

IPC Topic: Healthcare Cleaning Client Rooms-Environmental Services

Intro: Germs are a special risk in the healthcare environment. Knowing where germs live and how they are transmitted helps us understand where to clean to prevent germ spread.¹ Germs are found on the skin, in the gut, in the respiratory tract, and in the blood of clients and staff. Germs also can live in water and on wet surfaces, on dry surfaces, in dust and dirt, and devices. Proper cleaning and disinfection can remove germs from these reservoirs and reduce transmission through the touch pathway.^{5,6,7}

What is the risk? By knowing where germs live in the healthcare environment, healthcare workers can stop the spread of germs by choosing the best infection control actions to protect clients and themselves. Germs live on surfaces.^{6,7} Cleaning and disinfection can help keep everyone healthy and safe.

Highlights:

- Review where germs live: Reservoirs: body reservoirs (skin, GI tract, respiratory tract, and blood) as well as water and wet surfaces, dry surfaces, dust and dirt, and medical devices.^{6,7}
- Review how germs are spread—by touch, by breathing, through splashes and sprays, and by getting past natural body defenses.^{6,7}
- Recognize differences between cleaning and disinfecting:
 - Cleaning⁵
 - Important to clean before you disinfect. Removes visible dirt, dust, spills, smears, and grime, including organic material like blood, as well as some germs, from surfaces.
 - Disinfecting⁵
 - This is the process of killing germs. Use the correct registered product for the job, that works on the surface to be cleaned. Ensure that it kills the germs needed. The product also needs to have the dwell time that works for the situation.¹⁰
- Risk determines cleaning frequency, the method, and process in routine and contingency cleaning schedules for all patient care areas. Cleaning schedules should be based on the risk of pathogen transmission. This includes the risk of surfaces having germs and the potential for the client to be exposed to these germs. (i.e., high-touch vs low-touch surfaces).³
- **Client rooms:**^{1,2,8,9} All high touch areas should be cleaned daily—includes both areas where clients and staff touch surfaces or germs may grow—including surfaces like sinks, medical devices, floor, toilets etc.
 - Begin with washing your hands and donning new PPE.
 - Order of cleaning should be from high to low and less to more dirty

- Going around the room in a specific way each time helps you do the same clean each time.
Example: Going clockwise or counterclockwise
 - Lastly, clean the toilets and then the floor.
 - Dispose of disposable/dirty, cleaning supplies and disinfect reusable supplies (cleaning spray bottles, mop handles etc.)
 - Remove PPE and do hand hygiene whenever soiled or going to a cleaner task. and when done with the room.
- **Client rooms on discharge** ^{1,2,8,9}
 - Deep clean room. Disinfect all high touch, low touch and floors.
 - Remove soiled/used personal care items (e.g., cups, dishes) for cleaning or disposal.
 - Remove facility-provided linens carefully and bag to send for cleaning.
 - Inspect window treatments, walls. If soiled, clean blinds and walls on-site, and remove curtains for laundering.
 - Reprocess all reusable (noncritical) patient care equipment.
 - Clean and disinfect all low- and high-touch surfaces, including those that may not be accessible when the room/area was occupied (e.g., patient mattress, bedframe, tops of shelves, vents), and floors.
 - Clean (scrub) and disinfect handwashing sinks.
- **Toilets** ^{1,2,8,9,}
 - should be cleaned at least once daily (private client room) and as needed.
 - should be cleaned at least twice daily (public/shared toilets) and as needed.
 - Toilets are done last—just before the floors.
 - Be aware of the toilet bowl brush as it should be stored at the bottom of the cleaning cart and away from clean/unused supplies. If it is an isolation room, the toilet brush should be dedicated to that room and discarded with discharge
- **Daily cleaning and disinfection should include:** ^{1,2,8,9,}
 - High touch / frequently contaminated surfaces handwashing sinks: faucets, door handles
 - Other high touch surfaces—bedside tables, hand and bed rails, call light, remotes, and so on.
 - Toilets including seat –top and underside
 - Floors are always done last with cleaning ending at the room entrance.
 - Always clean, any surface visibly soiled with blood or body fluids.
- **Tips** ^{1,2,8,9,10}
 - Fold your cloth so is flat to clean surfaces—do not bunch the cloth; fold and use another clean side on the next surface, dispose when used, dirty, and when done with that room.
 - Don't rush contact time for disinfection. Do follow the listed contact time.

Summary: Understanding the how, when and why's of proper cleaning and disinfection will help keep staff and the client safe and healthy.

References:

1. Guideline for Disinfection and Sterilization in Healthcare Facilities (2008). Infection Control. CDC. <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/introduction.html>
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3. Appendix A – Risk-assessment for determining environmental cleaning method and frequency;
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4. Selected EPA – Registered Disinfectants. EPA. <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>
5. Inside Infection Control: Cleaning? Disinfection? What is the difference?. Project Firstline. CDC.
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6. Germs Can Live on Dry Surfaces. Project Firstline. CDC.
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10. [How to Read a Disinfectant Label \(cdc.gov\)](#)