

INFECTION PREVENTION AND CONTROL INFORMATION SHEET

CLEANING AND DISINFECTION

Cleaning and disinfection of non-critical surfaces in patient-care areas are important components of routine infection prevention and control in healthcare facilities. Although environmental surfaces are generally not involved in the transmission of microorganisms some surfaces, especially those closest to the patient, are more likely to be contaminated with microorganisms and may serve as reservoirs. These are known as “high touch” surfaces because they are frequently touched (e.g., bedrails, commodes, door knobs, sinks and equipment in close proximity to the patient). Adherence to a regular schedule for cleaning and disinfection will help reduce the microbial burden in a patient’s environment.

General cleaning and disinfecting guidelines include the following:

- o Any EPA-registered hospital detergent-disinfectant may be used for environmental sanitation. Manufacturer recommendations for concentration, contact time, and care in handling should be followed. Patient care equipment should be disinfected according to established CDC guidelines.
- o Personal protective equipment (PPE), such as utility gloves, should be worn when cleaning surfaces or equipment currently or previously occupied by or used for a person who is ill.
- o Patient care areas should be kept free of unnecessary items and equipment to limit contamination.
- o On a daily basis, horizontal surfaces (bed tables), surfaces frequently touched by patients and staff (bed rails, doorknobs), and lavatory facilities should be cleaned and disinfected.
- o Once a patient has been discharged from an airborne infection isolation room, the door should be closed for one hour prior to cleaning and disinfecting.
- o Once a patient has been discharged from a room or area, in addition to the daily cleaning procedures, soiled vertical surfaces and durable patient equipment should be cleaned and disinfected.
- o Used cleaning solutions should be discarded and housekeeping equipment should be rinsed and allowed to dry prior to reuse.
- o Trash saturated with blood or body fluids should be disposed of in an appropriate biohazard container and treated accordingly; items not saturated may be discarded as routine medical waste.
- o Soiled linen should be handled as little as possible and with minimum agitation to prevent contamination of the air and of persons handling the linen. All soiled linen should be bagged or put into carts at the location where it was used; it should not be sorted or pre-rinsed in patient care areas. Linen soiled with blood or body fluids should be deposited and transported in bags that prevent leakage.

