

Quick Guide, Chapter 4: Cleaning of Environmental Surfaces

Expanded information, case studies, references and other important items related to the cleaning of environmental surfaces are available in Chapter 4 of this publication.

Effectively cleaning and disinfecting surfaces in health care settings is essential to the prevention of infections. Pathogens such as methicillin-resistant *Staphylococcus aureus* (MRSA) and others (e.g., spores of *Clostridium difficile*, *Acinetobacter baumannii*, etc.) can survive for a long time on surfaces and infect patients, and studies have shown that traditional chemical cleaning methods do not always adequately remove the pathogens.

New technologies have entered the market and show promise in reducing these pathogens, including improved chemical disinfectants, antimicrobial surfaces that may reduce the numbers of organisms on a surface over time, and “no touch” automated disinfection systems.

It is a best practice to form a multi-disciplinary team that establishes policies and procedures regarding room cleanliness and disinfection. The team should include staff from administration, infection prevention and control, nursing, environmental services, and facility management. The team should develop a five-stage plan:

1. Determine which chemicals will be used to clean and disinfect surfaces, paying particular attention to the specific needs of the health care organization and various departments. Once the chemicals are chosen, establish usage guidelines.
2. Define policies and procedures, including what the cleaning tasks are, which department is responsible for each, how often the task should be completed, and which products will be used for each task. Pay particular attention to identification of “orphan items” that may not have been clearly designated to anyone for cleaning. Checklists and daily assignment sheets are useful tools for maintaining adherence to protocols.
3. Train environmental service staff and any other personnel designated to clean surfaces. New hires should be trained, and existing staff should have ongoing training. Staff should take part in yearly competency testing.
4. Effectiveness of cleaning and disinfecting should be regularly monitored, such as with direct observation, fluorescent marker systems or adenosine triphosphate (ATP) ATP bioluminescence assays. Timely feedback should be provided to staff, including the results of the cleaning and disinfecting monitoring results.
5. The multidisciplinary team should conduct an analysis and evaluate new technology for environmental cleaning and assess the need and application of these new technologies in their hospital setting.