

HARBOR-UCLA MEDICAL CENTER

SUBJECT: CLEANING - 7-STEP CLEANING PROCEDURE

POLICY NO. 478A

**PURPOSE**

To maintain a clean and safe environment for patients, staff and visitors.

**POLICY**

Harbor-UCLA Medical Center has contracted with an environmental services (EVS) corporation to ensure that all areas of the hospital, including patient rooms, clinics, offices, and public areas are clean.

**PROCEDURE**

Environmental services personnel will maintain the cleanliness of the hospital using their **7-Step Cleaning Procedure and the use of appropriate cleaning products**. The procedure shall begin by the environmental workforce member (E-WFM) obtaining all the necessary cleaning supplies, equipment, and personal protective equipment (PPE), at the beginning of each shift. The E-WFM will ensure that the housekeeping closet is maintained, cleaned and locked after the removal of the cleaning cart. After this, the E-WFM will do the following:

1. Ensure that all cleaning supplies are stocked, secured, and locked in the E-WFM cleaning cart – (Sodexo Shine Cart Setup Procedures, policy on file). Report to assigned work areas within 10 minutes of the start time. As appropriate, check with Nursing Station for any immediate needs.
2. Walk through the assigned area checking for spills, debris, and unsafe items / situations to clean or remove immediately. Area should be ready for patients, guests, and employees use ensuring professional first impression.
3. Ensure that the trash bin remains close in proximity when in use or close to a wall - **Corridors shall not be blocked**. Containers greater than 32 gallons must have a fitting cover. When the cleaning cart and/or trash bin are not in use, they must be stored in the housekeeping closet.
4. Empty trash cans before beginning the *7-Step Cleaning Procedure*.
5. Begin the use of the *7-Step Cleaning Procedure* in the patient rooms, clinics, offices, and all public areas when appropriate, not hindering area operations.

**EFFECTIVE DATE: 6/28/11**

**SUPERSEDES:**

**REVISED: 9/11, 2/12, 3/13, 7/13, 4/15, 4/18, 9/18**

**REVIEWED: 7/13, 4/15, 4/18, 9/18**

**REVIEWED COMMITTEE:**

**APPROVED BY:** \_\_\_\_\_

**Kim McKenzie, RN, MSN, CPHQ**  
**Chief Executive Officer**

**Anish Mahajan, MD**  
**Chief Medical Officer**

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**Patricia Soltero Sanchez, RN, BSN, MAOM**  
**Chief Nursing Officer**

Signature(s) on File.

**HARBOR-UCLA MEDICAL CENTER****SUBJECT: CLEANING – 7-STEP CLEANING PROCEDURE****POLICY NO. 478****Cleaning Products – See attached list of hospital-approved cleaning products (Attachment A)**

The Harbor-UCLA cleaning procedure is to use the disinfectant / cleaner Clorox Healthcare™ Bleach Germicidal Cleaners and must remain wet for 5 minutes to kill c.difficile spores or Clorox Healthcare™ Bleach Germicidal Wipes and must remain wet for 3 minutes to kill c.difficile spores. Oxivir TB is a ready-to-use disinfectant cleaner based on proprietary hydrogen peroxide (AHP®) technology to deliver fast, effective cleaning performance. Disinfects Viricide, bactericide, tuberculocide, fungicide and non-food contact sanitizer. Kills MRSA and Norovirus. Meets bloodborne pathogen standards for decontaminating blood and body fluids.

For mopping, one single-use microfiber flat mop is used for each area mopped. Soiled mops are not to be reused in another area nor re-dipped in solution and must be discarded into trash. Single-use microfiber flat mops are used immediately after the removal of any bodily fluid secretions or excretions such as blood or urine, etc. Heavily soiled rooms may also require the use of more single-use microfibers.

Disinfect surfaces using Oxivir Tb wipes as necessary, working from clean to dirty and high to low areas. Discard wipes when no longer saturated or wipes becomes soiled. If a surface is visibly soiled – the area must be cleaned before it can be disinfected. In this case use a wipe with disinfectant to physically remove soil from the surface. Discard wipes. Using a new wipe, disinfect the surface.

**7-Step Cleaning Procedure**

EVS and Clinical Management must ensure that all personnel use personal protective equipment gear if needed for any of the *7-Step Cleaning Procedure*. Use basic guidelines of cleaning high to low and least-soiled to most-soiled.

**Step 1: Trash & Soiled Linen Removal**

Trash and soiled linen removal is defined as safely containing, removing, and transporting trash or linen to the appropriate staging area, disposing area or respective chute. All trash is to be pulled from area before starting the 7-Step Cleaning Procedure. Begin by ensuring that the appropriate cart and trash bin is in close proximity before removing the liner with trash from all the wastebaskets in the patient's room and that proper PPE is available and donned.

- Don appropriate PPE including outer gown, gloves, and other items deemed appropriate.
- Wipe inside and outside of wastebaskets with hospital-approved cleaning product. Meet manufactures recommended dwell time to allow surface to drive.
- Place one clean, fresh, appropriately-sized liner in the clean wastebasket.
- Remove soiled linen from the bathroom and place the soiled linen in the hamper bag with previously collected items. Do not over stuff hamper bag which can cause a safety hazard.
- Safely load all hamper bags into soiled linen carts and safely transport to the nearest linen chute.
- Replace linen where required. E-WFM is required to replace linen only on discharged patient beds; clinical staff replaces linen on occupied beds.

**Step 2: High Dust in Patient Area and Rest Room**

High-Dusting is defined as dusting items located above shoulder height with hospital-approved cleaning tools, cloths, and techniques. When patient(s) or guest(s) are not present, begin at the doorway and work in a standard circular direction around the room / area.

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- Don appropriate PPE including safety goggles or glasses, gloves, and other items deemed appropriate.
- Dust ceilings, vents, high ledges, upper walls, corners, curtain rails, televisions, and other hard-to-reach areas.
- Install clean dusting or cleaning cloth on high dusting tool.
- Change cloth on high dusting tool as needed when over-saturated with dust and/or dirt.
- When finished, secure high-dusting tool on to the cart and discard over-saturated cloth.

Step 3: Damp Wiping

Damp wiping is defined as cleaning a frequently-touched surface using hospital-approved cleaning wipe, solution, PPE, and techniques. Begin at the doorway and proceed in a clockwise circular direction around the room / area, wiping down hand reachable windowsills, blinds, lamps, ledges, and window frames, with the hospital-approved cleaning solution and cleaning cloth.

- Don appropriate PPE including gloves, and other items deemed appropriate.
- Damp wipe all furniture and fixtures in the patient units, offices and public areas.
- Damp wipe all frames, boards, and pictures and dry thoroughly.
- Damp wipe and spot clean walls and doors.
- Using hospital-approved glass cleaner, clean and polish all glass and mirrors.

Occupied beds are not cleaned by the E-WFMs, only the environment not attached to the patient. Defer cleaning the overhead light fixture, call button, and light until after discharge. Never unplug any patient electrical cords.

Step 4: Clean Bathroom Fixtures

Cleaning bathroom fixtures is defined as cleaning items inside a bathroom using hospital-approved wipe, tools, and techniques.

- Don appropriate PPE including safety goggles or glasses, gloves, and other items deemed appropriate.
- High Dusting is completed in Step 1. Use hospital-approved wipe to clean all metal and porcelain surfaces of the sink.
- Begin by cleaning the sink proceeding to the toilet.
- Clean under the outer rim of the sink, removing any soap build-up.
- Dry and polish all surfaces with a dry cleaning cloth.
- Dust any exposed pipes under the sink.
- Wash wall area around the sink with hospital-approved wipe.
- Flush the toilet before cleaning.
- Coat inside of the bowl with hospital-approved cleaning product.
- Clean the outside of the commode with hospital-approved wipe, including seat, hinges, pipes, and base.
- Scrub inside of the toilet with a long-handled brush, including under the rim.
- Flush commode to rinse bowl. Restock toiletries, paper, and hand hygiene products.

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**Step 5: Dust Mopping**

Dust mopping is defined as using dry approved tools, cloths, and techniques, minimizing the suspension dispersion of the material. Begin the procedure at the furthest point from the entrance and safely work backwards using the “S-stroke”, under the bed, behind bedside tables, move the furniture, if necessary or possible, behind door(s), and ensuring corners and edges are free from debris and dust.

- Don appropriate PPE including safety goggles or glasses, gloves, and other items deemed appropriate.
- Must dust mop the room floor and the bathroom by using hospital-approved dusting tool and cloth.

**Step 6: Damp Mopping**

Damp mopping is defined as cleaning the floor using hospital-approved tools, single-use microfiber mop, solution, and techniques. Begin the procedure at the furthest point from the entrance and safely work backwards using the “S-stroke”, under the bed, behind bedside tables, move the furniture, if necessary or possible, behind door(s), and touching all corners and edges.

- Don appropriate PPE including safety goggles or glasses, gloves, and other items deemed appropriate.
- Properly place wet floor signage.
- Must prepare and use a single-use microfiber mop.
- Must damp mop the room and bathroom floors with the hospital-approved solution located in the mop bucket.
- When finished, ensure that the “wet floor” sign(s) are properly placed in the room at the door to minimize safety hazard.
- Single-use microfiber mops are replaced every room or as needed.

**Step 7: Inspection**

Inspection is defined as the process to ensure that the area is free of debris and dust, disinfected, has clean linen / curtains, trash and linen containers are emptied, consumable products are replenished, and no EVS equipment or supplies remain. The E-WFM or supervisor must:

- Visually inspect the area by monitoring of Steps 1 through 6.
- Immediately correct any missed critical details.
- Ensure that the cubicle curtains and draperies do not have stains or soil marks.
- Schedule for the changing of curtains and draperies are dependent on the ward or ICU policy.

**Terminal Cleaning:**

Terminal Cleaning is defined as the thorough, extensive cleaning and disinfection of a patient room/area after the patient is discharged/transferred out from that room. This is to include changing privacy curtains in the room.

Upon notification from nursing staff, the E-WFM will perform terminal cleaning of patient room/area following the 7-Step procedure as outlined above and utilizing hospital-approved Clorox Healthcare™ Bleach Germicidal Cleaners in either liquid or Clorox Healthcare™ Bleach Germicidal Wipes form.

On occasions when sewage, blood products or laboratory waste leaks occur, part of performing terminal cleaning of the affected area(s) must include the use of Clorox Healthcare™ Bleach Germicidal Liquid.

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**EQUIPMENT**

E-WFM personnel are only responsible to clean the equipment as stated in the contract (See **Attachment B**).

All assigned unattached equipment will be:

- Wiped clean
- Dust-free
- Sanitized with the hospital-approved wipes

A three-part tag designating equipment has been cleaned will be affixed to each equipment cleaned by E-WFM. Alternatively, cleaned equipment can also be covered with a clear bag used to identify that the equipment is clean and ready to be used. All equipment maintained by other vendors or trained personnel (not E-WFM) must be cleaned, dusted, sanitized, bagged, and stored by the vendor or trained personnel as per contract or warrantee.

All clean equipment must be placed in a clean storage area and stored neither with dirty equipment nor in soiled/dirty utility rooms.

See **Attachment B** to identify responsible department and/or personnel for equipment cleaning.

**EQUIPMENT CLEANING FREQUENCY**

Equipment and devices will be cleaned daily, between patients, after use, post discharge and as needed (See **Attachment B**).