01.42 Prevention and Control of *Clostridium difficile* Infections

Purpose

To prevent and control the transmission of *Clostridium difficile* infections among hospitalized patients in UTMB hospitals.

Audience

UTMB healthcare workers, personnel working for contractors in UTMB hospitals, students and volunteers.

Surveillance for *Clostridium difficile* infection (CDI)

I. <u>Case definitions for *Clostridium difficile* Infection (CDI)</u>:

A. Case of diarrhea (i.e. unformed stool that conforms to the shape of its specimen collection container and one or more of the following criteria

1. Positive laboratory test on stool sample for *C. difficile* toxin A. Pseudomembranous colitis is seen during endoscopic examination or surgery
2. Pseudomembranous colitis is seen during histopathological examination

B. Recurrent CDI case

1. Meets the definition of a case
2. Occurs 8 weeks or less after the onset of a previous episode, provided that CDI symptoms from the earlier episode resolved with or without therapy
   a. A positive laboratory test on a stool specimen collected 2 weeks or less after the last specimen that tested positive represents continuation of the same CDI case
   b. An additional positive result of a laboratory test performed on a specimen collected 2-8 weeks after the last specimen that tested positive represents a recurrent CDI case
   c. An additional positive result of a laboratory test performed on a specimen collected more than 8 weeks after the last specimen that tested positive represents a new CDI case

C. Definition for a severe case of CDI (Must be within 30 days after CDI symptom onset)

1. History of admission to an intensive care unit for complications associated with CDI (e.g. shock that requires vasopressor therapy)
2. History of surgery (e.g. colectomy for toxic megacolon, perforation or refractory colitis
3. Death caused by CDI within 30 days after symptom onset
   a. Listed on death certificate
   b. Recorded in the medical record by a clinician caring for the patient

Surveillance for *Clostridium difficile* infection (CDI)

II. Exposure definitions

A. Healthcare facility (HCF)-onset, HCF-associated CDI is defined as a patient with CDI symptom onset more than 48 hours after admission to an HCF.

B. Community-onset, HCF-associated CDI

1. CDI symptom onset in the community
2. CDI symptom onset 48 hours or less after admission to an HCF, provided that symptom onset was less than 4 weeks after the last discharge from an HCF

C. Community-associated CDI

1. CDI symptom onset in the community
2. CDI symptom onset 48 hours or less after admission to an HCF, provided that symptom onset was more than 12 weeks after the last discharge from an HCF

D. Indeterminate disease

1. CDI case patient who does not fit any of the above criteria for an exposure setting
2. Example. A patient who has CDI symptom onset in the community but who was discharged from the same or another HCF 4-12 weeks before symptom onset

E. Unknown disease

1. CDI case patient for whom the exposure setting cannot be determined because of lack of available data ─ for example, a patient who has CDI symptom onset in the community for 48 hours or less after HCF admission and for whom available medical records are not sufficient to exclude discharge from an HCF 12 weeks or less before symptom onset.

III. Source of data for CDI Surveillance

A. The Clinical Microbiology Laboratory will report the test positive for *C. difficile* toxin A performed on stool specimens to the Department of Healthcare Epidemiology as soon as possible after the test results are available.

B. The Clinical Microbiology Laboratory will also send a monthly report of all tests positive for *C. difficile* toxin A performed on stool specimens to the Department of Healthcare Epidemiology.

Surveillance for *Clostridium difficile* infection (CDI)

IV. Processing data received from the Clinical Microbiology Laboratory on tests for *C. difficile* toxin A in stool specimens.

A. Data will be collected from patient medical records needed for application of case definitions to patients with stool tests positive for *C. difficile* toxin A.

B. Case definitions will be applied as per Section I and exposure definitions will be applied as per Section II.

C. Denominators for rates will be patient days obtained from the hospital database.

1. Patient days will be collected for all inpatient units except for the ISCU and the newborn nursery.
2. Aggregate patient days will be used to calculate hospital rates and patient days for individual units will be used to calculate rates for each unit.

D. Rates will be calculated as cases per 10,000 patient days

$$\frac{\text{\# of case patients per reporting period}}{\text{\# of inpatient days per reporting period}} \times 10{,}000 = \textbf{rate per 10,000 inpatient-days}$$

V. Reporting CDI rates

A. Data will be reported by HCF-onset, HCF-associated and community-onset, HCF-associated cases

B. Data will also be reported by rates of severe cases as defined in Section I

Isolation for *C. difficile infection*

All patients admitted to the Emergency Department or hospital with diarrhea of unknown cause or who develop diarrhea of unknown cause while hospitalized will be immediately placed on Extended Contact Precautions (ECPs).

I. ECPs include wearing gown and gloves to enter the room. Gowns and gloves will be removed in the room prior to exiting taking care to avoid contaminating clothing or hands by touching surfaces in the room, and gown and gloves will be discarded in the appropriate receptacle prior to leaving the room. Hands must be washed immediately on exit from the room with soap and water. Alcohol hand rub cannot be used for hand hygiene, because alcohol will not kill C. difficile spores.

Isolation for *C. difficile infection*

II. The patient's physician will be notified immediately when a stool test for *C. difficile* is positive. When a patient is placed on ECPs for diarrhea of unknown cause, the patient must have a stool test negative for *C. difficile* to be taken off of ECPs. When the initial test is negative, the Clinical Microbiology Laboratory will not accept another stool specimen for *C. difficile* testing for 7 days. When a patient has a stool test positive for *C. difficile,* no further stool tests for *C. difficile* will be processed by the Clinical Microbiology Laboratory during that admission. Stool tests for *C. difficile* are not used to test for cure.

A. Blood pressure cuffs, stethoscopes and thermometers must be assigned to patients on ECPs and must be discarded or decontaminated when the patient is discharged.

B. Equipment (wheelchairs, stretchers, Dopplers, ultrasound machines, X-ray machines, dialysis machines and OT/PT equipment) used for patients on ECPs will be cleaned with water and detergent without a disinfectant (Cavicide must not be used, because it will react with sodium hypochlorite), and then be disinfected with a 1:10 dilution of sodium hypochlorite prior to use on other patients. See Section VII for more details for cleaning and disinfection of equipment.

C. Patients with CDI must remain on isolation until discharged from the hospital.

III. Patients admitted to the Emergency Department (ED) with diarrhea of unknown cause

A. Patients with diarrhea of unknown cause must be placed on ECPs on arrival. All the rules for ECPs listed above must be followed.

B. For patients who are going to be admitted to the hospital, unless a noninfectious cause of diarrhea is diagnosed in the ED, the patient must be transported to the floor under ECPs. Prior to placing the patient in the wheelchair or on the stretcher, the wheel chair or stretcher will be covered with a clean sheet. After the patient has been placed in a wheelchair or on a stretcher and covered with a clean sheet, the transporter will move the patient to the admitting floor.

C. The ED will notify the floor to which the patient will be admitted that a patient with diarrhea of unknown cause is being admitted and must be placed on ECPs.

D. The room occupied by the patient in the ED will be closed and Environmental Services notified that the room needs to be cleaned and disinfected for *Clostridium difficile.*

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E. The room will be cleaned with a detergent (*Cavicide* must not be used, because it will react with the sodium hypochlorite).

F. After thorough cleaning of all surfaces, a 1:10 dilution of sodium hypochlorite will be applied to all surfaces using the cloth and bucket method, making sure that all surfaces are very wet. After waiting for **five minutes**, a 1:10 dilution of sodium hypochlorite will be applied again to all surfaces so that all surfaces are very wet.

G. After the room is cleaned and disinfected, it should be reopened.

IV. Patients admitted to TDCJ Hospital Galveston with diarrhea of unknown cause

A. On arrival, patients with diarrhea of unknown cause will be transported to the floor on ECPs. The wheelchair or stretcher used to transport the patient will first be covered with a clean sheet. After the patient is transferred to the wheelchair or stretcher, the patient will be covered with a clean sheet.

B. The patient will be placed on ECPs on arrival to the floor.

V. Cleaning and decontamination of patient rooms

A. Patient rooms will be cleaned with a hospital grade detergent, without a disinfectant (*Cavicide* must not be used, because it will react with sodium hypochlorite) by Environmental Services personnel using a **check list** (**Appendix A**) for environmental sites to be cleaned.

B. Using the same **checklist** (**Appendix A**), environmental surfaces will be disinfected with a **1:10 dilution of sodium hypochlorite** applied to all surfaces using the cloth and bucket method. Sodium hypochlorite will be applied so that surfaces are very wet. After the surfaces have dried for **5 minutes**, sodium hypochlorite will be applied to the surfaces a second time leaving the surfaces very wet.

C. Environmental Services personnel who clean and disinfect the rooms will don a gown and gloves before entering a room and remove the gown and gloves prior to leaving the room, discard the gown and gloves in the appropriate receptacle, leave the room, and then wash their hands with soap and water. Alcohol cannot be used for hand hygiene, because it will not kill CD spores.

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D. Equipment attached to patients with CDI will be cleaned and disinfected by Clinical Equipment Services (CES) using a **checklist (Appendix B)**. CES personnel will don a gown and gloves prior to entering the room. The surfaces of clinical equipment will be cleaned with a detergent without a disinfectant (*Cavicide* must not be used, because it will react with sodium hypochlorite) and then disinfected with a 1:10 dilution of sodium hypochlorite. When possible, the cloth and bucket method will be used to disinfect surfaces with a 1:10 dilution of sodium hypochlorite so that surfaces are very wet. After the sodium hypochlorite has dried for 5 minutes, sodium hypochlorite will be applied again leaving surfaces very wet. Surfaces that cannot be soaked with sodium hypochlorite will be cleaned with a detergent without disinfectant followed by two applications of a 1:10 dilution of sodium hypochlorite using Clorox wipes. Surfaces to which sodium hypochlorite cannot be applied must be thoroughly cleaned with a detergent. Gown and gloves will be removed prior to exiting the room and discarded in the appropriate receptacle. After leaving the room, personnel will wash their hands with soap and water. Alcohol cannot be used for hand hygiene, because it will not kill CD spores.

E. In Intensive Care Units the ventilators will be cleaned and disinfected by Respiratory Therapists. A gown and gloves will be donned by Respiratory Therapists prior to entering the room. Ventilators will be cleaned with detergent without a disinfectant (*Cavicide* must not be used, because it will react with sodium hypochlorite) followed by disinfection with a **1:10 dilution of sodium hypochlorite on a daily basis**. Where possible, the cloth and bucket method will be used to disinfect surfaces so that they are very wet. After allowing the surfaces to dry for 5 minutes, the sodium hyperchlorite will be applied again to get the surfaces very wet. **Sodium hypochlorite will not be applied to computer screens**. Gown and gloves will be removed and discarded in the appropriate receptacle prior to leaving the room. Hands will be washed with soap and water immediately after leaving the room. Alcohol cannot be used for hand hygiene, because it will not kill CD spores.

Isolation for *C. difficile infection*

VII. Cleaning and decontamination of equipment and surfaces outside of the patient's room.

A. **Transportation**

1. When arriving on a nursing unit to transport a patient to another location for diagnostic procedures or treatment, the transporter will perform hand hygiene with an alcohol hand rub or antiseptic soap

and water and then don an isolation gown and gloves prior to entering the room.

2. After covering the wheelchair or stretcher with a clean sheet, the transporter will assist with the transfer of the patient to the wheelchair/stretcher. The transporter will then move the patient to the door of the room.

3. The transporter will remove gloves and gown, discard them in the room, push the patient out of the room, and wash hands with soap and water.

4. The patient will then be moved to the assigned destination.

5. When the patient is ready for transport back to their room, the transporter will perform hand hygiene with soap and water or with an alcohol hand rub and then don a gown and gloves.

6. The transporter will cover the wheelchair or stretcher with a clean sheet and assist with moving the patient into the wheelchair or onto the stretcher. The transporter will then remove gown and gloves and wash hands with soap and water. The patient will then be transported back to their unit.

7. On arrival at the patient's nursing unit, the transporter will perform hand hygiene, don gown and gloves, and the patient will be transported into their room and the patient will be moved into bed.

8. After removing the sheets from the wheelchair or stretcher, the transporter will put them in the dirty laundry receptacle in the room. The transporter will then move the wheelchair or stretcher to the door, remove gloves and gown and discard them in the room.

9. The transporter will move the wheelchair or stretcher out of the room and wash hands with soap and water.

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10. The transporter will don a gown and gloves. If the stretcher or wheelchair is visibly soiled, it will be cleaned with a detergent without a disinfectant (Cavicide must not be used because it will react with sodium hypochlorite).

    Then using the <u>cloth and bucket method</u>, a 1:10 dilution of sodium hypochlorite will be applied to flat surfaces in contact with patients, rails, arm rests, and IV poles of the wheelchair or stretcher so that

surfaces are very wet. After allowing the surfaces to dry for 5 minutes, the 1:10 dilution of sodium hypochlorite will be applied to these same surfaces again making sure all surfaces are very wet.

11. The transporter will remove gown and gloves and wash hands with soap and water.

12. The wheelchair or stretcher may then be returned to service.

13. Transportation of patients from the Emergency Department to a nursing unit.

    a. When the patient arrives on the floor from the ED, the transporter will perform hand hygiene and don gown and gloves and the patient will be moved into their room.

    b. After the patient is moved into bed, the sheet will be removed from the wheelchair or stretcher and placed in the laundry receptacle in the room. Then the wheelchair or stretcher will be moved to the door of the room.

    c. The transporter will remove their gloves and gown in the room and discard them in the appropriate receptacle.

    d. The transporter will push the wheelchair or stretcher out of the room and then wash hands with soap and water.

    e. The transporter will don a gown and gloves. If the stretcher or wheelchair is visibly soiled, it will be cleaned with a detergent without a disinfectant (Cavicide must not be used, because it will react with sodium hypochlorite). Then using the <u>cloth and bucket method</u>, a 1:10 dilution of sodium hypochlorite will be applied to flat surfaces in contact with patients, rails, arm rests, and IV poles of the wheelchair or stretcher that were soiled so that surfaces are very wet. After allowing the surfaces to dry for 5 minutes, the 1:10 dilution of sodium hypochlorite will again be applied to these same surfaces making sure all surfaces are very wet.

    f. The transporter will then remove gloves and gown and place them in a wastebasket. The transporter will wash hands with soap and water. <u>Alcohol will not kill *C. difficile* spores.</u>

    g. The transporter and wheelchair or stretcher will then be returned to service.

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B. **Radiology**

1. The nursing unit from which a patient on ECPs will be transported to Radiology will notify the location in Radiology with the name and UH# of the patient to be transported and that the patient is on ECPs.
2. Personal protection equipment (PPE) will be located in all areas where radiologic procedures are performed.
3. These same areas will have detergents (not *Cavicide*) and a **1:10** dilution of sodium hypochlorite.
4. Personnel in Radiology will don a gown and gloves prior to arrival of the patient.
5. Any surface with which the patient will have contact should be covered with clean linen (sheet, pillowcase, etc.) prior to the patient's arrival.
6. When the patient's examination or procedure is completed, the transporter will place a clean sheet on the wheelchair or stretcher, perform hand hygiene, don gown and gloves and assist with placing the patient in the wheelchair or on the stretcher. The transporter will then remove gown and gloves and discard them in the trash and wash hands with soap and water. A clean sheet will be placed over the patient just prior to departure.
7. The personnel in Radiology who worked with the patient should remove their gown and gloves and discard them in the trash.
8. Personnel should then wash their hands with soap and water. Alcohol handrub cannot be used, because it will not kill CD spores.
9. Personnel should don a new gown and gloves.
10. All surfaces in contact with the patient and personnel who performed the procedure should be thoroughly cleaned with a detergent compatible with the Radiology equipment (do not use *Cavicide* which will react with sodium hypochlorite). After cleaning surfaces with a detergent, apply a 1:10 dilution of sodium hypochlorite to the clean surfaces so that they are very wet and let them dry for 5 minutes. Then apply the 1:10 dilution of sodium hypochlorite to all surfaces a second time so that they are very wet. For electronic equipment, wipe surfaces with sodium hypochlorite wipes. <u>Do not use sodium hypochlorite on aluminum surfaces. Do not wipe monitor screens with sodium hypochlorite.</u>
11. After completing cleaning and disinfection, gown and gloves should be removed and discarded in the trash. Hands should be

washed with soap and water. Alcohol will not kill *C. difficile* spores.

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C. **Cardiology**

1. <u>EKG</u>

a. Personnel from the Heart Station who enter a patient's room on Extended Contact Precautions (ECPs) will first perform hand hygiene with an alcohol hand rub or wash hands with soap and water and then don a gown and gloves.

b. The electrocardiograph will then be pushed into the patient's room. After placing the electrodes on the chest and attaching the leads, carefully remove gloves and don another pair of clean gloves.

c. Care should be taken to minimize contact of the equipment with the patient and their environment.

d. After the tests are completed, the electrodes for electrocardiography should be removed and discarded in the room. The leads should be placed on the machine in such a manner as to minimize contamination of the surfaces of the machine.

e. In preparing to exit the room the machine should be pushed to the door, gloves and gown removed and discarded in the room.

f. Immediately after exiting the room with the EKG machine, hands should be washed with soap and water.

g. Next don a new gown and gloves and clean the EKG leads and any other surface that may have become contaminated with Chlorox wipes. Do not wipe the monitor screen with Chlorox wipes. <u>Do not use Chlorox wipes and Cavicide wipes together. These two chemicals react and release chlorine gas.</u>

h. Then remove gloves and gown and discard them in the trash and wash hands with soap and water. Alcohol will not kill *C. difficile* spores.

Isolation for *C. difficile infection*

Cardiology continued

2. Ultrasound

   a. *Ultrasound procedures in patient rooms*

      1) Prior to entering the patient's room, wash hands or apply an alcohol rub to hands.
      2) Don a gown and gloves and push the machine into the patient's room.
      3) Attach the leads to the patient's chest and then carefully remove gloves and don a new pair of clean gloves.
      4) The ultrasound probe must be covered with a sheath prior to beginning the examination.
      5) Minimize contact of the ultrasound probe cable and your hand with the patient.
      6) After completing the exam, carefully remove the ultrasound probe sheath with your other hand and discard. Place the ultrasound probe back in its holder on the machine.
      7) Remove the leads from the patient's chest and hang them on the machine.
      8) Remove gown and gloves and discard them in the room.
      9) Push machine out of the room and wash hands with soap and water.
      10) Don a gown and gloves and clean the chest leads twice with Chlorox wipes and any area on the machine touched by the leads before they were cleaned.
      11) Remove gown and gloves and wash hands with soap and water.

   b. *Ultrasound procedures performed in the ultrasound station on the fourth floor of the UHC.*

      1) Prior to entering the exam room, wash hands with soap and water or apply an alcohol hand rub.
      2) Don a gown and gloves and enter the room.
      3) Place a clean sheet over the table prior to the patient being placed on the table for the ultrasound exam.

Isolation for *C. difficile infection*

Cardiology continued

4) Place the ultrasound leads on the patient's chest.

5) Immediately remove gloves and discard and don a pair of clean gloves.

6) Prior to starting the procedure, place a clean sheath on the ultrasound probe.

7) During the exam, avoid contact of hands with the patient's chest.

8) When the exam is complete, remove the sheath on the ultrasound probe with the other hand and place the probe back in its holder on the machine.

9) Remove the leads from the patient's chest and hang them on the machine.

10) After the patient leaves the room, remove the sheet from the exam table and discard in soiled linen hamper.

11) Clean the chest leads twice with Clorox wipes and any area on the machine touched by the leads before they were cleaned.

12) Remove gown and gloves and wash hands with soap and water.

c. TEE procedure

1) All of the steps in b. above will be followed.

2) The physician(s) who insert(s) the probe into the esophagus will wash hands with soap and water or apply an alcohol handrub to their hands and don a gown and gloves before entering the room.

3) After completing insertion of the probe into the esophagus, the physician(s) should remove gown and gloves and discard them in the room. Hands should then be washed with soap and water.

Isolation for *C. difficile infection*

D. **Hemodialysis**

1. *In the patient's room*

   a. Prior to entering a patient's room with a dialysis machine and water system, the dialysis technician and/or nurse will wash hands with soap and water or apply an alcohol handrub to their hands.

   b. The technician and/or nurse will don a gown and gloves and push the machine and water system into the room.

   c. Care will be taken to minimize contact of the dialysis machine and water system with the patient and environmental surfaces in the room.

   d. After completion of dialysis, the disposable tubing and kidney will be discarded in the appropriate container.

   e. The dialysis machine and water system will be pushed to the door of the room.

   f. The dialysis technician and/or nurse will remove gloves and gown and discard them in the room.

   g. The dialysis machine and water system will be pushed out of the room and the dialysis technician and/or nurse will wash hands with soap and water. Alcohol will not kill *C. difficile* spores

   h. The dialysis technician and/or nurse will again don a gown and gloves for protection of hands and clothing from contact with *C. difficile* spores which may be on the surfaces of the dialysis machine.

   i. If the surface of the dialysis machine or water system has been soiled with blood or other body fluids, remove the soilage with gauze moistened with tap water. <u>Do not clean the surface of the machine with Cavicide</u>. Sodium hypochlorite will react with Cavicide.

   j. After the surfaces of the machine are clean, apply a 1:10 dilution of sodium hypochlorite to all surfaces using the <u>cloth and bucket method</u> leaving all surfaces very wet. Let the surfaces of the machine dry for 5 minutes and then apply a 1:10 dilution of sodium hypochlorite to all surfaces of the machine a second time leaving the surfaces very wet. <u>Do not apply</u> sodium hypochlorite to the computer screen.

   k. The dialysis technician and/or nurse will remove gloves and gown, discard them in the trash, and wash hands with soap and water. The dialysis machine and water system will be returned to the dialysis unit.

Isolation for *C. difficile infection*

2. *In the Renal Ward*
   a. Patients on Extended Contact Precautions (ECPs) for CDI will be dialyzed on the second shift.
   b. The room in which the patient is located will have an Extended Contact Precautions sign placed over the door to the room.
   c. Healthcare workers will perform hand hygiene and don a gown and gloves prior to entering the room.
   d. After dialysis tubing is connected to the patient's vascular access site, the nurse will remove gloves and don a new pair of clean gloves prior to touching the dialysis machine.
   e. If the nurse needs to have contact with the patient during dialysis, gloves will be changed prior to contact with the dialysis machine.
   f. When dialysis has been completed, the dialysis tubing will be disconnected from the patient and the machine and discarded.
   g. The nurse will change gloves after the tubing has been discarded.
   h. Any part of the dialysis machine that may have had contact with contaminated gloves should be cleaned with a Chlorox wipe.
   i. After the patient has left the room, the room will be closed, and Environmental Services will be called to have the room cleaned and disinfected for *C difficile.*

Isolation for *C. difficile infection*

E. **Physical Therapy / Occupational Therapy**

1. Some equipment will be dedicated for use with patients who have CDI. The equipment will be cleaned and disinfected to the extent possible between patients.
   a. Sock aids
   b. Long-handled reachers
   c. Walkers
   d. Belts
2. Prior to entering a patient's room, therapists will wash hands with soap and water or apply an alcohol hand rub to their hands.
3. The therapist will don a gown and gloves and enter the room with the necessary equipment.

Isolation for *C. difficile infection*

4. Any surface on which a patient will lay down will first be covered with a clean sheet.

5. After completing the patient's treatment, the therapist will discard any devices/materials, sold for single use, in the patient's room. The sheet removed from a surface on which the patient laid will be placed in the laundry hamper.

6. After placing all equipment to be removed from the room next to the door, the therapist will remove gloves and gown and discard them in the room.

7. The therapist will exit the room with the equipment/devices taking care to avoid contact with any surfaces of their clothing or skin other than their hands.

8. The therapist will then wash hands with soap and water.

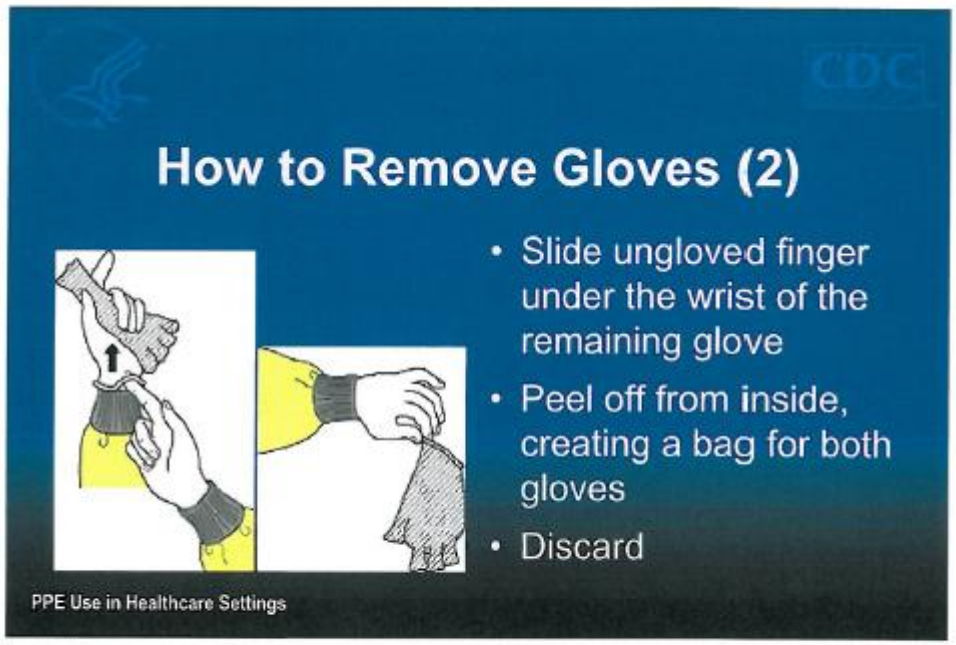
9. The therapist will don a gown and gloves outside of the room. Surfaces that are soiled should be cleaned with a detergent. Clean surfaces should be disinfected with Chlorox wipes. When surfaces are dry, disinfect the surfaces again with a Chlorox wipe. <u>Caution: Do not apply Cavicide prior to sodium hypochlorite. These chemicals will react</u>.

10. Remove gloves and gown, discard them in the trash and wash hands with soap and water. <u>Alcohol will not kill *C. difficile* spores</u>.

Hand Hygiene for *C. difficile infection*

A. Hand hygiene must be performed by hand washing with the liquid antiseptic soap and water
   1. Hand washing must be performed after gloves are carefully removed, avoiding contamination of the hands as the gloves are removed. (Note: most of the spore load is on the gloves covering the hands. When gloves are carefully removed, the few spores on the hands will be much easier to wash off).

Using one gloved hand, grasp the outside of the opposite glove near the wrist. Pull and peel the glove away from the hand. The glove should now be turned inside-out, with the contaminated side now on the inside. Hold the removed glove in the opposite gloved hand.



Slide one or two fingers of the ungloved hand under the wrist of the remaining glove. Peel glove off from the inside, creating a bag for both gloves. Discard in waste container.

2. Hand washing needs to be thorough with all surfaces of hands and fingers being washed. After thorough rinsing, dry hands with paper towels. Use paper towels to turn off the faucet.

APPENDIX A ENVIRONMENTAL SERVICES
Checklist for Daily and Terminal Cleaning of Patient Rooms

Surfaces to be cleaned	Check off as Completed
1. Window sills	☐
2. Wall moldings	☐
3. External surfaces of drawers and closets	☐
4. Shelves	☐
5. Television and remote	☐
6. Doors, door knobs, handles and rails	☐
7. Sharps container	☐
8. Chairs	☐
9. Thermostat	☐
10. Soiled areas of walls and windows	☐
11. Fans	☐
12. Overbed light	☐
13. Light switches	☐
14. Bedside table	☐
15. Call button	☐
16. Telephone	☐
17. Overbed table	☐
18. Headboard of bed	☐
19. Footboard of bed	☐
20. Bedrails	☐
21. Bed frame	☐
22. Laundry hamper	☐
23. Waste receptacles	☐
24. Bathroom	
a. Pull up bars	☐
b. Shower	☐
c. Sink	☐
d. Sink faucets	☐
e. Soap and toilet paper dispensers	☐
f. Exterior of toilet and seat	☐
g. Interior of toilet	☐
25. Floors	☐
26. Mattress (for terminal clean only)	☐

APPENDIX B - CLINICAL EQUIPMENT SERVICES
Checklist for Daily and Terminal Cleaning of Patient Rooms

Surfaces to be cleaned	Check off as Completed
1. Door knobs and door rails	☐
2. Thermostats on the wall	☐
3. Telemonitors	☐
4. IV Poles	☐
5. Intravenous (IV) infusion pumps	☐
6. Isolation carts	☐
7. Monitors and cables	☐
8. Light switches	☐
9. Sharps containers	☐
10. Traction and trapeze bars	☐
11. PCA pumps	☐
12. Enteral feeding pumps (tube feeding or kangaroo pump)	☐
13. Portable suction units	☐
14. Wall-mounted oxygen and suction control units	☐
15. SCD units	☐
16. Heating pads	☐
17. Bedside tables	☐
18. Bedrails	☐
19. Bedside commodes	☐

Restock all isolation carts as needed and report to the charge nurse at the end of our process to check the equipment control settings.