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Foreword

The Environmental Management Services (EMS) Sanitation Procedure Guide is a companion document to the Environmental Program Service Welcome Guide (the Survival Guide for Chiefs) which provides standardized guidance in the development of sanitation practices for VHA Healthcare Systems EMS programs. It is provided in the form of a template that can be tailored to meet facility needs and include facility specific data related to procedures, products, and practices and form the basis for a contract with facilities regarding sanitation and environmental management. These guides consist of templates to share best practices and are available to critique and compliment facility or departmental memorandums, and infection control policies. These standardized guides are tools developed to help create a procedure and guideline manual specific to each facility, yet follows the national framework.

EMS consists of dedicated employees whose responsibility is to perform duties to maintain the healthcare environment. In addition to maintaining physical and biological cleanliness, EMS creates healthy, healing environments for our nation’s Veterans and their families.

This EMS Sanitation Procedure Guide is based upon successful programs and best practices currently in use throughout the VHA Healthcare System. The Standard Operating Procedures templates provide general guidance for products and equipment. Facilities should customize the SOP templates by inserting specific information where prompted within the document.

This Sanitation Procedure Guide consists of necessary procedures and training applicable for EMS programs throughout VHA’s healthcare system. The scope of the procedure guide includes the duties and tasks required to maintain an effective environmental program.

Environmental Programs Service is available as a resource to answer any questions individual medical centers may have regarding the customization of this procedure guide for each facility.

Aubrey Weekes, MBA
Director, Environmental Programs Service VHACO (10NA7)
Chapter 1

Introduction
Welcome to Employees

I wish to take the opportunity to welcome you as a member of the (insert Medical Center name) Environmental Management Service (EMS), which includes the (list Divisions).

You have been selected to fill a very important position on a team dedicated to providing the best possible healthcare to our patients. You can take pride in being a member of this team. You are important in preventing healthcare associated infections. This role requires a professional and patient centered attitude. You will acquire the skills and knowledge necessary to support the delivery of quality healthcare.

EMS was established in 1954 to provide support to the healthcare team in the following areas:

- Office of the Chief
- Environmental Sanitation
- Environment of Care Monitoring
- Interior Design
- Textile Care
- Patient Assistance
- Waste Management/Recycling
- Integrated Pest Management

You are required to promote a positive and professional image for our facility and create a feeling of confidence for co-workers, patients and visitors.

The Environmental Management Service Sanitation and Procedure Guide will assist you in becoming a valued member of the healthcare team. Please read it carefully. The Guide covers the basic methods and techniques which will help you acquire the skills and knowledge required for your position. This Guide also provides general information regarding leave, employee responsibility, conduct, and tours of duty.

Again, welcome to EMS.

(Service Chief Name)
The Environmental Sanitation Operation ensures that the facility will be maintained in a state of cleanliness by:

- Providing environmental cleaning for all patient units, clinics, public, and administrative areas within the Medical Center.
- Selecting appropriate cleaning procedures, controls and monitors to ensure that all sanitation requirements are properly and efficiently addressed.
- Conducting orientation and in-service training, including standard cleaning methods and procedures.
- Assisting in creation of sanitation standards and establishing effective staffing.
- Testing new products, equipment, and technology to ensure that such items meet industry standards.
- Provide necessary resources to meet job requirements.
- Obtain, store and deliver all necessary supplies used within the sanitation operation.

The effectiveness of the Sanitation Operation directly impacts patient outcomes and the positive image of a healthcare facility.
EPS Mission Statement

The mission of the (insert facility name) is

To honor, comfort and protect Veterans by developing, and guiding innovative improvements in healthcare Environmental Sanitation, Textile Care, Interior Design, and Waste Management programs that exemplify VA’s Core Values and Characteristics.

EPS Vision Statement

The mission of the (insert facility name) is

To continually enhance VHA’s ability to create healthy, healing environments for our nation’s Veterans and their families that inspire, enable and sustain health and well-being.

VA Core Values and Characteristics

“I”  Integrity
“C”  Commitment
“A”  Advocacy
“R”  Respect
“E”  Excellence
Blueprint for Excellence

Blueprint for Excellence

The four themes and ten essential strategies contained in the *Blueprint for Excellence* frame a set of activities that simultaneously address

1. Improving the performance of VHA healthcare now
2. Developing a positive service culture
3. Transitioning from “sick care” to “healthcare” in the broadest sense
4. Developing agile business systems and management processes that are efficient, transparent and accountable.

Ten (10) essential strategies

1. Operate a healthcare network that anticipates and meets the unique needs of enrolled Veterans, in general, and the service-disabled and most vulnerable Veterans, in particular.
2. Deliver high quality, Veteran-centered care that compares favorably to the best of private sector in measured outcomes, value, efficiency, and patient experience.
3. Leverage information technologies, analytics, and models of healthcare delivery to optimize individual and population health outcomes.
4. Grow an organizational culture, rooted in VA’s core values and mission, that prioritizes the Veteran first; engaging and inspiring employees to their highest possible level of performance and conduct.
5. Foster an environment of continuous learning, responsible risk-taking, and personal accountability.
6. Advance healthcare that is personalized, proactive, and patient-driven, and engages and inspires Veterans to their highest possible level of health and well-being.
7. Lead the nation in research and treatment of military service-related conditions.
8. Become a model integrated health services network through innovative academic, intergovernmental and community relationships, information exchange, and public-private partnerships.
9. Operate and communicate with integrity, transparency and accountability that earns and maintains the trust of Veterans, stewards of the system (Congress, Veterans Service Organizations) and the public.
10. Modernize management processes in human resources, procurement, payment, capital infrastructure, and information technology to operate with benchmark agility and efficiency.
## Telephone Directory

Environmental Management Service Telephone Directory

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Extension</th>
<th>Pager</th>
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<tbody>
<tr>
<td>Chief, EMS</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Assistant Chief, EMS</td>
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<tr>
<td>Environment of Care Specialist</td>
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<tr>
<td>Management Assistant</td>
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<tr>
<td>Administrative Officer</td>
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<tr>
<td>Secretary</td>
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<td></td>
<td></td>
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<tr>
<td>Clerk Typist/Timekeeper</td>
<td></td>
<td></td>
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<tr>
<td>Quality Assurance Trainer</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Interior Designer(s)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Information Specialist (Sign Shop)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hospital Housekeeping Assistant</td>
<td></td>
<td></td>
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<tr>
<td>Housekeeping Aid Supervisor</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Materials Handler</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Patient Assistance Program Clerk</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pest Control</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Supply Clerk</td>
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**Not all facilities will offer these positions. Edit this section to match your facility’s organizational chart.**
Prior to 1954, the Nursing, Registrar, Supply and Engineering Services were performing many of the cleaning functions currently assigned to Environmental Management Service. On June 24, 1954, specific functions related to cleaning, sanitation and interior design were transferred to the new service and placed under the direct supervision of an Executive Housekeeper. This transfer established the new service in VA’s healthcare system, and identified it as the Housekeeping Division.

The Housekeeping Division assumed the responsibility of the laundry operations in July 1961. Since the Housekeeping Division already had control of linen purchasing, distribution and repair, it was felt that it was also logical for the laundry to be included in this operation. At that time interior Pest Management was a well-established component of the Division, due to its relationship with sanitation.

A Directive in October 1966 advised a change in the title of the organization from Housekeeping Division to Building Management Service, which was again changed a few days later to Building Management Division. This title remained until December 1972, when Central Office in Washington, DC, sent a Directive to all stations indicating that only those departments dealing with Veterans’ benefits should remain as a Division. All other departments should be known as Services. Therefore, the organization was again known as Building Management Service.

On June 1, 1993, the name of the Service was changed to Environmental Management Service to properly identify responsibilities, other than just Housekeeping and Laundry. Many Environmental Management Services at other VA facilities have expanded their role to include related activities, e.g., painting, maintenance, signage and graphics, furniture repair, waste management treatment and incineration, recycling, exterior pest control, grounds and transportation.

The primary responsibilities of Environmental Management Service at all divisions of the (insert facility name) are:

- Environmental Sanitation
- Environment of Care Monitoring
- Interior Design/Way-Finding/Painters
- Textile Care/Uniforms/Patient’s Assistance
- Waste Management/Recycling
- Integrated Pest Management
A brief description of each of the operations of the service will help to understand the overall functions of EMS.

**EMS Employee Training** -- Establish policy & procedures for meeting training requirements for all employees in Environmental Management Services. Conduct service level training in a professional manner that meets the needs of the employees, training requirements and mandates governing Environmental Management Services, specifically new employee orientation.

**Environmental Sanitation** -- Sanitation is a necessary and important function in the total operation of the medical center. In a healthcare environment, concern must go beyond the dirt that is visible to the naked eye and extend to the organisms that cannot be visually detected, i.e., *germs*. Even if an area appears clean, it must be cleaned and disinfected with an Environmental Protection Agency (EPA) registered germicidal disinfectant in order to sanitize the area and protect the patients, employees and visitors from spreading disease-causing organisms. After cleaning, disinfection methods such as ultraviolet disinfection or peroxide fogging may be employed to enhance sanitation.

**Environment of Care Monitoring** – The Environmental Management Service provides coordination, documentation, tracking, and trending of Environment of Care rounds. This includes annual review of inspection schedule, publishing of schedule and adjusting locations and responsible departments based on facility changes; organizing findings, tracking completion through EOC Tablets, managing software, reporting trends, facility compliance and rounding attendance to leadership.

**Fleet Management** – The transportation section will have oversight of GSA fleet management, scheduling maintenance and management of GOV or GSA leased vehicles. This includes oversight of all fleet credit cards and ensures that users are properly trained. (Insert local policy / memorandum)

**Integrated Pest Management** -- The relationship of Environmental Management Service (EMS) to the discipline of Integrated Pest Management (IPM) is one of mutual importance. The EMS employee is to report any insects, pests or rodents they see to an EMS Supervisor or to the EMS main office, noting where they saw the insect, pest or rodent; the time of day; and, if possible, where it came from and where it went. All available information regarding such incidents will aid the pest control operators in tracking down and eliminating pests. Sanitation plays a critical role in integrated pest management.

**Interior Design/Wayfinding, Painting --**

**Interior Design.** Selecting materials, finishes and furnishings that are safe and supportive of patient care that can be properly maintained in the healthcare environment is the responsibility of the interior design program. The selection of both the material and color for window coverings, cubicle curtains, floor coverings, paint, furnishings and wall art all fall within the realm of EMS, and is the responsibility of
the Interior Designer or designee. Selected materials and finishes should be aesthetically pleasing but the ease of care and maintenance must also be carefully considered when making the decision. EMS employees may play an indirect role and, therefore, should be aware of what is involved. The EMS role in this area might be to report any loose tile, damaged window coverings, loose rods, damaged paint or wall tiles or other things of this nature to the Interior Designer, thus ensuring immediate attention to correct any deficiencies.

**Wayfinding (Signage).** The wayfinding function covers a wide variety of methods to move Veterans and visitor to and through space to the appropriate location. The sign program is responsible for ensuring correct and appropriate interior/exterior signage. Some facilities may include painting, carpentry or other duties within the scope of this activity.

**Textile Care** -- EMS involvement with the linen management activity may include shelving, clean linen, picking up soiled linen and distribution of clean linen. Each ward requires a set quota for each item of linen used on a daily basis. The linen carts from the Linen Distribution Section are brought to the facility, and linen closets are restocked with an established quota for that particular area.

**Uniform Issue** -- This program involves the issuing, marking, repairing, tailoring and laundering services to Service employees that are required to wear uniforms.

**Patient Assistance Program** -- At this (insert facility name), responsibility for this function falls under the EMS; at other medical centers, the Health Administration Service may be tasked with this responsibility.

This activity involves the inventory, storage and re-issue of a patient’s personal effects while the patient is hospitalized. This program also provides clothing, shoes and personal hygiene items to indigent patients, as well as haircut vouchers, if applicable to facility.

**Waste Management** -- Waste management includes collecting wastes and recyclable materials generated in the facility and transporting waste to designated locations.
Employee Orientation Checklist

The following information will be provided/discussed/reviewed with new employees:

- Age-Specific Training
- Alternative Dispute Resolution (ADR) Program
- Attendance, Scheduling of Leave, Types of Leave
- Automated Safety Incident Surveillance and Tracking System (ASISTS) Program/Rights/Responsibilities
- Basic Procedures and How to Use this Manual in the Performance of your Duties
- Basic computer skills
- Bed Management System (BMS)
- Chemical Inventory Sheets and Location
- Compliance with TJC, OSHA, EPA, CDC, AORN, APIC, DOT, VHA Program Guides, Local, State and Federal Regulatory Agencies.
- Computer Access Codes and Training
- Conduct, Manner, Attitude, Customer Service
- Customer Service (KAIDET/HEART Models)
- Disaster Plan & Emergency Operations Procedures (EOP)
- Employee Identification (ID) / PIV Badge Provision and Display
- Employee Responsibilities
- Ethics Policy
- Fire Regulations/RACE (Rescue, Alert, Confine, Extinguish)/ PASS (Pull, Aim, Squeeze, Sweep) Procedures
- General Safety Procedures/Regulations
☐ Handling of Spills

☐ High Performance Development Model (HPDM)

☐ Hazardous Communication Policy/Rights/Responsibilities

☐ Infection Control Procedures

☐ Information Security Officer (ISO) Confidentiality

☐ Job Description/Performance Standard/Competency/Performance Appraisal

☐ Keys and Access Regulations

☐ Safety Data Sheets (SDS) and their location

☐ Medical Center Brochure

☐ Medical Center Customer Service Requirements

☐ Medical Center Policy for the Prevention of Sexual Harassment

☐ Mission/Vision/Value Statement/Goals

☐ MyVA Website: http://www.va.gov/opa/myva/index.asp

☐ Occupational Safety and Health Administration (OSHA) Blood Borne Pathogens Standards; Employee’s Right to Receive Hepatitis B Vaccine; Occupational Health/Employee Healthcare

☐ Parking Regulations and Registration

☐ Patient and Family Centered Care (PFCC)

☐ Performance Appraisal/Competency (inclusive of rating factors)

☐ Policies and Procedures and Employee Responsibilities (Laundry, Linen and other)

☐ Probationary Period

☐ Professional Appearance and proper wear of uniform.

☐ Personal Protective Equipment (PPE) Procedure
As set forth in this orientation guideline, I have reviewed, discussed and fully understand the requirements of my position and performance, position description, performance requirements and procedures manual. I understand that I may receive the Hepatitis B vaccine from Occupational Health. If I choose not to receive the vaccine, I must sign a declination form.

__________________________________________
Employee Signature Date

__________________________________________
Supervisor’s Signature Date

The Department of Veterans Affairs National Sanitation Manual consists of necessary policies, procedures and training applicable for any sanitation section within VHA. Policies and procedures within this Guide were last reviewed on _(enter date)_ and accepted as written and/or edited by _(enter name)_ and supersede manual dated _(enter date)_.

__________________________________________
Chief, Environmental Management Service Date

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Chapter 2

Overview
Core Principles

Each employee will develop skills for effective job performance. This begins with facility and department orientation, personal education, and learning from peers and supervisors.

1. Understands mission and applies to daily work.
2. Understands chain of command, policies, and procedures to reach work goals.
3. Shows leadership, teamwork, ethical behavior, fairness, concern for others and accepts cultural differences.
4. Communicates with patients, the public, and employees.
5. Gives and accepts feedback about job and behaviors.
6. Accepts changes.
7. Gives ideas and suggestions.
8. Responsible for actions and final results.
9. Keeps a positive outlook.
10. Problem solves and suggests ways to improve work area.
Personnel Policies and Employee Conduct

1. **Purpose:** To provide guidelines and standards pertaining to Environmental Management Service Sanitation Section job-related issues.

2. **Policy**

- **Personal Appearance** - All employees are responsible for presenting a professional appearance by being neat and well-groomed while on duty. Employees must properly wear a clean uniform daily in accordance with service standards (i.e. shirt tail tucked, unwrinkled, etc.). All shoes must be clean and serviceable; for safety reasons, no canvas shoes, sandals, dress shoes, etc., will be permitted. Choices of work shoes will be either work boots or athletic tennis shoes (station provided where applicable). Good hygiene (clean hair and body) is a daily requirement.

- **Uniforms** - Employees will be issued government-owned uniforms, sufficient to allow them to wear a clean uniform every day. Laundry service will be provided if required. You may wear your uniform to and from your residence. Refer to bloodborne pathogen plan if uniform becomes soiled with body fluids.

- **Name badges** - are to be worn and be clearly visible at all times while on VA property. If name badges are lost, employee must make arrangements for replacement at the earliest opportunity. Name badges are to be worn with picture facing outwards to make identification easy.

- **Miscellaneous** - Sunglasses are not to be worn inside, unless required by physician. Hats are not to be worn unless approved by management. Cell phones, earplugs, IPods or other electronic devices are not to be used while on duty except for official government use.

- **Speech** - Use a pleasant tone of voice, and avoid loud or boisterous talk or conduct at all times in the hospital and on the campus. Always remember patient privacy standards and principles.

- **Manner** - Be alert, courteous, helpful and brief. Employees should report any problems or issues to their immediate supervisor. Avoid showing irritation with patients and staff members. Show job interest and willingness to learn. Take pride in job. Be considerate of patients and the staff responsible for their care. Always utilize the KAIDET model. Knock, Announce, Identify, Duration, Engage, and Thank when entering and working in a patient...
room. If asked to leave, do so graciously and return another time. Be willing to assist each other and help employees of other Services, as needed. It is vital in to show cooperation and enthusiasm while on duty. When dealing with a patient remember the HEART model. Hear, Empathize, Apologize, Respond, and Thank the patient for understanding.

- **Conduct** - Your actions and behavior on or off duty reflect upon you, this service, the facility and the Department of Veterans Affairs.

- **Use of Drugs and Alcoholic Beverages** - The use of drugs (except those prescribed by a physician) and intoxicating beverages are strictly prohibited on duty and on VA property. For patient and employee safety, Police Services will be contacted for an employee reporting for duty with an odor of alcohol.

- **Obscene Language/Gestures** - Vulgar or obscene language/gestures are prohibited, and will not be tolerated.

- **Smoking** - Do not give smoking materials or matches to patients at any time. Smoking as well as vaporizing units and smokeless tobacco products are to be used during official breaks and in designated areas. Smoking is permitted only in accordance with the Medical Center Policy (insert MCM# here).

- **Protocol/Chain of Command** - Following the proper chain of command is fundamental to ensuring continuity between upper management, supervisory personnel and EMS employees. It is important that all operational issues be addressed on the appropriate level of supervision first.

- **Attendance** - Regular attendance on the job is essential. Excessive missed days could be a cause for appropriate disciplinary actions

- **Tardiness** – Employees are always expected to arrive to work on time. Tardy is defined as not reporting to work on time, Tardiness will be documented. Repeated tardiness will not be excused and employee will be charged leave in 15 minute increments if approved by the immediate supervisor or other leave granting authority within the employee’s chain of command. Excessive tardiness could be a cause for employee to be charged absent without official leave (AWOL) and may lead to formal disciplinary action.

- **Reporting On or Off Duty** – All employees are expected to be ready, willing, and able to work during their tour of duty. Each employee is required to report for duty on time, fully dressed in their uniform and ready for work. The employee uniform includes clothing, name badge(s), and hospital issued communication devices such as pagers or Vocera as applicable. Employees not in full uniform will be sent home with instructions to return to work in the
proper uniform. Employees shall not leave before the end of their shift. Employees will check in and out with their immediate supervisor or designee at the beginning and end of their tour.

- **Schedules/Tour Changes** - Schedule/tour changes will be addressed according to local labor/management agreements and medical center policies.

- **Leave (Time Off)** - Leave is granted according to national and/or local negotiated agreements and medical center policy.

- **Breaks, Lunch Periods and Absences from Assigned Area** - Except for designated breaks and lunch periods, employees will remain in their job area at all times. When an employee must be absent from the assigned area, approval from their supervisor will be obtained. Employees are reminded to remain in their assigned work area until the end of their tour of duty.

- **Work Assignments** - Employees are to receive work assignments from their supervisors and/or work leaders - During emergent situations, employees may be asked to perform housekeeping duties by other facility personnel and may be required to become part of the facility labor pool.

- **Probationary Period and Performance Ratings**
  - Career appointment type will determine the probationary period. At minimum, an employee will be subject to a one year probationary period. Consult your local Human Resources for job specific probationary periods.
  - Your supervisor will keep you informed on a continuous basis throughout this first year as to how you are performing your work and job assignments. He/she will point out your strengths, weaknesses and particular areas in which you need to make improvement, and provide assistance toward improvements.
  - Each year all employees receive a mid-term rating and annual rating of their work performance. All employees are encouraged to submit a self-evaluation at the end of each annual rating period. Employees will be given advance notice for the submittal dates of these evaluations.

- **Change of Address or Telephone Numbers** - Any change of street address, telephone number or emergency address is to be reported to your supervisor on the day following the change.
These records must be kept accurate at all times.

- **Communication** - There are several methods that can be used to communicate information to employees. These methods include, but are not limited to, mail boxes, bulletin boards, electronic mail (e-mail), staff meetings, verbal conversations, etc.

- **Care of Tools and Equipment** - Each employee is expected to use tools and equipment properly and to keep them in clean and good operating condition. Tools and equipment will be properly stored at all times when not in use. At no time should equipment be left unattended in hallways. All supply rooms, housekeeping aid closets, work carts, storage areas, etc., are to be maintained in a clean and orderly manner. No food, drinks and/or eating utensils or personal belongings are to be stored in these areas (OSHA AWE, SOARS, and Joint Commission requirements).

- **Reporting Discrepancies/Work Orders** - If an employee discovers that repairs to equipment, tools, furnishings or other items are needed, they should report the needed repairs to their supervisor for work order submission.

- **Accidents** - If an employee is involved in an on-the-job accident, whether or not they are injured, they must report the incident to their supervisor as soon as possible. First aid and medical attention are available for employees injured on the job. Light duty and accommodations for job related injuries maybe appropriate if required.

- **Conserving Utilities** - Employees are expected and encouraged to turn off unnecessary lights and turn off water faucets to help conserve utilities in their areas.

- **Financial Dealings** - Employees will not engage in financial dealings with patients, volunteers, students or staff members while on duty or on VA property.

- **Indebtedness** - The VA does not normally become involved in the financial affairs of employees; however, if repeated complaints of non-payment of justifiable financial obligations are received from creditors, action will be taken as authorized by applicable regulations.

- **Reporting Fires** - Any employee who discovers a fire should immediately implement RACE (Rescue, Alert, Confine and Extinguish) procedures and other local reporting requirements.

- **Patient/Employee Interactions** - For the safety of patients, employees are not permitted to give food, drink (including water) or cigarettes to any patient at any time. Be courteous and assist patients or visitors who are in need of help going through doors or into elevators or...
who need directions. Maintain patient privacy standards at all times.

- **Aesthetics** - All Medical Center employees should focus on providing a pleasing environment, regardless of the position they hold. When any employee notices litter, trash, etc., on floors, counters, stairwells, etc., he/she should dispose of such items in the closest waste receptacle. We must all work together (team work) to ensure that this is the cleanest medical center in our VA System. All employees, not just EMS employees, are expected to dispose of waste when visible; this includes interior and exterior areas.

3. **Responsibility** - It is the responsibility of all EMS employees to adhere to the above policies and standards.

____________________________________________________________________________________
Employee Signature Date

____________________________________________________________________________________
Supervisor’s Signature Date
Environmental Management Service Operations

The following schedule of cleaning will be followed in patient care areas. Environmental Protection Agency (EPA)-registered hospital disinfectant will be used, unless otherwise indicated. Surfaces must be cleaned of any dirt/debris before they can be properly disinfected.

1. Floors are vacuumed or dust-mopped and wet-mopped daily.

2. Wastebaskets are cleaned as needed (clean interior and exterior of receptacle). Waste disposal receptacles are emptied and re-lined twice a day as necessary in acute care areas. Waste receptacles in clinic areas and non-patient care areas are emptied daily. Filled trash liners are tied closed, placed in a collection cart and transported to the waste disposal site. Never use hands or feet to compress waste in receptacles.

3. Regulated Medical Waste (RMW) containers with a red liner are placed in each ward’s soiled utility room and other secured areas as appropriate, they are to be covered and collected daily.

4. Bathrooms, showers, utility rooms, toilets, urinals, sinks, mirrors, bathtubs and shower stalls are cleaned daily. Paper towel dispensers, toilet paper, sanitizer, and soap dispensers are checked daily and refilled as needed. Doors and doorframes are cleaned weekly and as needed. Shower curtains are inspected daily and cleaned as needed.

5. Furniture, window sills, ledges, radiators, fire extinguishers, external light fixtures, cubicle curtain tracks, mini-blinds, vents, light covers and horizontal surfaces are cleaned weekly by dusting with a vacuum cleaner or specially-treated dust cloth.

6. Ultra-violet (UV) lights are turned off and cleaned weekly with a specially-treated dust cloth.

7. Furniture in patient rooms is washed with an EPA-registered hospital disinfectant solution as part of the patient discharge procedure and as needed.

8. Handrails in corridors are cleaned with an EPA-registered hospital disinfectant solution weekly and as needed.
9. Horizontal surfaces including counter tops, over-bed tables, bedside tables and bed rails are cleaned as per local policy.

10. Rolling stock and Non-Critical Reusable Medical Equipment (RME) (wheelchairs, IV poles, etc.) is cleaned periodically or as part of terminal cleaning.

11. Drinking fountains are cleaned daily and as needed. The exterior and drain tray of ice machines are cleaned as needed.

12. Patient beds are cleaned upon discharge or transfer. Ambulatory Care exam tables and hemo-dialysis treatment chairs are cleaned as needed. Negative air isolation rooms - refer to local policy to timeframe on room closure to allow airflow exchange.

13. Bed Management System (BMS) program is monitored and updated by Housekeeping Aid or supervisor on a regular basis to ensure proper bed flow data.

14. Long-term care beds are cleaned monthly when Nursing Service notifies EMS that the patient is out of bed.

15. Cubicle curtains are changed quarterly and as needed. Draperies, shades, and blinds are washed as needed. Damaged curtains, blinds, shades or draperies are repaired or replaced.

16. Walls and ceilings are cleaned when visibly soiled.

17. Ceiling Tiles showing visible signs of mold, stains, cracks or holes are to be reported to your immediate supervisor who will coordinate replacement with Engineering Service.

18. Isolation rooms are cleaned according to the protocol found in the EMS Manual.

19. Fans, vents and lights are cleaned as needed.

20. Sharps containers are monitored daily and changed as needed by EMS personnel or contract personnel as dictated by local station. When boxes are ¾ full, they are securely sealed and disposed of as Regulated Medical Waste.
Position-Specific Competency Assessment Checklist

Competency Validation Record

Competence is the ability to perform procedures safely, correctly and legally.

<table>
<thead>
<tr>
<th>Competency Validation</th>
<th>Category of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Initial (Within 30 Days)</td>
<td>□ Permanent</td>
</tr>
<tr>
<td>□ Reassignment (Within 30 Days)</td>
<td>□ Temporary</td>
</tr>
<tr>
<td>□ Annual Review</td>
<td>□ Contract</td>
</tr>
<tr>
<td></td>
<td>□ Other</td>
</tr>
</tbody>
</table>

Original of this form to be forwarded along with annual Performance Appraisal to the Human Resources Management Office.

EMPLOYEE NAME:

SERVICE/SERVICE LINE:

CURRENT POSITION:

DATE ASSIGNED TO CURRENT POSITION:

DATES/PERIOD COVERED BY THIS RECORD:

USE THE FOLLOWING METHOD OF VALIDATION (MOV) CODES (DO NOT USE CHECKMARKS):

<table>
<thead>
<tr>
<th>OB- OBSERVATION</th>
<th>M- MANDATORY REVIEW</th>
<th>S- SEMINAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>D-DEMONSTRATION</td>
<td>CE- CERTIFICATION</td>
<td>P- POLICY REVIEW</td>
</tr>
<tr>
<td>DR- DOCUMENT REVIEW</td>
<td>V- VERBALIZATION</td>
<td>AV- AUDIOVISUAL</td>
</tr>
<tr>
<td>I- INSERVICE</td>
<td>C- COURSE/CLASS</td>
<td></td>
</tr>
</tbody>
</table>
USE THE FOLLOWING COMPETENCY CODES: S = SATISFACTORY; N = NEEDS IMPROVEMENT (PROVIDE EXPLANATION OF SPECIFIC IMPROVEMENT STEPS TAKEN. USE A SEPARATE SHEET IF NECESSARY.)

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>VALIDATION METHOD (MOV)</th>
<th>COMPETENCY CODE</th>
<th>N/A</th>
<th>VERIFIER'S INITIALS/ DATE</th>
</tr>
</thead>
</table>

A. SERVICE/UNIT/POSITION SPECIFIC COMPETENCIES (SPECIFY) (Initial, High risk, problem prone, and/or seldom performed)

1. Ability to describe proper housekeeping procedures for assigned area.

2. Understand the EMS organization and business. Build trust relationship to provide services that meet the customers’ needs.

3. Communicates effectively with co-workers, customers, staff, patients and officials at all times. Demonstrates interpersonal skills that support an environment in which good communication takes place.

4. Demonstrates the KAIDET and HEART model

5. Describes working knowledge and proper use, handling, and proper labeling of all housekeeping chemicals.

6. Demonstrates the ability to change and/or refill any dispenser (paper, soap, etc.).

7. Demonstrates the use of all mops (dust and wet).

8. Knowledge and demonstration of all housekeeping cleaning procedures.

9. Can verbalize the proper dwell time for each disinfectant used to complete assigned tasks.

10. Demonstrates the proper use of Standard and Transmission Precautions to include proper PPE utilization.
11. Can verbalize and demonstrate the proper 2 Step cleaning process for cleaning/disinfecting a patient's room that has had a Multi-Drug Resistant Organism (MDRO) (for example, Methicillin-resistant Staphylococcus aureus (MRSA) or *Clostridium difficile*(C-diff).)

12. Can verbalize and demonstrate the proper techniques for handling trash, bio-hazardous waste and sharps containers.

13. Can demonstrate the proper use of Wet-Floor signs and proper mopping technique to ensure a safe walkway (I.E. half and half method).

14. Can verbalize and demonstrate the proper cleanliness of the housekeeping closet and housekeeping cart.

15. Can demonstrate how to secure the housekeeping cart and chemicals during the assignment (including while on breaks and lunch).

16. Teamwork: Encourages and facilitates cooperation, pride, trust, group identity; fosters commitment and team spirit; works with others to achieve goals.

17. Attention to Detail: Is thorough when performing work and conscientious about attending to details.

18. Can demonstrate proper safety mechanics in lifting, pulling, pushing, etc.

   *Can demonstrate the following procedures:*

19. Bed-making and cleaning

20. Patient room-cleaning (terminal, isolation and daily)

21. Use of double-bucket mopping system

22. Use of microfiber system

23. Restroom cleaning

24. Floor care
25. Housekeeping Aid Closet (HAC) cleaning

<table>
<thead>
<tr>
<th>B. AGE-SPECIFIC COMPETENCIES UNIQUE TO POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Avoids being judgmental or condescending.</td>
</tr>
<tr>
<td>2. Conversations match customer level of understanding.</td>
</tr>
<tr>
<td>3. Ensures that environment remains safe.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. POSITION SPECIFIC EQUIPMENT (High risk, problem prone, seldom performed – Specialized position-specific equipment should be added in this section if it presents identifiable risks/special concerns)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates the ability to use a computer.</td>
</tr>
<tr>
<td>2. Demonstrates the use of the Bed Management System.</td>
</tr>
<tr>
<td>3. Demonstrates the understanding and application of VISTA computer database.</td>
</tr>
<tr>
<td>4. Can demonstrate the proper use and cleaning of the following equipment:</td>
</tr>
<tr>
<td>A. Buffer</td>
</tr>
<tr>
<td>B. Burnisher (both riding and stand behind)</td>
</tr>
<tr>
<td>C. Scrubbers (both riding and walk behind)</td>
</tr>
</tbody>
</table>
D. Carpet extractor
E. Vacuums (both wet and dry)
F. Blowers

D. LIFE SAFETY/ENVIRONMENT OF CARE/EMERGENCY PREPAREDNESS/HAZARDOUS MATERIALS/UTILITY SYSTEMS

1. Life Safety to include:
   A. RACE
   B. PASS
   C. Location of fire alarms and extinguishers
   D. Fire drills and smoking policy

2. General Safety to include:
   A. Wearing of Personal Protective Equipment
   B. Keeping corridors unobstructed
   C. Securing housekeeping cart when not in use
   D. Familiarity with the Safety Procedures Manual
   E. Accident Reporting Procedures
   F. Electrical Safety

3. Hazardous Materials and Waste to include:
   A. Hazard Communication Program
   B. Safety Data Sheet (SDS)
   C. Spill Response Procedures
   D. Knowledge of Radiation Safety

4. Emergency Preparedness Plan and Procedures (Employee verbalization of his/her role)

5. Utility Systems Procedures (if applicable) to include:
   A. Emergency Procedures in case of loss of utility(s)
   B. Location of emergency shutoff controls
**E. INFECTION CONTROL**

Annual mandatory education has been completed. Demonstrates proper procedure and is able to explain where to find policies related to the following:

1. Hand hygiene (alcohol rub and hand washing)
2. Use of Personal Protective Equipment (PPE)
3. Standard and Transmission Precautions (Isolation categories)
4. 2 Step Cleaning Process (Clean and then disinfect)
5. Tuberculosis (TB) Exposure Control Plan
6. Bloodborne Pathogen Exposure Control Plan
7. Has completed annual mandatory education for:
   A. Bloodborne Pathogen Training
   B. Multi-Drug Resistant Organism (MDRO) training
   C. Influenza Training

**F. CPR**

Demonstrates proper procedure in initiating CPR

1. How to Call a Code
2. Role in Code Blue
3. Knowledge and Skills of Basic Life Support (CPR)

**G. INFORMATION MANAGEMENT (Employee Verbalization)** Computer security and procedures to include:

1. Access codes
2. System Log on/off
3. Patient/Staff Sensitive Information/Information Confidentiality
4. Appropriate use of e-mail & computer use

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### H. PERFORMANCE IMPROVEMENT

1. Verbalizes PI process
2. Verbalizes role in PI process
3. Verbalizes examples of PI initiatives in the facility.
4. Knowledge of Mission and Vision

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Infection Prevention and Control Program

1. Purpose

To establish policies, procedures and guidelines to provide a clean and sanitary environment for patients, staff and visitors in order to prevent cross-contamination and transmission of hospital-acquired infection (HAI).

Proper sanitation is an important facet of infection prevention control. The relationship between sanitation of a healthcare facility, and HAI rate is hard to quantify. However, sanitation is an integral component of infection prevention and control.

The EMS Chief is a member of the Infection Control Committee. The chief is responsible for recommending policies, procedures and products through the Infection Control Committee.

2. Responsibility

- EMS employees receive initial orientation, as well as annual updates in infection prevention and control.
- EMS Chief and supervisors will ensure employees comply with hospital infection prevention and control policies and procedures.
- EMS employees are required to use standard precautions when handling body fluids, excretions, secretions and contaminated equipment. Standard precautions means that each employee selects the proper personal protective equipment (PPE), based on anticipated contact.
- EMS employees are required to follow transmission-based precautions when posted. These include airborne, droplet and contact precautions or a combination of the three.
- EMS employees are responsible for compliance with the Bloodborne Pathogen Exposure Control Plan, which describes measures designed to protect employees from such exposures and provides evaluation and follow-up of employees, should such an exposure occur. The purpose of the plan is to minimize or eliminate occupational exposure to bloodborne pathogens by utilizing a combination of engineering and work practice controls, PPE, education, medical follow-up of exposure incidents, vaccination, and other provisions.
- EMS employees are responsible for compliance with their institution’s Tuberculosis Control Plan, including tuberculosis testing and fit-testing or particulate respirator training, as required by the facility.
EMS employees are responsible to keep current with required immunizations and comply with the facility Occupational/Employee Health policy.

3. Responsibility

a. Standard Precautions

1. Standard precautions are used in all patient care areas to reduce transmission of organisms from known and unknown sources of infection. The blood, body fluids, secretions, excretions, non-intact skin and mucous membranes of all patients are considered potentially infectious. Examples include urine, feces, sputum, blood, saliva in dental procedures, emesis, pus, drainage and any aspirate. All EMS employees are required to practice standard precautions when handling/touching blood, body fluids, excretions, secretions, and equipment or environmental surfaces contaminated with blood, body fluids, excretions, secretions.

2. Infection prevention and control measures are used to reduce the risk of transmission of organisms.

   a. Hand hygiene is the single most important way to prevent the spread of infection in the facility. The purpose of hand hygiene is to remove potentially harmful organisms. Hand hygiene with soap and water or use of alcohol based hand sanitizer must be performed prior to the start of cleaning procedures; before and after using gloves; immediately after contact with blood, body fluids, excretions, secretions and contaminated equipment/surfaces; and, after completing cleaning activities. Hand hygiene with soap and water is used if hands are soiled.

   b. The proper procedure for hand washing is: wet hands; apply hand washing agent; rub all surfaces of hands and fingers vigorously, paying particular attention to the areas between the fingers, under and around the nails, and around the wrists for at least 15 seconds; rinse thoroughly under running water. Before turning off the faucet, dry hands with paper towel, use a dry paper towel to turn off the faucet and discard.

   c. An alcohol based hand sanitizer containing at least 60% isopropyl alcohol may be used for hand sanitation when hands are not visibly soiled. The proper procedure for using alcohol based hand sanitizer is: Ensure all organic matter is removed from hands. All visible organic matter (for example: dirt) must be removed from the hands prior to applying alcohol based hand sanitizer. Apply
a dime sized amount of alcohol based hand sanitizer to the palm of one hand. Rub hands together covering all surfaces of hands and fingers. Rub until alcohol based hand sanitizer is absorbed.

3. PPE is used with standard precautions, based on potential exposure to infectious materials. PPE is intended to protect the employee from contact with possible infectious materials. PPE includes gloves, eye protection, gowns, masks and masks with face-shields. All PPE used in the facility will be provided to employees without cost, and will be readily accessible to employees. All garments that are penetrated by blood or body fluids should be removed as soon as possible. Refer to facility bloodborne pathogen policy. All disposable PPE will be removed and discarded promptly and appropriately after use, and hand hygiene performed prior to leaving the work area.

4. Gloves are worn when there is anticipated contact with blood, body substances or contaminated items/surfaces. Gloves are removed and hand hygiene performed at the completion of each task involving contact with contaminated fluids/surfaces. In addition, before going into another patient room, gloves are changed. Gloves are discarded if there is evidence of deterioration or if they are punctured, cut or torn.

5. A fluid-resistant gown is worn when clothing may be splashed/contaminated with blood or body substance or while handling soiled linen. Gowns are removed promptly after use and discarded properly.

6. Scrubs/smocks/coats are worn to protect the employee from contact with blood and body fluids. These are to be removed before leaving the facility and will be laundered by facility. Potentially contaminated scrubs/smocks/coats worn in the operating room, treatment rooms or specialty areas should not be worn when leaving those areas.

7. A surgical mask (including masks with face shields) and/or eye protection is worn when blood, body fluids or secretions may splash or spray in the employee’s face, or which may become aerosolized. An approved N-95 respirator mask or powered air purifying respirator (PAPR) is worn when cleaning the room of a patient in airborne precautions. Staff must be fit tested initially and then annually for the N-95 masks. Healthcare workers are fitted by an Occupational Health and Safety Officer to ensure proper seal and protection when respirators are indicated.

8. Eating, drinking or applying cosmetics are prohibited in patient care areas, housekeeping closets, linen storage areas, receiving and sorting areas, loading
docks, waste disposal sites, supply and equipment storage areas, or wherever there is likelihood of exposure to blood, other body fluids or chemicals. Food items will be stored in designated areas only.

b. Transmission-based Precautions

Transmission-based Precautions are used in addition to standard precautions. Patients documented or suspected to be infected will have additional signage to indicate further precautions. If there are questions, check with the nurse or supervisor before entering the room. There are three types of transmission-based precautions:

1. **Airborne Precautions** are for patients known or suspected to have illness transmitted by airborne droplet nuclei, such as Tuberculosis (TB). Organisms transmitted in this manner can be suspended in the air for long periods of time and can be dispersed in air currents. A private, negative pressure room is used. A PAPR or N-95 respirator mask must be worn when entering the room of a patient in airborne precautions. A surgical mask does not provide adequate protection. When a patient is transferred out of or discharged from an Airborne room, the door must remain closed with negative pressure on for the length of time it takes all the air in the room to be exhausted and replaced before another patient can be placed in the room. Staff cleaning the room must wear an N-95 or PAPR if the patient is present or the room air has not been cleared if the patient is transferred or discharged.

2. **Droplet Precautions** are used for patients known or suspected to have a serious illness transmitted by large particle droplets like influenza. Droplets are generated from an infected person primarily during coughing, sneezing, talking or during certain procedures. Droplets usually travel short distances of 3-5 feet. A surgical mask must be worn upon room entry.

3. **Contact Precautions** are used for patients known or suspected of having an illness that can be easily transmitted by direct patient contact or by contact with the environment, like Methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant enterococci (VRE) or *Clostridium difficile* (C.diff). Gown and gloves are worn in contact precautions.

c. Bloodborne Pathogens

1. Bloodborne pathogens include the Human Immunodeficiency Virus (HIV), Hepatitis B virus and Hepatitis C virus. Bloodborne pathogens are spread by
contact with infected blood and other infectious body fluids. Bloodborne pathogens can be transmitted in a variety of ways, including:

- Through open cuts, nicks, skin abrasions and dermatitis, as well as the mucous membranes of mouth, eyes or nose.
- By touching an object soiled with infectious material and indirectly transferring the infectious material to mouth, eyes, nose or an open skin lesion.
- An accidental injury that results in a puncture or cut skin by a sharp object soiled with infectious material (for example: needle, knife, broken glass, dental wires, etc.).

2. Bloodborne pathogens can be present long before the infected person shows any signs of the disease.

3. Occupational exposure incidents occur when an employee is exposed to blood or potentially infectious body fluids. The employee should:

- Remove contaminated clothing as soon as possible.
- Immediately wash or flush contaminated skin with soap and water thoroughly. If you sustained a needle stick or sharps injury, follow local policy. Flush exposed mucus membranes or eyes per policy.
- Report the incident immediately to your supervisor so that follow up and an evaluation for post exposure prophylaxis may be conducted.
- Complete proper documentation of incident in ASISTS per facility requirements.
Regulated Medical Waste (RMW)

1. The universal biohazard symbol is used on all containers of RMW, refrigerators and freezers that hold blood or other infectious material. Attaching a biohazard symbol or warning label or by placing in a biohazard-labeled bag, red bag, or red container alerts others that a piece of equipment or material is contaminated or possibly contaminated.

![Universal Biohazard Symbol]

2. RMW Disposal

The following RMW is placed in biohazard labeled or red containers, and treated on site prior to disposal and/or picked up by contract vendor for proper disposal off-site:

- Waste that drips blood or body fluids.
- Contaminated sharps placed in appropriate sharps collection containers only.
- Pathology waste.

Full (3/4) sharps disposal containers will be securely closed and placed in the soiled utility room to be removed by EMS if required by station procedures. All other non-hazardous, non-toxic waste is disposed of as general refuse. EMS is responsible for disposal of general refuse and infectious waste. RMW which has been decontaminated (autoclaved) does not need to be labeled or color-coded, unless required by local or state regulation or law.

Filled sharps disposal containers, suction liners or canisters, pleuravacs and any disposable items containing blood or body substances that will drip, flake or leak will be placed in an appropriate biohazard labeled RMW containers. Containers with bulk body fluids require solidifiers. Notify supervisor if no solidifer is present.

3. Soiled dressings and items that are likely to leak body fluids or blood (i.e., pleuravacs) must be discarded into regulated infectious waste containers.
4. RMW from patients’ rooms will be placed in biohazard labeled containers.

5. RMW containers are collected by EMS and processed prior to disposal or pick up by contract vendor for proper off-site disposal. At VA clinics, RMW is handled in a manner consistent with local or state regulation regarding waste disposal.
**Blood or Body Fluid Spills**

1. Clinical staff are responsible for initial cleaning of blood and body fluid spills and fecal matter. Once initial cleaning is complete, EMS may be contacted for disinfection. EMS personnel must wear gloves when cleaning or disinfecting blood or body fluid spills. Other PPE/barriers (gowns or apron) should be used, if indicated.

2. An EPA-registered hospital disinfectant or a 1:10 dilution of sodium hydrochloride (bleach) must be used to disinfect the area after the spill is cleaned. Recommended contact time for the EPA-registered hospital disinfectant varies; refer to manufacturer recommendations for dwell times. For carpeted areas remove gross material and call EMS immediately for cleaning and disinfecting.

3. Disposable cloths used to wipe the spills are discarded in RMW containers if they are dripping with blood or body fluids that could be squeezed out.

4. Spill kits, if available, will be used in accordance with facility policy.
Environmental Cleaning

1. Discharge cleaning of a patient’s room is performed on a routine and consistent fashion, using an EPA-registered hospital disinfectant.

2. A labeled bottle of an EPA-registered hospital disinfectant will be available.

3. Refer to EMS Policy for specific environmental sanitation policies and responsibilities.

4. Signage will remain until terminal discharge is completed, then signage is returned to (insert location here).

5. All used linen or unused linen left in patient rooms is handled as contaminated material.
   - Soiled linen should be handled with little or no agitation if possible.
   - Roll up soiled linen when possible instead of gathering it up.
   - Use regular linen bag.
   - Take directly from the patient room or holding area to the linen chute.
   - Do not hold clean or dirty linen against clothing. Bags must be closed or covered during transport.

6. All environmental and contaminated work surfaces will be cleaned with an EPA-registered hospital disinfectant.
Textile Care and Linen Distribution

1. Soiled Linen
   - Will be collected from the designated location by the laundry staff, laundered and distributed to appropriate function.
   - Soiled linen rooms / chute rooms will be cleaned according to schedule.
   - Soiled linen rooms / chute room doors will be kept closed and locked.
   - Linen exchange carts will be cleaned according to schedule, using an EPA-registered hospital disinfectant.
   - Liners in carts used to transport soiled linen will be changed prior to transporting clean linen.
   - Soiled linen cart must be covered when out of the linen room.
   - Soiled linen bags are never to be placed on the floor for collection.

2. Clean Linen
   - Linen will be maintained in clean, closed areas, and separate from soiled linen or contaminated equipment.
   - Food and drinks are not allowed in clean linen rooms.
   - Linen cart must be covered when out of the linen room.
   - No items are to be stored or transported on the clean linen cart unless it is covered.
   - Clean linen should only be used for its intended purpose, not as cleaning cloths or rags.
   - Bottom shelves in all clean linen storage rooms must be solid.
   - Report unauthorized storage and stockpiling of linen to supervisor.
Education and Training

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Education and training method will be determined by the facility and will include content as required by OSHA.

[Insert Responsible Party / Process, Reference Policy Here] are responsible for providing mandatory training of new employees. The employee’s supervisor is responsible for ensuring that the employee is competent in utilizing engineering controls, including safe medical devices and work practice controls. All employees will receive mandatory annual training. Documentation of training will be maintained by the service or recorded in Talent Management System (TMS).

Consultation with Infection Control Practitioners is recommended as needed. Communication among staff is important to protect the health and safety of both the employee and patient. Requirements for special patient precautions should be clearly communicated to all involved in providing care.
Sanitation Safety Plan

1. Purpose

To establish a Safety, Occupational Health and Fire Protection Program for Environmental Management Service (EMS) in accordance with local hospital policies, and in compliance with The Joint Commission on Accreditation of Healthcare Organizations (TJC) requirements.

2. Policy

EMS will provide a safe work environment for employees by following Safety, Occupational Health and Fire Protection policies and procedures, monitoring compliance, providing safety training to each employee and documenting completed training.

3. Responsibilities

A. The Chief / Manager of EMS is responsible to:

1. Establish and maintain a safe work environment.
2. Follow established hospital Safety and Occupational Health and Fire Protection policies and procedures, including reporting requirements.
3. Review, develop, and evaluate all safety policies and procedures.
4. Develop specific job-related safety training, and ensure that all training is provided and documented in a timely manner.
5. Ensure that all employees receive safety training related to general safety and specific job-related hazards.
6. Monitor the effectiveness of safety training, and correct unsafe practices or conditions immediately.
7. Investigate on-the-job accidents. Investigation will include evaluation, conclusions, recommendations and action taken to prevent reoccurrence. Appropriate accident reporting through ASISTS program will be completed.
8. ePER- A patient safety incident reporting tool.

B. EMS employees will be responsible to:

1. Follow all established Safety, Occupations Health and Fire Protection policies and procedures.
2. Work in a safe manner at all times.
3. Report all unsafe practices or conditions to immediate supervisor.
4. Attend in-service and general safety training.

4. Procedures

a. Equipment

1. Operating and Cleaning Instructions. Manufacturer’s instructions for use (IFU) must be followed for each piece of equipment. Supervisors will instruct all employees concerning these procedures during orientation and on-the-job-training. Under no circumstances should an employee operate a piece of equipment until properly trained. Employees will do a safety check of equipment prior to taking it from the equipment storage area, and will ensure equipment is cleaned and stored properly after use.

2. Electrical Equipment. A large percentage of EMS equipment is electrically powered. Electrical equipment must be checked by Facilities Management Service or Biomedical Engineering before it is placed in use. Electrical equipment should be handled with great care. When possible, cords should be off the floor, and any break in insulation or loose plugs will be reported immediately. Unplug cords at the outlet to avoid damage. All switches must be in the off position during the connecting and disconnecting of the equipment. EMS personnel will not attempt to repair any electrical equipment, unless properly trained and assigned to do so. Malfunctioning and broken equipment will be sent for repair. Supervisors will monitor all equipment used by employees to ensure it is working properly.

3. Personal Protective Equipment (PPE). All service employees who are assigned PPE must perform an annual assessment, listing hazards and PPE used. A review will also be done annually for compliance, retraining and other corrective actions taken for non-compliance.

4. Non-Critical RME: Refer to manufacturer’s instructions for specific cleaning and disinfecting products.

b. Specific Hazards

1. Lifting. Employees will be instructed during orientation and annually on proper lifting techniques. They will be trained to ascertain weight of the object(s) to be lifted in order to avoid unnecessary strain. Assistance will be requested to lift and move heavy objects.
2. Chemicals. Employees will be instructed to read and follow labels, during orientation and annually on Safety Data Sheets (SDS) information, prior to using any new chemical. Some of the chemicals used by employees are corrosive and/or toxic. Employees must read the labels, and follow the instructions and warnings. The use of PPE is mandatory when using chemicals. EMS will handle and dispose of anti-neoplastic agents according to local policy.

c. General Safety Habits

1. Dress - Employees will wear uniforms as provided.
2. Protective Clothing - Protective clothing will be furnished when working in specific areas (i.e., Operating Rooms, Precaution Rooms, Soiled Laundry, etc.).
3. Wet Floor Signs - Wet Floor signs will always be used when mopping, applying floor finish or carpet cleaning/extraction.

d. Hazard Communication Program

Safety Data Sheets (SDS) will be maintained for all chemical products. Supervisors will advise all employees as to the location of the SDS. Employees are required to complete training during orientation and annually on the Hazard Communication Program. Supervisors are responsible for ensuring SDS are current and available for all chemicals in use.
Fire and Safety Plan

1. General

- Report fire hazards to supervisor and adhere to good housekeeping practices.
- All EMS employees will attend annual fire and safety training.

2. Common Causes of Fires

- Unsafe smoking habits.
- Accumulation of dirt and rubbish.
- Improper storage of equipment.
- Improper storage of rags, flammable liquids, soiled linens.
- Faulty electrical outlets, wires.

3. Fire and Safety Precautions

- Be familiar with your station’s fire regulations, and report any fire hazards noted.
- Be able to distinguish fire alarm signals immediately.
- Know the location of fire alarm signal boxes, and how to operate them.
- Know the location and operation of the fire extinguisher.
- Do not block egress, fire hydrants, fire alarms, door exits.

4. Fire and Safety Responsibilities of EMS Personnel

- Know the fire procedures:

  RACE
  Rescue → Alarm → Confine → Extinguish

  PASS (when using a fire extinguishers)
  Pull Pin → Aim Nozzle → Squeeze Trigger → Sweep Base of Fire

- Know the facility emergency phone numbers (Fire, Emergency Codes and Police Emergency).

- In addition to items listed above, EMS personnel are required to:
a. Smoke only in designated areas. Employees who observe patients or fellow employees smoking in unauthorized areas should report them to the proper authority.
b. Be vigilant to eliminate accumulation of dirt, rubbish and excess items stored in basements, storerooms and loading docks.
c. Store oily rags, flammable cleaners and other flammable items in proper containers. Cardboard boxes will not be used for collecting or storing waste. All waste containers must be covered at all times, and will be emptied just prior to the end of each shift.
d. Immediately report any workplace hazards to supervisor for correction.

5. **Fire and Safety Responsibilities of all EMS Supervisory Personnel**

In addition to items listed above, EMS supervisory personnel should:

- Ensure that all rules regarding smoking are being observed.
- Inspect all areas to ensure safety standards are being met.
- Observe that trash is not stored in cardboard or plastic containers.
- Verify flammable items are stored in proper containers.
- Inspect equipment periodically for frayed cords, loose connections, worn switches or fixtures.
- Report all discrepancies and safety hazards.
- Take appropriate action, when necessary, to correct situations that may exist in areas of supervision.

6. **Common Causes of Accidents Involving EMS Personnel**

- Falls due to:
  a. Objects left in corridors, on stairs or in stairwells.
  b. Equipment and electric cords in passageways.
  c. Debris, dust and trash on floors.
  d. Wet or slippery floors.
  e. Improper scrubbing or polishing of floors.
  f. Unsafe use of ladders, chairs, windowsills, etc.
  g. Improper lighting.

- Cuts due to:
  a. Glass and razor blades in waste receptacles.
  b. Sharp ends on metal baskets and equipment.
  c. Needle punctures from syringes in trash.

- Irritations due to
  a. Improper dilution of cleaning solutions.
b. Improper use of PPE.

- Infections due to:
  a. Failure to wear or improper wearing of PPE.
  b. Failure to perform proper hand hygiene.

- Strains due to:
  a. Lifting objects that are too heavy or improper lifting techniques.
  b. Using improper carts for moving heavy furniture or equipment.

7. Accident Precautions

- Locking devices on stepladders must be in working order and used. Do not stand on the top 2 steps. Rest the ladder on a secure base. Ladders will be used instead of chairs, boxes, windowsills, etc. Unsafe ladders will be taken out of service and reported to the supervisor immediately.

- Handle electrical equipment only with dry hands. Switch off equipment before unplugging device. Never yank out extension or equipment cords; pull by the plug. Pigtailed shall not be used.

- Report defective furnishings, fixtures, and equipment.

- Do not place tools or articles on top of lockers, stepladders or other places from which they could fall.

- Do not empty or compact wastebaskets by reaching into them.

- Sweep up broken glass with broom and dustpan, do not pick up with hands.

- Take personal responsibility for reporting or correcting slippery surfaces or tripping hazards on floors or stairways.

- Follow manufacturers recommendations or supervisor’s instructions for floor care.

- Use a stepladder to change shower curtains. Do not stand on side of tub.

- Unplug electrical lamps before wiping with a damp cloth.

- Keep swinging doors free from obstructions. Remain visible from both sides when cleaning behind closed doors.
• PPE must be worn at all times when working in contaminated areas or when handling contaminated items, such as trash or linens.

• Appropriate shoes will be worn, canvas or opened toed shoes are not allowed.

• Employees should exercise proper lifting techniques. If loads are too heavy, the employee should notify the supervisor.

• Employees with injury or suffering from illness are to report to their supervisor.

• Wet floor signs must be posted when scrubbing, wet mopping or applying finish to floors. Only one-half of a corridor will be scrubbed or finished at a time, leaving a dry surface on which patients, personnel and others can walk.

• Use the following procedures for mopping floors safely:
  a. Dust mop or vacuum before wet mopping.
  b. Post Caution signs at entry and exits of wet area including doorways. Do not block doorways or elevator entrances with cleaning equipment.
  c. Mop one-side (not one end) of the corridor first. When it is dry, mop the other side.
  d. Keep equipment on the side being cleaned. If using electrical equipment, plug it in on the side of the work. Avoid running cords across stairs.
  e. Secure housekeeping cart in locked housekeeping closet when not in use.
  f. Stay in the area until the floor is safe and dry. Ask people to walk on the dry side. Post Caution signs on the wet side.

• Safe use of housekeeping carts:
  a. Go slowly near stairways, corridor intersections, elevators and down ramps.
  b. Stay to the right.
  c. Push the cart with hands away from the edge to avoid being pinched or caught.
  d. Do not leave the cart, equipment or supplies where others can trip over them.
  e. Keep cleaning materials secured inside housekeeping cart when not in sight of the user.
  f. Immediately report if the cart needs repairs.
  g. Pull cart through swinging doors. Do not push them ahead.
  h. Put mop and broom handles into clips provided; do not let them hang over edge of cart.
  i. All containers with chemicals must be properly labeled.
Cleaning Agents

The following list is an example of cleaning agents commonly used in VA. [Insert facility standard here]. Manufacturer’s instructions should be followed precisely when mixing cleaning solutions. There will be no deviation from the manufacturer’s prescribed dilution ratios. Every container filled with any cleaning agent must be clearly marked.

**(Edit below list to be site specific .)**

1. **Aluminum Cleaner** – Used for cleaning aluminum containers and surfaces.

2. **Antiseptic Hand Cleaner** - Used to clean hands; assists in removing bacteria, viruses or other organisms that cause disease.

3. **Baseboard Cleaner/Foam Stripper** – Used for cleaning soil and wax from baseboards, ceramic wall tiles and other hard-to-reach areas.

4. **Bowl Cleaner Acid** – Chemical that assists in removing lime build up.

5. **Brass Polish/Cleaner** – Used for cleaning and polishing brass and other metals.

6. **Carpet Cleaner** – Used in carpet extractors and with rotary and foam machines.

7. **Carpet Defoamer** – Used in liquid recovery system to eliminate suds.

8. **Carpet Spot Remover** – Used in the removal of spots and stains.

9. **Cleaner, All-Purpose** – Used as a general-purpose cleaner.

10. **Detergent, General Purpose with Degreasing Agent** – Used as an all-purpose cleaner and degreaser.

11. **Environmental Protection Agency (EPA)-Registered Hospital Disinfectant** – Used as a broad-spectrum germicide/disinfectant solution effective against Hepatitis-B.

12. **Finish** – Top layer or layers of floor coatings that provide a protective layer to the floor.

13. **Furniture Polish** – Used to clean, wax and protect most surfaces except floors.

14. **Glass Cleaner/Window Cleaner** – Used to clean all glass surfaces.
15. **Neutralizer** – Used after rinsing stripper to neutralize pH.

16. **Non-Abrasive Cleaner** – Used for cleaning bathroom surfaces, kitchen equipment, painted walls and other surface types.

17. **Restorer** – Used with burnishing to maintain high gloss or wet look and extend floor finish life.

18. **Sealer** – Chemical applied to a floor to penetrate its pores and provide protection prior to applying finish.

19. **Stripper** – Used to remove floor finish build-up and to prepare floors for refinishing.

20. **Stainless Steel Cleaner** – Used for cleaning and polishing stainless steel.

21. **Tile Cleaner/Lime Build-up Remover** – Used to remove stains deposited by hard water, soap residues and for general removal of hard water deposits from walls, fixtures, sinks, shower stalls and floor.

22. **Toilet Bowl Cleaner** – Used to clean and deodorize toilet bowls and urinals. To be used only on porcelain and as directed by supervisor.

23. **Waterless Hand Sanitizer** – Used to sanitize hands when not visibly soiled.
Supplies and Equipment Listing

The following list is an example of supplies and equipment commonly used by VA. [Insert Facility Standard Here]. Manufacturer’s instructions should be followed precisely when using any of these items. (Edit below list to be site specific.)

1. Supplies
   - Abrasive Pads/Scouring Pads
   - Antiseptic Hand Soap
   - Nylon Brush/Counter Brush
   - Paper Towels
   - Plastic Pail/Double Plastic Pail
   - Putty Knife or Edging Tool
   - Spray Bottle
   - Toilet Brush w/Holder
   - Toilet Paper
   - Trash Bags (clear and bio-hazard) (all sizes)
   - Waterless Hand Sanitizer
   - Wet Floor/Caution Signs
   - Wiping Cloths/Hand Mop or Polishing Cloths

2. Equipment
   - Auto Scrubber
   - Backpack Vacuum
   - Broom and Dust Pan
   - Buffer w/assorted Pads
   - Burnisher/Hi Speed Floor Machine
   - Covered Waste and Covered Linen Carts
   - Doodle Bug and Pad
   - Double-Bucket Mopping System
   - Dust Mop
   - Extractor
   - Floor Fans
   - High Pressure Washer
   - Housekeeping Cart
   - Microfiber Mopping Systems
   - Personal Protective Equipment (PPE)/Gloves, Goggles, Face Mask
   - Sweeper
   - Ultraviolet Light Unit
   - Vacuum HEPA (High Efficiency Particulate Apparatus)
   - Vacuum Wet/Dry
- Wall Washing Wand and Pads

References


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Chapter 4

Standard of Cleanliness
Standards of Cleanliness

- **Beds** – Headboards and footboards are clean; metal upright and horizontal frame clean; control unit and cord clean and working; linen clean and free of stains and tears; bed properly made; undercarriage free of lint and soil; wheels clean and free of lint.

- **Bedside Console Units** – Countertop, shelves and facings clean and free of dust and spots; no accumulation of soil in corners; stainless steel sink and plumbing fixtures clean and free of spots and streaks; clothes closet clean and free of dust and lint.

- **Carpeting** – No stains; dust free.

- **Ceilings** – Clean; free of dust and spots; paint intact; vents clean and free of dust and lint; light bulbs operable, light fixture free of insects; all ceiling tiles properly in tracks.

- **Chairs** – Clean, free of lint and dust. Only healthcare grade upholstery in patient care areas.

- **Countertops** – Top and underside of countertops are clean, free of dust, stains and finger marks.

- **Cove Bases / Baseboard** – Clean and clear; no floor finish build-up; no mop marks; no accumulation of soil in corners; intact around room (firmly affixed to wall with no signs of being loose at juncture with floor.)

- **Cubicle Curtains** – Clean and free of stains; not faded; pulls freely in tracks; properly mounted; no tears; adequate length and width; established change out schedule implemented.

- **Dispensers** – Soap, hand sanitizer, and paper towel dispensers are clean, free of dust and lint on top, inside, and underneath, free of spots and streaks; supplies replenished and within expiration date.

- **Doors** – Clean, free of marks; finish intact; kick plate clean, top is free of dust and lint; edges are clean; handle or knob is clear and clean; hinge facing and door frame are clean and free of dust; door vent is clean and free of dust and lint; window frame is clean and free of dust and lint (inside and outside).

- **Drinking Fountains** – Stainless steel free of spots and streaks. Nozzle free of buildup.

- **Elevators** – Metal shined; floors cleaned and litter-free; tracks, buttons and vents clean.
- **Equipment** – Clean, polished, stored properly. Filters, brushes, batteries checked and serviced properly; cords and hardware tight and intact.

- **E-Vac-U-Sled** - Clean, free of stains and lint; in good repair without rips or tears.

- **Fans** – Dust free, clean.

- **Floors** – Clean, free of dust, lint and stains; no floor finish build-up or accumulation of soil in corners and along edges; free of heel and scuff marks; free of discolored floor finish; high luster.

- **Furniture** – Clean and polished; upholstery clean.

- **Handrails** – all sides of handrails and attachments are clean, free of dust, fingerprints, smudges, stains.

- **Housekeeping Cart** – Clean; locks intact; no personal items; chemicals labeled and locked when not in use.

- **Housekeeping Aide Closets** – Orderly; sinks clean (including floor sinks); floors and walls clean; equipment clean; door locked; no boxes on floors; no liquids stored above paper products; no storage within 18” of ceiling; no personal items to include no food, drinks or other consumables.

- **Lights** – Dust-free, insect-free, no stains.

- **Mattresses** – Clean, free of stains and lint; in good repair without rips or tears.

- **Mirrors** – Clean, free of spots and streaks; frame top and edges free of dust and lint; shelf clean, free of spots and streaks.

- **Over-Bed Tables** – Clean and free of dust; elevation controls working properly; drawer and drawer mirror clean and free of dust, lint and streaks; base, frames and wheels clean and free of dust and lint. All attachments and storage compartments clean and empty.

- **Refrigerators** – Clean, free of dust spots and stains; shelves and facing clean and free of spots, spills and stains; freezer clear and free of stains; motor vent clean and free of dust and lint. Refrigerator door gasket is clean, intact.

- **Shower Stalls** – Walls clean, free of soil build-up on caulking; caulking intact; fixtures free of spots and streaks; door frame and glass free of dust, lint, spots and streaks; shower curtains free of spots and soil; horizontal crossbars above door free of dust, lint, spots and streaks.
- **Sinks** – Clean inside, outside and underneath; free of spots and streaks; plumbing fixtures on top and underneath free of dirt, spots and streaks; base of plumbing fixtures free of alkali build-up.

- **Stainless Steel, Corner Plates, etc.** – Clean, shiny; no smudges.

- **Stairwells** – Dust-free and clean; handrails cleaned.

- **Telephones** – Clean, free of dust and lint; receiver, cord, mouthpiece and dial free of dust and lint.

- **Toilets** – Toilet bowl clean inside and outside; no stains, streaks or residue; toilet seat clean, free of spots, stains or streaks and tightly fastened to toilet; plumbing fixtures clean, free of dust, spots and streaks; plumbing connections to toilet free of alkali buildup and dirt; base of toilet free of soil build-up and stains.

- **Vents** – Free of dust, fingerprints, marks, stains and spider webs.

- **Walls** – Clean, no lint; paint intact; free of penetrations, finger marks and stains.

- **Waste Receptacles** – Clean inside and out; liner in place; must not be dented or cracked.

- **Windows** – Glass clear and clean; window frames clean; glazing intact and clean; paint in good condition.

- **Window Drapes, Blinds & Shades** – Free of lint; properly hung on tracks; not faded; no stains, yellowing or tears; pulleys and pull cords intact and working; pins installed correctly in drapes and on carriers.

Comment:
# CDC Environmental Checklist for High-Touch Room Surfaces

<table>
<thead>
<tr>
<th>Date:</th>
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</thead>
<tbody>
<tr>
<td>Unit:</td>
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<tr>
<td>Room Number:</td>
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<tr>
<td>Initials of EMS staff (optional):</td>
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</tbody>
</table>

**Evaluate the following priority sites for each patient room:**

<table>
<thead>
<tr>
<th>High-touch Room Surfaces</th>
<th>Cleaned</th>
<th>Not Cleaned</th>
<th>Not Present in Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed rails / controls</td>
<td>[ ]</td>
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<tr>
<td>Tray table</td>
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<tr>
<td>IV pole (grab area)</td>
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<tr>
<td>Call box / button</td>
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<tr>
<td>Telephone</td>
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</tr>
<tr>
<td>Bedside table handle</td>
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<tr>
<td>Chair</td>
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</tr>
<tr>
<td>Room sink</td>
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<tr>
<td>Room light switch</td>
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<tr>
<td>Room inner door knob</td>
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<tr>
<td>Bathroom inner door knob / plate</td>
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<tr>
<td>Bathroom light switch</td>
<td>[ ]</td>
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<tr>
<td>Bathroom handrails by toilet</td>
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<tr>
<td>Bathroom sink</td>
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<tr>
<td>Toilet seat</td>
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<tr>
<td>Toilet flush handle</td>
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<tr>
<td>Toilet bedpan cleaner</td>
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</tbody>
</table>

**Evaluate the following additional sites if these equipment are present in the room:**

<table>
<thead>
<tr>
<th>High-touch Room Surfaces</th>
<th>Cleaned</th>
<th>Not Cleaned</th>
<th>Not Present in Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV pump control</td>
<td>[ ]</td>
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<tr>
<td>Multi-module monitor controls</td>
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<tr>
<td>Multi-module monitor touch screen</td>
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<tr>
<td>Multi-module monitor cables</td>
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<tr>
<td>Ventilator control panel</td>
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</table>
Standard Operating Procedures
Ash Receptacle Cleaning

1. **Purpose**
   To establish a procedure for the proper and safe cleaning of ash receptacles.

2. **Equipment**
   - Personal Protective Equipment (PPE) – Gloves
   - Sand sifting catch tool (if applicable)

3. **Cleaning Products**
   - General-purpose cleaner

4. **Supplies**
   - Metal pail
   - Plastic pail
   - Plastic bags
   - Wet Floor/Caution signs
   - Wiping cloths or micro-fiber cloths
   - Sand (if applicable)- refill as needed

5. **Procedures**
   a. Put two inches of water into metal pail.
   b. Put one gallon of water into plastic pail. Add the prescribed quantity of general-purpose cleaner.
   c. Empty contents of ash receptacle into metal pail, or sift sand to remove butts and ash
   d. Wash ash receptacle, using a wiping cloth and all-purpose cleaner.
   e. Dry with a clean wiping cloth.
f. Ensure that all waste in metal pail is extinguished, and then empty into plastic bag. Dispose of plastic bag. Soiled wiping cloths should be placed in another plastic bag for laundering.

g. Clean all equipment and return to proper storage area.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Bed Cleaning (Terminal-Discharge)

1. Purpose
   To establish a procedure for the proper and safe technique for the terminal cleaning of beds.

2. Equipment
   - Fully stocked housekeeping cart (All chemicals properly labeled and secured)
   - Double-bucket mopping system, or Micro-fiber mopping system
   - Personal Protective Equipment (PPE as required by room)

3. Cleaning Products
   - General-Purpose Cleaner
   - EPA-registered hospital disinfectant

4. Supplies
   - Abrasive pad
   - Clean linen
   - Double plastic pail
   - Plastic bags
   - Plastic pail
   - Putty knife
   - Wet Floor/Caution signs
   - Wiping cloths
   - Trash bags (Clear and Red Biohazard)

5. Procedures
   a. Access BMS, identify and accept patient room which requires cleaning.
   b. Place room cleaning sign around work area if available.
   c. Don appropriate PPE (Follow standard and transmission precautions.)
   d. With gloves on, put one gallon of water in each side of the double bucket and add an EPA-registered hospital disinfectant according to manufacturer’s instructions. When
using a micro-fiber system, place micro-fiber pads in the containment bucket; apply an EPA-registered hospital disinfectant according to manufacturer’s instructions.

e. Remove soiled linens by folding all four corners to center of bed creating a bundle. Roll linen, do not shake. Hold bundle away from body and transfer soiled linen from bed to soiled linen hamper. Remove curtains if visibly soiled.

f. Use wiping cloth and EPA-registered hospital disinfectant solution, clean over-bed table. Clean both sides of pillow and place on table. Rinse cloth in soiled side of bucket and wring thoroughly; then rinse cloth in clean side. Wring out excess water and continue cleaning, or apply EPA-registered hospital disinfectant solution to micro-fiber cloth and apply to surfaces.

g. Clean overhead light, headboard, footboard, side rails, lower parts of bed frame, bed controls, and phone. Clean top and side of mattress. If tears or rips are present, contact supervisor immediately to remove from service or repair. Fold mattress over and clean half of mattress, box spring and all exterior surfaces. Unfold mattress and repeat process at the other end of bed. When finished, turn the mattress over completely so the underside is now the top. (Follow manufacturer’s directions, as some mattresses are not intended to be turned.) Cleaning bed first allows the EPA-registered hospital disinfectant to remain wet for the proper dwell time.

h. Clean interior and exterior surfaces of all patient room furniture, bedside chair, closets and/or wall lockers and waste receptacle using an EPA-registered hospital disinfectant, using putty knife, if necessary.

i. Remove all trash and place in proper receptacles. *Note: Keep non-regulated waste separate from Bio-hazardous waste. Spray trash receptacles with an EPA-registered hospital disinfectant and do not wipe off until the manufactures approved dwell time has been met.

j. Spot clean walls, cabinets and glass surfaces. Wash soiled walls with EPA-registered hospital disinfectant.

k. Change cubicle curtains when visibly soiled or at frequency established by facility.

l. Restock paper, hand sanitizers, soap products and clean dispensers. Clean trash receptacle inside and outside and relin a trash receptacle.

m. Clean sinks, stools and showers, if applicable (if private room).

n. Clean, polish, and disinfect all furniture and return to its proper location.

o. Place Wet Floor signs and begin mopping floor using double-bucket mopping procedure, or micro-fiber mopping system. Mop entire bed section. If single room, mop entire
p. Prepare bed for the next patient. Remove gloves and perform hand hygiene prior to getting clean linen. Make bed using clean linen. Avoid shaking the sheets and blankets; this keeps the air free from lint.

q. Empty and clean all equipment.

r. At the end of the day, clean and return bed-washing cart, or housekeeping cart to its proper location.

s. Conduct visible room inspection to be sure mirrors, blinds/shades and vents are not soiled, and sharps container is not full.

t. Run UVC light unit or Hydrogen Peroxide vapor machine if available.

u. Access BMS and complete room for patient placement.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Carpet Care

1. **Purpose**

To establish a procedure for the proper and safe cleaning of carpet.

2. **Equipment**

   - Double-bucket mopping system or Micro-fiber mopping system
   - Extractor/buffer or bonnet buffer (depending on which of 3 methods used)
   - Nylon carpet brush attachment (when using carpet shampooer buffer)
   - Personal Protective Equipment (PPE) – Gloves and surgical mask (if carpet is highly soiled)
   - Vacuum (HEPA preferred)

3. **Cleaning Products**

   - Carpet shampoo
   - Defoamer
   - Spot remover/stain remover

4. **Supplies**

   - Brush or cloths
   - Cloth bonnet pads (2) (when using bonnet buffer system)
   - Plastic pails (2)
   - Putty knife
   - Wet Floor/Caution signs

5. **Procedures**

   a. Put out caution signs.

   b. Remove as much furniture as possible from the area to be cleaned. Be careful not to create an obstruction or safety hazard in patient and/or traffic areas.
c. Vacuum all walk-off mats and carpet follow department guidelines for scheduled maintenance and replacement.

d. Use putty knife to remove gum and soil, if necessary.

e. Spot clean/deionizer H2O stubborn stains using stain remover according to manufacturer’s instructions. Use brush and wipe dry with cloth. Consult supervisor before using spot remover, as misuse can cause permanent damage to carpet.

f. Proceed to clean carpet following manufacturers recommended instruction.

g. Going from damp carpet to hard floor will create a safety hazard. Place a carpet fan in the area to speed carpet drying time. Do not remove wet floor signs until carpet is 100% dry.

h. Return furniture to area when carpet is dry.

i. Return equipment to storage area. Empty and clean equipment and deposit dirty clothes in soiled linen.

6. Recission

7. Review Date

(Name)
Chief, Environmental Management Service
Dry Erase Boards

1. **Purpose**

To establish a procedure and proper techniques for cleaning dry erase boards.

2. **Equipment**

   - Personal Protective Equipment (PPE) – Gloves, Goggles (for high areas)

3. **Cleaning Products**

   - General-purpose cleaner

4. **Supplies**

   - Plastic pail
   - Spray bottle
   - Wiping cloths

5. **Procedures**

   a. Put one gallon of water into plastic pail; do not add general-purpose cleaner.

   b. Remove markers and erasers from tray.

   c. Spray general-purpose cleaner on wiping cloth; wash all exterior surfaces including marker tray. Repeat washing if all marker residue has not been removed. If permanent marker has been used, draw over the permanent marker with a dry erase marker and repeat step above.

   e. Remove any film left by general-purpose cleaner by rinsing with clean wiping cloth and plain water. Use a vertical or horizontal stroke across entire board.

   f. Allow dry erase board to air dry.

   g. Replace erasers and markers in tray when tray is fully dry.
6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Door Cleaning and Polishing

1. **Purpose**

To establish a procedure for the proper and safe cleaning and polishing of doors.

2. **Equipment**

   - Personal Protective Equipment (PPE) – Gloves

3. **Cleaning Products**

   - EPA-registered hospital disinfectant
   - General-purpose cleaner (for kick plates and scuff marks)
   - Polish (wood)

4. **Supplies**

   - Plastic pail
   - Wiping cloths

5. **Procedures**

   a. Put one gallon of water into plastic pail, and add proper quantity of EPA-registered hospital disinfectant.

   b. Damp wash door, using EPA-registered hospital disinfectant and a wiping cloth. Avoid using an excess amount of solution. Ensure all door hardware is properly cleaned to include door jamb or frame. If solution drips on floor, clean floor immediately.

   c. Use small amount of general-purpose cleaner (or stainless steel cleaner) on a wiping cloth to remove scuff marks and stubborn stains on kick plates.

   d. Polish wooden doors only if instructed by supervisor. Work along grain following instructions according to the manufacturer. To avoid spilling or spraying polish on the floor (which would create a safety hazard), spray polish directly on rag inside of a trash receptacle to avoid overspray.
e. Clean equipment, and return it to proper storage location. Place soiled cloths in plastic bag for transport to the Laundry.

6. **Rescission**

7. **Review Date**

(Name)
Chief, Environmental Management Service
Double-Bucket Mopping System

1. Purpose

To provide the method for damp mopping floors, and to reduce the number of organisms.

2. Equipment

- Double-bucket mopping system
- Personal Protective Equipment (PPE) – Gloves

3. Cleaning Products

- EPA-registered hospital disinfectant or neutral based cleaner

4. Supplies

- Putty knife
- Wet Floor/Caution signs

5. Procedures

a. The double-bucket mopping system is used to ensure that the EPA-registered hospital disinfectant solution in the mop bucket remains clean for as long as possible during the cleaning process; thus, saving time and making the job easier and extending the efficacy of the EPA-registered hospital disinfectant.

b. Fill one bucket with four gallons of clean water and EPA-registered hospital disinfectant. This will be called the clean bucket. (Note: It is important to use the prescribed amount of EPA-registered hospital disinfectant. Overuse wastes the product and causes the floor to become sticky, streaked or both and can also prematurely cause floor finish to erode causing the need for top scrubbing and re-waxing)

c. Fill the other bucket with two gallons of clean water and EPA-registered hospital disinfectant. This will be referred to as the soiled bucket.

d. Install wringer on the soiled bucket.
e. Put out Caution signs at each end of the area to be mopped, and leave in place until floor is dry. If cleaning a long corridor, signs may be needed between the two end signs. When wet-mopping a corridor, mop only one side at a time. When the first side is dry, the other side can then be mopped.

f. Check the area to be mopped. Any tar, chewing gum, etc., can be removed with the putty knife. Be careful not to damage floor finish.

g. To begin, immerse clean mop into the clean bucket, and wring out. (Remember - the wringer is in the soiled bucket.) The mop should be wet enough to cover an area about 100 square feet (10x10, 4x25, etc.), so that the floor will remain wet for at least ten minutes. This is necessary to kill bacteria.

h. Mop the entire perimeter of the area; then, using the Figure 8 stroke, mop the outlined area.

i. When the mop head becomes soiled, immerse the mop into the soiled bucket and slosh up and down three or four times to remove loose soil. Wring mop thoroughly dry.

j. Immerse the mop into the clean bucket, and then wring mop into the soiled bucket. Mop is now ready to resume mopping.

k. Change the water in the clean bucket when it becomes badly soiled. Note: It is required to change mop head and water after three patient rooms unless visibly soiled prior to the third room. Empty the solution in both buckets and replace with clean solution. Remove the soiled mop head, and place in a plastic bag. Install a clean mop head.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Microfiber Mopping Cleaning System

1. **Purpose**
To provide the method for damp mopping floors, and to reduce the number of microorganisms.

2. **Equipment**
   - Quick Connect Frames
   - Wet or dry pads
   - Quick Connect Handle
   - Disinfecting Bucket plus designated EPA-registered hospital disinfectant solution
   - Personal Protected Equipment (PPE) & gloves

3. **Cleaning Products**
   - EPA-registered hospital disinfectant or neutral based cleaner

4. **Supplies**
   - Putty knife
   - Wet Floor/Caution signs

5. **Procedures**
   a. The Micro-fiber mopping system is used to ensure that the EPA-registered hospital solution in the Fiber bucket remains clean for as long as possible during the cleaning process; thus, saving time and making the job easier and extending the efficacy of the EPA-registered hospital disinfectant.
   
   b. Fill Bucket with properly mixed disinfecting solution. Using the “step guides” in the bottom of the bucket to determine the liquid level (each step represents five (5) pads or 1 quart.
   
   c. Place pads in bucket (at rate of one per room) with hoop and loop backing side up.
   
   d. Press pads down and hold using quick connect handle to evenly disperse solution in pads. Add solution as needed to maintain fluid saturation consistency in pads. Pour any
excessive solution into floor sink (for your safety do not lift bucket to shake)

e. Place disinfecting bucket on cleaning cart.

f. Put out wet floor Caution signs at each end of the area to be mopped, and leave in place until floor is dry. If cleaning a long corridor, signs may be needed between the two end signs. When wet-mopping a corridor, mop only one side at a time. When the first side is dry, the other side can then be mopped. Be sure to place wet floor signs at all entrances to wet area.

g. Check the area to be mopped. Any tar, chewing gum, etc., can be removed with the putty knife. Be careful not to damage floor finish.

h. To begin center quick connect frame over top pad in bucket solution, and slide down to attach pad with hook and loop system.

i. Starting at the far corner of the room, begin wet mopping using the figure eight stokes after framing section.

j. Move backwards toward doorway, Remember to clean under beds and furniture.

k. When finished with room or pad is dry, remove soiled wet pad from frame by placing left foot on end of pad, and right foot on opposite end of pad. Pull frame and pad will peel away from hook and loop backing.

Note: All soiled mop heads should be placed into an appropriate bag and turned in for laundering at the end of the shift.

6. Resciッション

7. Review Date

(Name)
Chief, Environmental Management Service
Drinking Fountain Cleaning

1. **Purpose**

To establish a procedure for the proper and safe technique for the cleaning of drinking fountains.

2. **Equipment**

   ▪ Personal Protective Equipment (PPE) - Gloves

3. **Cleaning Products**

   ▪ EPA-registered hospital disinfectant
   ▪ Non-abrasive cleaner

4. **Supplies**

   ▪ Hand mop or polishing cloth
   ▪ Wiping cloths

5. **Procedures**

   a. Clean exterior surface with EPA-registered hospital disinfectant, using a hand mop or wiping cloth.
   b. Remove stubborn stains with non-abrasive cleaner and wiping cloth.
   c. To clean drain, work EPA-registered hospital disinfectant into holes with hand mop or wiping cloth. Flush with water from drinking fountain.
   d. Rinse interior surface with water from drinking fountain, and wipe dry with cloths. Be careful not to allow excess water to drip onto wall or floor.
   e. Rinse and wipe dry with clean wiping cloth to avoid streaking.
   f. Polish with an EPA-registered hospital non-abrasive polisher, or aluminum polisher/stainless steel polish.
6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Dusting

1. **Purpose**

   To establish a procedure and proper technique for dusting.

2. **Equipment**

   - Personal Protective Equipment (PPE) – Gloves, goggles for high cleaning
   - Vacuum cleaner (HEPA preferred)
   - Dust wand with microfiber sleeve

3. **Cleaning Products**

   - EPA-registered hospital disinfectant
   - Furniture polish

4. **Supplies**

   - Plastic pail
   - Microfiber cloths or pads
   - Wiping Cloths

5. **Procedures**

   a. Put one gallon of water into plastic pail, and add proper amount of EPA-registered hospital disinfectant.

   b. Dampen wiping cloth with EPA-registered hospital disinfectant solution, and wipe all furniture and ledges. Wipe again with a dry wiping cloth to prevent water spots and streaking.
      1. Begin damp dusting at the room entrance, and work around room. Damp dust the top of an object and work down to avoid re-soiling surfaces.
      2. Fold the cloth in a series of squares to provide a number of potential cleaning surfaces. A wadded cloth does not clean as efficiently.
3. Dampen cloth with an EPA-registered hospital disinfectant, and wring out all excess solution to avoid drips.

4. Damp dust the doors and wall features, such as door handles, thermostats, light switches and ledges.

5. Spot clean visible soil from doors and walls.

6. Damp dust furniture/furnishings, light frames and covers, chairs, counters, front and sides of lockers, writing surfaces, shelves, telephones and tables.

7. All surfaces should be decontaminated with appropriate EPA-registered hospital disinfectant.

c. Use furniture polish as needed on wooden furniture. Use an applicator to spray the wiping cloth. To prevent over-spray from getting on floors and causing a safety hazard, never apply directly to furniture.

d. Housekeeping equipment will be thoroughly cleaned using an EPA-registered hospital disinfectant upon completion of work. Return all supplies and equipment to the proper storage area. Place all soiled wiping cloths and mop heads in a plastic bag for transport to the Laundry area.

e. Dusting may also be accomplished using a vacuum with a hose and dusting brush attachment.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Elevator Cleaning

1. **Purpose**
   To establish a procedure for the proper and safe cleaning techniques for elevators.

2. **Equipment**
   - Vacuum (HEPA preferred)
   - Double-bucket mopping system, or micro-fiber mopping system
   - Personal Protective Equipment (PPE) – Gloves (goggles for high dusting)

3. **Cleaning Products**
   - EPA-registered hospital disinfectant
   - Stainless steel polish, deionizer H2O/cleaner

4. **Supplies**
   - Abrasive pad
   - Plastic pail
   - Putty knife
   - Wet Floor/Caution signs
   - Wiping cloths or rags

5. **Procedures**
   a. Prepare mop unit as described in wet-mopping procedure. Add one gallon of water to plastic pail, and add the prescribed amount of EPA-registered hospital disinfectant solution or use a one-step EPA-registered hospital disinfectant.

   b. Stop elevator, and lock in place.

   c. Put out Caution signs.

   d. Clean out packed material in door tracks with putty knife, and vacuum tracks. Use putty knife to remove gum or other material from floor.

   e. Sanitize and disinfect walls, buttons, rails, facings and doors with dampened wiping cloth. Be careful not to use an oversaturated rag on control panels. Wipe dry to prevent
spotting. Use stainless steel polish/cleaner by applying to a cloth, not the surface directly, to brighten metal surfaces when directed by supervisor.

f. Dust ceiling vent before cleaning walls.

g. Dust mop, wet-mop/vacuum elevator floor, and let dry.

h. Finish by cleaning the inside and outside of the elevator door and facing/trim with appropriate cleaner.

i. Remove Wet Floor/Caution signs. Release elevator for use. Proceed to next elevator to be cleaned.

j. After all assigned elevators are clean, empty all buckets and pails. Clean all equipment and return to proper storage area.

k. Place soiled wiping cloths and mop heads into designated bag, and place in designated location for transport to the laundry.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
EMS Equipment Care and Cleaning

1. **Purpose**

To establish a procedure for keeping equipment clean, presentable and sanitary.

*Note: Clean each piece of equipment per manufacturer’s instructions after each use and perform user maintenance. Equipment that is clean and in good repair always indicates an effective and productive work force. Therefore, equipment condition is a direct reflection of the individual worker and Environmental Management Service.*

2. **Equipment**

- Double-bucket mopping system
- Micro-fiber mopping system
- Personal Protective Equipment (PPE) – Gloves, Goggles, Face Shield

3. **Cleaning Products**

- Baseboard cleaner/foam stripper
- EPA-registered hospital disinfectant

4. **Supplies**

- Cleaning cloths

5. **Procedures**

a. Wet Vac Pick-up:

1. Empty and rinse wet vac pick-up tank.
2. Clean squeegee blades dry after each use.
3. Clean outside of tank and motor casing thoroughly after each use.
4. Leave solution tank lid ajar to prevent musty smell and prevent seal from sticking.
5. Wipe cord clean.

b. Mop Buckets and Wringers: Empty and clean thoroughly with fresh EPA-registered hospital disinfectant at the end of each shift and stored upside down to thoroughly drain.
c. Scrubbing Machines (Buffers):
   1. Empty solution tank, and rinse thoroughly after each use.
   2. Inspect with each use to make sure vacuum motor, brushes, belts, etc., are operating properly.
   3. Remove scrubber brush or pad, and clean thoroughly.
   4. Clean exterior of machine after each use.
   5. Remove finish stripper from machine, using foam stripper and scrub brush.
   6. Rinse with water.
   7. Wipe cord clean.

d. Automatic Scrubbing Machine:
   1. After use, drain pick-up and dispensing tank, and rinse thoroughly.
   2. Check batteries for proper water level, and wear proper PPE.
   3. Clean squeegee blades.
   4. Leave solution tank lid ajar to prevent musty smell and prevent seal from sticking.
   5. Connect charger, making sure top of machine is open and exhaust fan is on.

e. Carpet Vacuums:
   1. Empty filter bag when it is half full to prevent motor damage.
   2. With damp cloth clean inside of vacuums when changing bags.
   3. Clean or replace filters as necessary.
   4. Inspect with each use to ensure that vacuum belts, brushes, motor, etc., are operating properly.

f. Dust Mops:
   1. Hang up dust mop with head down and off floor when not in use.
   2. When soiled, mop head should be sent to laundry for cleaning.
   3. Be sure that mop frame is of proper size for mop head.

g. Wet Mops:
   1. Do not twist mop in wringer, as it will break or weaken mop strands.
   2. Do not let a wet mop touch other equipment while in storage.
   3. Rinse and wring wet mop after each use.
   4. When soiled, mop head should be sent to laundry area for cleaning.

h. Push Brooms:
   1. Do not lean on handle when broom is in use.
   2. Use broom only for purposes for which it was intended - never as a mop, squeegee, lever or hammer.
3. Rotate handle frequently, so as not to wear one side of the brush more than the other.

4. Do not store push broom on the fibers, as it will bend them out of shape and make the broom ineffective.

5. Soiled brushes should be washed in warm neutral detergent solution and rinsed in clear water, shaken to straighten the fibers, and thoroughly dried prior to use.

i. Squeegees:
   1. Wipe squeegee blades dry after each use.
   2. Never store squeegees or spare blades in sunlight, as it can cause deterioration.

j. Carpet Extractors:
   1. Rinse out solution and recovery tanks.
   2. Clean any debris from screen filter.
   3. Clean outside of machine.
   4. Leave solution tank lid ajar to prevent musty smell and prevent seal from sticking.
   5. Wipe cord clean.

k. High-Speed Buffers/Polishers:
   1. Remove finish spray from machine, using foam stripper and scrub brush.
   2. Rinse with water.
   3. Clean exterior of machine after each use.
   4. Check and replace dust vacuum bags (if applicable).
   5. Wipe cord clean.

l. Ultra-High-Speed Burnisher (Battery Operated):
   1. Check batteries for proper water level. Use proper PPE (face shield).
   2. Check and replace dust vacuum bags (if applicable).
   3. Clean outside of machine.
   4. Connect charger, making sure top of machine is open and exhaust fan is on.

Note: All other equipment will be cleaned after each use or at the end of each shift, and then stored in the proper location. Remember - each piece of equipment should be cleaned so that you leave it for the next user the same way you would expect other Environmental Management employees to leave it for you.

6. Rescission

7. Review Date
(Name)
Chief, Environmental Management Service
Floor Care

1. **Purpose**

To establish a procedure for the proper and safe technique for the care of floors, including dust mopping, wet mopping, baseboard cleaning, stripping, top scrubbing in lieu of stripping, finishing and burnishing.

2. **Dust Mopping**

   a. Equipment
      - Dust mop assembly or microfiber dust mop system
   b. Cleaning Products
      - Microfiber dust pad if applicable
      - EPA-registered hospital disinfectant
   c. Supplies
      - Counter brush / lobby broom
      - Dust pan
   d. Procedures
      1. Begin by placing clean dust mop head on dust mop handle.
      2. Once the dust mop is placed on the floor, do not lift until dusting operations have been completed.
      3. Dust the floor by always keeping the dust mop in front of body. Use the swivel motion and action of wrists to change direction.
      4. After dust mopping in an area, use the dustpan and counter brush or lobby broom to pick up debris immediately upon completion. Never sweep debris into a corner to be removed later.
      5. Do not dust mop debris from a room into a corridor.
      6. Always change dust mops or pads after cleaning Isolation rooms, and after dust mop becomes excessively soiled.
7. Place soiled dust mops or pads in a plastic bag separate from wet mops, and turn in for laundering. Mops will be placed in linen chute, soiled linen cart or designated pick-up area at the end of the shift.

Note: Always use caution while dust mopping to prevent tripping patients or others. Never leave the mop handle unattended by propping it against a bed or in a corner – carelessness causes accidents.

3. **Baseboard Cleaning**
   a. **Equipment**
      - Double-bucket mopping system
      - Doodle bug and pad
      - Dust mop assembly
      - Floor fan
      - Wet vacuum
   b. **Cleaning Products**
      - Spray foam stripper
      - EPA-registered hospital disinfectant
   c. **Supplies**
      - Nylon brush
      - Plastic Pail
      - Putty knife
      - Rubber gloves
      - Wet floor /Caution signs
      - Wiping cloths
   d. **Procedures**
      1. Remove furniture and other objects from area.
      2. Dust mop area to be stripped.
      3. Put three gallons of water into each bucket of the double-bucket unit to be used for rinsing.
      4. Put Caution signs at each end of area to be stripped.
      5. Attach pad to doodle bug handle.
      6. Put on rubber gloves, and avoid skin contact with spray foam stripper.
      7. Ensure that area has adequate ventilation before using spray foam stripper (use fan, open window, etc.).
      8. Hold can 6-8 inches from surface, and spray stripper along baseboard. Keep sprayed areas small enough to prevent drying (4-6 feet). Wipe any over-spray off painted surfaces immediately with wiping cloths.
      9. Allow foam stripper to work at least 3-5 minutes before wet scrubbing with pad, sponge or nylon brush as directed by supervisor. Corners may be cleaned with the
nylon brush.

10. Rinse baseboards with clean water from rinse side of mop unit, and dry with wiping cloths.

11. Put soiled mop heads and wiping cloths in plastic bags for laundering. Clean and return all equipment to storage area.

4. **Stripping Floors**

   a. **Equipment**
   - Doodle bug and pad
   - Double-bucket mopping system or microfiber mopping system
   - Dust mop assembly
   - Rotary buffer/scrubber
   - Wet vacuum

   b. **Cleaning Products**
   - Stripper
   - Neutralizer
   - EPA-registered hospital disinfectant

   c. **Supplies**
   - Putty knife
   - Stripping pad/brush
   - Wet Floor / Caution signs
   - Wiping cloths

   *Note: Once the stripper has been applied, the floor becomes extremely slippery. Use extreme caution when walking across it, and wipe bottom of shoes and equipment before entering an adjacent waxed area.*

   d. **Procedures**
   1. Remove all furniture.
   2. Put out Caution signs.
   3. Dust mop entire area.
   4. Put three gallons of water into one of the buckets of the double-bucket mop unit. Stripper solution will be in second bucket.

   5. Mount the scrubbing pad/brush on the buffer/scrubber wheel.
6. Pour the specified amount of stripper solution into the mopping unit. Mop the stripping solution on the floor area, including the edges and corners. Keep the floor wet with stripping solution while you continue with the next steps to ensure stripper does not dry. Let chemical set the recommended time, per manufacturer’s specifications. Do not use hot water, as this causes excessive fumes. Do not exceed manufacturer’s recommended dilution. Stronger is not better.

7. Place large wiping cloths at any area that is not to be stripped. This will eliminate the stripper from sling or running into another area that is not to be stripped.

8. Clean baseboards as indicated in paragraph 4 above. Clean corners and any area not accessible for the buffer/scrubber with the doodle bug and stripping mixture.

9. The buffer/scrubber operator is to start the stripper near the rear wall. Beginning at the sidewall corner, work machine and solution inward towards the center of the room. Use only enough solution on the floor to enable efficient removal of old finish without harm to the tile. Use putty knife to remove tile cement, gum, paint, etc.

10. The wet vacuum operator follows the buffer/scrubber operator removing the stripper before it dries. Extreme care must be exercised to ensure that the stripping solution does not dry. If allowed to dry, the stripping procedure must be repeated.

11. Rinse baseboards; “flood” with plain water and pick up with wet vacuum.

12. Wait until floor has dried, and check for any remaining buildup of old finish that was not removed. Remove any remaining buildup with doodle bug, and rinse thoroughly with clean water.

13. Rinse entire floor area with clean mop and clean water or neutralizer to ensure all stripper residue has been removed.

14. It may be necessary to rinse the floor once more. Any stripping solution remaining on the floor will have an adverse effect on the entire refinishing operation.

15. Floor is now ready to be refinished.

16. After finishing your job assignment, thoroughly clean all equipment and return to proper storage area. Place all soiled mop heads and wiping cloths in plastic bags and place in designated area for transport to the Laundry.

*Note:* Ventilate work area as much as possible by opening windows and using fans.
5. Top Scrubbing in Lieu of Stripping

a. Equipment
- Double-bucket mopping system or microfiber mopping system
- Doodle bug and pad
- Dust mop assembly
- Rotary buffer / scrubber
- Wet vacuum

b. Cleaning Products
- General purpose natural cleaner
- EPA-registered hospital disinfectant

c. Supplies
- Putty knife
- Plastic pail
- Scrubbing pad/brush
- Wet Floor / Caution signs

d. Procedures
1. Remove all furniture from the area. In offices, remove all but the file cabinets and desks; in cubicles, remove all but beds and monitoring equipment.
2. Put out Caution signs.
3. Dust mop entire area. If any sticky substances are found, remove them with a putty knife, if possible.
4. Mount the scrubbing pad/brush on the buffer/scrubber wheel.
5. Put one gallon of water in plastic pail. Add general-purpose cleaner in accordance with manufacturer’s instructions.
6. Put three gallons of water into each of the buckets of the double-bucket mop unit.
7. Put water in tank of rotary buffer/scrubber, and add general-purpose cleaner in accordance with manufacturer’s instructions.
8. Clean baseboards as indicated in paragraph 4 above. Use doodle bug and scrubbing solution in plastic pail to scrub any area not accessible to the buffer/scrubber.
9. Pour any remaining scrubbing solution left in pail onto floor.
10. The buffer/scrubber operator is to start the scrubber near the rear wall. Beginning at the sidewall corner, work machine and solution inward towards the center of the room. Use just enough solution and pressure on the machine to remove only the top layer of finish.

11. The wet vacuum operator follows the buffer/scrubber operator removing the scrubbing solution and old finish. Care must be taken to ensure that the cleaning solution does not dry. If allowed to dry, water must be put on the floor in order to remove the solution and old finish.

12. Rinse baseboards and floor twice with clean mop using double-bucket to ensure all scrubbing solution has been removed.

13. After drying, floor is ready for floor finish.

14. After finishing your job assignment, thoroughly clean all equipment and return to proper storage area. Place all soiled mop heads and wiping cloths in plastic bags and place in designated area for transport to the laundry.

6. **Refinishing Floors**

**a. Equipment**
- Double-bucket mopping system or microfiber mopping system

**b. Cleaning Products**
- Floor Finish
- EPA-registered hospital disinfectant

**c. Supplies**
- Plastic bags
- Wet Floor / Caution Signs

**d. Procedures**

1. The floor is prepared for finish as indicated in paragraph 5 above (Stripping Floors) or paragraph 6 above (Top Scrubbing in Lieu of Stripping).

2. Put out Wet Floor signs.

3. Line one mop bucket with a plastic liner to avoid contamination. Pour finish into liner. Put clean water into the second bucket. Dip presoaked mop head into the finish, and tamp onto the wringer. Do not ring out.

4. When floor is completely dry from the final rinse, apply the first coat of finish. Always use a clean mop head. Immerse the mop head in clean water, and wring out thoroughly. This fills the mop fibers with water, which results in a conservation of
floor finish and easier cleaning of the mop head.

5. Dip the mop into the floor finish, and press the wringer until excess dripping stops. Start applying the finish in a corner of the room opposite the door. The first coat will be applied up to approximately eight inches from the baseboard. This will prevent build-up next to the baseboard and will conserve floor finish. There is normally very little traffic next to the baseboard. Coat the edges of an area small enough to cover before the finish begins to dry. Fill in the area between the edges, using overlapping strokes. Dip and wring the mop frequently enough to ensure that the finish is applied evenly.

6. Edge another area, and complete as above. Each area should be covered before the adjoining area is dry. This will ensure a smooth, even application. Continue with this procedure until the entire space to be refinished has been completed.

7. After the first coat is thoroughly dry, apply a second coat. The second coat should be applied up to approximately four inches from the baseboard. The second coat should be applied cross-grain to the first coat. Otherwise, the same methodology is used for the second coat. The third coat will be applied all the way to the baseboard. Exercise care to keep the finish off the baseboard.

8. After the entire space has been completed and is thoroughly dry, remove the Caution signs. Place all furniture back in its proper place, and proceed to the next area to be refinished.

9. If this is the last area of the day to be refinished, dispose of any floor finish remaining in the bucket. Again, resource conservation is essential; if you have planned properly, there will be no floor finish remaining in the bucket.

10. Place used mop heads in a plastic bag, and place in designated area for transport to the laundry. Clean all equipment thoroughly, and return all equipment and clean mop heads to storage area.

11. Remember - floor finish application is the most expensive operation performed in EMS, and utmost care must be exercised to ensure that the job is accomplished in the proper manner.

   Note: The number of coats and the use of finish will be predetermined by the supervisor. Also, remember to ventilate work area as much as possible by opening windows and doors.

7. Burnishing

   a. Equipment

   - Burnisher / high-speed floor machine
   - Double-bucket mopping system or microfiber mopping
   - Dust mop assembly
b. Cleaning Products
   - None

c. Supplies
   - Burnishing pads
   - Counter brush
   - Dust pan
   - Putty knife
   - Wet Floor / Caution signs

d. Procedures
   1. Clean the floor.

      Note: For successful burnishing, a floor must have been properly scrubbed/stripped,
      refinished and allowed to dry approximately 24 hours before burnishing procedure
      begins.

   2. Use putty knife if needed to remove gum, etc., from floor.

   3. Put out Caution signs.

   4. After areas along walls have been burnished (16-18 inches), move to center of area
      farthest from entrance and burnish.

   5. Continue to burnish until adequate gloss is achieved.

   6. Turn pads over when finish build-up occurs to prevent scratches in finish.

   7. After burnishing operations is complete, dust mop the floor and pick up residue with
      dustpan and counter brush. Dispose of residue in trash receptacle.

   8. Return all equipment and unused supplies to proper storage location.

      Note: This procedure will not be used without specific approval of the supervisor. Extreme care
      must be taken not to permit burnisher to bump into and damage walls and furnishings.

9. Rescission

10. Review Date

    (Name)
    Chief, Environmental Management Service
Housekeeping Aide Closet (HAC) Cleaning

1. **Purpose**

To establish a procedure and proper techniques for the cleaning of housekeeping aide closets.

*Note:*

- **a.** Corrugated cardboard containers should not be stored on the floor, but stored on shelves or plastic pallets. Bottom shelves of floor units must be solid or have shelf liner. No items should be stored within 18” of the ceiling.
- **b.** Refrain from storing chemicals above eye level.
- **c.** No food or drink allowed in housekeeping closets.

2. **Equipment**

- Double-bucket mopping system or micro-fiber mopping system
- Dust mop assembly
- Personal Protective Equipment (PPE)

3. **Cleaning Products**

- EPA-registered hospital disinfectant
- General-purpose cleaner

4. **Supplies**

- Abrasive pad
- Counter brush
- Dust pan
- Wiping cloths

5. **Procedures**

- **a.** Clean the floor.
- **b.** Damp dust all counter tops or shelves, and wipe dry.
c. Clean all walls and baseboards to prevent accumulation of splash marks and watermarks.
d. Dust mop floor using a clean dust mop head. Pick up debris with dust pan and counter brush/lobby broom, depositing in waste receptacle.
e. Mop entire area using the double-bucket system, or micro-fiber system. Empty and clean buckets.
f. Replenish your double-bucket system with the proper amounts of water and EPA-registered hospital disinfectant solution. This is intended for future and/or emergency use.
g. Soiled mop heads and wiping cloths will be put in plastic bags and placed in designated area for transport to the laundry. Do not leave soiled items in housekeeping aide closet overnight.
h. Place clean dust mop, and wet mop heads on handles.
i. Remove empty containers, including corrugated cardboard boxes.
j. Lock closet.

Note: This procedure is followed daily after each shift. The cleaning of equipment is a separate topic and should be done after each use.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Heat Convektors, Radiators and Vent Cleaning

1. **Purpose**
   
   To establish a procedure for the proper and safe cleaning of heat convectors, radiators and vents.

2. **Equipment**
   
   - Backpack vacuum (HEPA preferred)
   - Personal Protective Equipment (PPE) – Gloves, goggles
   - Step ladder

3. **Cleaning Products**
   
   - EPA-registered hospital disinfectant

4. **Supplies**
   
   - Double plastic pail
   - Wet Floor / Caution signs
   - Nylon brush
   - Plastic bags
   - Screwdriver
   - Wiping cloths

5. **Procedures**
   
   a. Put a gallon of water into each side of the double pail. Add the proper quantity of EPA-registered hospital disinfectant solution into one side.

   b. Put out Wet Floor / Caution signs

   c. Put on gloves

   d. Clean underneath, behind and between grids with the nylon brush, and place debris in plastic bag.

   e. Using the double-bucket system, or micro-fiber system saturate a wiping cloth with EPA-registered hospital disinfectant solution; wring damp dry, and wipe to remove soil from
radiator or convector. Some convector may be removed for cleaning. Utility sink may be used, if available. Use stepladder when necessary.

f. Dispose of waste. Ensure that all equipment is cleaned and returned to storage at the end of shift.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Ice Machine and Water Dispensing Unit Cleaning

1. **Purpose**
   To establish a procedure for the proper and safe cleaning of ice machines and water dispensing units.

2. **Equipment**
   - Personal Protective Equipment (PPE) - Gloves

3. **Cleaning Products**
   - EPA-registered hospital disinfectant
   - Lime build-up remover
   - Stainless steel polish/cleaner

4. **Supplies**
   - Plastic pail
   - Scouring pads/abrasive pads
   - Wet Floor/Caution signs
   - Wiping cloths

5. **Procedures**
   
   a. Put out Caution signs, and put on gloves.

   b. Dip wiping cloth into pail containing an EPA-registered hospital disinfectant, and wipe all exterior surfaces of ice machines. Remove grill at the well area of the machine. Thoroughly clean the drain area and the area where water and ice dispenses with lime build-up remover to remove water stain build up. Rinse all areas thoroughly. Use extreme caution when using the lime build-up remover chemical, as it is caustic.

   c. Apply a light coat of stainless steel polish/cleaner to cloth, and wipe down stainless steel surfaces.

   d. Remove gloves and wash hands.
6. **Rescission**

7. **Review Date**

(Name)
Chief, Environmental Management Service
Light Fixture Cleaning

1. **Purpose**

To establish a procedure for the proper and safe cleaning of light fixtures.

2. **Equipment**

   - Backpack vacuum (HEPA preferred)
   - Personal Protective Equipment (PPE) – Gloves, goggles for high cleaning
   - Step ladder

3. **Cleaning Products**

   - General-purpose cleaner
   - Window cleaner/glass cleaner

4. **Supplies**

   - Double plastic pail
   - Screwdriver
   - Wet Floor/Caution signs
   - Wiping cloths

5. **Procedures**

   a. Put one gallon of water into each side of the double pail. Add prescribed amount of general-purpose cleaner to the wash side. Proceed to work site.

   b. Turn off the light that is to be cleaned. If ladder is necessary to wash the fixture, set out Caution signs. Remove the light fixture diffuser. (A screwdriver may be required to remove fixture diffuser.)

   c. Vacuum dead bugs, debris, etc., from the fixture. Wash the entire fixture with a wiping cloth saturated with solution from the wash side of the double pail. Rinse with a clean wiping cloth, using water from the rinse side. Wipe dry with a clean wiping cloth.

   d. Take the diffuser to a large utility sink, preferably in the housekeeping aide closet. Wash it thoroughly with general-purpose cleaner. Rinse with clean water and wipe dry. The
spray bottle of window cleaner may be necessary to eliminate any water spots; make sure fixture is completely dry. Re-install diffuser.

e. Collect all equipment, and proceed to next fixture.

f. At the end of the shift, clean all equipment and store in proper location. Soiled wiping cloths will be put in plastic bags and placed in designated area for transport to the laundry.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Mini-Blind Cleaning

1. **Purpose**
   To establish a procedure for the proper and safe cleaning of window blinds (mini-blinds).

2. **Equipment**
   - Personal Protective Equipment (PPE) – Gloves, goggles, mask is optional
   - Vacuum (HEPA preferred)

3. **Cleaning Products**
   - EPA-registered hospital disinfectant

4. **Supplies**
   - Plastic pail
   - Wiping cloths

5. **Procedures**
   a. Vacuum blinds
   b. Mix EPA-registered hospital disinfectant in cool water, following manufacturer’s directions.
   c. Lower blind to its full length and close.
   d. Dip wiping cloth into solution; wring out thoroughly.
   e. With one hand, support the underside of the blind; and with the other hand, wipe each slat.
   f. Start with the top slat and work down.
   g. Flip the blinds over, and clean the opposite side in the same manner.
h. Work with care, as the slats may bend easily.

i. Wipe off streaks with dry wiping cloth, as needed.

j. Leave blind in lowered position.

k. Return equipment to storage area.

Note: Periodically it may become necessary to completely remove the blinds and take them to another area for thorough washing. The supervisor will assign the frequency and method to be used.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Patient Room Cleaning (Occupied Isolation)

1. **Purpose**
   To establish a procedure for the proper and safe cleaning of occupied patient isolation rooms.

2. **Equipment**
   - Double-bucket mopping system or microfiber mopping system
   - Personal Protective Equipment (PPE)

3. **Cleaning Products**
   - EPA-registered hospital disinfectant

4. **Supplies**
   - Hand mop or polishing cloth
   - Micro-fiber pads
   - Paper towels
   - Plastic bags
   - Plastic pail
   - Toilet tissue
   - Waterless hand sanitizer
   - Wet Floor/Caution signs
   - Wiping cloths

5. **Procedures**
   a. Check isolation signage posted outside the patient’s room, and take the proper precautions listed before entering. If you have doubts about the signage or the proper procedure, contact your supervisor. Signage will remain until terminal discharge is completed, then signage is returned to (insert location here).

   b. Knock on door and introduce yourself. Use KAIDET scripting tool.

   c. Enter patient room with appropriate PPE.
d. Remove soiled linen, and check the linen hamper for visible soil. Using a clean cloth dampened with disinfectant cleaner, wipe all visible soil from the hamper. *Never* reach into or push on the bag to compress the linen. Close laundry bag inside room, and place it in the appropriate container.

e. Remove all waste from receptacles. General waste should be bagged and disposed of in the general waste stream. Regulated Medical Waste (RMW) will be *red bagged* and segregated from general waste, and disposed of as infectious waste. Clean trash receptacle with EPA-registered hospital disinfectant.

f. Re-line waste receptacle.

g. Spot clean walls, cabinets and glass surfaces and all high touch surfaces with EPA-registered hospital disinfectant.

h. Change cubicle curtains when visibly soiled or as dictated by facility cubicle curtain cleaning schedule.

i. Restock paper and soap products.

j. Clean sinks, stools and showers, if applicable.

k. Return all furniture to its proper location.

l. Set out Wet Floor signs, and begin mopping floor using double-bucket mopping or microfiber floor system procedure.

m. After cleaning the isolation room, change water in mopping unit; all soiled mop heads and wiping cloths will be put in appropriate bags, and will be placed in designated area for transport to the laundry.

n. Conduct visible room inspection to be sure mirrors, blinds and vents are not soiled, and sharps container is not full.

o. Wash hands thoroughly.

6. **Rescission**

7. **Review Date**

(Name)
Chief, Environmental Management Service
Patient Room Cleaning (Terminal / Discharge Standard Precautions)

1. **Purpose**

To establish a procedure for the terminal/discharge cleaning of patient rooms.

2. **Equipment**

   - Double-bucket mopping system or microfiber mopping system
   - Personal Protective Equipment (PPE)

3. **Cleaning Products**

   - EPA-registered hospital disinfectant

4. **Supplies**

   - Antiseptic hand cleaner
   - Hand mop or polishing cloth
   - Laundry bag
   - Paper towels
   - Plastic bags
   - Plastic pail
   - Toilet tissue
   - Wet Floor/Caution signs
   - Wiping cloths
   - Cubicle curtains
   - Soap and sanitizer refills

5. **Procedures**

   a. Check for any signage posted outside the patient’s room, and take the proper precautions listed before entering. If you have any doubts about the signage or the proper procedure, contact your supervisor.
b. Enter the patient’s room with appropriate PPE.

c. Remove soiled linen from patient’s bed, and deposit in laundry bag (if your facility strips beds). Check the linen hamper for visible soil. Using a clean cloth dampened with disinfectant cleaner, wipe all visible soil from the hamper. *Never* reach into or push on the bag to compress the linen. Close laundry bag inside the room, and place it in the appropriate container for transference to laundry facility.

d. Remove all waste from receptacles. General waste should be bagged and disposed of in the general waste stream. Regulated Medical Waste (RMW) will be *red bagged* and segregated from general waste, and disposed of as infectious waste.

e. With wiping cloth apply an EPA-registered hospital disinfectant solution, clean over-bed table. Clean both sides of pillow, and place on table.

f. Clean overhead light, headboard, footboard, side rails, lower parts of bed frame, bed/TV controls and phones. Clean top and sides of mattress. If tears or rips are present, contact supervisor immediately to remove from service or repair. Fold mattress over and clean half of mattress, box spring and all exterior surfaces. Unfold mattress and repeat process at the other end of bed. When finished, turn the mattress over completely so the underside is now the top. (Follow manufacturer’s information, as some mattresses are not meant to be turned.) Cleaning bed first allows the EPA-registered hospital disinfectant to remain wet for the proper dwell time.

g. Clean interior and exterior surfaces of all room furniture, bedside chair, closets and/or wall lockers, and waste receptacle using an EPA-registered hospital disinfectant. Use putty knife, if necessary.

h. Spot clean walls, cabinets, glass surfaces and high touch surfaces with EPA registered hospital disinfectant. Wash soiled walls with EPA-registered hospital disinfectant.

i. Change cubicle curtains, in accordance with facility policy, and when visibly soiled.

j. Restock paper, soap, and sanitizer dispensers.

k. Clean sinks, toilets and showers, if applicable.

l. Return all furniture to its proper location.

m. Prepare bed for the next patient. Remove gloves and perform hand hygiene prior to getting clean linen. Make bed using clean linen. Avoid shaking the sheets and blankets to keep the air free from lint.

n. Place wet floor signs, and begin mopping floor using double-bucket mopping, or microfiber mopping procedure. Mop entire area.
\textit{o.} After cleaning room, change solution in mopping unit. Put all soiled wiping cloths in a plastic bag and place in appropriate container.

\textit{p.} Conduct visible room inspection to be sure mirrors, blinds/shades and vents are not soiled, and the sharps container is not full.

\textit{q.} Wash hands thoroughly.

6. \textit{Rescission}

7. \textit{Review Date}

(Name)
Chief, Environmental Management Service
Patient Room Monthly Cleaning (CLC)

1. **Purpose**

To establish a procedure for the proper and safe monthly cleaning of a Community Living Center (CLC) patient’s room.

2. **Equipment**

- Double-bucket mopping system or micro-fiber mopping system
- Dust mop or micro-fiber dust mop assembly
- Personal Protective Equipment (PPE)

3. **Cleaning Products**

- EPA-registered hospital disinfectant
- General-purpose cleaner
- Glass cleaner/window cleaner
- Toilet bowl cleaner

4. **Supplies**

- Abrasive pads
- Antiseptic and body soap
- Broom and dust pan
- Clear and bio-hazard trash bags (all sizes)
- Paper towels
- Putty knife or edging tool
- Toilet mop brush w/holder
- Toilet paper
- Wet Floor/Caution signs
- Wiping cloths

5. **Procedures**

   a. Remove furniture and equipment from the room.
b. Place cloths in bucket, and fill with EPA-registered hospital disinfectant to cover cloths, or use micro-fiber cloths with a one-step EPA-registered hospital disinfectant. Use one cloth at a time to wipe objects in the room. Change the cloth regularly by placing in a bag to be laundered.

c. Remove all waste. Clean interior and exterior receptacle and reline.

d. Check cubicle curtains for spots, and change out as needed (for CLC rooms, change out at least quarterly). Indicate on quality check list status of curtain.

e. Clean walls from ceiling to floor, and all objects.

f. Apply an EPA-registered hospital disinfectant to the following objects. Allow manufacturer’s recommended dwell time.

   - Cabinets and closets – inside and out
   - Night stand
   - Dresser – inside and out
   - Over-the-bed table – inside and out
   - Bed frame, hand rails, and mattress
   - Nurse call button, telephone and TV control
   - Reading and exam lights
   - Windowsills

g. Take waste receptacles to HAC, and apply EPA-registered hospital disinfectant.

h. Dust mop floor.

i. Apply EPA-registered hospital disinfectant in sinks, on toilet seat, in tub or shower.

j. Put toilet bowl cleaner in toilet; allow dwell time. Scrub with toilet brush and flush prior to leaving room to prevent chemical burns.

k. Mop and clean restroom and restock all dispensers.

l. Mop floor, beginning from window or from far wall to door. Scrub or strip, if necessary; apply finish and burnish.

   Note: Be sure to use Wet Floor / Caution signs. Coordinate cleaning with other services as necessary.

m. Run UVC light unit or peroxide misters in room, if available, as per manufacturer’s instruction.

6. Rescission
7. **Review Date**

(Name)
Chief, Environmental Management Service
Patient Room Cleaning (Occupied Standard Precautions)

1. **Purpose**

To establish a procedure for the proper and safe technique to be used for cleaning occupied patient rooms.

2. **Equipment**

   - Double-bucket mopping system, or micro-fiber mopping system
   - Dust mop assembly
   - Personal Protective Equipment (PPE)

3. **Cleaning Products**

   - EPA-registered hospital disinfectant
   - General-purpose cleaner

4. **Supplies**

   - Abrasive pads
   - Counter brush or lobby broom
   - Dust pan
   - Hand mop
   - Plastic bags
   - Putty knife
   - Wet Floor/Caution signs
   - Wiping cloths, micro-fiber if appropriate

5. **Procedures**

   a. Check for isolation or precaution signs to determine appropriate PPE.
   b. Knock on door and use KAIDET scripting.
   c. Place soiled linen in appropriately designated area.
d. Remove all waste from receptacles. General waste should be bagged and disposed of in the general waste stream. Regulated Medical Waste (RMW) will be red bagged and segregated from general waste, and disposed of as infectious waste.

e. Sanitize and disinfect interior and exterior receptacle, rel ine waste receptacle.

f. Spot clean walls, cabinets, glass surfaces and high touch surfaces with an EPA-registered hospital disinfectant. Wash soiled walls with EPA-registered hospital disinfectant

g. Restock paper and soap products.

h. Clean sinks, stools, and showers, if applicable.

i. Return all furniture to its proper location.

j. Set out Wet Floor signs, and begin mopping floor using double-bucket mopping procedure.

k. Conduct visible room inspection to be sure mirrors, blinds, and vents are not soiled and sharps container is not full.

l. Wash hands thoroughly.

m. Thank the Veteran for allowing us in to provide services.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Patient Room Cleaning-C. diff/MDRO (Terminal / Discharge Isolation)

1. **Purpose**

To establish a procedure for the proper and safe technique for the terminal cleaning of patient rooms

2. **Equipment**

- Double-bucket mopping system and/or Microfiber mopping system
- Sprayer (Optional)
- Personal Protective Equipment (PPE)

3. **Cleaning Products**

- EPA-registered hospital disinfectant or germicidal wipes

   *Note: If cleaning a C.diff isolation room, a sporicidal product is required for disinfection.*

4. **Supplies**

- Permanent marker
- Clear plastic bag or patient belongings bag (as determined by facility)
- Abrasive pad
- Clean linen
- Double plastic pail (if required)
- Plastic bags
- Plastic pail (if required)
- Putty knife
- Wet Floor/Caution signs
- Wiping cloths or microfiber cloths
- Required PPE as determined by the isolation category
- Cubicle curtains
5. **Procedures**

   a. Don gown and gloves and any other required PPE

   b. Verify that nursing supplies and patient belongings have been removed from the room.

   c. Inspect room, if patient belongings or nursing supplies are found, place in a clear plastic bag and/or patient belongings bag in accordance with facility policy, mark with room number, bed number, date, time and give to staff at the nursing station. (if an isolation room dispose of nursing supplies in waste receptacle)

   d. Carefully remove bed linen and place in a soiled linen hamper.

   e. Maintain curtains in accordance with the facility procedure.

   f. If using a double mop bucket fill system, fill one catch side with one gallon of water in fill side bucket add 3 gallons of diluted EPA-registered hospital disinfectant according to manufacturer’s instructions.

   g. If using a micro-fiber fill system fill bucket with approved EPA-registered hospital disinfectant solution and insert micro-fiber pads to system level, change pads for each room.

   h. Clean over-bed table and both sides of pillow and place on table using wiping cloths and EPA-registered hospital disinfectant or germicidal wipes using a two-step chemical process

   i. Remove waste; place in red receptacle (All waste is considered contaminated RMW).

   j. Clean overhead light, headboard, footboard, side rails, and lower parts of bed frame, bed controls and phone, paying particular attention to high touch surfaces (e.g., bed control, rails, over bed table’s, nurse call button).

   k. Clean top and side of mattress. If tears or rips are present, contact supervisor immediately to remove from service or repair. Fold mattress over and clean half of mattress, and all exterior surfaces. Unfold mattress and repeat process at the other end. If possible when finished, turn the mattress over completely so the underside is now the top. (Follow manufacturer’s directions, as some mattresses are not intended to be turned.)

   l. Clean Evacusled and/or fall mat, if present, in accordance with the facility procedure, treat Evacusled as part of mattress.

   m. Clean interior and exterior surfaces of all patient room furniture, bedside chair, closets and/or wall lockers and waste receptacle using EPA-registered hospital disinfectant, and a
putty knife, if necessary.

n. Spot clean walls, cabinets and glass surfaces. Wash soiled walls with EPA-registered hospital disinfectant.

o. Clean or remove any rolling stock in accordance with facility procedure.


q. Clean sinks, toilets and showers, with EPA-registered hospital disinfectant.

r. Return all furniture to its proper location.

s. Remove gloves and use proper hand hygiene prior to getting clean linen.

t. Prepare bed for the next patient. Perform hand hygiene. Make bed using clean linen. Avoid shaking the sheets and blankets; this keeps the air free from lint.

u. Set out Wet Floor signs.

v. Mop patient room and bathroom in accordance with facility procedure.

w. Conduct visual room inspection to ensure that all tasks have been completed.

x. If available, run UVC light unit or peroxide misters in room as per the manufacturer’s instructions.

6. **Rescission**

7. **Review Date**

   (Name)
   Chief, Environmental Management Service
Rolling Stock and Non-Critical Reusable Medical Equipment (RME) Cleaning

1. Purpose

To establish a procedure to reduce the risk of hospital acquired infections due to the use of rolling stock and non-critical reusable medical equipment. This policy is not intended to cover non-critical reusable medical equipment issued to individual patients for their personal use. This policy only covers rolling stock and non-critical reusable medical equipment cleaning (RME) such as, but not limited to, wheelchairs, IV poles, gurneys, stretchers, commodes, patient lifts, exam tables, blood pressure cuffs etc. Equipment is to be cleaned according to the manufacturer’s instructions of each piece of equipment.

Note: An addendum list has been provided as part of the procedure guide that details items classified under Rolling Stock and Non-Critical RME.

2. Equipment

- Personal Protective Equipment (PPE)

3. Cleaning Products

- EPA-registered hospital disinfectant

4. Supplies

- Pail/bucket/wipes
- Scouring pads/putty knife
- Wet Floor/Caution signs
- Wiping cloths or sponges

5. Procedures

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a. Don rubber gloves.

b. Gather together cleaning materials; prepare EPA-registered hospital disinfectant solution under recommended instructions.

c. If applicable remove any item(s) i.e.; tubing, bags, soil linen and dispose of properly.

d. Inspect the equipment item thoroughly.
   - Handles
   - Top, bottom, and sides
   - Base, wheels
   - Any attached items

e. Ensure that blood, body fluids, or other physical debris (tape, labels, stickers, etc.) is removed.

f. Conduct final wipe for disinfecting purposes start wiping the equipment working your way thoroughly to all areas to include underneath, sides, base, wheels etc. the sides.

g. Wipe the equipment thoroughly to include frame and other attachment to include:
   - Handles
   - Top, bottom, and sides
   - Base, wheels
   - Any attached items

h. Submit work order or notify unit manager if repairs are needed.

i. Remove gloves, and wash hands.

j. Place cleaned equipment items in designated clean area or clean supply room.

6. Non-Critical RME List

7. Rescission
8. **Review Date**

(Name)
Chief, Environmental Management Service
Patient Transport Wheelchair Cleaning

1. Purpose
To establish a procedure for the proper and safe technique to be used for cleaning manually operated transport wheelchairs. This policy is not intended for wheelchairs that are issued to individuals for personal use.

2. Equipment
   - Personal Protective Equipment (PPE)

3. Cleaning Products
   - EPA-registered hospital disinfectant

4. Supplies
   - Pail, bucket, wipes
   - Scouring pads
   - Wet Floor / Caution signs
   - Wiping cloths or sponges

5. Procedures
   a. Don rubber gloves.
   b. Gather together cleaning materials; prepare solution under recommended instructions.
   c. Remove soiled linen.
   d. Inspect the chair areas that staff and the patient touches:
      - Handles
      - Seat back
      - Side supports and arm rests
      - The top and bottom of the seat
e. Ensure that blood, body fluids, or other physical debris (tape, labels, stickers, etc.) is removed.

f. Disinfect from the top and working your way to the seat. Ensure that the following surfaces are wiped:
   - Handles
   - Seatback
   - Side supports and arm rests
   - Top and bottom of seat
   - Wheel rims

g. Place wheelchair back into service.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Patient Transport Stretcher Cleaning

1. **Purpose**

To establish a procedure for the proper and safe technique to be used for cleaning manually operated transport stretchers. This policy is not intended for stretchers that are issued to individuals for personal use.

2. **Equipment**

   - Personal Protective Equipment (PPE)

3. **Cleaning Products**

   - EPA-registered hospital disinfectant

4. **Supplies**

   - Pail, bucket, wipes
   - Scouring Pads
   - Wiping cloths or sponges

5. **Procedures**

   a. Don rubber gloves.

   b. Gather together cleaning materials; prepare solution under recommended instructions.

   c. Remove soiled linen.

   d. Inspect the mattress and other areas the stretcher that staff and the patient touches:

      - Handles
      - Side rails
      - Top, bottom, and sides of mattress (if tears or rips are present, contact supervisor immediately to remove from service or repair).
      - Any attached poles
- Shelf under stretcher

e. Ensure that there is no sign of body fluids or debris present.
   - If present, wipe clean using EPA-registered hospital disinfectant

f. Disinfect beginning with the mattress.

g. Disinfect the frame and other attachments.
   - Handles
   - Side rails
   - Control panel
   - Both sides of the pillow

h. Prepare Stretcher with new linen.

i. Submit work order or notify unit manager if repairs are needed.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Public Area Cleaning

1. **Purpose**

To establish a procedure for the proper and safe daily cleaning of public areas (including offices, switchboard areas, chapels, auditoriums, conference rooms, classrooms, libraries, waiting rooms, day rooms, lounges and entrances).

2. **Equipment**

- Double-bucket mopping system, or micro-fiber mopping system
- Dust mop assembly
- Personal Protective Equipment (PPE)
- Vacuum cleaner (HEPA preferred)

3. **Cleaning Products**

- EPA-registered hospital disinfectant
- Glass cleaner/window cleaner
- General-purpose cleaner

4. **Supplies**

- Broom and dust pan
- Clear trash bags (all sizes)
- Counter brush or lobby broom
- Dust pan
- Hand mop
- Nylon brush
- Plastic pail
- Putty knife or edging tool
- Scrubbing pads
- Wet Floor/Caution signs
- Wiping cloths

5. **Procedures**
a. Put out Caution signs.

b. Fill plastic pail with one gallon of EPA-registered hospital disinfectant solution, or using a one-step product apply chemical surface using a micro-fiber cloth or wiping cloth.

c. Empty the waste receptacle; clean interior and exterior, and replace plastic liner in the waste receptacle.

d. Pull chairs away from the wall. Damp dust or wash window sills and other woodwork, radiators, chairs and other furniture, magazine racks, lamps, plaques and wall art, doors, ledges and partitions using clean wiping cloths and EPA-registered hospital disinfectant solution. Wipe dry with clean wiping cloth.

e. Spot wash walls.

f. Check the draperies, shades and/or mini blinds for dust. If draperies need to be cleaned, notify supervisor. Do not remove drapes without supervisor’s approval.

g. Dust mop and wet mop behind chairs; put chairs back where they belong. Then dust mop and wet mop the rest of the floor.

h. Use putty knife to remove gum and soil from carpet. Vacuum carpet area.

i. Report any items needing repair (including rough edges on furniture, frayed cords, burned out light bulbs, soiled upholstery and faulty equipment) to your supervisor.

Note: Soiled wiping cloths and mops should be placed in approved bag for transport to the laundry for cleaning. Employees assigned to public areas will clean areas thoroughly once each shift, and frequently recheck and touch up as needed, including furnishings, blinds and televisions. The public area employee will vacuum and spot clean carpet in these areas on a routine basis. All waste receptacles are to be emptied on each shift and more frequently, if needed.

Day rooms should not be cleaned while patients are eating. Be courteous and ask visitors to move for cleaning purposes. Lobbies, waiting areas and lounges are generally cleaned on the evening shift. Visitors, patients, etc. occupying these areas should be asked politely to move to another area for cleaning purposes.

6. Rescission

7. Review Date
(Name)
Chief, Environmental Management Service
Restroom Cleaning

1. **Purpose**

To establish a procedure for the proper and safe cleaning of restrooms.

2. **Equipment**

   - Double-bucket mopping system or microfiber mopping system
   - Personal Protective Equipment (PPE)

3. **Cleaning Products**

   - Bowl cleaner (acid)
   - EPA-registered hospital disinfectant
   - Non-abrasive cleaner
   - Toilet bowl cleaner (non-acid)

4. **Supplies**

   - Antiseptic and body soap
   - Clear and bio-hazard trash bags (all sizes)
   - Counter brush
   - Dust mop assembly
   - Dust pan
   - Hand mop
   - Paper towels
   - Plastic pail
   - Putty knife
   - Toilet paper
   - Scrub brush
   - Wet Floor/Caution signs
   - Wiping cloths

5. **Procedures**
a. Place Caution signs. Courteously ask anyone who is not using the area to leave until the job is completed.

b. Clean floor with dust mop. Pick up soil and debris with dust pan and counter brush, and deposit in waste receptacle.

c. Deposit soiled linen in soiled linen bag.

d. Clean inside of toilet with a toilet swab and outside of toilet with appropriate cleaning cloth. Do not use toilet bowl brush to clean seat or outside of toilet. Clean metal surfaces with a damp wiping cloth and EPA-registered hospital disinfectant. Remove stains with a non-abrasive cleaner, and rinse.

e. Use acid bowl cleaner as needed to prevent stains. Make sure that directions are followed closely and that no other chemicals are mixed with the bowl cleaner. The mixing of chemicals can have dangerous effects.

   Note: Use acid bowl cleaner only in toilet bowls and wall urinals. Acid bowl cleaner is to be used only on porcelain surfaces. Do not use acid bowl cleaner on sinks or wash basins, as they are enamel coated.

f. Clean wall urinals with toilet swab, sponge, non-abrasive cleaner, bowl cleaner and EPA-registered hospital disinfectant.

g. Clean glass surfaces (including mirrors) with glass cleaner and wipe dry with a paper towel. Mirrors should be spot free.

h. Clean walls around and behind urinals and bowls with wiping cloth or sponge using a non-abrasive cleaner and EPA-registered hospital disinfectant. Clean wash basins and soap dishes in the same manner. Work solution vigorously into the drains and under the lip of toilet bowl and wall urinal. Rinse and wipe up excess water with wiping cloths or sponge.

i. Wipe down ledges, sills and room walls with wiping cloth and EPA-registered hospital disinfectant.

j. Clean baby changing stations, where present. Dispose of the paper liner if used on the diaper-changing station. Wipe surfaces with a sporicide cleaner, similar to that used for C. diff.

k. Clean soap and paper towel dispensers, refill supplies as needed.
l. Check and replace urinal blocks or air freshener where needed.

m. Remove trash from waste receptacle, wipe receptacle with wiping cloth and replace liner. Use non-abrasive cleaner to remove stubborn stains.

n. Use an EPA-registered hospital disinfectant. Vigorously wash shower walls and floor with scrubbing pad or scouring brush, paying particular attention to corners. Remove debris from drain. Run water through shower head for several minutes to help flush system.

o. Mop floor using the double-bucket system or microfiber mopping system.

p. Clean and return all equipment to proper storage area. Deposit soiled cloths and mop heads in appropriate bags, and send to soiled linen identified collection area for processing.

6. **Rescission**

7. **Review Date**

   (Name)
   Chief, Environmental Management Service
Shower Area Cleaning and Disinfecting

1. **Purpose**

To establish a procedure for proper cleaning/disinfecting of shower areas.

*Note: Showers are to always be cleaned upon patient discharge. For occupied rooms, clean when soiled or at frequency determined by facility.*

2. **Equipment**

- Buffer with floor brush
- Double-bucket mopping system or micro-fiber mopping system
- Personal Protective Equipment (PPE)

3. **Cleaning Products**

- EPA-registered hospital disinfectant

4. **Supplies**

- Scrub/deck brush
- Wet Floor/Caution signs
- Wiping cloths

5. **Procedures**

   a. Wear PPE equipment.

   b. Remove items left on floor of shower.

   c. Clean shower curtain or change as needed.

*Note: Do not stand on tub sides to change shower curtains. Use a stepladder. Shower curtains should be cleaned per manufacturer’s instructions. Change shower curtain when visibly soiled or at frequency determined by facility.*
d. Apply EPA-registered hospital disinfectant to walls and floor, and scrub using a scrub/deck brush.

e. Run water through shower head for several minutes to help flush system (this helps prevent legionella from forming on shower head.)

f. Clean shower head and chrome fixtures with EPA-registered hospital disinfectant, apply stainless steel polisher/cleaner if appropriate.

g. Wipe/polish surfaces with a clean dry wiping cloth.

h. Once per week, machine scrub floors using a buffer and appropriate floor brush.

i. Set out Caution signs, and damp mop floors with EPA-registered hospital disinfectant.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Sink Cleaning

1. **Purpose**
   To establish a procedure for the proper cleaning of sinks.

2. **Equipment**
   - Double-bucket mopping system, or micro-fiber mopping system
   - Personal Protective Equipment (PPE)

3. **Cleaning Products**
   - EPA-registered hospital disinfectant

4. **Supplies**
   - Scrubbing pad
   - Wet Floor/Caution signs
   - Wiping cloths

5. **Procedures**
   a. Clear all articles from sink.
   b. Wear gloves and safety goggles.
   c. Apply EPA-registered hospital disinfectant to metal surfaces to include faucets, valves, stoppers and soap dish.
   d. Clean all porcelain surfaces to include underside of rim above overflow opening and base of sink.
   e. Clean overflow opening by use of a folded cloth.
   f. Dry and polish all metal and porcelain with a clean dry wiping cloth.
g. Clean all exposed pipes below the basin with a damp cloth. If pipes are nickel, polish frequently.

h. Wash wall area near sink and rinse; dry with clean wiping cloth.

i. Place Caution signs and damp mop floors.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Stairwell Cleaning

1. Purpose
To establish a procedure for the proper cleaning of stairwells.

2. Equipment
- Backpack vacuum (HEPA preferred)
- Double-bucket mopping system or microfiber mopping system
- Dust mop assembly
- Personal Protective Equipment (PPE)

3. Cleaning Products
- EPA-registered hospital disinfectant
- Neutral based cleaner

4. Supplies
- Abrasive pad
- Counter brush
- Dust pan
- Putty knife
- Wet Floor/Caution signs
- Wiping cloths

5. Procedures
   a. Prepare double-bucket mopping system, or micro-fiber mopping system in accordance with wet mopping procedure.
   b. Put out Caution signs at stairway entrance on each landing to be cleaned.
   c. Remove gum and other sticky substances from stairwell with putty knife.
d. Dust mop top landing and steps. Remove debris with dustpan and counter brush. Counter brush may also be used to clean out corners, as needed.

e. Clean banisters, railings, windows, sills and baseboards, doors and hardware with clean wiping cloths and EPA-registered hospital disinfectant solution. Use an approved hospital detergent and scrubbing pad to remove stains and finish buildup.

f. Mop stairs and landings, using double-bucket system or microfiber mopping system.

g. After area is dry to the touch, remove Wet Floor / Caution signs.

h. Proceed to the next level or to next stairwell, as applicable repeat above steps.

i. At the end of the shift, clean all equipment and store in proper location. Soiled mop heads and wiping cloths will be put in plastic bags and placed in designated area for transport to the Laundry.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Wall Washing

1. **Purpose**

To establish a procedure for the proper and safe technique to be used for wall washing. Frequency varies by area, refer to room specific SOP.

2. **Equipment**

- Double-bucket mopping system, or micro-fiber mopping system
- Personal Protective Equipment (PPE)
- Wall washing wands and pads

3. **Cleaning Products**

- EPA-registered hospital disinfectant
- Approved hospital detergent
- Non-abrasive cleaner

4. **Supplies**

- Plastic bags
- Wet Floor/Caution signs
- Wiping cloths

5. **Procedures**

   a. Put water in one bucket, and add a general-purpose cleaner according to manufacturer’s directions. In the second bucket, put clear water. This will be the rinse bucket. If using a micro-fiber mopping system fill bucket to approved level place micro-fiber pads into solution for saturation.

   b. Attach absorbent washing pad to swivel tool.

   c. Set special wall-washing wringer attachment inside wringer of double bucket unit if using double bucket mopping system, if using micro-fiber pad apply solution and allow dwell time remove any residue.

d. Set out Wet Floor/Caution signs.

e. Insert washing pad into wash bucket. Wring out. Apply pad to area, beginning at the bottom of the wall and working upwards. Use a Figure 8 motion. Repeat process until reaching top of wall area being washed.

f. After washing an area, rinse pad into rinse bucket. Wring out. Rinse wall, beginning at the top and working down this time. Dry with clean wiping cloth.

g. Change solutions when necessary. Begin washing adjacent area, and repeat process.

h. Heavy stains or heavy soil not removed by washing pad unit can be cleaned by dampened wiping cloth with a small amount of general-purpose cleaner. Rinse thoroughly, and dry with wiping cloth.

i. Clean up any solution that ran on floor and other areas.

j. Clean and return all equipment to proper storage area, and place dirty wiping cloths and wall washing pads in plastic bags for laundering.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Window Screen Cleaning

1. **Purpose**

To establish a procedure and proper techniques for the care and cleaning of windows and screens.

2. **Equipment**

- Double-bucket mopping system or microfiber mopping system
- Personal Protective Equipment (PPE)

   Note: Water hose, stepladder, screwdriver and adjustable wrench may be required in some instances. Window and screen must be installed in the same window frame they were removed from. On some windows, it will be necessary to number each window part as they are removed to ensure proper reinstallation.

3. **Cleaning Products**

- Window washing solution/glass cleaner

4. **Supplies**

- Hand squeegee
- Paint scraper
- Plastic pail
- Scrub brush
- Wet Floor/Caution signs
- Wiping cloths

5. **Procedures**

   a. Place Caution signs.

   b. Put one gallon of water into plastic pail, and add the prescribed quantity of window washing solution/glass cleaner. Change water as necessary. Remove windows and screen from window frame. *(Note: There are several styles of windows in medical...)*
centers. Contact your supervisor, if unsure how to open or remove window sections.)

c. Immerse wiping cloth in solution, and then wash window ledge and moldings. Use paint scraper to remove paint or other foreign matter. Wipe dry with cloth.

d. Apply window cleaner with sprayer or squirt bottle. Wipe with rags, working into corners. Start at bottom and work toward the top, using both vertical and horizontal motions. In some cases, hand squeegees may be utilized. Wipe dry.

e. Hose screen with water. Use scrub brush to thoroughly clean both sides. Rinse and let dry. [Note: In some cases windows are washed without screens being removed from the window frames. Instead, the screens are vacuumed in place. Reinstall windows and screen (when applicable) in window frame.]

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service

-
X-Ray Rooms, Pharmacy and Laboratory Cleaning

1. **Purpose**
To establish a procedure for the cleaning of X-ray rooms, Pharmacy and Laboratory areas.

2. **Equipment**
- Double-bucket mopping system, or micro-fiber mopping system
- Dust mop assembly
- Personal Protective Equipment (PPE)
- Vacuum (HEPA preferred)

3. **Cleaning Products**
- EPA-registered hospital disinfectant
- Approved hospital detergent
- Glass cleaner/window cleaner

4. **Supplies**
- Plastic pail
- Putty knife
- Wet Floor/Caution signs
- Wiping Cloths

5. **Procedures**
   a. Waste removal, dust mopping and wet mopping are part of the general cleaning schedule, and are accomplished prior to or after the overall cleaning of individual rooms or areas.
   b. Put one gallon of water into the plastic pail, and add the prescribed amount of EPA-registered hospital disinfectant if using a one-step product follow manufacturers guidelines.
   c. Spot wash walls and windowsills, using general-purpose cleaner and wiping cloths. Wipe dry.
d. Damp-dust doors, woodwork and partitions using the general-purpose cleaner and clean wiping cloth. Wipe dry.

e. Use putty knife to remove any gum, tar, etc., from floors.

f. Vacuum all carpeted areas.

g. Clean drinking fountains and lavatories, using the general-purpose cleaner and clean wiping cloths. Lavatories may require the use of the general-purpose cleaner for hard to remove stains or water spots.

h. Return equipment and unused supplies to proper storage location. Place soiled rags and soiled mops in plastic bags for transport to laundry.

Note: Do not touch X-ray or laboratory equipment, and do not touch medications or other Pharmacy supplies.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Corridor Cleaning

1. **Purpose**

To establish a procedure for the proper cleaning of corridors.

2. **Equipment**

- Double-bucket mopping system, or micro-fiber mopping system
- Dust mop assembly
- Personal Protective Equipment (PPE)
- Vacuum (HEPA preferred)

3. **Cleaning Products**

- EPA-registered hospital disinfectant
- Approved hospital detergent
- Glass cleaner/window cleaner

4. **Supplies**

- Plastic pail
- Putty knife
- Wet Floor/Caution signs
- Wiping Cloths

5. **Procedures**

   a. Waste removal if present, dust mopping and wet mopping are part of the general cleaning schedule, and are accomplished prior to or after the overall cleaning areas.

   b. Check light fixture for bugs and stains and clean as appropriate.

   c. Check ceiling vents and ensure they are free of dust and moisture buildup.

   d. Spot wash walls using general-purpose cleaner and wiping cloths. Wipe dry.
e. Clean windows to include glass, sills, frame and hardware.

f. Dust handrails then clean with an EPA-registered hospital disinfectant.

g. Damp-dust doors and hardware, woodwork and partitions using the general-purpose cleaner and clean wiping cloth. Wipe dry.

h. Polish all kick plates and door hardware.

i. Use putty knife to remove any gum, tar, etc., from floors.

j. Vacuum all carpeted areas.

k. Clean drinking fountains as per SOP.

l. Clean stairwells one floor up and one floor down following the service SOP.

m. Return equipment and unused supplies to proper storage location. Place soiled rags and soiled mops in plastic bags for transport to laundry.

6. **Rescission**

7. **Review Date**

(Name)
Chief, Environmental Management Service
Pharmacy Intravenous (IV) Rooms Cleaning

1. **Purpose**

To establish methods for cleaning Pharmacy IV rooms. These procedures will be completed for all areas where compounding of preparations occur to remove and control contamination.

*Note:* *On a daily basis, floors are to be mopped and doorframes cleaned. On a monthly basis, the IV room walls and lights are to be cleaned.*

2. **Equipment**

- Double bucket mopping system, or micro-fiber mopping system
- Personal Protective Equipment (PPE)
- Telescoping mop handle

3. **Cleaning Products**

- EPA-registered hospital disinfectant or approved hospital detergent
- Cleaning agent for floor care

4. **Supplies**

- Microfiber mop head
- Clean, lint free wiping cloths
- Trash bags, general waste, red bio-hazard, and yellow chemo
- Empty sharps container if needed
- Linen bags
- Wet Floor/Caution signs
- Wiping cloths
- Dust broom and pan
5. **Procedures**

   a. Don appropriate PPE.

   b. Remove general waste, regulated medical waste, and trace chemotherapy waste as per waste handling SOP. Reline waste receptacles with appropriate plastic bag. Sharps containers should be replaced when ¾ full.

   c. Remove soiled linen following soiled linen handling procedure and place in designated receptacles.

   d. Dampen a clean, lint free cloth with an EPA-registered hospital disinfectant and clean all door frames, light switches, and any other high-touch surfaces in room.

   e. Mop floor of IV Rooms using standard mopping procedures, including wet floor signage, use of proper cleaning agent, and using a series of slightly overlapping strokes. Allow floor to dry completely to avoid recontamination or fall hazards. Remove signage when dry.

   f. Dampen a clean microfiber mop head with an EPA-registered hospital disinfectant and wipe exterior of light covers, then walls in a straight-line fashion, ceiling to floor, and avoiding circular scrubbing motions.

   g. Inspect refrigerator drain pan, where applicable, for presence of water or mold. Notify supervisor immediately.

   h. Document log after cleaning completed, noting on the form and bringing to the attention of the EMS and Pharmacy supervisor any unusual conditions.

6. **Rescission**

7. **Review Date**

   (Name)
   Chief, Environmental Management Service

   -
Examination Room Cleaning

1. Purpose

To establish a procedure for the proper and safe daily cleaning of patient examination rooms.

2. Equipment

- Double-bucket mopping system, or micro-fiber mopping system
- Dust mop assembly
- Personal Protective Equipment (PPE)
- Vacuum (HEPA preferred)

3. Cleaning Products

- EPA-registered hospital disinfectant

4. Supplies

- Abrasive pads
- Antiseptic hand cleaner
- Broom and dust pan
- Clear and bio-hazard trash bags (all sizes)
- Paper towels
- Plastic bucket
- Putty knife or edging tool
- Wet Floor/Caution signs
- Wiping cloths

5. Procedures (Daily Cleaning)

a. Sweep floors and pull waste; clean waste receptacle if soiled.

b. Use EPA-registered hospital disinfectant to wipe examination table, phone and all horizontal and highly touched surfaces
c. Apply EPA-registered hospital disinfectant to sink (if there is one in the room); let stand.

d. Restock paper and soap products.

e. Spot clean walls.

f. Check cubicle curtains for soil and stain. Replace as needed.

g. Wipe down sink.

h. Mop floor, starting at far wall.

6. Procedures (Weekly Cleaning)

a. Wipe doors.

b. Dust vents.

c. Wipe under sink.

d. Clean waste receptacle.

e. Buff finished floor.

f. Sweep under exam table.

Note: On a monthly basis, scrub floor and apply topcoat. On an annual basis, strip and refinish tile, where required.

7. Rescission

8. Review Date

(Name)
Chief, Environmental Management Service
Hemodialysis Treatment Area Cleaning

1. **Purpose**
   To ensure that the Hemodialysis area is properly maintained to provide a clean and orderly environment for employees, patients and visitors, and to reduce the likelihood of cross infection.

2. **Equipment**
   - Broom and dust pan
   - Dust mop assembly
   - Double-bucket mopping system, or micro-fiber mopping system
   - Personal Protective Equipment (PPE)

3. **Cleaning Products**
   - EPA-registered hospital disinfectant

4. **Supplies**
   - Abrasive pads
   - Antiseptic hand cleaner
   - Clear and biohazard trash bags (all sizes)
   - Toilet paper
   - Paper towels
   - Putty knife or edging tool
   - Wet Floor/Caution signs
   - Wiping cloths

5. **Procedures (Primary Cleaning)**
a. Remove empty boxes stacked outside unit.

b. Remove waste, both regular and Regulated Medical Waste (RMW). RMW is placed into appropriate area for removal.

c. Mop floor by each patient examination/treatment chair with EPA-registered hospital disinfectant.

d. Wipe all highly touched surfaces with EPA-registered hospital disinfectant.

e. Change out sharp containers when \( \frac{3}{4} \) full.

f. Restock paper and soap products.

6. Procedures (Secondary Cleaning)

a. Floors should be mopped whenever contaminated between regularly scheduled cleanings (especially in this unit, which tends to get a lot of blood spills).

b. Sinks and toilets should be disinfected and cleaned daily.

c. Damp dust all horizontal surfaces (i.e., windowsills, shelves, ledges, tables, chairs, etc.).

d. Check cubicle curtains, and replace as needed and in accordance with departmental schedule protocol.

e. Wash walls as needed.

f. Dust vent covers as per standards of cleanliness.

g. Complete thorough cleaning of chairs and beds weekly or when presence of blood or body fluids is visible.

7. Rescission

8. Review Date

(Name)
Chief, Environmental Management Service
Morgue Cleaning

1. Purpose

To ensure the proper cleaning of the morgue area.

2. Equipment

- Broom and dust pan
- Dust mop assembly
- Double-bucket mopping system, or micro-fiber mopping system
- Personal Protective Equipment (PPE)

3. Cleaning Products

- EPA-registered hospital disinfectant
- Approved hospital detergent

4. Supplies

- Abrasive pads
- Clear and biohazard waste bags (all sizes)
- Putty knife or edging tool
- Wet Floor/Caution signs
- Wiping cloths

5. Procedures

a. Remove general waste from area:

1. Close, twist and tie a knot in top of plastic waste receptacle liner while it is still in the container.

2. Use caution and look for protruding objects in the waste containers. *Never* reach into or push down on the bag to compress waste.
3. Place bag of waste into container on cart, and take to waste compactor.

4. Wipe all surfaces of the waste container with an EPA-registered hospital disinfectant, and allow to air dry.

5. Reline container with appropriate liner.

6. Remove any recyclable materials, and transport to proper location for pick up.

b. Remove Infectious Waste:

1. Look for protruding objects or sharps in the waste container. *Never* place hands on or inside the container, even if no sharp objects are seen.

2. Close, twist and tie a knot in the top of the bag while it is still in the container. If the amount of waste is heavy or if there is a chance that the liner can be torn, place the liner inside another one to prevent leaking or spilling during handling.

3. Remove bag, and hold away from body to prevent contamination of uniform or being stuck by sharp objects.

4. Place infectious waste bag in appropriate container, and transport to proper location for pick up.

5. Wipe all surfaces of container with an EPA-registered hospital disinfectant, and allow to air dry.

6. Reline container with an appropriate waste liner.

c. Remove Soiled Linen:

1. Remove all soiled linen.

2. Avoid excessive handling or shaking of linen. Roll linen into a bundle for easy handling.

3. Carry linen away from body, and place in proper soiled linen bag.

4. Close linen bag securely, and place in appropriate receptacle; take to soiled linen room for pick up.

d. High Dusting:

1. Using a long handled duster, high dust all vertical and horizontal surfaces that are at or above shoulder height.
2. Include items such as wall art, plaques, mirrors, and bulletin boards, tops of lockers, doorframes, vents, ledges and lights.

e. Sink Cleaning:

1. Apply an EPA-registered hospital disinfectant to wiping cloth, and wipe down all metal surfaces including faucets, valves and stoppers.

2. Clean all exposed pipes below the basin with a damp cloth. If pipes are nickel, polish them frequently.

3. Wash the wall near the sink, if present, and rinse. Dry with clean cloth.

f. Damp Dust:

1. Begin damp dusting at the room entrance, and work around room. Damp dust top of an object first, and work down to avoid soiling surfaces that have just been cleaned.

2. Fold the cloth in a series of squares to provide a number of potential cleaning surfaces. A wadded cloth does not clean as efficiently.

3. Dampen cloth with an EPA-registered hospital disinfectant, and wring out all excess solution to avoid drips.

4. Damp dust the doors and wall features, such as door handles, thermostats, light switches and ledges.

5. Spot clean visible soil from doors and walls.

6. Damp dust furniture/furnishings such as lights, chairs, counters, front and sides of lockers, writing surfaces, shelves, telephones and tables.

7. All surfaces should be decontaminated with appropriate EPA-registered hospital disinfectant.

g. Floor Cleaning:

1. Mop floor with an EPA-registered hospital disinfectant or approved hospital detergent. Always start by mopping baseboards first, and then proceed to floor area. Remove old soap buildup or marks from baseboards as needed, using general-purpose cleaner and green scouring pad; rinse thoroughly.
2. Housekeeping equipment will be thoroughly cleaned using an EPA-registered hospital disinfectant upon completion of work. Soiled mop heads should be put in plastic liners, and taken to the soiled linen room. Wash both buckets and wringer using an EPA-registered hospital disinfectant.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Magnetic Resonance Imaging (MRI) Cleaning

**Note:** No metal items will be taken into the MRI room; this includes jewelry, eyeglasses w/metal frames and steel-toed shoes; items can be stored in the locker provided. Scrubs will be worn when cleaning the MRI room.

If called for cleaning and no one is in the MRI area, do not enter. Immediately notify supervisor and the Radiology Service. Safety in this area is the highest priority.

Under no circumstances will any object or piece of equipment made of metal be taken into the MRI room. Only equipment and cleaning supplies approved for this area will be permitted. Remember -- The magnet in the room is never shut off.

1. **Purpose**

To establish a procedure for the proper and safe cleaning of the MRI area.

2. **Equipment**

- Personal Protective Equipment (PPE)
- Plastic housekeeping cart
- Plastic wringer

3. **Cleaning Products**

- EPA-registered hospital disinfectant

4. **Supplies**

- Clear and bio-hazard waste bags (all sizes)
- Plastic cleaning bucket and mop bucket
- Wet Floor/Caution signs
- Wiping cloths

5. **Procedures**
a. Environmental Management Service is responsible for cleaning all building surfaces (walls/floors) and for responding to emergency calls inside the Magnetic Resonance Imaging (MRI) room. This room is cleaned only at the request of the Radiology Service.

b. Radiology Service is responsible for cleaning all equipment associated with the MRI in accordance with policy and procedures set by Radiology Service. The MRI area will be manned by X-ray technicians when in use who will ensure Housekeepers are properly attired for cleaning. Radiology Staff will be educated and updated with proper chemical application, equipment and products used to sanitize and disinfect.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Operating Room Cleaning

1. **Purpose**

To establish a procedure for the proper and safe cleaning of the Operating Room (OR) areas.

*Note:* Standard Precautions will be practiced at all times. Proper personal protective equipment will be utilized.

Follow facility policies for patients with confirmed or suspected prion disease, for example, variant CJD or mad cow disease.

2. **Equipment**

- Double-bucket mopping system, or micro-fiber mopping system
- Personal Protective Equipment (PPE)

*Note:* There should be dedicated equipment for the OR environment.

3. **Cleaning Products**

- EPA-registered hospital disinfectant (Quat and/or Phenolic)
- Approved hospital detergent

4. **Supplies**

- Linen bags
- Plastic pail
- Red bio-hazard bags (all sizes)
- Wet Floor/Caution signs
- Wiping cloths

5. **Between-Case Cleaning Procedure**
a. Put on appropriate PPE.

b. Remove general waste and Regulated Medical Waste (RMW), following procedures listed in waste handling procedure. Remove linen, following soiled linen handling procedure; place in designated receptacles. Sanitize and disinfect interior and exterior receptacle re-line waste receptacles with appropriate plastic bag. All waste and linen in the OR is considered contaminated, and all RMW must be red bagged.

c. Dampen a lint-free cloth with an EPA-registered hospital disinfectant; wipe lights, table, and other surfaces used during procedure. Pay special attention to any door handles or knobs that may have been touched by the surgical staff.

d. Clean the operating room table and attachments. Clean all surfaces including legs and casters. The operating room table should be moved to check for any items under the bed.

e. Wet mop floors 5-feet radius around OR table.

f. Prepare operating table, as instructed by OR charge nurse.

g. Inspect procedure area for cleanliness. Clean any areas that may have been missed.

h. All equipment will be properly cleaned and stored. Soiled mops will be placed in a appropriate bag for transport to the Laundry.

6. End-of-Day Cleaning Procedure

a. Put on appropriate PPE.

b. Remove general waste and Regulated Medical Waste (RMW), following procedures listed in waste handling procedure. Remove linen, following soiled linen handling procedure; place in designated receptacles. Sanitize and disinfect interior and exterior receptacle re-line waste receptacles with appropriate plastic bag. All waste and linen in the OR may be considered contaminated (check your facility policy), and all RMW must be red bagged.

c. Dampen a lint-free cloth with an EPA-registered hospital disinfectant; wipe lights, table, shelves, countertops, cabinets and other horizontal surfaces in room, and wash walls (see SOP for Wall Washing), from top to bottom and left to right. Pay special attention to any door handles or knobs that may have been touched by the surgical staff.

d. Clean the operating room table and attachments. Clean all surfaces including legs and base. The operating room table should be moved to check for any items under the bed.
e. Flood floor with an EPA-registered hospital disinfectant cleaner. Use dedicated scrubber and extraction equipment to clean floor.

f. Prepare operating table, as instructed by OR charge nurse.

g. Inspect entire Operating Room for cleanliness. Clean any areas that may have been missed. Pay particular attention to the operating table, overhead lights and furnishings that will be in close proximity to the patient during the next procedure.

h. All equipment will be properly cleaned and stored at the end of each shift. Soiled mops will be placed in a plastic bag for transport to the Laundry.

*Note: Cleaning procedures should be consistent with facility Operating Room policy.*

6. *Rescision*

7. *Review Date*

(Name)
Chief, Environmental Management Service
Invasive Procedure Room Cleaning

1. **Purpose**

To establish a procedure for the proper and safe cleaning of invasive procedure rooms, to include endoscopy, cardiac cath labs, and interventional radiology.

2. **Equipment**

   - Double-bucket mopping system, or micro-fiber mopping system
   - Personal Protective Equipment (PPE)

3. **Cleaning Products**

   - EPA-registered hospital disinfectant
   - Approved hospital detergent

4. **Supplies**

   - Linen bags
   - Plastic pail
   - Red bio-hazard bags (all sizes)
   - Wet Floor/Caution signs
   - Wiping cloths

5. **Procedures**

   a. Put on appropriate PPE.

   b. Remove general waste and Regulated Medical Waste (RMW), following procedures listed in waste handling procedure. Remove linen, following soiled linen handling procedure; place in designated receptacles. Sanitize and disinfect interior & exterior receptacle re-line waste receptacles with appropriate plastic bag. All waste and linen may be considered contaminated (check your facility policy), and all Regulated Medical Waste must be red bagged.
c. Dampen a lint-free cloth with an EPA-registered hospital disinfectant; wipe lights, table, shelves, countertops, cabinets and other horizontal surfaces in room, and spot wash walls (see SOP for Wall Washing), from top to bottom and left to right. Pay special attention to any door handles or knobs that may have been touched by the surgical staff.

d. Clean the procedure table and attachments. Clean all surfaces including legs and base. The procedure table should be moved to check for any items under the bed.

e. The EMS supervisor will direct what type of floor cleaning procedure is required.

f. Wet mopping will be started at the rear of the room; working toward the door, mop the entire room. The standard double-bucket system will be used or micro-fiber mopping system, with wet vac. Avoid wetting equipment and wall surfaces.

6. **Rescission**

7. **Review Date**

   (Name)
   Chief, Environmental Management Service
Soiled Linen Handling

Note: Linen handling is unique to each facility, and policies should reflect the local system.

1. **Purpose**

To establish methods for the safe handling, collection and removal of linen from the medical center.

2. **Equipment**

- Covered linen cart
- Personal Protective Equipment (PPE)

3. **Cleaning Products**

- EPA-registered hospital disinfectant

4. **Supplies**

- Clean linen bags
- Wiping cloths

5. **Procedures**

   a. Wear appropriate PPE.

   b. Remove bag, and check the linen hamper for visible soil. Using a clean cloth dampened with disinfectant cleaner, wipe all visible soil from the hamper. *Never* reach into or push on the bag to compress the linen. Close laundry bag inside room, and place it in the appropriate container.

   c. Carry the bag away from body to avoid sharps injury or contaminating uniform.

   d. Deposit the bag of linen into the linen cart or other appropriate container. *Never* push down linen into container to make room for more.
e. When the linen cart is full of bags, take to appropriate linen truck, chute or area for processing.

f. If placing bags into a linen chute, make sure the chute is secured after depositing linen.

g. Perform proper hand washing after handling soiled linen.

Note: If linen bag is overfilled, get assistance before lifting in order to prevent injuries. Always use proper lifting techniques when handling bulk materials.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service
Sterile Processing Service (SPS) Area Cleaning

1. **Purpose**

To establish a procedure for the proper and safe techniques for cleaning the SPS area.

2. **Equipment**

- Automatic scrubber
- Double-bucket mopping system or micro-fiber mopping system
- Vacuum (HEPA preferred)
- Ladder
- Personal Protective Equipment (PPE) – Gloves, Goggles, Gown, Mask, Booties
- Wet vacuum

*Note: SPS has dedicated equipment assigned to area.*

3. **Cleaning Products**

- EPA-registered hospital disinfectant
- Non-abrasive cleaner

4. **Supplies**

- Clear and bio-hazard bags (all sizes)
- Hand mop or polishing cloth
- Paper and soap products
- Plastic bucket
- Wet Floor/Caution signs
- Wiping cloths

5. **Procedures**

a. General Cleaning:

1. Clean offices and conference room in accordance with standard operating procedure.
2. Dress out in scrub suits provided by SPS, and proceed to clean the Sterile Storage area. This area is to be wet mopped utilizing the double-bucket system. No areas in SPS are to be dust mopped.

3. Proceed to decontamination area or to the processing area, depending on where SPS technicians are working. If you are unsure which area to clean first, consult the SPS supervisor.

b. Cleaning Processing Area:

1. All waste will be removed and treated as contaminated, but not regulated. Receptacles will be cleaned, using power sprayer located in the cart washing area, if one is available.

2. Vacuum and wet mop fatigue mats.

3. Hook up automatic scrubber and add recommended amount of EPA-registered hospital disinfectant to tank. Roll up fatigue mats, pick up and move to enable flooding and scrubbing with automatic scrubber. Move SPS carts as needed to accomplish job.

   Note: Saturate floors thoroughly with EPA-registered hospital disinfectant. Be careful not to splash solution on equipment or wall surfaces. Use wet vacuum to pick up solution.

4. Clean and return all equipment to SPS housekeeping aide closet. Place all soiled wiping cloths and mop heads in plastic bags for transport to laundry.

5. Wall washing will be scheduled periodically by EMS supervisor through SPS chief. See SPS chief for any special instructions before beginning assignment.

6. Floor maintenance will be scheduled periodically by EMS supervisor through SPS chief. See SPS chief for any special instructions before beginning assignment.

c. Cleaning Decontamination Area:

   Note: Equipment used in Decontamination area cannot be used in Processing area.

1. Hair covering and shoe covers are required to be worn; they are located in this area for use.

2. The bathrooms and employees’ lounge located in the area will be cleaned before cleaning Decontamination work area. Mop water and mop head must be changed before cleaning Decontamination area.
3. All waste will be removed and segregated. Place Regulated Medical Waste in appropriate container, and take to proper location. Receptacles will be cleaned using power sprayer located in the cart washing area.

4. Vacuum and wet mop fatigue mats.

5. Hook up automatic scrubber, and add proper amount of EPA-registered hospital disinfectant to tank. Roll up fatigue mats, pick up and move to enable flooding and scrubbing with automatic scrubber. Move SPS carts as needed to accomplish job.

   Note: Saturate floors thoroughly with EPA-registered hospital disinfectant. Be careful not to splash solution on equipment or wall surfaces. Use wet vacuum to pick up solution.

6. Clean and return all equipment to housekeeping aide closet. Place all soiled wiping cloths and mop heads in plastic bags for transport to laundry.

6. *Rescission*

7. *Review Date*

   (Name)
   Chief, Environmental Management Service
Waste Handling

Note: Waste handling is unique to each facility, and policies should reflect the local system.

1. Purpose

To establish safe methods for the safe handling, collection and removal of waste and debris from the Medical Center.

2. Equipment

- Covered waste cart
- Personal Protective Equipment (PPE)

3. Cleaning Products

- EPA-registered hospital disinfectant

4. Supplies

- Waste bags (all sizes/colors)
- Wiping cloths

5. Procedures

   A. General Waste Removal

   1. Put on gloves.

   2. Close, twist and tie knot in top of plastic waste receptacle liner while it is still in the container.

   3. Use caution, looking for protruding objects in the waste containers. Never reach into or push down on the bag to compress waste.
4. Be certain to hold the bag far away from body.

5. Deposit bag of waste into container, waste chute, or covered EMS cart and take to waste compactor or dumpster. Do not set waste bags on floor.

6. Remove gloves and perform hand hygiene as per facility policy.

7. When waste cart is full, deliver to the dumpsters. Do not pile bags of waste around dumpster. Cardboard boxes should be broken down and placed in designated dumpster or area.

8. Wipe all surfaces of the waste container with an EPA-registered hospital disinfectant, and allow to air dry.

B. Regulated Medical Waste (RMW) Handling

1. Purpose

To establish a procedure to ensure the proper removal and disposal of RMW, also known as Red Bag Waste.

2. Equipment
   - Covered waste cart
   - Personal Protective Equipment (PPE)

3. Supplies
   - Plastic pail
   - Sharps/needle boxes
   - Waste bags – Red (all sizes)

4. Procedures
   
   a. Put on gloves.

   b. Look for protruding objects or sharps in the waste container. *Never* place hands on or inside the container.

   c. Close, twist and tie knot in top of plastic waste receptacle liner while it is still in the container.

   d. Carry the bag away from body to avoid sharps injury or contaminating uniform.

   e. Place infectious waste in appropriate container, and take to proper location. Do not place both RMW and regular waste in same collection container. Keep separate.
f. Wipe all surfaces of the waste container with an EPA-registered hospital disinfectant and allow to air dry.

g. Reline container with appropriate waste liner.

h. Remove gloves and perform hand hygiene.

i. Transport the contaminated waste cart to the dock area, and place cart in designated holding area. Clean the waste cart weekly.

j. Should at any time a leak develop from a contaminated waste bag/receptacle during the cleanup operation, follow the spill procedures.

Note: When picking up contaminated waste, gauge (or test-lift) weight of large red bag to allow for handling without brushing up against legs or body. It is a requirement that all large red bags be secured by twisting the top of bag and taping off to prevent any leakage.

k. EMS is responsible for the daily inspection of needle disposal units; this will be done during daily housekeeping routines.

l. On a daily basis, the housekeeper assigned to or covering an area should inspect the level of collectibles within each box. Boxes that are ¾ or fuller should be replaced at the time of inspection or inform supervisor.

m. The user will secure fill lids in the locked position so employee assigned to pick up waste can collect them. Housekeeping will ensure that the unit’s outside surfaces and surrounding wall areas are damp wiped with EPA-registered hospital disinfectant when refills are exchanged.

Note: Contaminated needles are disposed of in boxes. Inspect and ensure that the unit can be handled safely prior to exchanging

C. Chemotherapy Waste Handling

1. Purpose

To establish a procedure to ensure the proper removal and disposal of trace chemotherapy waste.

2. Equipment
   - Personal Protective Equipment (PPE)
3. **Cleaning Products**
   - EPA-registered hospital disinfectant

4. **Supplies**
   - Waste bags or containers - Yellow (all sizes)

5. **Procedures**
   
   **Note:** Trace chemotherapy waste may also be referred to as cytotoxic waste or anti-neoplastic drug waste. Trace chemotherapy waste is to be handled in a specific manner, much the same manner as contaminated waste. Gloves are always to be worn. Extreme care must be exercised to ensure that hands do not come in contact with the interior of the plastic bag when removing from the trash receptacle. When preparing to tie the bag, air should be squeezed out slowly, but avoid breathing expelled air. Never allow the plastic bag to brush against body. Bulk chemotherapy waste should be disposed of per station hazardous waste policies.

   a. A daily tour for trace chemotherapy waste, using the contaminated waste cart, should be conducted to include all appropriate wards and the Pharmacy IV Admixture room.

   b. Remove all waste from receptacles labeled *Trace Chemotherapy Waste* carefully, and securely tie the plastic bag; place in the contaminated waste cart used for collecting contaminated/chemotherapy waste. Insert a new yellow plastic bag into the waste receptacle labeled chemotherapy waste. Check the impervious plastic waste receptacle. If container is full, snap down the lid and place in the contaminated waste cart. Notify the nurse in charge that you are removing the plastic waste receptacle in order to have it replaced. Proceed to the next area, and follow the above procedures.

   c. Transport the contaminated waste cart filled with trace chemotherapy waste to the dock area, and place in designated holding area.

   d. Wash hands thoroughly after handling waste receptacle.

   e. At any time, should at any time a leak develop from a contaminated waste bag/receptacle during the cleanup operation, follow the spill procedures.

D. **Recycling**

1. **Purpose**

   To establish a procedure to reduce the increasing stream of solid waste and participate
in our Medical Center’s recycling effort.

2. **Equipment**
   - Personal Protective Equipment (PPE)
   - Utility knife/box cutter

3. **Cleaning Products**
   - None

4. **Supplies**
   - None

5. **Procedures**
   a. Totes are located in various areas throughout the medical center complex.
   b. When the totes are ¾ or fuller, employees are responsible for taking them to a designated holding area located in the dock area. After totes are emptied, employees will return totes to their original location.
   c. Employees removing corrugated boxes from various locations are responsible for breaking down the boxes prior to placing in the dumpster labeled *Corrugated Only*. Utility knife/box cutters are available, and may be checked out of the Supply room.
   d. Employees having paper shredders in their work areas are responsible for taking the bagged shredded paper to a designated holding area.

E. Mercury Spills and/or Contamination

1. **Purpose**
   To establish a procedure for the proper and safe clean-up of mercury spills.

2. **Equipment**
   - Personal Protective Equipment (PPE)
   - Spill Kit (containing Mercury absorbent sponges, counter brush and dust pan, HG Absorb Powder, HG vacuum, goggles and gloves)
   - Double-bucket mopping system

3. **Cleaning Products**
4. **Supplies**
   - None

5. **Procedures**

   *Note: Only trained employees will clean up mercury spills.*

   a. Small spills on flat surfaces:
      1. Use appropriate protective equipment provided.
      2. Use mercury absorbent sponges supplied with spill kit to collect small droplets by dampening them with water.
      3. Wipe area contaminated with mercury slowly to allow for complete absorption of all free droplets that will form a silvery surface.
      4. Increase the capacity of sponges by dropping a small amount of absorbent powder from spill kit onto the sponge, and continue to wipe contaminated surface.
      5. Use as many sponges as necessary, and dispose of them by placing into a plastic bag.
      6. Floor areas may be mopped at this time; the mop water and mop head should be retained for inspection by the Industrial Hygienist.

   b. Spills in deep cracks, inaccessible areas, or for small puddles of liquid on flat surfaces:
      1. Sprinkle mercury absorbing power supplied with the spill kit directly over the puddle or drops, and wet the powder with water. The mercury will react with the powder to form a mercury/metal amalgam, thereby lowering the vapor pressure to a safe level. Use appropriate protective equipment provided.
      2. Amalgam may be picked up with a dust pan and counter brush. Place in a plastic bag. Put the counter brush and dust pan into the bag for disposal. Tie bag to prevent contents from spilling out and remove to a safe place for examination by Industrial Hygienist or Safety and Occupational Health Specialist.

   c. Spills on Carpet:
      1. If carpet is discolored, proceed with the following instructions, giving consideration to limit the extent of the spill procedure to reduce the
amount of discolored carpet that will have to be removed.

2. If the area of the mercury spill can be isolated, use the mercury aspirator supplied with the spill kit to pick up all visible particles.

3. For the remnant of smaller particles, apply mercury absorbent powder supplied with spill kit to mercury spill.

4. Add water until powder is covered.

5. Stir and let stand for five minutes.

6. Use paper towels to absorb excess water and pick up the amalgam with a dust pan and counter brush.

7. Moisten powder a second time and apply to spill again.

8. Work the powder well into the deep pile of carpet in order for it to react with any free mercury remaining.

9. Place the amalgam and item used to clean carpet into a plastic bag and secure bag.

10. Remove bag to a safe place for examination by the Industrial Hygienist or Safety and Occupational Health Specialist.

11. The carpet must not be vacuumed at this time; the Industrial Hygienist or Safety and Occupational Health Specialist will provide further instructions after cleanup effort has been evaluated.

d. After cleanup of spills:

1. Have Industrial Hygienist or Safety and Occupational Health Specialist check spill kit to ensure no mercury remains in the kit.

2. Place all PPE used in a bag and tie; dispose of bag as instructed by Industrial Hygienist or Safety and Occupational Health Specialist.

6. Rescission

7. Review Date

(Name)
Chief, Environmental Management Service

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Chapter 5

Inspections
(Insert Facility Name) last accreditation: (insert date)

An independent, not-for-profit organization, The Joint Commission (TJC) accredits and certifies more than 20,500 health care organizations and programs in the United States. TJC accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization’s commitment to meeting certain performance standards. The certification extends for a three year period.

**Mission:** To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

**Vision Statement:** All people always experience the safest, highest quality, best-value health care across all settings.

Website: [www.jointcommission.org](http://www.jointcommission.org)
### ACTIONS

- No food or beverages on housekeeping carts or in housekeeping closets, etc.
- All housekeeping chemicals are stored in proper containers and labeled.
- Dirty and clean areas are separated.
- Linen covered, linen chutes locked.
- Hallways clear, no unattended housekeeping carts or supplies. **Remove clutter and fall hazards.**
- Housekeeping Carts are secure.
- If a patient is on isolation precautions, all appropriate measures in place to include wearing proper PPE.
- Strict hand hygiene before and after cleaning rooms.
- Staff competency validation records current.
- Name badges properly worn by all staff.
- Ensure Bed Management System (BMS) is up to date.
- No boxes on floor. Remove all empty corrugated boxes from housekeeping closets and EMS storage areas.
- Nothing within 18 inches of sprinkler heads.
- Know where SDS are located. (Electronic or hard copies in EMS & Industrial Hygiene Offices)
- Know location of fire extinguishers and fire alarm pull stations.
- All cleaning logs are up to date.
- Doors may **NOT** be propped open – no exceptions.

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**Joint Commission Quick Reference Checklist**

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178
Environment of Care (EOC)

Mission: This Veterans Health Administration (VHA) Directive establishes the process that will be used to define, standardize, monitor, review, maintain, and improve the environment in which health care services are provided throughout VHA.

An EMS representative is required to attend all EOC inspections and be a member of the EOC committee.

Website: http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=3171
### EMS EOC Checklist

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are all Housekeeping chemicals and solutions clearly identified?</td>
<td></td>
</tr>
<tr>
<td>Are areas free of indications of any pest control concerns?</td>
<td></td>
</tr>
<tr>
<td>Are dispensers clean and properly stocked with supplies?</td>
<td></td>
</tr>
<tr>
<td>Are doors secured on clean and soiled linen rooms? Are carts covered?</td>
<td></td>
</tr>
<tr>
<td>Are eyewash stations unobstructed by equipment or other items?</td>
<td></td>
</tr>
<tr>
<td>Are floors clean, free of dust and dirt, with a high level of shine?</td>
<td></td>
</tr>
<tr>
<td>Are furnishings clean, safe and in good repair? Are walls free of holes, scrapes patched and painted? Is flooring in need of repair or replacement?</td>
<td></td>
</tr>
<tr>
<td>Are hand hygiene product dispensers with expiration date and filled?</td>
<td></td>
</tr>
<tr>
<td>Are housekeeping closets, carts, and equipment clean and secured? Are products properly labeled?</td>
<td></td>
</tr>
<tr>
<td>Are housekeeping closets, equipment and supply rooms clean, organized and adequately stocked?</td>
<td></td>
</tr>
<tr>
<td>Are linen and trash chute rooms clean and properly functioning?</td>
<td></td>
</tr>
<tr>
<td>Are personnel able to accurately describe the procedure for reporting a chemical spill and location of spill kits?</td>
<td></td>
</tr>
<tr>
<td>Are personnel demonstrating proper procedures for handling regulated medical waste?</td>
<td></td>
</tr>
<tr>
<td>Are receptacles for linen and trash in compliance not to exceed 32 gallon requirement?</td>
<td></td>
</tr>
<tr>
<td>Are regulated medical waste and/or biohazard containers properly labeled, covered, stored, and secured?</td>
<td></td>
</tr>
<tr>
<td>Are safety procedures being followed in linen and trash chute areas?</td>
<td></td>
</tr>
<tr>
<td>Are vents, lights and ceiling tiles free from dust, water stains, and mold?</td>
<td></td>
</tr>
<tr>
<td>Are window treatments, privacy curtains and shower curtains clean, hung and properly maintained?</td>
<td></td>
</tr>
<tr>
<td>Do staff have access to SDS sheets for all chemicals used in the department?</td>
<td></td>
</tr>
</tbody>
</table>
Elements of Excellence

The elements are tools that can be utilized by EMS management to ensure program compliance, continuity, and effectiveness.

Leadership
http://vawww.vhaco.va.gov/EPS/EExcellence/Leadership.xls

Environmental Sanitation Elements
http://vawww.vhaco.va.gov/EPS/EExcellence/Environmental%20Sanitation%20Elements.xls

Interior Design Elements
http://vawww.vhaco.va.gov/EPS/EExcellence/Interior%20Design%20Elements%20Final.xlsx

IPM Elements and Validation
http://vawww.vhaco.va.gov/EPS/EExcellence/IPM%20Elements%20and%20Validation.xlsx

Textile Elements
http://vawww.vhaco.va.gov/EPS/EExcellence/Textile%20Elements.xls

Textile Validation
http://vawww.vhaco.va.gov/EPS/EExcellence/Textile%20Validation.xls

Waste Management Elements

Waste Management Validation
http://vawww.vhaco.va.gov/EPS/EExcellence/Waste%20Management%20Validation.xlsx

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Chapter 6
Memorandums of Understanding
# VCS & EPS Responsibility & Frequency of Cleaning Matrix

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<th>ITEM OR SERVICE</th>
<th>RESPONSIBLE SERVICE</th>
<th>FREQUENCY</th>
<th>TASK TO BE ACCOMPLISHED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VCS Vending Machine Areas</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walls</td>
<td>EMS</td>
<td>As requested</td>
<td>Spot clean behind mobile equipment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quarterly</td>
<td>Deep clean behind equipment</td>
</tr>
<tr>
<td></td>
<td>VCS</td>
<td>As required</td>
<td>Move equipment and machines</td>
</tr>
<tr>
<td>Ceiling/wall vents</td>
<td>EMS</td>
<td>As required</td>
<td>Dust/clean exterior</td>
</tr>
<tr>
<td><strong>Floor/baseboards</strong></td>
<td>EMS</td>
<td>Daily</td>
<td>Sweep/mop floors and around equipment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Clean baseboards, corners and edges following facility procedure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>As required</td>
<td>VCT floors: maintain floors with a high gloss finish</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-finish floors: mop following facility procedure</td>
</tr>
<tr>
<td>Light fixtures</td>
<td>EMS</td>
<td>Weekly</td>
<td>Dust/clean exterior</td>
</tr>
<tr>
<td>Ceiling tile straps</td>
<td>EMS</td>
<td>As required</td>
<td>Dust/clean</td>
</tr>
<tr>
<td>Trash removal</td>
<td>EMS</td>
<td>As required</td>
<td>Remove trash</td>
</tr>
<tr>
<td></td>
<td></td>
<td>During lunch</td>
<td>Remove trash</td>
</tr>
<tr>
<td></td>
<td></td>
<td>After closing</td>
<td>Remove trash/clean the trash container and the exterior and interior of the trash cabinet</td>
</tr>
<tr>
<td></td>
<td>VCS</td>
<td>As required</td>
<td>Break down/move boxes to designated area</td>
</tr>
<tr>
<td>Signage/wall décor</td>
<td>EMS</td>
<td>As required</td>
<td>Dust/replace signage</td>
</tr>
<tr>
<td></td>
<td>VCS</td>
<td>As needed</td>
<td>Replace wall décor/VCS related signage</td>
</tr>
<tr>
<td>ITEM OR SERVICE</td>
<td>RESPONSIBLE SERVICE</td>
<td>FREQUENCY</td>
<td>TASK TO BE ACCOMPLISHED</td>
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<tr>
<td>-------------------------------</td>
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<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Tables/chairs/stands</td>
<td>EMS</td>
<td>After closing</td>
<td>Clean tables/chairs</td>
</tr>
<tr>
<td></td>
<td>VCS</td>
<td>Throughout the day</td>
<td>Clean microwave/condiment stands</td>
</tr>
<tr>
<td>Walls</td>
<td>EMS</td>
<td>Quarterly</td>
<td>Wash visible wall surfaces</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bi-annually</td>
<td>Clean behind stationary equipment (VCS staff will move equipment/facilities that have unique design and/or art on wall surfaces should develop procedures to ensure the walls are clean)</td>
</tr>
<tr>
<td>Floor/baseboards</td>
<td>EMS</td>
<td>After closing</td>
<td>Sweep/mop floors and around equipment Clean baseboards, corners and edges following facility procedure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>As needed</td>
<td>VCT floors: maintain floors with a high gloss finish Non-finish floors: mop following facility procedure</td>
</tr>
<tr>
<td></td>
<td>VCS</td>
<td>Throughout the day</td>
<td>Mop floors notification of a spill following facility procedure /sweep any debris</td>
</tr>
<tr>
<td>Light fixtures (exterior)</td>
<td>EMS</td>
<td>Weekly</td>
<td>Dust/clean exterior</td>
</tr>
<tr>
<td>Ceiling/wall vents</td>
<td>EMS</td>
<td>Daily</td>
<td>Dust/clean exterior</td>
</tr>
<tr>
<td>Ceiling tile straps</td>
<td>EMS</td>
<td>As needed</td>
<td>Dust/clean</td>
</tr>
<tr>
<td>Window sills/ledges</td>
<td>EMS</td>
<td>Daily</td>
<td>Dust/clean</td>
</tr>
<tr>
<td>Beverage counter/serving line</td>
<td>EMS</td>
<td>Monthly or as needed</td>
<td>Clean underneath</td>
</tr>
<tr>
<td></td>
<td>VCS</td>
<td>Monthly or as needed</td>
<td>Clean interior/ exterior</td>
</tr>
<tr>
<td>Salad/soup bar</td>
<td>EMS</td>
<td>Monthly or as needed</td>
<td>Clean underneath</td>
</tr>
<tr>
<td></td>
<td>VCS</td>
<td>Throughout the day</td>
<td>Clean interior/ exterior</td>
</tr>
<tr>
<td>ITEM OR SERVICE</td>
<td>RESPONSIBLE SERVICE</td>
<td>FREQUENCY</td>
<td>TASK TO BE ACCOMPLISHED</td>
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<tr>
<td>----------------</td>
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</tr>
<tr>
<td>Customer side of serving line</td>
<td>VCS</td>
<td>Throughout the day as needed</td>
<td>Clean/mop</td>
</tr>
<tr>
<td>Refrigerators</td>
<td>EMS</td>
<td>Monthly</td>
<td>Clean behind/underneath</td>
</tr>
<tr>
<td></td>
<td>VCS</td>
<td>Daily</td>
<td>Clean interior/ exterior</td>
</tr>
<tr>
<td>Trash removal</td>
<td>EMS</td>
<td>As required</td>
<td>Remove trash</td>
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<td>During lunch</td>
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<td></td>
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<td>After closing</td>
<td>Remove trash/clean the trash container and the exterior and interior of the trash cabinet</td>
</tr>
<tr>
<td></td>
<td>VCS</td>
<td>As required</td>
<td>Break down/move boxes to designated area</td>
</tr>
<tr>
<td>Microwave/condiment stands</td>
<td>EMS</td>
<td>After closing</td>
<td>Clean the exterior</td>
</tr>
<tr>
<td></td>
<td>VCS</td>
<td>Throughout the day as needed</td>
<td>Clean any spills/remove any debris</td>
</tr>
</tbody>
</table>

**Food Preparation Areas**

<p>| Floors/baseboards | EMS | After closing | Clean the floors, baseboards, corners and edges (floors will be cleaned and degreased as outlined in the Environmental Programs procedure guide) |
| | VCS | Throughout the day | Mop floors notification of a spill following facility procedure /sweep any debris |
| Light fixtures (exterior) | EMS | Weekly | Dust/clean exterior |
| Ceiling/wall vents | EMS | Daily | Dust/clean exterior |
| Ceiling tile straps | EMS | Weekly | Dust/clean |
| Pest control | EMS | Schedule developed by Pest Control | Maintain canteen to reduce and eliminate pests as per VHA policy |
| Hood surfaces exterior to ducts | EMS | Bi-Monthly or as needed | Clean/d egrease/polish |
| Equipment, mechanical components | VCS | Daily | Conduct checks Clean as per VCS standard operating procedures |</p>
<table>
<thead>
<tr>
<th>ITEM OR SERVICE</th>
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<td>Walls</td>
<td>EMS</td>
<td>Daily</td>
<td>Spot clean any visible food splashes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quarterly</td>
<td>Degrease/clean</td>
</tr>
<tr>
<td></td>
<td></td>
<td>VCS</td>
<td>As needed Clean any splashes or spills during operating hours</td>
</tr>
<tr>
<td>VCS Retail/Storage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walls</td>
<td>EMS</td>
<td>Quarterly</td>
<td>Clean behind/underneath stationary equipment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>VCS</td>
<td>Pull machines away from the wall</td>
</tr>
<tr>
<td>Floor/baseboards</td>
<td>EMS</td>
<td>After closing</td>
<td>Sweep/mop/vacuum around equipment as per facility procedure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>As required</td>
<td>VCT floors: maintain floors with a high gloss finish</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-finish floors: mop following facility procedure</td>
</tr>
<tr>
<td>Light fixtures (exterior)</td>
<td>EMS</td>
<td>Weekly</td>
<td>Dust/clean exterior</td>
</tr>
<tr>
<td>Ceiling/wall vents</td>
<td>EMS</td>
<td>As required</td>
<td>Dust/clean exterior</td>
</tr>
<tr>
<td>Ceiling tile straps</td>
<td>EMS</td>
<td>Weekly</td>
<td>Dust/clean</td>
</tr>
<tr>
<td>Carpet</td>
<td>EMS</td>
<td>Daily</td>
<td>Vacuum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>As required</td>
<td>Shampoo</td>
</tr>
<tr>
<td>Trash removal</td>
<td>EMS</td>
<td>As required</td>
<td>Remove trash</td>
</tr>
<tr>
<td></td>
<td></td>
<td>During lunch</td>
<td>Remove trash</td>
</tr>
<tr>
<td></td>
<td></td>
<td>After closing</td>
<td>Remove trash/clean the trash container and the exterior and interior of the trash cabinet</td>
</tr>
<tr>
<td></td>
<td>VCS</td>
<td>As required</td>
<td>Break down/move boxes to designated area</td>
</tr>
<tr>
<td>Pest Control</td>
<td>EMS</td>
<td>Schedule</td>
<td>Maintain canteen to reduce and eliminate pests as per VHA policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>developed by</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pest Control</td>
<td></td>
</tr>
<tr>
<td>Shelving</td>
<td>VCS</td>
<td>As per policy</td>
<td>VCS staff will clean as per VCS standard operating procedures</td>
</tr>
<tr>
<td>Quality assurance check</td>
<td>EMS</td>
<td>Weekly</td>
<td>Conduct joint quality assurance check using facility developed checklist.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>VCS</td>
<td></td>
</tr>
</tbody>
</table>
References

- Food Code US Public Health Service, Food and Drug Administration, 2005
- Veterans Administration, Operations, M-1, Part IV Veterans Canteen Service, January 1992
- Facilities Infection Control Policy
- FAC 137-5 Waste Removal
- National Restaurant Association Serve Safe Standards
- CSS 50-20 Sanitation
- CSS 50-21 Infection Control Plan
- CSS 50-1 Chicken Express
- COPP Section 4 Subs & Wraps
- COPP Section 3 Off The Grill
- COPP Section 6 By The Slice
- COPP Section 2 Entrees & Sides
- COPP Section 9 From The Garden
VCS & EPS Audit Process

In 2015, the Offices of Environmental Programs Service (EPS) and Veterans Canteen Service (VCS) collaborated to put into place a third party audit process. This third party contractor is EcoSure a division of Ecolab and is contracted through VCS. EcoSure, through the direction of EPS & VCS, conducts unannounced Food Safety/Sanitation Program Site Audits for VCS cafés, coffee shops, storage rooms, vending banks, retail stores and barber shops located in VA/VHA facilities. A comprehensive Food Safety/Sanitation audit includes, but is not limited to, the following areas:

- Food Safety Practices
- Employee Practices
- Food Equipment and Utensils
- Water/Plumbing/Waste
- Physical Facilities
- Pest Control
- Chemicals/Toxics.

The audit process includes an in-briefing session and an out-briefing session with medical center leadership personnel at the site being audited. At the close of each audit, the VCS Chief or designee will be given the opportunity to provide feedback regarding the overall survey process, its usefulness and whether or not the action plan provided was adequate to effectuate positive outcomes. The audit process per facility consists of no less than one full day and is conducted during normal business hours (7:00a to 4:30p), Monday through Friday. The Program Site Auditors schedule an exit briefing with the VCS Chief or designee, provide a comprehensive audit report, and review the audit results during the exit briefing. A detailed audit report identifies any deficiencies observed during the audit process and recommendations for improvement. This information is shared in a tutorial fashion without punitive intention. The audit summary and recommendations are submitted electronically to the VCS Director of Food Operations or designee within 24 hours of audit. This summary of findings document serves as a road map for the facility being surveyed to assist them with process improvement and/or correction of noted deficiencies.

Each EMS Chief is expected to actively participate in this audit process.

The outline of the process includes the following:

- EcoSure personnel arrive at the designated VAMC Director’s Office the morning of the scheduled audit
  - Conduct onsite in-briefing upon arrival
  - Conduct Walking Tour
  - Conduct Document Review
  - Conduct on site exit briefing at the end of the day
  - A preliminary written report will be left with the VCS Chief
- A final written audit report will be provided
- Notification that the finalized report is ready to review will be sent to the specific VCS Chief at audit site

  • The action plan will be managed by each VCS Chief monitored jointly by EPS & VCS. EcoSure uses a comprehensive inspection list shown below that was developed as the main guide for conducting audits. Audit results will be provided to medical center management representatives, EPS and VCS Central Office for review and action as appropriate. Any “Critical” finding will be reported immediately to EPS and VCS and corrective actions will be promptly initiated. Based on “Critical” findings, site visits by EPS or VCS leadership may be conducted.

In the page below, the VCS Audit Form has been provided for you to use as a guide which contains the current checklist criteria used to evaluate VCS spaces within VHA facilities.
<table>
<thead>
<tr>
<th>Question #</th>
<th>Question Text</th>
<th>Finding Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1</td>
<td>Manager certified by accredited program</td>
<td>Critical</td>
</tr>
<tr>
<td>1.1.2</td>
<td>Food Handler Record keeping</td>
<td>Minor</td>
</tr>
<tr>
<td>1.2.4</td>
<td>Food and equipment temperature logs are available and complete with corrective actions or Wireless Temperature Log - in use and working.</td>
<td>Major</td>
</tr>
<tr>
<td>1.4.3b</td>
<td>Result of last inspection performed by VCS and/or medical center</td>
<td>Informational</td>
</tr>
<tr>
<td>2.1.1</td>
<td>No sick/symptomatic food handler(s) at work</td>
<td>Critical</td>
</tr>
<tr>
<td>2.1.2</td>
<td>A documented Infection Control Policy is available, or manager has knowledge of reporting and documentation of exclusion/restriction responsibilities</td>
<td>Major</td>
</tr>
<tr>
<td>3.1.1</td>
<td>No smoking, gum or tobacco in food service area</td>
<td>Critical</td>
</tr>
<tr>
<td>3.1.2</td>
<td>Proper drinking/eating in food service area</td>
<td>Critical</td>
</tr>
<tr>
<td>3.2.1</td>
<td>Gloves and bandages available at facility</td>
<td>Critical</td>
</tr>
<tr>
<td>3.2.2</td>
<td>Proper hair restraints worn in food service area</td>
<td>Critical</td>
</tr>
<tr>
<td>4.1.1</td>
<td>Proper handwashing</td>
<td>Critical</td>
</tr>
<tr>
<td>4.1.2</td>
<td>Handwashing at appropriate times</td>
<td>Critical</td>
</tr>
<tr>
<td>4.2.1</td>
<td>When gloves are required, food handlers do not contact ready-to-eat foods with bare hand</td>
<td>Critical</td>
</tr>
<tr>
<td>4.2.2</td>
<td>Single-use gloves used properly</td>
<td>Critical</td>
</tr>
<tr>
<td>4.2.3</td>
<td>Fingernails are Clean and Trimmed, with No Fingernail Polish present.</td>
<td>Minor</td>
</tr>
<tr>
<td>4.3.1</td>
<td>Handwashing sink accessible, usable</td>
<td>Critical</td>
</tr>
<tr>
<td>4.3.2</td>
<td>Handwashing sink used only for handwashing</td>
<td>Critical</td>
</tr>
<tr>
<td>4.3.3</td>
<td>Handwashing sinks are clean</td>
<td>Critical</td>
</tr>
<tr>
<td>4.3.4</td>
<td>Soap available at all handwashing sinks</td>
<td>Critical</td>
</tr>
<tr>
<td>4.3.5</td>
<td>Single use towels/heated-air or high-velocity hand drying device present at all handwashing sinks</td>
<td>Critical</td>
</tr>
<tr>
<td>4.4.1</td>
<td>Handwashing reminder sign at all sinks</td>
<td>Minor</td>
</tr>
<tr>
<td></td>
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<tr>
<td>---</td>
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</tr>
<tr>
<td>5.1.1</td>
<td>Food supplies are from an approved source</td>
<td>Critical</td>
</tr>
<tr>
<td>5.2.1</td>
<td>Anything that is received must have a receiving date on it (specific items and master cases or boxes)</td>
<td>Critical</td>
</tr>
<tr>
<td>5.2.2</td>
<td>Food received at proper temperatures</td>
<td>Critical</td>
</tr>
<tr>
<td>5.2.3</td>
<td>Food packages received in good condition</td>
<td>Critical</td>
</tr>
<tr>
<td>5.3.1</td>
<td>Approved public or private water source present</td>
<td>Minor</td>
</tr>
<tr>
<td>5.3.2</td>
<td>Type of Water Supply</td>
<td>Informational</td>
</tr>
<tr>
<td>6.1.1</td>
<td>Proper use of food hierarchy in storage</td>
<td>Critical</td>
</tr>
<tr>
<td>6.1.2</td>
<td>Food stored in packages, covered containers, or wrappings</td>
<td>Major</td>
</tr>
<tr>
<td>6.1.3</td>
<td>Food stored in appropriate locations</td>
<td>Major</td>
</tr>
<tr>
<td>6.1.4</td>
<td>Food packages and cans in good condition, damaged products are segregated</td>
<td>Major</td>
</tr>
<tr>
<td>6.1.5</td>
<td>Cross contamination prevented during food preparation</td>
<td>Critical</td>
</tr>
<tr>
<td>6.1.6</td>
<td>Equipment, utensils and food contact surfaces cleaned and sanitized at proper times.</td>
<td>Critical</td>
</tr>
<tr>
<td>6.1.7</td>
<td>Shells eggs not discolored, dirty, have abnormal odor or without small cracks</td>
<td>Major</td>
</tr>
<tr>
<td>6.2.1</td>
<td>Food utensils in use are stored properly</td>
<td>Major</td>
</tr>
<tr>
<td>6.3.1</td>
<td>Utensils/equipment/contact surfaces in good repair</td>
<td>Major</td>
</tr>
<tr>
<td>6.3.2</td>
<td>Utensils/equipment/contact surfaces proper type</td>
<td>Major</td>
</tr>
<tr>
<td>6.4.1</td>
<td>Contaminated/unwrapped/returned foods are not served to customers</td>
<td>Critical</td>
</tr>
<tr>
<td>6.5.1</td>
<td>Foods on display stored protected</td>
<td>Major</td>
</tr>
<tr>
<td>6.5.2</td>
<td>Single service/use items properly stored and used</td>
<td>Major</td>
</tr>
<tr>
<td>6.5.3</td>
<td>Clean plates and utensils available for second portions at self-service sites</td>
<td>Major</td>
</tr>
<tr>
<td>6.6.2</td>
<td>Temp of hot water sanitizing at dishwashing machine is 180°F - 194°F/82 - 90°C (160°F to 174°F/71 - 79°C at surface)</td>
<td>Critical</td>
</tr>
<tr>
<td>6.6.3</td>
<td>Proper concentration of chemical sanitizing at 3 part sink</td>
<td>Critical</td>
</tr>
<tr>
<td>6.6.4</td>
<td>Proper concentration of chemical sanitizing for dishwashing machine</td>
<td>Critical</td>
</tr>
<tr>
<td>6.6.5</td>
<td>Food Contact Surfaces cleaned and sanitized</td>
<td>Critical</td>
</tr>
<tr>
<td>6.6.6</td>
<td>What type of sanitizing is used?</td>
<td>Informational</td>
</tr>
<tr>
<td>6.7.1</td>
<td>3-compartment sinks present/sufficient size/used properly</td>
<td>Major</td>
</tr>
<tr>
<td>6.7.2</td>
<td>Sanitizer test kits/strips available</td>
<td>Critical</td>
</tr>
<tr>
<td>6.7.3</td>
<td>Equipment/utensils air-dried before stacking</td>
<td>Major</td>
</tr>
<tr>
<td>6.8.1</td>
<td>Wiping cloths used properly</td>
<td>Major</td>
</tr>
<tr>
<td>6.8.2</td>
<td>Wiping cloths stored properly and are at the proper concentration (per manufacturer specifications)</td>
<td>Major</td>
</tr>
<tr>
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<tr>
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<td>---</td>
</tr>
<tr>
<td>6.9.1</td>
<td>All non-food contact surfaces are clean and in good repair</td>
<td>Minor</td>
</tr>
<tr>
<td>6.9.2</td>
<td>Floors, walls, ceiling are cleanable, clean and in good repair</td>
<td>Minor</td>
</tr>
<tr>
<td>6.9.3</td>
<td>Vents and exhaust hoods are clean and in good repair</td>
<td>Minor</td>
</tr>
<tr>
<td>6.9.4</td>
<td>All gaskets on refrigeration are clean and in good repair</td>
<td>Minor</td>
</tr>
<tr>
<td>6.9.5</td>
<td>All lighting sources are properly shielded or shatter-proof in areas where food, service utensils and equipment are stored or prepared. Lighting is adequate</td>
<td>Minor</td>
</tr>
<tr>
<td>6.9.6</td>
<td>Trash receptacles back of house are of sufficient availability/capacity</td>
<td>Minor</td>
</tr>
<tr>
<td>6.9.7</td>
<td>Dumpster area is regularly cleaned and free of excess debris; dumpster plug is in place</td>
<td>Minor</td>
</tr>
<tr>
<td>6.9.8</td>
<td>Dumpster and outdoor garbage container lids are kept closed and are in good repair.</td>
<td>Minor</td>
</tr>
<tr>
<td>7.1.1</td>
<td>Raw animal foods cooked to proper internal cooking temperature</td>
<td>Critical</td>
</tr>
<tr>
<td>7.2.1</td>
<td>Reheated product for hot holding reaches a minimum of 165°F (74°C)</td>
<td>Critical</td>
</tr>
<tr>
<td>7.2.2</td>
<td>Reheating for hot holding done rapidly (items in temperature danger zone for less than 2 hours)</td>
<td>Critical</td>
</tr>
<tr>
<td>7.3.1</td>
<td>TCS foods ≤ 70°F (21°C) within 2 hours of cooling</td>
<td>Critical</td>
</tr>
<tr>
<td>7.3.2</td>
<td>TCS foods ≤ 41°F (5°C) within 6 hours of cooling</td>
<td>Critical</td>
</tr>
<tr>
<td>7.3.3</td>
<td>Reconstituted foods/salad and sandwich ingredients and cooled ≤41°F (5°C) within 4 hours</td>
<td>Critical</td>
</tr>
<tr>
<td>7.3.4</td>
<td>Proper cooling methods in use</td>
<td>Major</td>
</tr>
<tr>
<td>7.4.1</td>
<td>Items in hot holding ≥135°F (57°C)</td>
<td>Critical</td>
</tr>
<tr>
<td>7.4.3</td>
<td>Hot holding equipment properly functioning</td>
<td>Major</td>
</tr>
<tr>
<td>7.5.1</td>
<td>TCS foods held in cold holding ≤ 41°F (5°C).</td>
<td>Critical</td>
</tr>
<tr>
<td>7.5.2</td>
<td>Frozen foods held solidly frozen</td>
<td>Major</td>
</tr>
<tr>
<td>7.5.3</td>
<td>Cold-holding equipment properly functioning.</td>
<td>Major</td>
</tr>
<tr>
<td>7.7.1</td>
<td>Prepped, thawing, ready to eat foods properly date labeled; products labeled with a common name where required</td>
<td>Major</td>
</tr>
<tr>
<td>7.7.2</td>
<td>Commercially prepared food properly dated when opened</td>
<td>Major</td>
</tr>
<tr>
<td>7.8.1</td>
<td>Accurate food thermometer present</td>
<td>Major</td>
</tr>
<tr>
<td>7.9.1</td>
<td>Items properly thawed/slacked</td>
<td>Major</td>
</tr>
<tr>
<td>7.10.1</td>
<td>All coolers have functioning thermometers within reasonable range</td>
<td>Minor</td>
</tr>
<tr>
<td>7.10.2</td>
<td>All products are stored first-in, first-out</td>
<td>Minor</td>
</tr>
<tr>
<td>8.1.1</td>
<td>Only institutional/food-grade/company approved chemicals used</td>
<td>Critical</td>
</tr>
<tr>
<td>8.1.2</td>
<td>Material Safety Data Sheets (MSDS) available for all chemicals</td>
<td>Major</td>
</tr>
<tr>
<td>8.2.1</td>
<td>Chemicals properly labeled</td>
<td>Critical</td>
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<td>---</td>
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</tr>
<tr>
<td>8.2.2</td>
<td>Chemicals properly stored</td>
<td>Critical</td>
</tr>
<tr>
<td>8.2.3</td>
<td>Pesticides applied by approved personnel only</td>
<td>Critical</td>
</tr>
<tr>
<td>8.2.4</td>
<td>Containers previously used for chemicals not used for food storage</td>
<td>Critical</td>
</tr>
<tr>
<td>8.2.5</td>
<td>Rodent bait is contained in a covered, tamper-resistant bait station</td>
<td>Critical</td>
</tr>
<tr>
<td>10.1.1</td>
<td>No pest activity observed</td>
<td>Critical</td>
</tr>
<tr>
<td>10.1.2</td>
<td>Insect control devices installed to prevent contamination</td>
<td>Major</td>
</tr>
<tr>
<td>10.2.1</td>
<td>Pest activity is prevented through proper sealing of outer openings and the elimination of harborage conditions</td>
<td>Minor</td>
</tr>
<tr>
<td>11.1.1</td>
<td>No sewage backed-up into facility</td>
<td>Critical</td>
</tr>
<tr>
<td>11.2.1</td>
<td>Hot and cold water are available at facility</td>
<td>Major</td>
</tr>
<tr>
<td>11.2.2</td>
<td>Metered and automatic faucets provide water for minimum of 15 seconds</td>
<td>Informational</td>
</tr>
<tr>
<td>11.2.3</td>
<td>Back flow prevention or air gap present at all sinks and beverage dispensers</td>
<td>Major</td>
</tr>
<tr>
<td>11.5.1</td>
<td>Employee clothing and personal items are properly stored.</td>
<td>Minor</td>
</tr>
<tr>
<td>11.5.2</td>
<td>Maintenance tools (mops, brooms and similar items) are properly stored</td>
<td>Minor</td>
</tr>
<tr>
<td>12.1.1</td>
<td>Floor surfaces clean and in good repair; free of cracks and holes</td>
<td>Major</td>
</tr>
<tr>
<td>12.1.2</td>
<td>Work aisles and areas clear</td>
<td>Major</td>
</tr>
<tr>
<td>12.1.3</td>
<td>Lighting sufficient in all areas</td>
<td>Major</td>
</tr>
<tr>
<td>12.1.4</td>
<td>Electrical cords unfrayed, prongs in good condition</td>
<td>Major</td>
</tr>
<tr>
<td>12.1.5</td>
<td>Walls: Paint in good condition; Tile in good condition</td>
<td>Major</td>
</tr>
<tr>
<td>12.1.6</td>
<td>Trash can(s) emptied as needed and at the end of the work day</td>
<td>Major</td>
</tr>
<tr>
<td>12.1.7</td>
<td>Ceiling tiles and/or vents are clean</td>
<td>Major</td>
</tr>
<tr>
<td>12.1.8</td>
<td>Floors swept as needed and at the end of the work day</td>
<td>Major</td>
</tr>
<tr>
<td>12.2.1</td>
<td>Chairs and chair frames cleaned and sanitized daily</td>
<td>Critical</td>
</tr>
<tr>
<td>12.2.2</td>
<td>Mirrors, counters, drawers, and sinks free of hair and debris; cleaned and sanitized daily</td>
<td>Critical</td>
</tr>
<tr>
<td>12.2.3</td>
<td>Clipper heads/metallic tools treated with bactericidal/fungicidal product after each use per VCS policy</td>
<td>Critical</td>
</tr>
<tr>
<td>12.2.4</td>
<td>Razors, scissors, combs and similar tools washed with soap and water and placed in disinfectant after each use per VCS Policy</td>
<td>Critical</td>
</tr>
<tr>
<td>13.1.2</td>
<td>Vending Machine Clean</td>
<td>Minor</td>
</tr>
<tr>
<td>13.1.3</td>
<td>Temperature of Vending Machine is In Compliance</td>
<td>Critical</td>
</tr>
<tr>
<td>14.1.1</td>
<td>Coffee Machine Clean</td>
<td>Minor</td>
</tr>
<tr>
<td>13.1.5</td>
<td>Leftovers dated within 96 hours from the date of prep</td>
<td>Critical</td>
</tr>
<tr>
<td>13.1.6</td>
<td>Frozen leftovers used within 30 days of preparation</td>
<td>Critical</td>
</tr>
<tr>
<td>13.1.7</td>
<td>Retail store coolers/freezers at proper temperature</td>
<td>Critical</td>
</tr>
<tr>
<td>13.1.4</td>
<td>Trash cans in vending area(s) overflowing or dirty</td>
<td>Minor</td>
</tr>
</tbody>
</table>
# Patient Care Services SPS & EMS Memorandum of Understanding

<table>
<thead>
<tr>
<th>AREA OF SERVICE</th>
<th>RESPONSIBLE FOR SERVICE</th>
<th>FREQUENCY OF SERVICE</th>
<th>TASK TO BE ACCOMPLISHED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Offices</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inner Office</td>
<td>EMS</td>
<td>Twice/week</td>
<td>Vacuum carpet (Hallway and each Office)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quarterly</td>
<td>Deep clean carpet for spotting</td>
</tr>
<tr>
<td></td>
<td>EMS</td>
<td>Daily</td>
<td>Remove trash and reline waste receptacles</td>
</tr>
<tr>
<td></td>
<td>EMS</td>
<td>Twice/week</td>
<td>Clean window and window seal</td>
</tr>
<tr>
<td><strong>Restrooms</strong></td>
<td>EMS</td>
<td>Daily</td>
<td>Remove trash and reline waste receptacles</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Daily</td>
<td>Clean sinks</td>
</tr>
<tr>
<td></td>
<td>EMS</td>
<td>Daily</td>
<td>Remove dirty linen and replace clean linen hamper liner</td>
</tr>
<tr>
<td></td>
<td>EMS</td>
<td>Daily</td>
<td>Wet mop tile floors using approved germicide</td>
</tr>
<tr>
<td></td>
<td>EMS</td>
<td>Weekly</td>
<td>Clean/ wipe shower walls using approved germicide</td>
</tr>
<tr>
<td></td>
<td>FMS</td>
<td>Daily</td>
<td>Replenish toilet paper, paper towels and hand soap</td>
</tr>
<tr>
<td></td>
<td>EMS</td>
<td>Once/month</td>
<td>Clean vents</td>
</tr>
<tr>
<td>Area</td>
<td>Frequency</td>
<td>Task</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----------</td>
<td>----------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Floor/baseboards</td>
<td>Daily</td>
<td>Wet mop floors and around equipment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clean baseboards, corners and edges following facility procedure</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Move boxes to designated area</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Remove dirty linen and replace clean linen hamper liner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quarterly</td>
<td>Scrub floors using approved germicide</td>
<td></td>
</tr>
<tr>
<td></td>
<td>After Hours</td>
<td>Strip and refinish floors with wax coating</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4:30p – 11:00p</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPS &amp; Logistics</td>
<td>Daily</td>
<td>Wet wipes table, dry wipe computer and keyboard</td>
<td></td>
</tr>
<tr>
<td>SPS / Logistic Employees Break Room</td>
<td>Weekly</td>
<td>Clean Microwave, Refrigerator</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daily</td>
<td>Cleans Coffee pot [daily]</td>
<td></td>
</tr>
<tr>
<td>Preparation/Sterilization</td>
<td>Daily am</td>
<td>Remove trash and rel ine waste receptacles</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daily</td>
<td>Clean the trash container and the exterior and interior of the trash receptacles</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wet mop floors and around equipment</td>
<td></td>
</tr>
<tr>
<td>Area</td>
<td>Frequency</td>
<td>Task Details</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>Floors/baseboards</td>
<td></td>
<td>Clean baseboards, corners and edges following facility procedure</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Removes and cleans all floor mats</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Scrub floors using approved germicide</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strip and refinish floors with wax coating</td>
<td></td>
</tr>
<tr>
<td><strong>Preparation/Sterilization</strong></td>
<td>SPS</td>
<td>Daily</td>
<td>Wet wipe all flat work surfaces</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dry wipe computer and keyboard</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SPS</td>
<td>Weekly</td>
<td>Clean <em>Sterilizers</em> exterior and interior with approved cleaners per manufacture guidelines</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Clean Instrument <em>Cabinets</em> exterior and interior with approved cleaners per manufacture guidelines</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Wet wipe mobile equipment (carts, racks, etc)</td>
</tr>
<tr>
<td><strong>Decontamination Area</strong></td>
<td>EMS</td>
<td>Monthly</td>
<td>Wash walls using approved germicide</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Clean vents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weekly</td>
<td>*Machine scrub floors using approved germicide</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Remove and cleans floor mats</td>
</tr>
</tbody>
</table>

*Scrub machine, mop, cleaning bucket must be dedicated to this room and not used elsewhere in the medical center.
<table>
<thead>
<tr>
<th>Task</th>
<th>Frequency</th>
<th>Responsibility</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td></td>
<td>SPS</td>
<td>Remove trash and reline waste receptacles</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Wet mop the tile floor using approved germicide</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Clean sink area</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Remove / Replace Biohazard Sharps containers when 3/4 full</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Remove dirty linen and replace clean linen hamper liner</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Wet wipe all flat surfaces</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Wet wipe all racks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Maintain roller</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Maintain cart washer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Clean <em>cabinet drawers</em> exterior and interior with approved cleaners per manufacture guidelines</td>
</tr>
<tr>
<td>Pest control</td>
<td>Monthly/As needed</td>
<td>EMS</td>
<td>Maintain SPS to reduce and eliminate pests as per VHA policy</td>
</tr>
<tr>
<td>Daily spills</td>
<td>Daily</td>
<td>EMS</td>
<td>SPS will give notification of a spill following facility procedure</td>
</tr>
<tr>
<td>Dress Code</td>
<td>Daily</td>
<td>Weekly</td>
<td>Monthly</td>
</tr>
<tr>
<td>-------------</td>
<td>-------</td>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td>Floors Wet Mopped</td>
<td>Empty Waste Containers</td>
<td>Walls spot cleaned</td>
</tr>
<tr>
<td>Decontamination Area (Room # XXX)</td>
<td>Code #1</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Training Room (Room # XXX)</td>
<td>Code # 3</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Prep Room (Room # XXX)</td>
<td>Code # 2</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Case cart area (Room # XXX)</td>
<td>Code # 2</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Dispatch Area and Equipment Room (Room # XXX)</td>
<td>Code # 3</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Bulk Storage and Break Out Room. (Room # XXX)</td>
<td>Code # 3</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Office Spaces (Room # XXX)</td>
<td>Code # 3</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>SPS Dumbwaiter Rooms (Room # XXX)</td>
<td>Code # 3</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Dress Code**

1. A surgical gown, disposable cap, rubber gloves, face shield and shoe covers must be worn in this area and discarded prior to leaving the area.

2. A cover gown and hat must be worn when entering this area. The hat and cover gown will be doffed when leaving this area.

---

Service Chief, EMS

Associate Director Patient Care Services

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Chapter 7

Patient Centered Care
The VHA fulfills its responsibility to optimize the health and healing of Veterans by embracing the opportunity to transform to patient centered health care. Environmental Management Service (EMS) personnel have the opportunity to make a positive impact through interactions with Veterans on a daily basis. A Patient Centered Care guidebook was created to assist EMS personnel with daily interactions and provide the tools needed to promote patient centered care. Among the tools in the guidebook, are:

- A self-assessment tool
- Rounding documents, scripting aides (HEART and KAIDET)
- Role-play scenarios
- A PCC dashboard for measuring success
- A poster for display in EMS staff areas
- A sample policy for Exceptional Service Personnel
- Electronic training modules
CREATING A HEALING ENVIRONMENT

Introduce yourself to the Veteran
Tell them what branch of service you were in or where you were born to make them feel at ease.

Always smile and make the patient feel welcome.

Offer assistance to Veterans and their families. Carry a facility map to use as a guide.
Protect patient dignity and privacy.

Honor the Veteran’s preferences as you perform cleaning tasks in their environment.

EXCEPTIONAL PERSONALIZED SERVICE
**EMS Program Self-Assessment Tool**

*The EMS Chief completes the program self-assessment tool at a frequency determined by facility.*

<table>
<thead>
<tr>
<th>Description</th>
<th>Fully Implemented throughout the organization</th>
<th>Partially implemented (in progress or in place in some areas, but not all)</th>
<th>No activity</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organization’s commitment to patient-centered care has been formally implemented.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expectations for what staff can expect in a patient-centered environment are clearly communicated.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A patient centered care/Veteran centered care committee is actively meeting.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMS employees are actively involved in the membership of the Patient Centered Care/Veteran centered Care committee.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients participate in focus groups or surveys to convey what is needed by them and their family members.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff at all levels has the opportunity to voice their ideas and suggestions for improvement.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities exist for EMS leadership to interact directly with EMS staff.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMS leadership is held accountable for “walking the talk” of patient centered care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMS employees use scripting when cleaning patient areas to accommodate patient’s personal schedule and routines.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steps have been taken to create a healing environment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMS has created or participates with other services in aroma therapy for our facility.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

205
<table>
<thead>
<tr>
<th>Teamwork is a high priority in EMS at our facility.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources are available to staff to educate them on different cultural beliefs/traditions related to health and healing.</td>
</tr>
<tr>
<td>EMS actively utilizes the reward and recognition system at our facility for EMS employees.</td>
</tr>
<tr>
<td>Communication has been improved with other services and departments with EMS.</td>
</tr>
<tr>
<td>What goes well at your facility?</td>
</tr>
<tr>
<td>What can be improved?</td>
</tr>
</tbody>
</table>
Scripting Tools
KAIDET & HEART

KAIDET & HEART are easy-to-remember acronyms that are used as a guide or outline.

Use KAIDET for daily patient interaction when cleaning a Veteran’s room.

**KAIDET**
- Knock
- Announce & Introduce
- Duration
- Engage
- Thank

Use HEART to provide service recovery when encountering a disgruntled customer: for example, patient, family member, or co-worker.

**HEART**
- Hear
- Empathize
- Apologize
- Respond
- Thank
KAIDET

Knock: Knock on door before entering.
Announce: Announce
Introduce: This is _____ from Environmental Services.
Duration: Explain what you're doing and how long it will take.
Engage: Interact with the patient.
Thank: Thank the patient for allowing you to provide services.

KAIDET

Knock: Knock on door before entering.
Announce: Announce
Introduce: This is _____ from Environmental Services.
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KAIDET

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Engage: Interact with the patient.
Thank: Thank the patient for allowing you to provide services.
HEART

Service Recovery Mode

Hear: Actively listen to the patient.

Empathize: Have compassion for what the patient says.

Apologize: Express regret for the incident to the patient.

Respond: Ask if there is something you can do, or refer to someone who can.

Thank: Thank the patient for their understanding.

Hear: Actively listen to the patient.

Empathize: Have compassion for what the patient says.

Apologize: Express regret for the incident to the patient.

Respond: Ask if there is something you can do, or refer to someone who can.

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Thank: Thank the patient for their understanding.

Hear: Actively listen to the patient.

Empathize: Have compassion for what the patient says.

Apologize: Express regret for the incident to the patient.

Respond: Ask if there is something you can do, or refer to someone who can.

Thank: Thank the patient for their understanding.
Date: __________________________
Unit | Location: ______________________

My name is ______________________ and I am responsible for Environmental Management Services.

I am specifically responsible for:

- Lighting
- Aromatherapy
- Cleanliness of your room
- Time of day your room is cleaned
- Linen, gowns, robes and blankets

1. What can the VA do to make your experience with us better?

2. Have you observed any of our Housekeeping staff that you would like to see us recognize for providing outstanding service?

   Who?
   Why?

3. What was the overall impression of our facility? What would you like to see us do differently?

   __________________________
   __________________________
   __________________________
   __________________________
   __________________________
   __________________________

Environmental Programs Service
Patient Centered Care (EPS-PCC)
----End of Document----

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