are followed for regular routine daily cleaning. Staff is able to identify cleaning and disinfection of surfaces and equipment, the disinfectant used and responsible personnel in between patients use.
- **Spill Procedure:** Staff is able to identify procedures for prompt decontamination of blood/body fluid spills, the disinfectant used, and the responsible person(s).
- **Disinfectant Products:** Products used for decontamination have a current EPA-approved status. Effectiveness in killing HIV/HBV/TB is stated on the manufacturer’s product label. **Decontamination products are used according to manufacturer’s guidelines for decontamination and contact times.**
- **10% Bleach Solution:** 10% bleach solution that is EPA registered, effective against TB, is changed/reconstituted **every** 24 hours (due to instability of bleach once mixed with water). Surface is cleaned prior to disinfecting (due to presence of organic matter (e.g., dirt, blood, excrement) inactivates active ingredient, sodium hypochlorite). Surface is air dried or allowed appropriate time (stated on label) before drying. Manufacturer’s directions, *specific* to every bleach product, are followed carefully.

Note: “Contamination” means the presence or reasonably anticipated presence of blood or OPIM on any item or surface.

“Decontamination” is the use of appropriate physical or chemical means to remove, inactivate or destroy bloodborne pathogens so that a surface or item is no longer capable of transmitting infectious particles and is rendered safe for handling, use or disposal.

Current EPA product lists and information is available from the EPA, Antimicrobial Division at (703) 305-1284, or at www.epa.gov/oppad001/chemregindex.htm.

Policy:

The patient care environment throughout the facility will be maintained in a state of cleanliness that meets professional standards in order to protect patients and healthcare personnel from potentially infectious microorganisms. Environmental cleaning is a team effort. Personnel responsible for cleaning the environment and equipment will receive education and training on proper environmental cleaning and disinfection methods, agent use and selection, and safety precautions.

Procedure:

Personal protective equipment (PPE) must be worn according to the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard when disposing of waste that could result in exposure to bloodborne or other potentially infectious microorganisms and hazardous material.

1. At the beginning of each day or prior to the first procedure, horizontal surfaces, procedure room lights, procedure room furniture will be damp-dusted using a clean lint free cloth dampened with a facility-approved, Environmental Protection Agency (EPA)-registered disinfectant.
2. Cleaning of procedure room between procedures must be done with a facility-approved, EPA-registered disinfectant.
 - Prepare disinfectant solution according to manufacturer’s instructions.
 - Clean hands and put on gloves
 - Collect and remove waste
 - Collect and remove all soiled linen
 - Remove gloves and clean hands
 - Use a cloth dampened in disinfectant solution to clean and disinfect horizontal surfaces that have come in contact with a patient or body fluids, including blood pressure cuffs, tourniquets and leads
 - Clean suction canisters
 - Clean and disinfect bed
 - Damp mop floor in a 3 to 4 feet perimeter around the bed (larger area if contamination present); use a separate mop head per case. Allow to air dry
 - Insert new waste liner bags
 - When cleaning is complete, remove gloves and clean hands
3. Terminal cleaning of each procedure room will be completed daily when the scheduled procedures are completed for the day. Unused rooms should be cleaned once during each 24-hour period during the regularly scheduled work week because personnel entering unused rooms and moving equipment and supplies in and out of the room can increase the risk of environmental contamination. Mechanical friction and a facility approved EPA-registered agent will be used to clean the operating and procedure rooms.
 - Clean hands and put on gloves
 - Collect and remove waste
 - Collect and remove all soiled linen
 - Clean hands and change gloves
 - Clean and disinfect lights and ceiling tracks
 - Clean and disinfect all door handles, push plates, light switches and controls

- Clean and disinfect telephones and computer keyboards
 - Spot wash all walls
 - Clean and disinfect all exterior surfaces of machines and equipment (e.g., anesthesia carts)
 - Clean and disinfect all furniture including wheels/casters
 - Clean and disinfect exterior of cabinets and doors, especially around handles
 - Clean and disinfect all horizontal surfaces
 - Clean suction canisters
 - Clean and disinfect bed
 - Clean floor making sure the bed is moved and the floor is washed underneath; move all furniture to the center of the room and continue cleaning the floor
 - Replace all furniture and equipment to its proper location
 - Damp wipe waste receptacles, dry thoroughly and re-line
 - Place a cautionary 'Wet Floor' sign at the entrance to the room
 - Remove gloves and clean hands
 - Clean and store cleaning equipment
 - Report any needed repairs
4. Other patient care areas and environmental surfaces that come in direct contact with patients will be cleaned with a facility-approved, EPA registered disinfectant.
- a. Assemble supplies
 - Ensure an adequate supply of clean cloths is available
 - Prepare fresh disinfectant solution according to manufacturer's instructions
 - b. Clean hands and put on gloves
 - c. Remove dirty linen, and then remove gloves and clean hands
 - d. Apply clean gloves and clean room, working from clean to dirty and high to low areas of the room using fresh cloth(s) for cleaning each patient bed space and completing the cleaning of each bed space before moving to the next.
 - If a bucket is used, do not 'double-dip' cloth(s)
 - Do not shake out cloth(s)
 - Change the cleaning cloth when it is no longer saturated with disinfectant and after cleaning heavily soiled areas
 - Start by cleaning doors, door handles, push plate and touched areas of frame
 - Check walls for visible soiling and clean if required
 - Clean light switches and thermostats
 - Clean wall mounted items such as alcohol-based hand rub dispenser and glove box holder
 - Check privacy curtains for visible soiling and replace if required
 - Clean all furnishings and horizontal surfaces in the room including chairs, window sill, television, telephone, computer keypads, tables or desks. Lift items to clean the tables. Pay particular attention to high-touch surfaces
 - Wipe equipment on walls such as top of suction bottle, intercom and blood pressure manometer as well as IV pole
 - e. Clean the bed
 - Clean top and sides of mattress, turn over and clean underside
 - Clean exposed frame
 - Clean headboard, foot board, bed rails, call bell and bed controls; pay particular attention to areas that are visibly soiled and surfaces frequently touched by staff
 - Clean all lower parts of bed frame, including casters
 - Allow mattress to dry
 - f. Clean floors
 - g. Disposal

- Place soiled cloths in designated container for laundering or dispose
- Check sharps container and change when $\frac{3}{4}$ full (do not dust the top of a sharps container)
- Remove soiled linen if bag is full
- Place obvious waste in receptacles
- Remove waste

h. Remove gloves and clean hands; if hands are visibly soiled, wash with soap and water

i. Replenish supplies as required (e.g., gloves, ABHR, soap, paper towel)

j. Clean hands

5. Clean bathrooms, working from clean areas to dirty areas:

- Remove soiled linen from floor; wipe up any spills; remove waste
- Clean door handle and frame, light switch
- Clean wall attachments
- Clean inside and outside of sink, sink faucets and mirror; wipe plumbing under the sink; apply disinfectant to interior of sink; ensure sufficient contact time with disinfectant; rinse sink and dry fixtures
- Clean all dispensers and frames
- Clean call bell and cord
- Clean support railings, ledges/shelves
- Clean shower/tub faucets, walls and railing, scrubbing as required to remove soil; apply disinfectant to interior surfaces of shower/tub, including soap dish, faucets and shower head; ensure sufficient contact time for disinfectant; rinse and wipe dry
- Clean bedpan support, entire toilet including handle and underside of flush rim; ensure sufficient contact time with disinfectant
- Change all waste bags, clean waste can if dirty
- Remove gloves and wash hands
- Replenish paper towel, toilet paper, waste bag, soap and ABHR as required

6. Reprocessing and other sterile storage areas are to be cleaned according to the following schedule:

- a. Clean all counters and floors daily
- b. Clean shelves daily in sterilization, preparation, packing and decontamination areas
- c. Clean shelves every three months in sterile storage areas
- d. Clean case carts after every use
- e. Clean walls every six months
- f. Clean light fixtures, sprinkler heads and other fixtures every six months

7. Personnel responsible for cleaning must perform hand hygiene:

- a. Before initial patient environment contact (e.g., before coming into the operating/procedure room or patient bed space);
- b. After potential body fluid exposure (e.g., after cleaning bathroom, handling soiled linen, equipment or waste); and
- c. After patient environment contact (e.g., after cleaning patient bed space or operating/procedure room; after cleaning equipment such as stretchers; after changing mop heads).

- d. Gloves must be removed on leaving each operating/procedure room or patient bed space. Personnel must **clean hands after removing gloves** as gloves do not provide complete protection against hand contamination.

References

To access the CDC's Guideline for Disinfection and Sterilization in Healthcare Facilities in its entirety, see the CDC website at:
http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf

To access the December 2009 version of the Provincial Infectious Diseases Advisory Committee's (PIDAC) Best Practices for Environmental Cleaning for Infection Prevention and Control in All Health Care Settings, see the PIDAC website at:
http://www.health.gov.on.ca/english/providers/program/infectious/diseases/best_prac/bp_enviro_clean.pdf

Current EPA product lists and information is available from the EPA, Antimicrobial Division at (703) 305-1284, or at
<https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>

PDF EPA Product Lists are also in FSR Library

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