

TITLE: Environmental Cleaning and Disinfection Policies and Procedures	DATE OF ISSUE:
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Environmental Cleaning and Disinfection Policies and Procedures

This document will explain how to properly create an environmental cleaning and disinfection policy and procedure for your facility.

An environmental cleaning and disinfection policy will include:

1. **Purpose:** This section should describe why the Environmental Cleaning and Disinfection policy is needed. For example: to establish uniform guidelines of cleaning and disinfection protocols for environmental services staff.
2. **Goal:** This section should describe the policy goals. For example: The goal of this policy is to provide Skilled Nursing Facility (SNF) staff with a safe and healthy environment for both residents and staff protection.
3. **Scope:** The scope is for whom this policy applies to. For example: staff, visitors, and residents.
4. **Definitions:** This section should define any policy terms that may not be commonly known, or that the facility administration determines are important to have explicitly defined.
5. **Procedure:** This section describes the roles and responsibilities of SNF administration and staff, the actions needed to be taken by SNF staff for compliance with this policy, and resources for further questions and education.

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Purpose:

The purpose of this policy is to establish uniform guidelines of cleaning and disinfection protocols for environmental services (EVS) staff.

Goal:

The goal of this policy is to ensure that all EVS staff are aware of the appropriate protocols for cleaning and disinfection throughout resident areas and the facility.

Scope:

This policy applies to all permanent and contracted EVS staff, including all those who have direct and indirect patient care responsibilities, as well as third-party contracted workers and volunteers. This includes permanent, temporary, or contracted staff, as well as students, volunteers, and/or visitors.

Definitions

1. **Cleaning:** The physical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents, and mechanical action.
2. **Disinfection:** A thermal or chemical process for inactivating microorganisms on inanimate objects.
3. **Disinfectants:** Chemical compounds that inactivate or kill pathogens.
4. **Antiseptic:** A substance that prevents or arrests the growth or action of microorganisms by inhibiting their activity or by killing them. The term is used especially for preparations applied topically to living tissue.
5. **Bactericidal and Bacteriostatic:** Bactericidal agents kill bacteria, while bacteriostatic agents prevent bacterial growth and reproduction.
6. **High-touch surfaces:** Surfaces, often in patient care areas, that are frequently touched by healthcare workers and patients (e.g., bedrails, over-bed table, IV pole, doorknobs, medication carts).

Procedures:

Roles and Responsibilities:

- **Infection Preventionist:**
 - Work with EVS managers to develop a strong EVS program.
 - Develop and maintain facility policy and procedure with EVS manager. If appropriate, technical procedures shall be reviewed by the Infection Preventionist to ensure they are consistent with recommended practice.
 - Support EVS managers and staff on infection control practices.
 - Provide annual training competencies, monthly audits, and as needed in-services.
- **EVS Manager:**
 - Environmental Services shall continually strive to identify more effective and efficient technical procedures to deliver cleaning services throughout the facility.
 - Understand and know the rationale for all cleaning and disinfection processes.

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- Develop and maintain policy and procedures which include the areas, surfaces, and equipment that EVS staff cleans. The policy and procedure should also specify the responsibility and frequency of cleaning and disinfecting.
- Provide training and re-education to new or current EVS employees, following the purchase of new cleaning agents, monthly audits, and as needed in-services.
- **EVS Staff**
 - EVS staff create a germ-free and safe environment for all residents, employees, and visitors by providing the following services:
 - Cleaning and disinfecting resident and non-resident areas.
 - Removing regular and medical wastes.
 - Washing soiled linen, distributing clean linen, and removing soiled linen.
 - Any unscheduled or emergency housekeeping services that fall under the routine scope of services of the Environmental Services Department or that is considered necessary for health, safety, or care.
 - Evaluating and monitoring the interior of the facility for areas or items needing repair and reporting items to the appropriate department.

Procedure:

Selection and Management of Appropriate Agents for Cleaning and Disinfection:

Selecting Appropriate Agents	Management of Appropriate Agents
<ul style="list-style-type: none"> ● Ensure all products used to clean and disinfect are EPA approved. See Antimicrobial Products Registered with EPA for Claims Against Common Pathogens ● Cleaning and Disinfectant Agent bottle should note: <ul style="list-style-type: none"> ○ Which organisms the disinfectant solution kills (covers common Healthcare-Associated Infections). ○ Wet/contact/kill time instructions. ○ Manufacturer’s dilution instructions. ○ EPA Approval Number. ○ Bacteriostatic or Bactericidal activity. 	<ul style="list-style-type: none"> ● EVS staff should know manufacturer guidelines for dilution. Staff must be trained for safe handling. ● All cleaning and disinfectant agents should be stored away from rooms and maintained in a locked room or storage area to prevent accidental harm to residents, staff, and visitors. ● The storage room should be clean and uncluttered, keeping any disinfectant or cleaning agent bottles 5 inches away from the door.

For all environmental cleaning procedures, use the following general strategies:

Proceed From Clean to Dirty

Proceed from cleaner to dirtier areas to avoid spreading dirt and microorganisms. Examples include:

- Clean low-touch surfaces before high-touch surfaces.
- Clean patient areas (e.g., patient zones) before patient toilets.

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- Within a specified multi-resident room, cleaning should start with shared equipment and common surfaces, then proceed to surfaces and items touched during patient care that are outside of the patient zone, and finally to surfaces and items directly touched by the patient inside the patient zone. In other words, high-touch surfaces outside the patient zone should be cleaned before the high-touch surfaces inside the patient zone.
- Clean general patient areas not under transmission-based precautions before those areas under transmission-based precautions.

Proceed From High to Low (Top to Bottom)

Proceed from high to low areas to prevent dirt and microorganisms from dripping or falling and contaminating already cleaned areas. Examples include:

- Cleaning bed rails before bed legs.
- Cleaning environmental surfaces before cleaning floors.
- Cleaning floors last to allow collection of dirt and microorganisms that may have fallen.

Proceed in a Methodical, Systematic Manner

- Clean in a systematic pattern around the resident zone.
- Proceed in a systematic manner to avoid missing areas—for example, left to right or clockwise. In a multi-bed area, clean each resident zone as their own. For example, starting at the foot of the bed and moving clockwise, per resident bed.

Immediately Attend to Blood or Body Fluid Spills

- Clean spills of blood or body fluids.
- Don appropriate PPE: gown, gloves, face shield (if there is a risk for splash).
- Confine the spill and wipe it immediately with absorbent towels, cloths, or absorbent granules (if available). Spread the granules over the spill to solidify the blood or body fluid and properly dispose of all infectious waste.
- Clean (neutral detergent and water for floors).
- Disinfect using a facility-approved intermediate-level disinfectant. Do not mix neutral detergents with intermediate level disinfectants as this practice can affect the efficacy of the solutions and may cause harmful fumes.
- Immediately reprocess all reusable supplies and equipment (e.g., cleaning cloths, mops) after the spill is cleaned up.

This is an example of the general surface cleaning process:

1. Thoroughly wet (soak) a fresh cleaning cloth in the environmental cleaning solution.
2. Fold the cleaning cloth in half until it is about the size of your hand. This will ensure that you can use all the surface area efficiently (generally, fold them in half, then in half again, and this will create 8 sides).

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3. Wipe surfaces using the general strategies as above (e.g., clean-to-dirty, high-to-low, systematic manner), making sure to use mechanical action (for cleaning steps) and making sure that the surface is thoroughly wetted to allow required contact time (for disinfection steps).
4. Regularly rotate and unfold the cleaning cloth to use all the sides.
5. When all the sides of the cloth have been used or when it is no longer saturated with solution, dispose of the cleaning cloth, or store it for reprocessing.
6. Repeat process from step 1.

For all environmental cleaning procedures, these are the best practices for environmental cleaning of surfaces:

- Use fresh cleaning cloths (e.g., microfiber, single use wipes) at the start of each cleaning session. If utilizing microfiber cloths, have it stored in a pre-soaked bin (with EPA-approved disinfectant solution) to ensure each cloth is saturated for use. Pre-soaked bins should be assembled daily at the start of shift and residual solution should be discarded at the end of shift.
- Change cleaning cloths when they are no longer saturated with solution, for a new, wet cloth. Soiled cloths should be stored for reprocessing and only utilizing one sanitizing wipe per resident item (e.g., one sanitizing wipe for bed rails, discard after use, obtain new sanitizing wipe, and cleanse resident side table). If utilizing a microfiber cloth, it can be folded 8 ways, and each clean side is to be turned when cleaning resident areas. (See resources for 8-fold method guide).
- Change cleaning cloths between each resident zone (i.e., use a new cleaning cloth for each resident bed). For example, use a fresh cloth for every bed. This will prevent cross contamination of organisms between residents in rooms that have multiple beds.
- Ensure that there are enough cleaning cloths to complete the required cleaning session.

The APIC Cleaning Processes

<p>Eight-Step Occupied/Daily Room Cleaning Process:</p> <ol style="list-style-type: none"> 1. Perform hand hygiene. Don gloves (changing gloves as necessary). 2. Greet resident. 3. Pull trash and linen. 4. Clean and disinfect the seventeen high-touch surface areas/objects. 5. Perform hand hygiene and change gloves as necessary. 6. Replenish paper supplies. 7. Mop floor. 8. Perform hand hygiene. 	<p>Nine-Step Discharge Room Cleaning Process:</p> <ol style="list-style-type: none"> 1. Perform hand hygiene. Don gloves (changing gloves as necessary). 2. Pull trash linen. 3. High dust. 4. Clean and disinfect surfaces in resident room. 5. Clean and disinfect bathroom. 6. Perform hand hygiene and change gloves as necessary. 7. Make bed, replenish supplies and inspect. 8. Mop floor. 9. Perform hand hygiene.
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Procedures for Monitoring and Audits:

- Structured monitoring programs ensure that environmental cleaning is conducted according to best practices. There must be organizational support and resources to address deficiencies identified during monitoring activities.
- Use a standardized methodology for monitoring, apply it on a routine basis, and provide timely feedback to cleaning staff and program leadership.
- Designated staff other than EVS manager or administrative staff can be utilized as EVS auditors, such as shift charge nurses or rehabilitation staff, so that EVS staff are not aware of audits.
- Use both direct (e.g., performance observation) and indirect methods (e.g., environmental marking). Use objective (e.g., Adenosine Triphosphate [ATP] bioluminescence) over subjective methods (e.g., assessments of cleanliness), if resources allow. Cleaning checklists, logs, and supply management are some indirect ways to monitor cleaning practice adherence.
- Frequency: Performance observations of EVS staff must be done weekly by EVS supervisors, Infection Prevention Nurse, or other designated staff to conduct audits. Increase observation for new employees to better assess the efficacy of new employee training. This should eventually reduce in frequency once staff has demonstrated satisfactory EVS practices.

RESOURCES:

1. APIC. Basic Principles of Infection Control for Environmental Services Technicians. https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fapic.org%2Fwp-content%2Fuploads%2Fstrive%2FA-Module-1%2F102A-EvSBasic%2520ICP_Learner%2520Slides.pptx&wdOrigin=BROWSELINK.
2. Centers for Disease Control (CDC) (2023). Appendix C- Example of high-touch surfaces in a specialized patient area: <https://www.cdc.gov/hai/prevent/resource-limited/high-touch-surfaces.html>
3. Centers for Disease Control (CDC) (2023). Environmental Cleaning Procedures: <https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html>
4. California Department of Public Health. vSNF Workshop: Environmental Cleaning and Disinfection: Strategies for EVS Managers – Part 1. The Role of EVS Managers in Infection Prevention. Healthcare Associated infections Program: https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/vSNF_Cohort2_EVS_Feb2023.pdf
5. Selected EPA-Registered Disinfectants: <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants#pathogens>.
6. U.S. Environmental Protection Agency (EPA) (2022). How To Read A Label. Project Firstline. https://www.epa.gov/system/files/images/2022-09/HowToReadALabel-508c-Final-2022-08-30%20%28005%29_1.png.