

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: XV-101 ENVIRONMENTAL SERVICES, INFECTION CONTROL	POLICY #: 1127
	VERSION: 1
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PURPOSE: To provide a clean, safe and functional environment for patients, employees and visitors.

POLICY: Cleaning and disinfection is to occur per the minimum frequencies and methods outlined in the following protocols observing principles of infection control and the Ambulatory Surgical Center (ASC) practices and rules.

I. GENERAL INFECTION PREVENTION & CONTROL PRINCIPLES

A. Orientation and Continuing Education

Orientation is mandatory for new personnel. Continuing education is mandatory at least annually and ongoing to reaffirm existing techniques and to introduce improved protocols. Competency verification on the understanding of principals and process of environmental cleaning in the perioperative areas is to occur initially and ongoing.

B. Personal Hygiene, Precautions, Personal Protective Equipment (PPE), Uniforms

High standards of personal hygiene and general cleanliness are to be followed, with particular emphasis on adherence to protocols for hand hygiene, Standard/Universal Precautions, use of PPE and observance of surgical suite dress requirements and traffic patterns.

C. Hand Hygiene

Personnel responsible for cleaning must perform hand hygiene:

1. Before initial patient environment contact
2. After potential body fluid exposure (e.g. after cleaning patient areas, handling soiled linen, equipment or waste); and
3. After patient environment contact (e.g. after cleaning patient care areas, space or operating room; after cleaning soiled equipment (e.g. after changing mop heads).
4. Gloves must be removed on leaving each operating room or contaminated rooms or task. Personnel must clean hands after removing gloves as gloves do not provide complete protection against hand contamination.

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: XV-101 ENVIRONMENTAL SERVICES, INFECTION CONTROL	POLICY #: 1127
	VERSION: 1

D. Related ASC Policies

The following policies are to be adhered to consistently by all staff:

1. Hand Hygiene
2. Standard/Universal Precautions
3. Bloodborne Pathogens Exposure Control Plan
4. Aerosol Transmissible Disease Exposure Control Plan
5. Isolation Precautions Protocols
6. Employee Health
7. Disinfection & Sterilization
8. ASC Dress Code and Traffic Policies

E. Compliance Monitoring

The Infection Preventionist will conduct environmental surveillance in the ASC on an ongoing basis and will include monitoring of the cleaning by the Environmental Services (EVS) staff in the OR following a case(s). Findings of the performance by EVS staff and of the environmental surveillance will be reported to the EVS Supervisor and the Nursing Director. Environmental Surveillance Reports are forwarded to the Nursing Director and to the ASC MAC at least quarterly.

II. ENVIRONMENTAL SERVICES EQUIPMENT AND CLOSETS

- A. Storage closets are to be cleaned regularly.
- B. Clean items in storage areas are to be segregated from dirty items.

III. CLEANING DISINFECTION SOLUTIONS

A. Disinfectant Solutions

1. Disinfectant solutions are to be EPA approved and approved for use by the Infection Prevention Committee.
2. Quaternary Ammonium disinfectants (low/intermediate level) are to be used according the manufacturers' recommended dilution ratios. Bleach is to be used in dilution ratio of 1:10 with water (1 part bleach to 9 parts water) and use premixed per manufacturer or mixed fresh at least weekly when used.
3. No phenolics or high-level disinfectants are to be used for cleaning or disinfection of the ASC environment.

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: XV-101 ENVIRONMENTAL SERVICES, INFECTION CONTROL	POLICY #: 1127
	VERSION: 1

4. If the cleaning solution/chemical is removed from the original container, the secondary container should be labeled with the chemical name, concentration and expiration date.

B. Other Cleaning Solutions/ Agents

The use of a low or intermediate level disinfectant does not preclude use of other cleaning solutions/agents as long as disinfection with a low or intermediate level EPA approved disinfectant solution is the final process.

C. Mixing Solutions

Mix solutions according to the manufacturer's instructions. Do not mix with other ingredients, detergents or soaps as this may inactivate them or create a more hazardous or toxic substance.

D. Blood Spills

1. A disinfectant solution of 5.25% sodium hypochlorite (bleach) diluted 1:10 with water (1 part bleach to 9 parts water) or another intermediate level disinfectant should be used to clean major blood spills.
2. Minor blood/body fluid spills may be disinfected after cleaning with low level quaternary ammonium or intermediate level quaternary ammonium/alcohol disinfectants.

E. Dwell /Contact Time

1. Staff are to adhere to the "dwell" or "contact" time required for contact of the disinfectant solution with a surface per the manufacturer's instructions.
2. Disinfectants should be applied and reapplied as needed, per manufacturers' instructions for the dwell time required to kill the targeted microorganisms.

IV. CLEANING CLOTHS AND MOPS

1. Low linting cloths moistened with EPA-registered hospital grade disinfectant are to be used for damp dusting.
2. Reusable cloths and mops used for cleaning are to be changed after each use to prevent surface contamination during cleaning and subsequent transfer of organisms.
3. Once used, cleaning mops and cloths are not to be returned to the cleaning solution container, (e.g. no "double dipping")
4. Cloths (disposable or reusable) or disinfectant wipes are to be changed frequently.

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: XV-101 ENVIRONMENTAL SERVICES, INFECTION CONTROL	POLICY #: 1127
	VERSION: 1

5. Use fresh cloth(s) with disinfectant or disinfectant wipes for cleaning each item or space before moving to the next item or space. Change the cleaning cloth/wipe frequently (e.g. when it is no longer saturated with disinfectant) and after cleaning heavily soiled areas.
6. Cleaning and disinfection is to occur from top to bottom (without returning from bottom to top).

V. DAMP DUSTING AND MOPPING

- A. Dry dusting and sweeping are to be avoided or minimized and all surfaces are either damp or wet mopped, wet vacuumed, or wiped with a damp cloth or chemically treated cloth to avoid creating microbe-laden aerosols.
- B. In cleaning ventilation ducts remove any adherent dust or other particulate matter in manner to avoid dispersal of dust, or ensure the items below are covered.
- C. Ensure the surfaces directly above patients are dusted when patient is not present.
- D. Damp dusting is to be performed methodically from top to bottom (without returning from bottom to top).

VI. CLEANING OF FLOORS

- A. Frequency**
All floors are to be cleaned at least daily with an approved disinfectant solution.
- B. Sweeping**
Dry sweeping is to be avoided or minimized and floors should be either damp or wet mopped, wet vacuumed or dusted with a chemically treated cloth to avoid creating microbe-laden aerosols.
- C. Mop Heads**
In surgical suites the mop heads are changed between cases. In non- surgical suite areas mop heads are to be changed as needed when visibly soiled or heavily contaminated and at least daily.
- D. Disinfectant Detergent Solution**
A fresh batch of disinfectant detergent is to be used after each OR case, and as needed, or when visibly soiled or heavily contaminated in non-surgical areas.
- E.** Clean and disinfect floor surfaces at the edge of the room first, moving toward the center of the room.

VII. CLEANING OF FIXTURES AND SINKS

Handwashing facilities, service sinks and bathroom fixtures are to be thoroughly cleaned at least daily (and as needed) with an approved detergent disinfectant solution.

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: XV-101 ENVIRONMENTAL SERVICES, INFECTION CONTROL	POLICY #: 1127
	VERSION: 1

VIII. WALLS (excluding OR Suites) & WINDOWS (Interior)

- A. Walls/Windows are to be spot-checked daily and cleaned of visible soiled areas.
- B. Walls/Windows are cleaned at least every 6 months.

IX. HORIZONTAL SURFACES

Horizontal surfaces (except ceilings) are to be wet or damp cleaned at least once daily.

X. CEILING, HANGING LIGHTS

Ceilings and hanging lights are to be cleaned weekly.

XI. VENTS

Vents are to be damp cleaned weekly.

XII. CURTAINS

Inspect cubicle curtains daily for soil damage and change every 2 months and as needed.

XIII. CLEANING OF PATIENT CARE AREAS- (Non-Surgical Suites)

POHA, PACU, Offices, Corridors, Restrooms, Locker Rooms, Break Room, Medication Room, Storage Areas

A. Daily Cleaning

1. Empty wastebaskets, clean and replace liner.
2. Damp wipe furniture and fixtures, paying close attention to high touch areas such as doorknobs, etc.
3. Damp wipe door and door frame.
4. Spot clean walls, windows, and baseboards, as needed.
5. Inspect cubicle curtains for soil or damage and replace as needed.
6. Clean sink, wipe sink top, and fixtures.
7. Replenish paper towels, bathroom supplies, soaps and alcohol hand solutions.
8. Check sharps containers, replace when $\frac{3}{4}$ full.
9. Dispose of Pharmaceutical Waste when indicated as $\frac{3}{4}$ full.
10. Wet mop floor with disinfectant
11. Report repair needs to supervisor

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: XV-101 ENVIRONMENTAL SERVICES, INFECTION CONTROL	POLICY #: 1127
	VERSION: 1

12. Clean specimen cabinet interior and exterior after specimens removed.

B. Weekly Cleaning

1. Dust walls, clock and wall fixtures.
2. Dust personal computers
3. Wipe fire sprinkler heads
4. Clean ceiling lights
5. Dust vents
6. Clean baseboards
7. Clean windows and sills

XIV. CLEANING OF SURGICAL SUITES & CORE AREAS

A. General Practices

1. Observe Surgical Suite dress requirements at all times. Wear scrub suit, shoe covers and cap and mask upon entering suites. New shoe covers and caps are put on upon return.
2. All cleaning equipment must remain inside the ASC Surgical Suite clean area, and should never be used in other areas of the ASC or outside of the ASC.
3. Equipment must be clean before starting procedure. Clean mop heads are to be used daily and following each case.
4. The operating room suites are to be cleaned between surgical operations, with terminal cleaning daily. Use Intermediate Level disinfectant for frequently touched surfaces.
5. Working from clean to dirty and from high to low areas of the room and equipment.
6. Clean all furnishing and horizontal surfaces in the room. Lift items to clean the tables/counters. Pay particular attention to high-touch (frequently touched) surfaces.
7. Clean and disinfect/whip equipment on walls.
8. Cleaning records must be maintained.

B. Between Cases

1. Remove soiled linen.
2. Remove all wastes and suction canister if used. (Bring Biohazard waste receptacle to OR suite for collection of waste.)

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: XV-101 ENVIRONMENTAL SERVICES, INFECTION CONTROL	POLICY #: 1127
	VERSION: 1

3. Clean all furniture and equipment that is visibly soiled.
4. Spot clean walls, floors, doors, lights and ceiling if visibly soiled.
5. Clean surgical table, including pad, patient straps and base. Clean top, sides and underside of pad.
6. Clean high touch surfaces (e.g., door handle/push plate, light handles, phone, IV poles and Pumps, linen/waste hampers, equipment handles)
7. Replace waste and linen liners.

C. Daily

1. Operating Rooms- Terminal Cleaning
 - a. Remove trash and linen and dispose of properly. Clean containers and replace liners.
 - b. Clean and disinfect all fixtures, equipment furniture, and horizontal surfaces exposed surfaces, including wheels and casters of all equipment.
 - c. Clean surgical light lenses with approved cleaning agent.
 - d. Clean all vents
 - e. Wash walls. Clean doorframes and hinges from ceiling to floor.
 - f. Wash doors from top down.
 - g. Clean baseboards
 - h. Clean and disinfect the floor with a wet vacuum or single-use mop.
 - i. Move equipment around the room to clean the floor underneath (Do not move Anesthesia equipment).
 - j. Rearrange all furniture in its proper place.
2. Core and Associated Areas
 - a. Wash scrub sinks
 - b. Clean high touch surfaces, e.g., door plates/handles
 - c. Spot and wash walls as needed, doors, and windows in core area. Clean doorframes and hinges.
 - d. Daily clean all fixtures, equipment, furniture, and horizontal surfaces including ledges, counters, wall fixtures, linen hampers, waste receptacles, casters.
 - e. Wash sinks, faucets, toilets, and exposed plumbing pipes
 - f. Wet mop or wet vacuum floor. Clean baseboards.

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: XV-101 ENVIRONMENTAL SERVICES, INFECTION CONTROL	POLICY #: 1127
	VERSION: 1

- g. Remove waste and linen and dispose of properly. Replace liners.
 - h. Rearrange all furniture in its proper place.
3. Sterile Processing areas and Decontamination areas
- a. Clean high touch surfaces, all carts and sinks and washer surfaces.
 - b. Use separate cleaning equipment than is used for OR and clean areas.

XV. CLEANING OF EQUIPMENT

Transport equipment (wheelchairs, lounge chairs, gurneys) is cleaned between patient use and as needed.

XVI. STOCKING OF SUPPLIES

Ensure that hand soaps and hand antiseptic alcohol solutions, paper supplies are available and replenish as needed. Monitor the expiration dates of the hand alcohol antiseptic solutions and replace as needed.

XVII. WASTE DISPOSAL

A. Waste Containers

1. Waste containers must be lined with a disposable plastic bag.
2. Between each change of the disposable plastic bag, the trash container must be damp wiped with Quaternary Ammonium on cleaning cloth (not with a dry cotton cloth) before relining with a new disposable plastic bag.

B. Regular Waste

1. All waste products are to be picked up at least daily and as needed.
2. The waste bags are to be securely tied before they are collected (aerosolizing dust into air is to be avoided). The bags are then to be transported to a collection bin. The filled bins are to be collected at least daily and more often as needed to be transported to the trash compactor for collection by the waste collection agency.

C. Biohazardous Waste (See Medical Waste Policy for definitions).

1. Biohazardous waste is bagged into one (1) labeled red plastic bag at place of origin. Doubled bagging may be done if outside of bag is contaminated with biohazardous substances or if extra strength in bag is needed to contain fluid waste and prevent leakage.
2. Needles and sharps deposited into approved labeled plastic, sharps disposal containers are sealed closed when 3/4th full. Sharps-disposal

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: XV-101 ENVIRONMENTAL SERVICES, INFECTION CONTROL	POLICY #: 1127
	VERSION: 1

brackets are to be maintained in a clean manner and routinely checked for need to be emptied.

3. Biohazardous waste products are to be picked up at least daily.
4. Biohazardous waste will be kept separate from other waste.
5. Biohazardous waste will be placed in biohazard-lidded containers in designated locked area for pick up by contract biohazard waste collector per Medical Waste Policy.
6. Biohazardous Pharmaceutical Sharps Waste is to be handled with same care as Biohazard waste but disposed of as Pharmaceutical Waste.

D. Pharmaceutical Waste

1. When containers are $\frac{3}{4}$ full or in 1 year of date when container use was initiated the container is to be closed and collected for disposal by contract pharmaceutical waste collector.
2. Pharmaceutical waste containers are to be placed in designated locked holding area.

XVIII. REPORTING REPAIRS

Report any cracks, chipped paint, broken floor tiles, water-stained ceiling tiles, and other repair needs to the Nursing Supervisor and/or Environmental Services Supervisor.

XIX. BLOOD/BODYFLUID SPILL CLEAN UP

A. Preparation

1. Minimize traffic in spill area.
2. Collect needed equipment (e.g., disinfectant, cleaning cloths, wipes, dust pan, tongs, absorbent material, biohazardous bag).

B. Procedure

1. Don suitable personal protective equipment (PPE)
2. Collect any sharp objects with forceps or other mechanical device and place in a sharps container. Do not use your hands for this purpose.
3. Contain and absorb the spill with paper towels or disinfectant-soaked paper towels and place in a biohazard bag.
4. Using disinfectant, clean the spill site of all visible blood.
5. Wipe or pour over the spill site with bleach solution for major spill or with low or intermediate level disinfectant for minor spill. Allow to air dry for appropriate contact time.
6. After the contact time, wipe the area down with disinfectant-soaked paper towels or wipes. Discard all disposable materials used to decontaminate

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: XV-101 ENVIRONMENTAL SERVICES, INFECTION CONTROL	POLICY #: 1127
	VERSION: 1

the spill into a biohazard bag. Decontaminate any reusable items with disinfectant.

7. Send contaminated cleaning articles for reprocessing or dispose.
8. Remove and dispose of personal protective equipment.
9. Wash hands.

REFERENCES:

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