

HARBOR-UCLA MEDICAL CENTER

SUBJECT: ENVIRONMENTAL CLEANING OF PERIOPERATIVE AREAS POLICY NO. 478C

PURPOSE:

To establish specific guidelines for maintaining a clean environment for patients undergoing operative or other invasive procedures and minimize the risk of patient and healthcare personnel exposure to potentially infectious microorganisms.

Perioperative areas are as follows:

- 1. Operating Room (OR)
- 2. Cath Lab
- 3. Labor and Delivery
- 4. Interventional Radiology Suites
- 5. Central Sterile

POLICY:

At Harbor-UCLA Medical Center, perioperative areas will be maintained in a state of cleanliness in order to protect patients and healthcare personnel from potentially infectious microorganisms. Workforce members are responsible for cleaning the environment and equipment will receive education and training on proper environmental cleaning and disinfection methods, competency, chemicals use, chemical knowledge, safety precautions, and quality assurance.

PROCEDURE:

I. GENERAL CONSIDERATIONS

- 1. All cleaning and disinfecting procedures, frequencies, and cleaning products used will be evaluated by a multidisciplinary team (Perioperative Nursing, Sterile Processing, Environmental Services (EVS), and Infection Prevention and Control) and will be presented to the Infection Prevention and Control Committee for final approval prior to implementation.
- 2. EVS workforce members will place a timer as a visual aide to reinforce the dwell time of four minutes (per the manufacture’s recommendation). The proper disinfection dwell time must be met before a workforce member enters the perioperative area.
- 3. EVS workforce members will also place a floor sign indicating “Closed for Cleaning” to indicate room is not ready for use. When sign is removed by EVS workforce member, perioperative workforce members may enter.
- 4. Some equipment may be cleaned by designated personnel other than EVS workforce members. When this occurs, such equipment must be clearly identified by the department, along with the workforce members responsible for cleaning. Manufacturer’s instructions for cleaning must be adhered to.

EFFECTIVE DATE: 10/18

SUPERSEDES:

REVISED:

REVIEWED: 10/18

REVIEWED COMMITTEE:

APPROVED BY:


 Kim McKenzie, RN, MSN, CPHQ
 Chief Executive Officer


 Anish Mahajan, MD
 Chief Medical Officer


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HARBOR-UCLA MEDICAL CENTER

SUBJECT: ENVIRONMENTAL CLEANING OF PERIOPERATIVE AREAS POLICY NO. 478C

Maintaining a clean environment is a joint effort and, therefore, the Manager or his/her designee is responsible for identifying and maintaining a current list of equipment that is cleaned by environmental services vs. equipment that is cleaned by area workforce members.

5. Cleaning and disinfecting responsibilities will be done in a methodical pattern (clean to dirty, top to bottom, and clockwise) so that items are not missed during the cleaning process and limits the transmission of microorganisms and cross-contamination.
6. In all perioperative areas, the Registered Nurse (RN) will visually inspect equipment and room surfaces for cleanliness prior to case cart, supplies, and equipment being brought into the room to begin a procedure.
7. Environmental Protective Agency (EPA) Registered disinfectants in the concentration indicated in the manufacturer's instructions, for the appropriate amount of contact time, will be adhered to for every product used.
8. When visible soiling by blood, body fluids, or other potentially infectious materials appears on surfaces or equipment, the area will be cleaned and disinfected as soon as possible. If perioperative team members are performing critical patient care activities when the contamination occurs, the contaminated surface will be cleaned as soon as a perioperative team member is available.
9. Floors are considered contaminated at all times.
 - a. Items that contact the floor for any amount of time will be considered contaminated.
 - b. Noncritical items (e.g. safety straps, positioning devices, and cables, etc.) will be disinfected after contact with the floor per manufacturers' instructions before patient use.
10. A protective barrier covering will be used for foot pedals, the cover will be removed or cleaned, and disinfected per the manufacturer's instructions after each patient use.
11. Measures will be taken to prevent vermin infestation including removing food sources or environmental factors that attract pests and keeping doors closed. If preventative measures fail, a credentialed pest control specialist will be contacted to eliminate the cause of the infestation. After an infestation is resolved, the area will be terminally cleaned.
12. While cleaning the perioperative areas suites, signage to indicate EVS workforce member is working will be placed.

II. BETWEEN CASES CLEANING (TURNOVER)

1. A clean environment will be reestablished after the patient is transferred from the area. Operating and procedure rooms will be cleaned after each patient.
2. EVS workforce members will place a timer as a visual aide to reinforce the dwell time of four minutes (per the manufactures recommendation). The proper disinfection dwell time must be met before a workforce member enters the perioperative area.
3. EVS workforce members will also place a floor sign indicating "Closed for Cleaning" to indicate room is not ready for use. When sign is removed by EVS workforce member, perioperative workforce members may enter.
4. Environmental cleaning, including trash and contaminated linen, will be removed from the room after the patient has left the area.
5. Items that are used during procedure and/or during patient care will be cleaned and disinfected after each patient use.
6. Cleaning of high-touch objects after each patient use includes cleaning of any soiled surface of the item and any frequently touched area of the item (e.g. control panel, switches, knobs, work area, handles).
7. For patients with diagnosed or suspected Carbapenem Resistant Bacterias (CRE), Clostridium Difficile (C-Diff) and Creutzfeldt-Jakob Disease (CJD), terminal cleaning practices are required. Refer to policy:
 - a. Management of Patient with Multidrug Resistant Organisms (MDROs) and Clostridium difficile. Harbor Infection Prevention & Control Policy No. 5.

HARBOR-UCLA MEDICAL CENTER

SUBJECT: ENVIRONMENTAL CLEANING OF PERIOPERATIVE AREAS POLICY NO. 478C

- b. Prion Disease, including Creutzfeldt-Jakob Disease (CJD). Harbor Infection Prevention & Control Policy No. 25.

III. TERMINAL CLEANING

1. EVS workforce members will place a timer as a visual aide to reinforce the dwell time of four minutes (per the manufactures recommendation). The proper disinfection dwell time must be met before a workforce member enters the perioperative area.
2. EVS workforce members will also place a floor sign indicating "Closed for Cleaning" to indicate room is not ready for use. When sign is removed by EVS workforce member, perioperative workforce members may enter.
3. Terminal cleaning and disinfection of restricted areas (operating and procedural suites, OR Core) and Central Sterile Assembly, Sterilization, and Decontamination areas will be performed daily when the areas are being used.
 - a. The entire floor area will be terminally cleaned with either a wet vacuum or single-use mop and a disinfectant. The floor will be wet with the disinfectant for the dwell time indicated on the manufacturer's instructions for use.
 - i. Floor surfaces at the perimeter of the room will be disinfected before floor surfaces in the center of the room.
4. All high-touch objects and exposed surfaces of equipment and furniture (including wheels and casters) will be cleaned with an EPA-registered disinfectant.
5. Clean work areas, such as assembly, sterilization, instrument and supply storage areas, will be cleaned before the dirty work areas such as decontamination and cart washing area.
 - a. Trash will be removed from receptacles when they are full, but at least once daily.
6. Terminal cleaning will not commence when personnel are actively decontaminating instruments.
7. Operating and procedural suites not used within a 24 hour period will receive damp dusting of all horizontal surfaces before the first scheduled surgical or other invasive procedure of the day.
 - a. Damp dusting is completed before case carts, supplies, and equipment are brought into the room.
8. Semi-restricted areas including hallways, sinks, supply and equipment rooms, elevators, preoperative and postoperative areas will be terminally cleaned weekly.
9. Terminal cleaning will be performed following construction, renovation, repair, demolition, and disaster remediation prior to returning the area to service.
10. For patients with diagnosed or suspected Carbapenem Resistant Bacterias (CRE), Clostridium Difficile (C-Diff) and Creutzfeldt-Jakob Disease (CJD) terminal cleaning practices are required. Refer to policy:
 - a. Management of Patient with Multidrug Resistant Organisms (MDROs) and Clostridium difficile. Harbor Infection Prevention & Control Policy No. 5.
 - b. Prion Disease, including Creutzfeldt-Jakob Disease (CJD). Harbor Infection Prevention & Control Policy No. 25.

IV. MONITORING COMPLIANCE

1. TRAKKAR program will be used to measure compliance and will be conducted on a weekly basis. The following results will be reported to the Environment of Care and Infection Prevention and Control Committees.
 - a. Environmental validation
 - b. Procedures validation
 - c. Knowledge base validation
2. Terminal cleaning procedures will be documented by cleaning workforce members on a log sheet and reviewed by designated area RN before daily beginning of patient care. Results will be reported to the Environment of Care and Infection Prevention and Control Committees.

HARBOR-UCLA MEDICAL CENTER

SUBJECT: ENVIRONMENTAL CLEANING OF PERIOPERATIVE AREAS POLICY NO. 478C

3. Disinfectant efficacy test completed after each mix. Results will be reported to the Environment of Care and Infection Prevention and Control Committees.

REFERENCES

AORN. Guideline for Environmental Cleaning. In: 2018 Guidelines for Practice. Denver, CP: AORN; pp 7-28.

CDC. Guideline for Disinfection and Sterilization in Healthcare Facilities. Centers for Disease Control and Prevention (CDC) 2008.

EVS OR/Invasive Procedure/L&D Cleaning Manual