

<b>Section:</b> UTMB On-line Documentation	<b>02.09 - Policy</b>
<b>Subject:</b> Infection Control & Healthcare Epidemiology Policies and Procedures	<b>12.04.18 - Revised</b>
<b>Topic:</b> 02.09 - Environmental Services	<b>1988 - Author</b>

## 02.09 - Environmental Services

**Purpose** To provide guidelines for those in Environmental Services to foster appropriate infection control.

**Audience** All employees of Environmental Services

**Personnel**

- Hand hygiene shall be performed before and after each patient contact and at other times as indicated (see policy: Hand Hygiene for All Hospital Employees).
- Personnel shall comply with Employee Health Center guidelines for their area.
- Personnel shall attend annual training in universal precautions and infection control principles.
- All employees will follow Standard Precautions. Safe work practices include preventing contamination of mucous membranes, skin, and clothing with a patient's blood, body fluids, or excretions. All cuts and lacerations shall be covered with a waterproof dressing.
- Eating and drinking shall be confined to designated areas.
- All personnel shall adhere to the departmental dress code of each department. A clean uniform shall be worn daily.
- All personnel shall follow the instructions posted on the door of a patient in isolation. All guidelines shall be followed.
- Suspected or known exposure to or acquisition of an infectious or communicable disease shall be reported to the supervisor, who will refer this immediately to the Department of Infection Control and Healthcare Epidemiology .

**Environmental Cleaning** Environmental Services staff shall follow the procedure manual for the contracted service. The manual and chemical used will be reviewed and approved by Infection Control and Healthcare Epidemiology. General principles include the following:

- Thorough scrubbing/disinfecting shall be done for all environmental surfaces that are being cleaned in-patient care areas.
- An EPA-registered tuberculocidal (hospital-grade) disinfectant shall be used.
- An EPA-registered tuberculocidal (hospital-grade) disinfectant will be used to clean spills of blood or body fluids.

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- Antiseptic agents that are intended for use on the skin shall not be used for surface cleaning.
- Disinfectant fogging shall not be done. Closing a room shall after discharge of an infectious patient is generally not necessary unless the patient in a non-AIIR had unrecognized tuberculosis.
- In patient care areas, cleaning of non-carpeted floors and other horizontal surfaces (e.g., bedside tables), shall be done daily.
- Vacuum cleaners shall be central or portable units designed to filter discharged air and not resuspend dust from the floor.
- Storage carts, housekeeping carts, and storage rooms shall be cleaned daily. Buckets shall be emptied and dried prior to storage.
- All waste receptacles shall be lined with impervious plastic liners and shall be sealed prior to disposal.
- Paper towel dispensers, soap dispensers and toilet paper dispensers shall be kept filled.
- Sharps containers are removed from patient rooms by nursing and placed in the dirty utility room. Environmental Services then disposes of the sharps container.
- Disinfectant-detergent solutions shall be prepared prior to each use.
- After the patient has been discharged from an isolation room Environmental Services personnel shall use the same precautions to protect themselves that they would use if the patient was still in the room; however, masks are not needed unless it is necessary to enter the room of a patient on Airborne Precautions less than one hour after the patient was discharged.
- There shall be no routine washing of walls, blinds and curtains; however, these shall be washed if visibly soiled. Cubicle curtains shall be changed if visibly soiled.
- Cleaning schedules and procedures for all patient rooms, bathrooms, corridors, nursing stations, outpatient campus-based clinics and other areas shall be maintained in the Department of Environmental Services.
- Excessive moisture on electrical components can cause equipment damage. Disinfectants and cleaners sprayed directly onto equipment may cause them to short circuit. This can also happen with excessively wet cleaning cloths. Manufacturers frequently recommend against certain types of cleaning such as steam cleaning, pressure washing, ultrasound, ethylene gas, radiation, and

Electrical  
Safety

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immersion.

- Please refer to the manufactures guidelines for use for the appropriate type of disinfectant and the best method of cleaning each piece of medical equipment. Or contact Environmental Services at (x25326) or Clinical Equipment Services at (x76143) if you need additional guidance on equipment cleaning technique.

**Surface to be cleaned**

**Check off as Completed**

(please check box as complete or NA if non applicable)

- |  |                          |
|--|--------------------------|
| 1. Bedrails, bed frame                     | <input type="checkbox"/> |
| 2. Bedside tables                          | <input type="checkbox"/> |
| 3. Over bed tables                         | <input type="checkbox"/> |
| 4. TV Controller                           | <input type="checkbox"/> |
| 5. Call button                             | <input type="checkbox"/> |
| 6. Telephone                               | <input type="checkbox"/> |
| 7. Lavatory surfaces                       |                          |
| a. Safety – pull up bars                   | <input type="checkbox"/> |
| b. Faucets                                 | <input type="checkbox"/> |
| c. Commodes                                | <input type="checkbox"/> |
| d. Shower                                  | <input type="checkbox"/> |
| 8. Fan(s)                                  | <input type="checkbox"/> |
| 9. Sharps containers                       | <input type="checkbox"/> |
| 10. Waste receptacles                      | <input type="checkbox"/> |
| 11. Headboard                              | <input type="checkbox"/> |
| 12. Footboard                              | <input type="checkbox"/> |
| 13. Door/door knobs                        | <input type="checkbox"/> |
| 14. Light Switches                         | <input type="checkbox"/> |
| 15. Soiled areas of walls and windows      | <input type="checkbox"/> |
| 16. Television                             | <input type="checkbox"/> |
| 17. Exterior surfaces of drawers & closets | <input type="checkbox"/> |
| 18. Over-bed light                         | <input type="checkbox"/> |
| 19. Laundry hamper                         | <input type="checkbox"/> |
| 20. Floors                                 | <input type="checkbox"/> |
| 21. Shelves                                | <input type="checkbox"/> |

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Surface to be cleaned**

**Check off as Completed**

(please check box as complete or NA if non applicable)

- |  |                          |
|--|--------------------------|
| 1. Waste receptacles                       | <input type="checkbox"/> |
| 2. Soiled areas on walls and windows       | <input type="checkbox"/> |
| 3. Bedside table                           | <input type="checkbox"/> |
| 4. Over bed table                          | <input type="checkbox"/> |
| 5. Bedrails, bed frame                     | <input type="checkbox"/> |
| 6. Headboard                               | <input type="checkbox"/> |
| 7. Footboard                               | <input type="checkbox"/> |
| 8. Over bed light                          | <input type="checkbox"/> |
| 9. Laundry Hamper                          | <input type="checkbox"/> |
| 10. Doors/door handles                     | <input type="checkbox"/> |
| 11. Lavatory                               |                          |
| a. Commode                                 | <input type="checkbox"/> |
| b. Safety bars                             | <input type="checkbox"/> |
| c. Faucets                                 | <input type="checkbox"/> |
| d. Shower                                  | <input type="checkbox"/> |
| 12. Fan(s)                                 | <input type="checkbox"/> |
| 13. Sharps Containers                      | <input type="checkbox"/> |
| 14. Shelves                                | <input type="checkbox"/> |
| 15. Telephone outside the room             | <input type="checkbox"/> |
| 16. Light Switches                         | <input type="checkbox"/> |
| 17. Television                             | <input type="checkbox"/> |
| 18. Floors                                 | <input type="checkbox"/> |
| 19. Exterior surfaces of drawers & closets | <input type="checkbox"/> |
| 20. TV Controller                          | <input type="checkbox"/> |
| 21. Code Call Button                       | <input type="checkbox"/> |

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix C**

**Surface to be cleaned**

**Check off as Completed**  
(please check box as complete or NA if non applicable)

- |  |                          |
|--|--------------------------|
| 1. Chairs                                      | <input type="checkbox"/> |
| 2. Areas of soilage on walls & windows         | <input type="checkbox"/> |
| 3. Light switches                              | <input type="checkbox"/> |
| 4. Over bed table including framework          | <input type="checkbox"/> |
| 5. Television                                  | <input type="checkbox"/> |
| 6. Wall-mounted oxygen & suction control units | <input type="checkbox"/> |
| 7. Headboard of bed                            | <input type="checkbox"/> |
| 8. Footboard of bed                            | <input type="checkbox"/> |
| 9. Mattress                                    | <input type="checkbox"/> |
| 10. Bedrails                                   | <input type="checkbox"/> |
| 11. Bed frame                                  | <input type="checkbox"/> |
| 12. Casters on bed and over bed table          | <input type="checkbox"/> |
| 13. Telephone                                  | <input type="checkbox"/> |
| 14. Bedside Table                              | <input type="checkbox"/> |
| 15. External surfaces of drawers and closets   | <input type="checkbox"/> |
| 16. Over bed light                             | <input type="checkbox"/> |
| 17. Bathroom                                   |                          |
| a. Pull up bars                                | <input type="checkbox"/> |
| b. Commode                                     | <input type="checkbox"/> |
| c. Shower                                      | <input type="checkbox"/> |
| d. Faucets                                     | <input type="checkbox"/> |
| 18. Floors                                     | <input type="checkbox"/> |
| 20. Laundry hamper                             | <input type="checkbox"/> |
| 21. Doors/door handles                         | <input type="checkbox"/> |
| 22. Waste receptacles                          | <input type="checkbox"/> |
| 23. Thermostat                                 | <input type="checkbox"/> |
| 24. Sharps Container                           | <input type="checkbox"/> |
| 25. Shelves                                    | <input type="checkbox"/> |
| 26. TV Controller                              | <input type="checkbox"/> |
| 27. Code Call button                           | <input type="checkbox"/> |

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Surface to be cleaned**

**Check off as Completed**

(please check box as complete or NA if non applicable)

- 1. Bedrails, bed frame
- 2. Examination tables
- 3. Desk
- 4. Sink
- 5. Sharps Container
- 6. Waste receptacles
- 7. Door
- 8. Floor
- 9. Soiled areas of walls

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_