

Infection Control Manual

	Policy Name	Environmental Services
	Policy Number	IC 0020
	Date this Version Effective	Oct 2014
	Responsible for Content	Hospital Epidemiology

I. Description

Describes the cleaning and decontamination of the hospital environment to reduce the risk of infection for patients and personnel.

Table of Contents

I. Description.....	1
II. Rationale.....	1
III. Policy.....	1
A. Personnel.....	1
B. Routine Cleaning.....	2
C. Spills of Blood, Other Potentially Infectious Substances (OPIM) and Broken Glass	7
D. Care, Cleaning, and Storage of Equipment	8
E. Selection and Use of Supplies.....	9
F. Assessing Effectiveness of Surface Disinfection	9
G. Policy Implementation	9
IV. References	9
V. Reviewed/Approved by	9
VI. Policy Revision Dates	9
Appendix 1: Environmental Services Department Service Level Agreements.....	10
Appendix 2: 7-Step Cleaning Method	12
Appendix 3: Cleaning of Play Atrium Floor	13

II. Rationale

The hospital environment becomes contaminated with pathogenic microorganisms during the course of providing patient care. Appropriate cleaning and decontamination reduces the risk of infection from the inanimate environment.

III. Policy

A. Personnel

1. Hand hygiene is performed in accordance with the Infection Control Policy IC0024: Hand Hygiene and Use of Antiseptics for Skin Preparation. Hand Hygiene should be performed each time you enter and exit a patient room or patient area. If gloves are worn, new gloves are worn in each patient room and you must perform hand hygiene immediately after removal of gloves. If the patient is on Enteric Contact Precautions, hand hygiene must be performed with soap and water.
2. The dress code of the hospital will be followed.
3. Occupational Health Services (OHS) will evaluate personnel suspected of having a communicable disease prior to working. They will evaluate the illness and recommend removal from work when patients or other personnel are at risk. When OHS is closed, personnel will be seen in the Emergency Department. Exposure to a communicable disease should be referred to OHS and Hospital Epidemiology for appropriate action.
4. Personnel should adhere to guidelines found in the Infection Control Policy IC0040: Infection Control and Screening Program: Occupational Health Services.

5. Personnel must be familiar with the Infection Control Policy IC0021: Exposure Control Plan for Bloodborne Pathogens and report all needlestick/sharps, mucous membrane, and nonintact skin exposures from blood and other potentially infectious materials to the OHS by calling the **Needlestick Hotline at 974-4480**.
6. Personnel must also be familiar with the Infection Control Policy IC0060: Tuberculosis Control Plan.
7. Healthcare personnel should adhere to all personnel guidelines in the Infection Control Policy IC0030: Infection Control Guidelines for Adult and Pediatric Inpatient Care.
8. Personnel must be familiar with the guidelines in the Infection Control Policy IC0031: Isolation Precautions.
9. Drinking, eating, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas when there is reasonable likelihood of occupational exposure to bloodborne pathogens (e.g., no drinks on housekeeping cart).
10. Infection control education, which includes OSHA Bloodborne Pathogens and Tuberculosis training, is provided initially upon employment and annually via LMS.

B. Routine Cleaning

1. Cleaning of the hospital environment is outlined in service agreements between Environmental Services and hospital departments. The elements of the service level agreements for Patient Rooms and for Clinics, Outpatient and Patient-related Areas are included in Appendix 1.
2. Use of disinfectant-detergent will be as follows:
 - a. Soil and dust will be removed from surfaces with a clean cloth and approved EPA-registered disinfectant-detergent (i.e., A-456 II) with a minimum one minute wet contact time.
 - b. The dilution for the EPA registered disinfectant-detergent must be prepared according to the manufacturer's instructions as indicated on the product label.
 - c. For quality control purposes to ensure minimal effective concentration, the cleaning solution should be tested daily with the appropriate test strip and the results documented.
 - d. The cleaned surface should appear visibly wet and should be allowed to air dry for at least one minute.
 - e. Disinfectant-detergent will be replaced with fresh solution frequently (e.g., every 3 rooms or within 60 minute intervals). Fresh, clean cloths should be used for each patient's room. A separate cleaning cloth should be used in each patient's restroom.
3. Daily Cleaning of Inpatient Rooms
 - a. Rooms of individual patients will be cleaned daily as described below using the 7-step method (see Appendix 2).
 - i. Prior to cleaning each patient room, hand hygiene should be performed and new gloves used.
 - ii. Cleaning should proceed from the cleanest to the dirtiest areas (e.g., the bathroom will be cleaned last followed by the floor).

- iii. If patient's personal items are stored on surfaces to be cleaned (e.g. on the window sill or over bed table), clean as much of the surface as possible without touching the personal items. Alternatively, ask the patient (if able) or the patient's family to move the items so cleaning may be accomplished.
 - iv. Damp wipe with an EPA-registered disinfectant-detergent all touchable/hand contact surfaces below shoulder level, including furniture such as over bed and bedside tables, bed rails, telephone (especially ear and mouthpiece), chairs, the room's doorknob or door handle, and the sill and frame of window. Use glass cleaner to clean interior glass.
 - v. Bed rails should be cleaned daily. In some settings (e.g., ICUs) it may be necessary to obtain nursing approval and/or supervision prior to cleaning an occupied bed.
 - vi. Bathroom
 - Surfaces to be cleaned include handwashing facilities, railings next to the toilet and all parts of the toilet. The brush used by Environmental Services to clean toilets should be changed periodically (e.g., monthly), when heavily soiled or when no longer intact.
 - Clean tub/shower facilities if used during the previous 24 hours.
 - Remove stains on porcelain surfaces with a liquid non-abrasive cleaner, using a scrub pad.
 - Refill towel, toilet tissue, and soap dispensers.
 - Vinyl shower curtains are checked daily and cleaned when visibly soiled or replaced as needed.
 - vii. The walls and closet exterior will be checked daily and spot cleaned as necessary.
 - viii. Mold growth or discoloration on walls and ceiling tiles should be reported to the EVS supervisor who should contact Plant Engineering.
 - ix. The floor (with special attention to the corners) will be damp mopped daily with a microfiber mop. This includes mopping under and behind furniture and doors and in the bathroom. The microfiber mop is changed between each patient room.
 - x. The sharps container will be checked daily, removed when $\frac{3}{4}$ full and the locked container discarded in the regulated medical waste container (red bag). This is a shared responsibility with nursing staff.
 - xi. The trash receptacles will be emptied daily and as needed and are damp wiped weekly and if visibly soiled. When pulling trash, gloves must be removed and hand hygiene performed between each patient room.
 - xii. Check cubicle curtains, remove if visibly soiled and replace with clean cubicle curtains.
- b. Weekly Cleaning
- i. For long term patients (those staying >7 days) and patients who infrequently get out of bed, Environmental Services and Nursing Service will coordinate activities so more extensive cleaning may be completed on a weekly basis. This coordination is necessary because high dusting should not be done when people are present in the room and cleaning occupied beds in some areas (e.g., ICUs) should be done with nursing approval and/or supervision as the patient's condition allows.
 - ii. The following items will be damp wiped with disinfectant-detergent at least weekly:

- Everything above shoulder level, including vents, lights, blinds, and television. This cleaning includes the patient's bathroom. Ceilings and walls are spot cleaned as needed.
 - Mold growth or discoloration on walls and ceiling tiles should be reported to the EVS supervisor who should contact Plant Engineering.
 - Bed frame and other areas of the bed that have not been accessible for daily cleaning.
 - The trash receptacles will be cleaned weekly and when visibly soiled.
- iii. Surfaces that have not been cleaned daily because the patient's personal items are in the way - coordinate with the patient's nurse or the unit nurse manager to have these items moved or taken home by the patient's family so cleaning may be accomplished.
- c. Discharge Cleaning
- i. Includes everything listed above in daily and weekly cleaning. Those items inaccessible previously will be cleaned at discharge.
 - ii. Items to be thoroughly cleaned at discharge include previously inaccessible parts of the bed, the mattress, pillow (if reusable), the interior of the cabinets, closet and dresser, tops of monitors, EKG cables, TV, wall mounted blood pressure cuffs, mobile blood pressure machines that remain in the patient room upon discharge, thermometers, and computer keyboard mouse and touch screen (if applicable). Computer touch screens should be cleaned according to manufacturer recommendations (e.g., Phillips and Space Lab touch screens should be cleaned with 70% alcohol).
 - iii. The mattress should be inspected for tears and if any are found, the charge nurse must be informed.
 - iv. Spot clean walls and ceilings as necessary with disinfectant detergent solution.
 - v. Mold growth or discoloration on walls and ceiling tiles should be reported to the EVS supervisor who should contact Plant Engineering.
 - vi. Privacy curtains are changed routinely every 3 months or when visibly soiled. With terminal clean frequently touched surfaces of the curtains should be sprayed with the approved germicide (e.g. Accelerated hydrogen peroxide).
 - vii. Vinyl shower curtains are cleaned when visibly soiled or replaced as needed.
 - viii. Inspect vents for dust accumulation and clean exterior as indicated. If dust is noted above the vent surface, notify Plant Engineering to have cleaned.
- d. Cleaning of Isolation Precautions Patient Rooms
- i. Daily, weekly and terminal cleaning procedures are the same as for non-isolation rooms, except for the following additional guidelines for Enteric Precautions listed below.
 - ii. Dust Mopping is not done in isolation rooms.
For Contact Precautions:
 - iii. All cleaning items which are anticipated to be used in the room should be assembled prior to entry, otherwise, personnel needing to leave the room must remove gloves and gown, wash hands, re-glove, and re-gown upon reentering the room. When

rooms are being terminally cleaned, leave clean trash can liners on the housekeeping cart until the room is completely cleaned and personal protective equipment (gown and gloves) have been removed and hands washed. Then place clean liners in trash receptacles in the room.

- iv. When cleaning has been completed:
 - Using Germicidal Solution, wipe down anything that went into the isolation room before placing back on cleaning cart.
 - Remove isolation gown and gloves and perform hand hygiene inside the patient room.
 - Remove trash and go directly to deposit area.
 - v. For *C.difficile* cases, surface disinfection of the colonized/infected patients' rooms and bathrooms will be done once per day and with terminal cleaning, using a 1:10 dilution of household bleach (sodium hypochlorite) and water (9 parts water, 1 part bleach, expires in 30 days) or an approved bleach wipe.
4. Ice Machines
 - a. The exterior surfaces of ice dispenser machines should be cleaned on a weekly basis to prevent mold accumulation. Surfaces should be cleaned with an approved disinfectant-detergent or bleach and water. Weekly cleaning is to include the exterior surface of the water dispenser, the tray beneath the water and ice dispenser, and the internal and external surfaces of the ice and water chutes
 5. Waste Removal
 - a. White plastic bag liners displaying a BIOHAZARD label are utilized for collection of solid waste in patient rooms. These bags are closed and securely tied upon removal.
 - b. Solid waste generated in patient rooms will be picked up daily or at additional times as needed.
 - c. When pulling trash, gloves must be removed and hand hygiene performed between each patient room
 - d. The wastebasket will be cleaned at time of patient discharge, weekly, and when visibly soiled with a disinfectant detergent, as noted above. A clean plastic liner bag will be placed in the wastebasket daily.
 - e. Regulated medical waste must be collected and stored in a secure area. Large waste containers with visible BIOHAZARD labels are located in the soiled utility rooms for disposal of regulated medical waste. These containers are lined with a red biohazard plastic bag. When full, the containers are removed and replaced with new containers.
 6. Linen Removal
 - a. All linen is handled as little as possible and is treated as potentially infectious.
 - b. All linen will be bagged in fluid resistant linen bags and placed in soiled laundry cart or laundry chute by nursing or environmental services staff.
 7. Other Patient Care Related Areas (e.g., nursing stations, medication rooms, examination rooms, procedure rooms, rest rooms, specialized units such as Hemodialysis, Radiology, laboratories, Cardiac Cath, Ambulatory Procedures Center, utility rooms, clinics, Occupational Health, Radiology, EKG, EEG, Peripheral Vascular Lab, corridors, and other areas not specifically identified).
 - a. Daily Cleaning

- i. Damp wipe with approved disinfectant-detergent all touchable/hand contact surfaces below shoulder level, including countertops, furniture, countertops, telephones, rear surfaces of pyxis machines, wall mounted work stations located in corridors, etc. If items on countertops interfere with daily cleaning, coordinate with the unit's manager to have the items moved so cleaning may be accomplished.
 - ii. Clean sinks and fixtures with disinfectant-detergent.
 - iii. Clean restrooms. Bathroom surfaces to be cleaned include fixtures, handwashing facilities, all parts of the toilet, and tub/shower facilities. The brush used to clean toilets should be changed periodically (e.g., monthly), when heavily soiled or when no longer intact.
 - iv. Check and refill towel, toilet tissue and soap dispensers.
 - v. Spot clean fronts of cabinets, doors, walls and glass.
 - vi. Empty waste containers daily and as needed.
 - vii. Change cubicle curtains on a routine basis and when visibly soiled. In specialized areas such as Physical Therapy, the Burn Center, and the Emergency Department, change cubicle curtains according to their department's procedures.
 - viii. Check vinyl shower curtains and clean or change when visibly soiled.
- b. Weekly Cleaning
- i. Clean and damp wipe everything above shoulder level, including ceiling, vents, lights, and blinds. Spot clean walls and ceilings.
 - ii. Damp wipe exam tables, windowsills, shelves, countertops and other items not cleaned during routine daily cleaning.
 - iii. Clean waste receptacles when visibly soiled.
 - iv. Clean laundry chute intake openings.
 - v. Clean computer keyboard, mouse, touch screens (if applicable), including COWs (Computer on Wheels).
 - vi. Wipe down all areas of the code carts which are accessible.
 - vii. Frequently touched surfaces of the cubical curtains should be sprayed with the approved germicide (e.g. Accelerated hydrogen peroxide).
8. Uncarpeted Floors
- a. In direct patient care areas (e.g., patient rooms, ICUs, corridors), damp mopping with an approved disinfectant-detergent solution will be done on a daily basis using a microfiber mop.
 - i. Excess solution should be expressed from the microfiber mop prior to use
 - ii. After a microfiber mop is removed from the mop bucket containing the cleaning solution and is used, it should not be placed back into the solution.
 - iii. The microfiber mop head is changed between each patient room.
 - iv. Regular inpatient room floors may be buffed/burnished, either while the patient is in the room with their permission or while the patient is out of the room. For ICUs, Burn Center, BMTU, and Isolation/Protective Precautions rooms, buffing/ burnishing cannot be done while the patient is in the room. Buffing/burnishing in these areas

can be done when there is no patient and the door is closed. No buffing/burnishing is allowed in an open ICU or open bay unless empty or in corridors unless patient room doors remain closed. Fans may be used for floor drying in clinical areas if patient room doors are shut and not in units with open bays.

- b. Doors of patients on Protective Precautions should be closed when vacuuming, waxing, buffing, or burnishing corridor floors to minimize exposure to airborne dust.
- c. For non-patient care areas (e.g., office areas), microfiber mops are used. Dust mopping should precede the damp mopping.
 - i. The disinfectant-detergent solution (mop water) must be changed after damp mopping every third room or equivalent surface area.
 - ii. A clean mop head will be put on at the beginning of each day.
- d. Spills will be cleaned with a damp mop as soon as possible after they occur.

9. Carpeted Areas

- a. Carpeted floors (e.g., nurse's stations, lounges, waiting rooms) will be vacuumed daily or as needed with a commercial vacuum. Refer to service level agreements in Appendix 1.
- b. When vacuuming corridors adjacent to areas where immune suppressed patients are housed, a commercial vacuum with HEPA filtration will be used.
- c. Carpeting will be extracted/shampooed with a commercial shampoo at least quarterly or as needed. This removes any residue of dust, lint and or debris, improves the appearance and assists in the control of microbial contamination. Carpet contaminated with blood/OPIM should first be disinfected with an EPA approved antimicrobial.
- d. As with other floors, all spills will be handled as soon as possible after they occur; a wet towel may be used to clean up the bulk of the substance spilled.
- e. Spot cleaning, shampooing and/or repairing of carpet will be done as the need arises.
- f. Thoroughly dry wet carpeting to prevent the growth of fungi; replace carpeting that remains wet after 72 hours.

10. Play Atrium Floor (See Appendix 3 for cleaning instructions.)

11. If bedbugs are detected in the inpatient or outpatient setting, the EVS protocol for management of bed bugs should be followed.

C. Spills of Blood, Other Potentially Infectious Substances (OPIM) and Broken Glass

- 1. Gloves and other PPE if indicated will be worn while cleaning up spills of blood and other potentially infectious materials. After completing the cleaning process, remove PPE and wash hands thoroughly.
- 2. Cleaning of spills of blood, other potentially infectious substances (e.g., emesis, urine, stool, etc.) and broken glass will be performed as soon as possible after they occur. For small spills (e.g., <10 ml), staff working in the area will clean the spill and properly disinfect contaminated surfaces if Environmental Services personnel are not immediately available. For larger spills (e.g., >10 ml), staff working in the area will clean the spill and Environmental Services should be contacted to perform disinfection unless staff working in the area are able to perform the necessary disinfection.
- 3. An EPA-registered disinfectant-detergent (e.g., A-456 II-N), or a solution of 5.25% sodium hypochlorite diluted 1:10 with water should be used to clean-up blood spills on uncarpeted floors. An EPA-registered disinfectant-detergent should be used on carpeted floors.

4. Small spills are cleaned by wiping up the spill then cleaning the area with the disinfectant.
5. Large spills should first be cleaned of visible matter using disposable absorbent material, the remaining spill wiped or mopped up then the area recleaned with the disinfectant. If using 5.25% sodium hypochlorite, a 1:10 dilution should be used. Chlorine solution may be stored up to 30 days in a capped plastic bottle. The bottle must be properly labeled with contents and expiration date.
6. Broken glass is always removed by using a mechanical device. Never pick up broken glass with gloved hands. Tongs or forceps may be used or a brush and dust pan. Dispose of broken glass in a sharps container. If the broken glass is contaminated with blood or other potentially infectious materials, the equipment used must be cleaned with bleach solution or a disinfectant-detergent.

D. Care, Cleaning, and Storage of Equipment

1. Carts should be damp-cleaned with the EPA-registered disinfectant-detergent solution daily.
2. Carts should be stored in the housekeeping closet. In absence of a housekeeping closet, carts should be stored in a clean area such as a clean storage closet or EVS Cart Room. The cart should only be stored after it has been cleaned, the soiled mop head removed, and water emptied.
3. Housekeeping closets should be cleaned on a routine basis (e.g., monthly) in order to maintain them in a sanitary manner. The drainage area for soiled solutions such as mop water should be cleaned routinely to prevent residue build-up. Preferably, tissue and paper towels should not be routinely stored in the housekeeping closets unless they can be kept in a closed cabinet. If these items must be stored here, action should be taken to prevent contamination of these items from splatter of mop water or soiled hands (e.g., cover the item, handle with clean hands or gloves). No paper products should be stored under the sink.
4. Containers of cleaning agents must be appropriately labeled as to contents.
5. Secondary containers such as spray bottles must be managed in a manner to prevent microbial contamination. When refilling, the container must be completely emptied and not "topped off". Rinse the container thoroughly with tap water prior to refilling.
6. Pails and mop buckets should be thoroughly rinsed and wiped with the disinfectant-detergent solution, inverted and allowed to dry until the next use.
7. Mop heads and microfiber mops should be removed and returned to the collection area to be sent to the laundry daily.
8. Vacuum cleaning equipment must have the collection bag removed and emptied and the interior and exterior surfaces should be wiped with the disinfectant-detergent solution daily.
9. Pads from the buffing equipment should be removed, and either washed and dried or disposed of daily. The equipment should be wiped with the disinfectant-detergent solution, including casters and cord.
10. Prior to reuse, utility gloves must be disinfected with an EPA-registered disinfectant-detergent and visually inspected for cracks or tears.
11. Carts used to transport bagged waste are cleaned on a weekly basis.
12. The removable accessories on high pressure steam cleaner (used to clean water fountain fixtures) will be cleaned in the following manner:
 - a. At the end of the day, remove accessories that have been used.

- b. Brush away any visible contamination, if accessible.
 - c. Soak accessories in EPA-registered disinfectant-detergent for at least 1 minute. Rinse accessories in water.
 - d. Dry in a clean area.
 - e. Store after drying is complete.
13. Equipment found to be in disrepair (e.g., paper towel dispenser not functioning or broken hand soap dispenser) should be reported to the supervisor of the area on the day it is noted.

E. Selection and Use of Supplies

1. The EPA-registered disinfectant-detergent and any other cleaning supplies should be reviewed and approved by the Department of Hospital Epidemiology when a change is being considered using the peer reviewed literature.
2. Dilution of cleaning products should be prepared according to the manufacturer's specifications as indicated on the label. Failure to follow these instructions could result in a totally ineffective product.
3. Unless otherwise instructed, cleaning products will not be used for any other purpose than that for which the specific product was designed.
4. Mixing of several varieties of products should not be done.

F. Assessing Effectiveness of Surface Disinfection

1. To assess the effectiveness of surface disinfection of daily and terminal cleaning, EVS will conduct periodic sampling using an invisible fluorescence marker and black light technique. Results of sampling will be presented to the Hospital Infection Control Committee on a regular basis.

G. Policy Implementation

The Director of Environmental Services will be responsible for monitoring and implementing the Infection Control Policy for Environmental Services.

IV. References

- Rutala, W. A., Gergen, M.F., Sickbert-Bennett, E. E., Williams, D.A., Weber, D.J. (2014). Effectiveness of improved hydrogen peroxide in decontaminating privacy curtains contaminated with multidrug-resistant pathogens. *American Journal of Infection Control*, 42, 426-428.
- Rutala, W.A. & Weber, D.J. (2014). Selection of the ideal disinfectant. *Infection Control and Hospital Epidemiology*, 35(7), 855-865
- Guidelines for Environmental Infection Control in Health Care Facilities. MMWR 2003:52.RR-10.

V. Reviewed/Approved by

Hospital Infection Control Committee

VI. Policy Revision Dates

July 2004, Aug 2006, Sept 2008, Oct 2011, Oct 2014

Appendix 1: Environmental Services Department Service Level Agreements

Improvement Areas	Agreement
Patient Rooms	Patient rooms will be cleaned using the 7-step method of cleaning. The following will be performed daily: trash removal, all surface ledges will be wiped down with a germicidal solution, floors damp mopped and bathrooms will be thoroughly cleaned daily.
Nurses' Stations & Lounges	All trash will be removed daily. All accessible counter tops and desks including telephones will be wiped down daily. All accessible floor space will be vacuumed or swept and mopped daily in the Nurses Station and daily in the Staff lounges
Restrooms	All surfaces, ledges, and flooring will be thoroughly cleaned daily following standard 7-step cleaning procedures and using approved germicidal solution. All paper and soap dispensers will be checked daily, and filled as appropriate.
Janitor's Closets, Other Non-Patient/Non Public Areas	The end user will place the trash outside the door of the office for collection by ES personnel on a daily basis. All ledges will be wiped and floor surfaces will be swept and damp mopped/vacuumed every other week .
Offices	The end user will place the trash outside the door of the office for collection by ES personnel on a daily basis. All ledges will be wiped and floor surfaces will be swept and damp mopped/vacuumed every other week .
Kitchenettes/ Clean and Soiled Utility Rooms	All trash will be removed daily. All accessible counter tops, including telephones will be wiped down daily. All accessible floor space will be vacuumed or swept and mopped daily .
Discharges	Discharges will be thoroughly cleaned following the 7-step cleaning method. An Environmental Services Supervisor will randomly inspect completed discharges on a daily basis. Inspections will be documented, maintained, and tracked for overall efficiency. The Environmental Services manager will communicate inspection results on a monthly basis.

- In the event that daily service cannot be delivered as outlined above EVS Management will contact unit leadership regarding anticipated disruption to the service level for the day.
- EVS Managers will round and / or meet with Unit Managers on predetermined weekly basis and as needed.
- If the Unit is unable to resolve a problem involving EVS, EVS Managers will perform service recovery on the unit with patient/family within 30 minutes of being notified of a patient complaint or service

Environmental Services

lapse.

- All EVS staff will participate (after training by unit) in Unit service initiatives when on the unit.
- Unit and EVS staff will follow mutually agreed upon process for ordering services and communication protocols to ensure effective and efficient support for the patient, including:
 - Patient arrivals and departures,
 - Notification of service lapse
 - Service recovery follow-up with unit manager
- EVS will track metrics relative to service expectations and develop action plans to address areas not meeting expectations.
- EVS will adhere to their escalation for concern policy

Appendix 2: 7-Step Cleaning Method

Routine 7 Steps	Discharge 7 Steps	Policing		
1. Pull waste/Linen	1. Empty Trash	1. Pull Trash		
2. High Dust	2. High Dust/Wash Patient Bed	2. Clean Supplies		
3. Damp Wipe	3. Damp wipe furniture/spot walls	3. Fill Supplies		
4. Stock Supplies	4. Bathroom Cleaning	4. Sweep and spot mop floor		
5. Clean bathroom	5. Stock supplies	(Mop thoroughly if necessary)		
6. Damp mop floors	6. Damp mop floors			
7. Inspect work	7. Inspect floors			
Floor Care	Detail Cleaning			
1. Dust mop/vacuum	1. Stainless Steel			
2. Damp mop	2. Wall Spotting			
3. Spot Carpets	3. Baseboards			
4. Buff/Burnish floor	4. Toilets			
per schedule	5. High Dusting			

Appendix 3: Cleaning of Play Atrium Floor

- I. Routine cleaning (of ©Play Bound Poured-in-Place - Indoors) should follow the manufacturer's instructions:
 - A. Weekly (or bi-weekly as needed) Maintenance Cleaning
 1. Damp mop as much as possible.
 2. Isolate stains. Use a basine straw (medium bristle) brush. Apply a mild household or commercial detergent.
 3. In addition to weekly cleaning, a commercial carpet shampooer may be used for a more detailed cleaning.
 4. Excess water should be vacuumed up immediately to prevent standing water or damp spots.
 5. Drying time may vary depending on temperature and humidity.
 - B. Quarterly (or monthly as needed) Maintenance Cleaning
 - A carpet shampoo/cleaner may be used for a thorough cleaning.
 - **DO NOT USE ANY STEAMING OR HOTSY MACHINES FOR CLEANING AS HOT WATER MAY CAUSE DELAMINATION OF SURFACE**
- II. Contamination by blood or other potentially infectious body fluids:
 - A. Follow guideline for cleaning of blood spills in section III.C. of this policy using a 1:10 bleach solution.