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Policy: Environmental Cleaning

Date:

Revised Date:

Purpose: Maintaining a clean and safe health care environment is an essential component of IPAC and is integral to the safety of patients and staff. Environmental cleaning and disinfection should be performed on a routine and consistent basis to provide for a safe and sanitary environment. Responsibility for cleaning needs to be clearly defined and understood.

Clinical office settings may be categorized into three components for the purposes of environmental cleaning:

- **Public component** is the public areas of the clinical office that are not involved in patient care. This includes waiting rooms, offices, corridors and service areas. Areas designated in the public component are cleaned with a detergent.
- **Clinical component** is the area involved in patient care. This comprises the clinical areas of the office, including examination rooms, procedure rooms, bathrooms and diagnostic and treatment areas. Areas designated in the clinical component are cleaned with a detergent and then disinfected with a healthcare-grade disinfectant. 'High-touch' surfaces may require more frequent cleaning.

The following principles shall apply when cleaning the clinic environment:

- Clinical office cleaning include daily cleaning and disinfecting surfaces and objects with an approved surface cleaner and a hospital-grade, low-level disinfectant.
- Hospital-grade cleaning and disinfecting products:
 - Must have a drug identification number (DIN) from Health Canada (<http://www.hc-sc.gc.ca/dhp-mps/prodpharma/databasdon/index-eng.php>) if it contains a disinfectant.
 - Must be used according to the manufacturers' recommendations for dilution, temperature, water hardness and contact time.
 - Shall be used according to the product's Material Safety Data Sheet (MSDS).
- The disinfectant product manufacturer's instructions shall be followed for use, contact time, storage, and shelf life.
- Clinical component areas should be kept free of clutter to facilitate cleaning.
- Clinical contact surfaces (e.g. examination tables, procedural work surfaces, etc.) shall be cleaned and disinfected between patients.
- Noncritical (touches only intact skin) equipment should be disinfected with a cloth and a low-level disinfectant between patients, allowing adequate contact time with the disinfectant according to the manufacturer's instructions.
- All surfaces need to be cleaned and disinfected immediately when they are visibly soiled with blood or other body fluids, excretions or secretions (e.g., examination tables, floors, toilets).
- Clinical offices should be fully cleaned at the end of every day. Garbage should be collected, floors cleaned and carpets vacuumed. Supplies should be replaced as required (e.g., soap, ABHR, paper towel, toilet paper, PPE) and sharps containers should be sealed, removed and replaced if full. Items that are high-touch (e.g., doorknobs, telephones) should be cleaned and disinfected.

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- Staff and contractors responsible for environmental cleaning shall follow the clinic's environmental cleaning policies and procedures.

References:

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Infection Prevention and Control for Clinical Office Practice. 1st Revision. Toronto, ON: Queen's Printer for Ontario; April 2015.
https://www.publichealthontario.ca/en/eRepository/IPAC_Clinical_Office_Practice_2013.pdf
2. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best practices for environmental cleaning for prevention and control of infections in all health care settings. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2018.
https://www.publichealthontario.ca/en/eRepository/Best_Practices_Environmental_Cleaning.pdf