

Policy and Procedure Template for Environmental Cleaning and Disinfection

[Name of clinic, address, logo]

Date of Creation/Last revision:

Instructions for template use: This template is an example of a policy and procedure that can be adapted for use in a clinical office setting. You are responsible for ensuring that the information is up to date. Fill in the blanks with information specific to your clinic. Please review and delete items that are not relevant to your setting, and add items as needed. For more information about IPAC policies and procedures, refer to the resources below or visit the IPAC Information for Healthcare Professionals page on halton.ca.

Purpose:

Maintaining a clean and safe health care environment is an essential component of infection prevention and control (IPAC) and is integral to the safety of patients and staff. A clean environment will minimize the presence and subsequent transmission of microorganisms. Environmental cleaning and disinfection should be performed on a routine and consistent basis to provide for a safe and sanitary environment. Regular cleaning activities using effective products and techniques are an important component of IPAC in the clinic setting.

The following principles shall apply when cleaning the clinic environment:

Responsibility

1. All staff performing cleaning and disinfecting tasks should be knowledgeable about routine practices, additional precautions, environmental cleaning principles, cleaning and disinfection products, recommended cleaning frequencies, and cleaning methods so that cleaning is safe and effective. Refer to the Policy and Procedure for Routine Practices, Additional Precautions and Personal Protective Equipment (PPE).
2. A regular schedule for periodic environmental cleaning shall be established and documented. Staff and contractors responsible for environmental cleaning shall follow the clinic's environmental cleaning policies and procedures.
3. Clinic staff are responsible for cleaning examination/procedure rooms between patients.
4. Environmental cleaning service provider is responsible for scheduled (e.g., end of day) environmental cleaning.

Cleaning Frequency

1. Clinical office cleaning includes daily cleaning and disinfecting of surfaces and objects with an approved surface cleaner and a hospital-grade, low-level disinfectant.
2. Clinical contact surfaces/items (e.g., examination tables, procedural work surfaces) that come into direct contact with the patient's blood and/or body fluids are cleaned and disinfected between patients.
3. High touch surfaces and items (e.g., doorknobs, telephones, etc.) are at a higher risk of transmitting microorganisms and should be cleaned and disinfected at least once daily and more frequently as needed.
4. As part of routine cleaning and best practice, medical equipment and items that come into contact with patients' intact skin that are used for care on multiple patients require

cleaning and low-level disinfection after each use (e.g., stethoscope, blood pressure cuff, etc.). Single use items must be discarded between patients (e.g., examination table paper coverings, stirrup covers, etc.).

5. Items that are not high touch surfaces (e.g., floors, walls, etc.) only need to be cleaned. It is not necessary to use disinfectant products when cleaning floors, unless cleaning up spills of blood or body fluids. Refer to the Policy and Procedure for Cleaning a Biological Spill.
6. If used, barriers/covers are removed and discarded between patients. Following barrier removal, the underlying surfaces are cleaned and disinfected. Clean barrier/covers are placed prior to the next patient.
7. Surfaces in clinical areas and communal areas need to be cleaned and disinfected immediately when they are visibly soiled with blood or other body fluids, excretions or secretions. Refer to Policy and Procedure for Cleaning a Biological Spill.
8. Clinical offices, including the communal areas, should be fully cleaned at the end of every day. Garbage should be collected, floors cleaned and carpets vacuumed. Supplies should be replaced as required (e.g., soap, ABHR, paper towel, toilet paper, PPE) and sharps containers should be sealed, removed and replaced if full.
9. Waste is disposed of in accordance with provincial regulations and local bylaws, with attention to sharps and biomedical waste.

Refer to the chart below for recommended minimum cleaning and disinfection frequency for noncritical equipment and environmental surfaces and items. Check the items used in your setting, add extra items as necessary

Clean between patients	Clean at the end of the day and when visibly soiled	Clean according to fixed schedule and when visibly soiled
<input type="checkbox"/> Armrests on chairs	<input type="checkbox"/> Bathrooms	<input type="checkbox"/> Appliances (refrigerators, microwaves, coffee makers)
<input type="checkbox"/> Beds (e.g. examination table)	<input type="checkbox"/> Carpets (vacuumed)	<input type="checkbox"/> Baseboards
<input type="checkbox"/> Blood pressure cuff	<input type="checkbox"/> Chairs, couches	<input type="checkbox"/> Carpets (steam cleaning)
<input type="checkbox"/> Electronic monitoring devices if shared (e.g. glucometer)	<input type="checkbox"/> Doorknobs	<input type="checkbox"/> Ceilings and air vents
<input type="checkbox"/> Imaging Equipment (e.g. ultrasound transducers, mammography paddles, film cassettes)	<input type="checkbox"/> Floors	<input type="checkbox"/> Exterior surfaces of machines and equipment
<input type="checkbox"/> Ophthalmoscope	<input type="checkbox"/> Light switches	<input type="checkbox"/> Furnishings in office spaces (e.g. desks, cabinets, bookcase)
<input type="checkbox"/> Orthopedic equipment (e.g. crutches)	<input type="checkbox"/> Mirrors	<input type="checkbox"/> Ice machines
<input type="checkbox"/> Otoscope	<input type="checkbox"/> Overbed lamps and lights	<input type="checkbox"/> IV poles
<input type="checkbox"/> Reflex hammer	<input type="checkbox"/> Scales (standing)	<input type="checkbox"/> Lockers
<input type="checkbox"/> Scales (infant)	<input type="checkbox"/> Tables	<input type="checkbox"/> Privacy curtains
<input type="checkbox"/> Stethoscope	<input type="checkbox"/> Telephones	<input type="checkbox"/> Radiator
<input type="checkbox"/> Toys	<input type="checkbox"/> Wall-mounted items (e.g. soap and ABHR dispensers, paper towel holders, glove box holders)	<input type="checkbox"/> Sterilizers
<input type="checkbox"/> Transport equipment (e.g. wheelchairs)		<input type="checkbox"/> Televisions
		<input type="checkbox"/> Toy boxes and cupboards
		<input type="checkbox"/> Walls
		<input type="checkbox"/> Window air conditioner
		<input type="checkbox"/> Windows, windowsills, window coverings

Adapted from: Public Health Ontario Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings

Products/Cleaning Agents

1. Disinfectant products used for environmental cleaning shall be approved by Health Canada and have a Drug Identification Number (DIN) or Natural Product Number (NPN). The manufacturer's instructions for all disinfectants shall be followed including application, contact time, storage, shelf life and PPE use.
2. A disinfectant can only be used as a general cleaner for routine cleaning if the product is validated by the manufacturer as both a cleaner and disinfectant.
3. Follow the manufacturer's instructions for use for product concentration, contact time, recommended PPE, and material compatibility.
4. If disinfectant product is a concentrate:
 - a. Check expiration date prior to use.
 - b. Wear gloves when preparing and using disinfectant.
 - c. Dilute product according to manufacturer's instructions.
 - d. Dispense mixed disinfectants into clean, dry, appropriately-sized containers that are clearly labeled and dated. Discard after the expiry date.
 - e. If containers are reusable, empty, wash, and dry prior to refilling.
 - f. Never top-up existing disinfectant in container with fresh disinfectant.
5. If disinfectant product is ready-to-use:
 - a. Check expiration date prior to use.
 - b. Wear PPE according to manufacturer's instructions.
 - c. Never top-up existing disinfectant in container with fresh disinfectant.
 - d. Discard single-use disinfectant containers when empty.
 - e. If using disinfectant wipes, ensure container is securely closed when not in use.

General Cleaning Practice:

Personal Protective Equipment:

- Select PPE for handling chemicals based on the manufacturer's instructions and Safety Data Sheets (SDS).
- Wear gloves before contact with blood and body fluids, excretions or secretions, and to handle dirty or potentially contaminated items.
- Select additional PPE such as gowns, eye protection, and mask if required to protect skin and clothing from splashes or sprays (e.g., cleaning large spills).
- Change PPE (e.g., gloves) if visibly soiled, damaged, or if moving from a dirty task to a clean task to prevent cross contamination.

Before cleaning:

- Gather materials required for cleaning.
- Perform a point of care risk assessment (PCRA) before cleaning the examination/procedure room or space to evaluate the likelihood of exposure to blood and body fluids. Please refer to the Cleaning Biological Spills Policy and Procedure.
- Clean hands and put on appropriate PPE.
- Remove items from surfaces prior to cleaning. (e.g., procedure trays, bed coverings, magazines, packages).
- Follow the manufacturer's instructions for proper dilution and contact time for cleaning and disinfecting solutions.

During cleaning:

- If surfaces are visibly soiled, a two-step process is followed. First, clean surfaces to remove soil and then second, use a clean cloth soaked with disinfectant to disinfect the area. If surfaces are not visibly soiled, a one-step process using a cleaner-disinfectant is acceptable.
- Dip the cloth into cleaning solution only once. Do not “double-dip” into cleaning solution.
- Proceed from:
 - The least soiled areas to the most soiled areas.
 - High surfaces to low surfaces. (e.g. ceiling first, floors last).
 - Low-frequency touch items/surfaces (e.g., walls) to high-frequency touch items/surfaces (e.g., reflex hammer, B.P. cuff).
- Allow disinfectant product to air-dry and ensure wet contact time is met according to the manufacturer’s instructions.
- Minimize shaking of items to prevent the dispersion of dust that may contain microorganisms (e.g. never shake mops).
- Change mop heads when:
 - visibly soiled;
 - no longer wet enough to moisten surfaces;
 - moving from a dirty area to a clean area; and
 - exiting a patient room under additional precautions.
- Change cleaning solutions as per manufacturer’s instructions. Change more frequently in heavily contaminated areas, when visibly soiled and immediately after cleaning blood and body fluid spills.
- Containers for liquid soap, cleaners/disinfectants are disposable. The practice of **topping up is not acceptable** since it can result in contamination of the container and solution.
- Be alert for needles and other sharp objects. Pick up sharps using a mechanical device and place into sharps container. Report incident to supervisor.
- Collect waste, handling plastic bags from the top (do not compress bags with hands).

After cleaning:

- Remove gloves and wash hands after performing environmental cleaning.
- Document the date, time, and name of person responsible for cleaning in a log when scheduled (e.g., daily, weekly, annual) and emergency spill cleaning is done.

Cleaning Tools:

- Reusable cloths and mop heads must be laundered and dried following use.
- Single-use wipes or cloths must be discarded after each use.
- Mops, cloths, and buckets used to clean the decontamination area of the medical device reprocessing area shall not be used in other areas of the clinic.
- Clean and disinfect reusable cleaning tools (e.g., pails, buckets, mop handles) following use. Store cleaning tools and supplies in a designated area.

References:

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Infection Prevention and Control for Clinical Office Practice. 1st Revision. Toronto, ON: Queen's Printer for Ontario; April 2015. <https://www.publichealthontario.ca/-/media/documents/B/2013/bp-clinical-office-practice.pdf>
2. Ontario Agency for Health Protection and Promotion (Public Health Ontario). IPAC Checklist for Clinical Office Practice: Core Element. https://www.publichealthontario.ca/-/media/Documents/C/2018/checklist-clinical-office-core.pdf?sc_lang=en
3. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2018. <https://www.publichealthontario.ca/-/media/documents/B/2018/bp-environmental-cleaning.pdf>
4. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Summary of Infection Key Principles for Clinical Office Practice, 2021. <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2021/09/covid-19-summary-ipac-key-principles-clinical-office-practice.pdf>