Module 4: Cleaning and Disinfection of Resident Rooms
Infection Prevention and Control Training for Environmental Services Staff
Objectives

• Describe the critical role of cleaning and disinfection
• Discuss daily and terminal cleaning processes
• Use an environmental cleaning checklist
Why Do Cleaning and Disinfection Matter?

• Germs are present everywhere including objects and surfaces in the resident’s room
• Germs are a source of infection
• Improper cleaning and disinfection allows germs to spread leading to more infections
Clean Before You Disinfect a Surface

- **Cleaning** is the physical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, germs)
- **Disinfection** is the chemical process of killing germs on surfaces
Disinfectants Won’t Work if a Thorough Cleaning Doesn’t Happen First

1. Thoroughly clean a surface to remove most germs

2. Disinfect the surface to kill remaining germs
Where Can You Find the Highest Concentration of Germs in a Resident Room?
High-Touch Surfaces: An Overview

• Surfaces and equipment that are most likely to be contaminated by germs
• Surfaces that healthcare workers and residents touch more often
• Prioritize cleaning high-touch surfaces at least once a day to reduce likelihood of germ spread
Examples of High-Touch Surfaces

- Include:
  - Doorknobs
  - Light switch
  - Bedpans
  - Toilet handle
  - Bedrail
  - Call button
  - Remote
  - IV pump and pole
  - Bedside table
  - Commode chair
  - Computer keyboard
  - Tray table
  - Telephone
  - Respiratory equipment
  - Chairs

**Tip:** Post a list of high-touch surfaces on the EVS cart for reference.
Knowledge Check

What are some examples of high-touch surfaces? Select all that apply.

A. Light switch
B. Bedrail
C. Doorknob
D. Toilet flusher
E. All of the above
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STANDARD CLEANING PROCESS
Standard Cleaning Process

- Clean from clean to dirty
- Clean from top to bottom
- Establish a pattern
- Prevent contamination

Examples:
- Begin with common surfaces (e.g., doorknobs) before moving to the resident area
- Restrooms should be cleaned last
- Clean bed rails before bed legs
Standard Cleaning Process in a Resident Room
Prepare to Clean!

✓ Coordinate with nursing staff (or follow the facility schedule) on which rooms need to be cleaned and when they need to be cleaned
✓ Check isolation signage for required PPE and supplies
✓ Clean your hands before handling cleaning supplies
✓ Stock supplies in the EVS cart (e.g., prepare the needed number of microfiber cleaning cloths)
✓ Clean your hands and put on PPE based on the isolation signage
Hand Hygiene and Glove Use

• Gloves are not a substitute for hand cleaning
• Change gloves and clean your hands when moving from dirty to clean tasks (e.g., after cleaning the toilet, before getting the mop from the cart)
• Clean in-between every glove change
• Never reuse gloves
Daily Room Cleaning Steps

✓ Follow facility’s standard cleaning process
✓ Remove trash and other items
✓ Remove gloves and clean your hands when going from a dirty to a clean task
✓ Change cleaning cloths between cleaning resident care areas, and when moving from a dirty to clean task
✓ Follow facility floor cleaning policy
✓ Clean and disinfect supplies before placing them back on the cart
Terminal Room Cleaning

In addition to all steps in a daily room cleaning:
✓ Work with CNA to remove the resident’s belongings before cleaning the room
✓ Remove any paper and tape on walls or equipment
✓ Discard disposable items if used (e.g., paper-based bedpans)
✓ Send any reusable items to be reprocessed
✓ Clean the walls, blinds, or window curtains
✓ For isolation room: Discard any open supplies and replace the privacy curtain
Cleaning Considerations for All!

- Everyone plays a role in cleaning and disinfection
- Clinical staff can remove resident's personal items so EVS can better focus on cleaning
- Cleaning decreases germ bioburden in the room: The cleaner the room, the lower the chances of spreading germs.
Cleaning a Single-Bed Room
HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM
Cleaning a Two-Bed Room
HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM
Use an Environmental Cleaning Checklist to Ensure all Surfaces are Cleaned

CDC Environmental Checklist for Monitoring Terminal Cleaning
(www.cdc.gov/hai/pdfs/toolkits/environmental-cleaning-checklist-10-6-2010.pdf)
Best Practices for Cleaning and Disinfection

- Ensure surfaces are clean before disinfecting
- Organize supplies in the EVS cart
- Identify high-touch surfaces to clean / Focus on high-touch surfaces
Best Practices for Cleaning and Disinfection

✓ Clean from clean to dirty areas
✓ Clean from top to bottom
✓ Don appropriate PPE
✓ Clean hands before and after cleaning tasks
Best Practices for Cleaning and Disinfection

- Don’t touch clean supplies with dirty hands
- Never mix bleach and quaternary ammonium products (quats)
References

1. CDC Environmental Checklist for Monitoring Terminal Cleaning, Centers for Disease Control and Prevention (CDC) (PDF) (www.cdc.gov/hai/pdfs/toolkits/environmental-cleaning-checklist-10-6-2010.pdf)


4. Environmental Cleaning and Disinfection, CDC (www.train.org/cdctrain/course/1081815/) Note: must make account to access

5. Reprocessing Reusable Resident Care Equipment, CDC (www.train.org/cdctrain/course/1081814/) Note: must make account to access
Project Firstline Resources

Visit the Project Firstline Website
www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstline.aspx

Email the Project Firstline AskBox
ProjectFirstline@cdph.ca.gov

Project Firstline is a national collaborative led by the U.S. Centers for Disease Control and Prevention (CDC) to provide infection control training and education to frontline healthcare workers and public health personnel. The California Department of Public Health Healthcare-Associated Infections (HAI) Program is proud to partner with Project Firstline, as supported through Strengthening HAI/AR Program Capacity (SHARP) funding. CDC is an agency within the Department of Health and Human Services (HHS). The contents of this presentation do not necessarily represent the policies of CDC or HHS and should not be considered an endorsement by the Federal Government.
ACTIVITY TEACHING AIDES / WORKSHEETS
Proper Cleaning and Disinfection Order
Place the cleaning and disinfection steps in order.
HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM

- Pull trash & linen
- Clean high-touch surfaces
- Perform hand hygiene
- High & low dust
- Perform hand hygiene
- Clean bathroom
- Damp-mop the floor
- Dust-mop the floor
- Make bed, use cleaning supplies, & inspect

These procedures are downloadable and may be adapted for facility use, except for the pre-recorded audio versions of module presentations.
Identify Who Cleans What

What are the high-touch surfaces in your facility?

Who cleans each surface?

ABHR dispenser  
Bathroom  
Bedrail  
Call button  
Charting area  
Feeding pump  
Floor  
Glucometer  
IV pole  
IV pump  
Light switch  
Medication cart  
Oxygen tank  
Patient bed scale  
Patient lift  
Patient linen  
Pill crusher  
PPE container  

Privacy curtains  
Room door handle  
Room/toilet sink  
Side table  
Tray table  
TV remote  
Ventilator  
Vitals machine  
Wound care cart  

List other high-touch surfaces and responsible staff:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
What Would You Do? Understanding Proper IPC Practices

Instructions

• Read the cleaning and disinfecting example statement
• Think about if you would or would not do the practice based on the training
• Raise your hand as quickly as possible to answer the question and race others
• Provide answer and rationale
Question 1

Would you clean from clean areas to dirty?
Yes!

We should always move from clean areas to dirty areas. For example, begin with common surfaces before moving to the resident area, and restrooms should always be cleaned last.
Question 2

Would you clean from high surfaces to low and top to bottom?
Question 2: Answer

Yes!

Clean from high to low surfaces, top to bottom. For example, clean bed rails before bed legs, or high-touch surfaces before floors.
Question 3

Would you change the curtains in a resident's room daily?
Question 3: Answer

No!

Consider changing curtains when visibly soiled and per a set schedule. Refer to facility policy.
Question 4

Would you store soiled equipment on the inside of the EVS cart?
Question 4: Answer

No!

Items like medical equipment used during resident care should be removed. Follow facility’s equipment cleaning policy to ensure that shared medical equipment are cleaned and disinfected appropriately.
Question 5

Would you say that all facilities have the same high-touch surfaces?
Question 5: Answer

No!

Facilities may differ in what surfaces are considered high-touch. High-touch surfaces are surfaces and equipment that are most likely to be contaminated by germs. These are surfaces that healthcare workers and residents touch more often, and therefore must be properly cleaned and disinfected regularly to prevent spreading germs.
Question 6

Would you place a used toilet brush in the shower?
Question 6: Answer

No!

Placing a used toilet brush in the shower can lead to germs on the toilet brush spreading to the shower and putting residents at risk.
Question 7

When cleaning each resident care area, would you start by cleaning the direct resident area or objects distant from the resident care area?
Question 7: Answer

No!

We start by cleaning objects distant from the resident care area such as the common surfaces like doorknobs or light switches, then move to items touched during resident care like bedrails or tray tables.
Question 8

When cleaning each bed space, would you start from the headboard and then move on to the footboard?
Question 8: Answer

Yes!

When cleaning each bed space, start from the headboard and then move on to the footboard.
Thank you for your participation!