
VAPAHCS
Environmental Management Service
Sanitation Procedure Guide



2015

SFVAMC
Environmental Management Service

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Reviewed by: Michael T. Bierly, Environmental Care Specialist

Approved by: Vanita Westbrook, Chief Environmental Management Service

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Foreword

The purpose of this Environmental Management Services Sanitation Procedure Guide is to provide standardized guidance in the development of sanitation practices for VHA Healthcare Systems Environmental Management Service program.

Environmental Management Service consists of dedicated employees. Their responsibility is to perform duties to maintain a healthcare environment in a state of physical and biological cleanliness and appearance, while continually enhancing Environmental Services ability to create healthy, healing environments for our nation's Veterans and their families that inspire, enable and sustain health and well being.

This Environmental Management Services Sanitation Procedure Guide is based upon successful programs currently in use throughout VHA's Healthcare Systems.

The scope of this document includes the duties and tasks required to maintain an effective environmental program.

This Sanitation Procedure Guide consists of necessary procedures and training applicable for Environmental Management Services programs throughout VHA's Healthcare System.



Aubrey Weekes, MBA
Director, Environmental Programs Service VHACO (10NA7)

Section 1 – Introduction

Welcome to Employees

I wish to take the opportunity to welcome you as a member of the San Francisco Veterans Administration Medical Center, Environmental Management Service (EMS).

You have been selected to fill a very important position on a team dedicated to providing the best possible healthcare to our patients. You can take pride in being a member of this team. Your role requires you to develop a professional attitude and to acquire the skills and knowledge necessary to support the delivery of quality healthcare.

EMS was established in 1954 to provide support to the healthcare team in the following areas:

- Office of the Chief
- Environmental Sanitation
- Textile Care
- Patient Assistance
- Waste Management/Recycling
- Integrated Pest Management

All of the above activities have an important relationship to the Service's common goal and mission: to provide a safe, sanitary and healing environment for those who have served and for those who, in turn, serve them. You are required to promote a positive image for our facility and create a feeling of confidence for co-workers, patients and visitors.

This Guide will assist you in becoming a valued member of the healthcare team. Please read it carefully; it covers the basic methods and techniques which will help you acquire the skills and knowledge required for your position. This Guide also provides general information in regards to leave administration, employee responsibility, conduct and tours of duty, as well as other information you will need to know.

Again, welcome to Environmental Management Service.

Rick E. Newman
Chief, Environmental Management Service

Functional Statement

The Environmental Sanitation Operation ensures that the facility will be maintained in a state of physical and biological cleanliness and appearance, which fully meets the sanitary and aesthetic requirements by:

- Providing environmental sanitation services for all wards, clinics, public and administrative areas within all Medical Center locations.
- Selecting appropriate sanitation procedures, controls and monitors to ensure that all sanitation requirements are properly and efficiently addressed.
- Conducting orientation and in-service training, including demonstrations of standard cleaning methods and procedures.
- Assisting in formulation of sanitation standards and establishing effective staffing distribution.
- Routinely testing new products and equipment to ensure that such items meet industry standards.
- Providing the necessary resources to meet all workload requirements.
- Procuring, storing and delivering all necessary supplies used within the sanitation operation.

The effectiveness of the Sanitation Operations directly impacts patient outcomes and the image of a healthcare facility.

Mission, Vision, Values

SFVAMC

EPS Mission Statement

The mission of the San Francisco Veterans Administration Medical Center is *to honor, comfort and protect Veterans by developing and guiding innovative improvements in health care Environmental Sanitation, Textile Care, Interior Design, and Waste Management programs that exemplify VA's Core Values and Characteristics.*

EPS Vision Statement

The vision of the San Francisco Veterans Administration Medical Center is *to continually enhance VHA's ability to create healthy, healing environments for our nation's Veterans and their families that inspire, enable and sustain health and well-being.*

VHA's Values

"Secretary Core Values"

"I" Integrity

"C" Commitment

"A" Advocacy

"R" Respect

"E" Excellence

Telephone Directory

Environmental Management Service Telephone Directory

Position	Name	Extension
Chief, EMS	Rick E. Newman	6312
Assistant Chief, EMS	Michael Anderson	3399
Environment of Care Specialist	Mario Morales	3574
Administrative Officer	Vanessa Lindsey	6916
Transportation Supervisor		2258
Timekeeper	Lou Castro	6450
Quality Assurance Trainer		4271
Senior Housekeeping Supervisor	Mike Bierly	4271
Housekeeping Aide Supervisor	Randy Turner	4272
Housekeeping Aide Supervisor	Fernando Lindsey	4271
Housekeeping Aide Supervisor	James Burford	4271
Housekeeping Aide Supervisor	Ronnie Cogshell	2808
Work Leader	Mark Alford	4271
Work Leader		
Work Leader		
Work Leader		
Supply Clerk	Charles W. Watson III	4594

Background and Orientation

Prior to 1954, the Nursing, Registrar, Supply and Engineering Services were performing many of the cleaning functions currently assigned to Environmental Management Service. On June 24, 1954, specific functions related to cleaning, sanitation and interior design were transferred to the new Service and placed under the direct supervision of an Executive Housekeeper. This transfer established the new Service in VA's healthcare system, and identified it as the Housekeeping Division.

The Housekeeping Division assumed the responsibility of the Laundry operations in July 1961. Since the Housekeeping Division already had control of linen purchasing, distribution and repair, it was felt that it was also logical for the Laundry to be included in this operation. At that time interior Pest Management was a well-established component of the Division, due to its relationship with sanitation.

A Directive in October 1966 advised a change in the title of the organization from Housekeeping Division to Building Management Service, which was again changed a few days later to Building Management Division. This title remained until December 1972, when Central Office in Washington, DC, sent a Directive to all stations indicating that only those departments dealing with veterans' benefits should remain as a Division. All other departments should be known as Services. Therefore, the organization was again known as Building Management Service.

On June 1, 1993, the name of the Service was changed to Environmental Management Service to properly identify our responsibilities, other than just Housekeeping and Laundry. Many Environmental Management Services at other VA facilities have expanded their role to include related activities, e.g., painting, maintenance, signage and graphics, furniture repair, waste management treatment and incineration, recycling, exterior pest control, grounds and transportation.

The primary responsibilities of Environmental Management Service at all divisions of the San Francisco Veterans Administration Medical Center are:

- Environmental Sanitation
- Textile Care/Uniforms/Patient's Assistance
- Waste Management/Recycling
- Integrated Pest Management

A brief description of what each of these responsibilities entail will aid you in seeing the entire scope of operations of your Service, and will help you to better understand how you fit into the overall functions of EMS.

Environmental Sanitation -- Sanitation is an extremely necessary and important function in the total operation of the SFVAMC. In a healthcare environment, concern must go beyond the dirt that is visible to the naked eye and extend to the organisms that cannot be visually detected, i.e., *germs*. Even if an area appears clean, it must be treated with an Environmental Protection Agency (EPA)-approved germicidal disinfectant to sanitize the area and provide as germ-free an environment as possible to protect the patients, employees and visitors from spreading disease-causing organisms.

Integrated Pest Management -- The relationship of Environmental Management Service (EMS) to the discipline of Integrated Pest Management (IPM) is one of mutual importance. The EMS employee is to report any insects, pests or rodents they see to an EMS Supervisor or to the EMS main office, noting where they saw the insect, pest or rodent; the time of day; and, if possible, where it came from and where it went. All available information regarding such incidents will aid the pest control operators in tracking down and eliminating pests.

Textile Care -- EMS involvement with the linen management activity may include shelving clean linen, picking up soiled linen and distribution of clean linen. Each ward requires a set quota for each item of linen used on a daily basis. The linen carts from the Linen Distribution Section are brought to the hospital, and linen closets are restocked with an established quota for that particular ward.

Uniform Issue -- This program involves the issuing, marking, repairing, tailoring and laundering services to Service employees that are required to wear uniforms.

Patient Assistance Program -- At this facility, responsibility for this function falls under the EMS; at other medical centers, the Health Administration Service may be tasked with this responsibility.

This activity involves the inventory, storage and re-issue of a patient's personal effects while the patient is hospitalized. This program also provides clothing, shoes and personal hygiene items to indigent patients, as well as haircut vouchers. There are only a few employees who are crossed-trained in this area, due to the sensitivity involved with proper recording and dealing with patients' personal information and dealing with the public.

Waste Management -- Waste management includes collecting wastes and recyclable materials generated in the healthcare, laboratory, food preparation, shop and administrative areas, and transporting waste to collection, storage, sorting, treatment and/or disposal areas. Inappropriately disposed goods must be reported to the Supervisor. Additionally, waste management involves all employees in the facility in recycling efforts and waste segregation to benefit the eco-system, generate revenue and reduce the expense of waste removal.

Employee Orientation Checklist

The following information will be provided/discussed/reviewed with you:

- Job Description/Performance Standard/Competency/Performance Appraisal
- General Safety Procedures/Regulations
- Smoking Policy
- Fire Regulations/RACE (Rescue, Alert, Confine, Extinguish) Procedures
- Disaster Plan
- Infection Control Procedures
- Tuberculosis Control Plan
- Material Safety Data Sheets (MSDS) and Location; Chemical Inventory Sheets and Location
- Hazardous Communication Policy/Rights/Responsibilities
- Leave Policies and Procedures
- Automated Safety Incident Surveillance and Tracking System (ASISTS) Program/Rights/Responsibilities
- Standard Precautions and Transmission-Based Precautions
- Handling of Spills
- Basic Procedures and How to Use Manual in Performance of Duties
- Occupational Safety and Health Administration (OSHA) Blood Borne Pathogens Standards; Employee's Right to Receive Hepatitis B Vaccine; Occupational Health/Employee Healthcare
- Ethics Policy
- Medical Center Policy for the Prevention of Sexual Harassment
- Protective Personal Equipment (PPE) Procedure
- Transport Cart Training and Competency Certification
- Parking Regulations and Registration
- Time and Leave and Pay Scale Information
- Medical Center Brochure

Manual Review Signature Page

- Service-Specific Orientation/Checklist
- Performance Appraisal/Competency (inclusive of rating factors)
- Personal Protective Equipment (PPE)
- Compliance with JC, OSHA, EPA, VHA Program Guides, Local, State and Federal Regulatory Agencies.
- Probationary Period
- Smoking Policy
- Tour of Duty, Breaks, Lunch, Dinner
- Employee Responsibilities
- Ethics
- Attendance, Scheduling of Leave, Types of Leave
- Age-Specific Training
- Personal Appearance
- Uniforms
- Conduct, Manner, Attitude, Customer Service
- ID Badge
- Automatic Data Processing (ADP)/Information Security Officer (ISO) Confidentiality
- ASISTS Program
- Keys and Access Regulations

The Department of Veterans Affairs National Sanitation Manual consists of necessary policies, procedures and training applicable for any sanitation section within VHA. Policies and procedures within this Guide were last reviewed on April 4, 2013 and accepted as written and/or edited by Michael T. Bierly and supersede manual dated April 4, 2013 .

Rick E. Newman
Chief, Environmental Management Service

Section 2 - Overview

Core Competencies

Universal core competencies form part of the vital knowledge, skills and abilities that are critical for an employee to perform effectively at all levels of work. Employees obtain these universal core competencies through personal education and experience, through agency orientation and mission-related training programs, and through interaction with peers, teams and supervisors. These universal core competencies are the foundation for all jobs, and should be considered in each employee's training and development program for the future.

1. **Mission Comprehension and Integration** – Comprehends and integrates the organizational mission into daily work and responsibilities. Is able to interpret organizational and work group missions, and integrate and pursue them in daily work responsibilities.
2. **Agency Structure and Operation** – Productively applies knowledge of organizational structure and operational procedures. Is able to use knowledge of organizational structure, practices and procedures to effectively accomplish responsibilities and deliver value.
3. **Fundamental Values** – Exhibits certain attitudes and behaviors to accomplish an assigned job and to contribute to the overall health of the organization. Includes leadership and teamwork behaviors; ethical behavior toward people and the organization; support of cultural diversity and fairness issues in the workplace; and, a positive attitude toward safe behavior for one's self and for others' mental and physical fitness.
4. **Communication Skills** – Communicates effectively with the public and employees in writing and speech. Is able to clearly articulate thoughts and ideas, both verbally and in writing, as well as accurately interpret the thoughts and ideas of others.
5. **Positive Feedback** – Positively delivers constructive feedback. Is able to understand and anticipate others' needs for feedback, and delivers it clearly and positively in either verbal or written form in order to positively affect performance and the value of deliverables.
6. **Embraces Change** – Understands and accepts change as an opportunity to learn and grow. Sees the positive side of change, and has the ability to let go of old, ineffective habits, beliefs and procedures, while confidently accepting or acquiring new ones.
7. **Participation and Collaboration** – Actively contributes, both individually and within a group, remaining active and purposeful in contributing individual effort.

8. Accountability and Responsibility – Remains accountable and responsible for actions and outcomes. Makes and reliably follows through on commitments, and takes ownership of results, regardless of their relative success or failure.
9. Positive Attitude – Keeps a positive outlook, and consciously spreads it to others. Looks for the good in things; can maintain a positive point of view, regardless of the situation.
10. Continuous Improvement – Continuously improves processes and outcomes. Is able to keep a fresh perspective, and continually sees new ways to improve processes, professional relationships and the resulting products and services.
11. Problem Solving – Effectively analyzes and solves problems. Is able to evaluate and resolve situations that represent obstacles to normal goals and objectives.
12. Individual Planning and Development – Recognizes and acts on personal and career development needs.

Position-Specific Competency Assessment Checklist

Position Title: Housekeeping Aid, WG-

Service/Station: EMS/

Period Covered:

Employee Name:

- Initial Assessment Annual Assessment:

This checklist is a record of competency requirements and assessments pertinent to your role in the above position. This checklist is a prospective assessment, to be completed upon completion of orientation and at the beginning of the rating period thereafter. (Refer to the bottom of these Core Competencies for legend identification.)

Part I: Core Competencies

Competency		Verification Competency	
		Method	Code
A. General			
1	Ability to describe proper housekeeping procedures for assigned area.	OB, D	
2	Understands the EMS organization and business. Builds trust relationship to provide services that meet the customers' needs.	OB, D	
3	Communicates effectively with co-workers, customers, staff, patients and officials at all times. Demonstrates interpersonal skills that support an environment in which good communication takes place.	OB, D	
4	Describes working knowledge and proper use of all housekeeping chemicals.	OB, D	
5	Demonstrates the ability to change and/or refill any dispenser (paper, soap, etc.).	OB, D	
6	Demonstrates the use of all mops (dust and wet).	OB, D	
7	Knowledge and demonstration of all housekeeping cleaning procedures.	OB, D	
8	Can verbalize the proper use of each chemical used to complete assigned tasks.	OB, D	
9	Demonstrates the proper use of Standard Precautions.	OB, D	
10	Can verbalize the proper cleaning techniques for cleaning a patient's room that has had Methicillin-resistant Staphylococcus aureus (MRSA) or <i>Clostridium difficile</i> (C-diff).	OB, D	
11	Can verbalize and demonstrate the proper techniques for handling trash, bio-hazardous waste and sharps containers.	OB, D	
12	Can demonstrate the proper usage of using Wet-Floor signs.	OB, D	
13	Can verbalize and demonstrate the proper cleanliness of the housekeeping closet and housekeeping cart.	OB, D	

14	Can demonstrate how to secure the housekeeping cart and chemicals during the assignment (including while on breaks and lunch).	OB, D	
15	Teamwork: Encourages and facilitates cooperation, pride, trust, group identity; fosters commitment and team spirit; works with others to achieve goals.	OB, D	
16	Attention to Detail: Is thorough when performing work and conscientious about attending to details.	OB, D	
17	Can demonstrate proper safety mechanics in lifting, pulling, pushing, etc.	OB, D	
18	Can demonstrate the following procedures:	OB, D	
19	Bed-making and cleaning	OB, D	
20	Patient room-cleaning (terminal, isolation and daily)	OB, D	
21	Double-bucket mopping system	OB, D	
22	Restroom cleaning	OB, D	
23	Floor care	OB, D	
24	Housekeeping Aid Closet (HAC) cleaning	OB, D	
B. Age-Specific - Adult (19-64 years)			
24	Accepts chosen lifestyle (i.e., personal appearance, hygiene, and socio-economic status) and consciously avoids being critical and/or judgmental.	C, D, V	
25	Recognizes that patients/customers in this age group may be striving for independence and self-worth in conjunction with life circumstances, and avoids the appearance of "talking down" to them.	C, D, V	
26	Aware of the need to phrase questions and choose words to match the patient/customer's level of understanding.	C, D, V	
27	Recognizes that persons in this age group are motivated by economic security, employment and self-sufficiency.	C, D, V	
28	Demonstrates an understanding of the need for and provides appropriate safety measures, when indicated.	C, D, V	
29	Age-Specific - Older Adult (65-79 years)		
30	Demonstrates understanding that persons in this age group may take longer to assist secondary to decreased vision, diminished hearing, decreased cognitive ability, affected balance or forgetfulness.	C, D, V	
31	Recognizes that persons in this age group have concerns about financial security and independence.	C, D, V	
32	Demonstrates an understanding of the need for and provides appropriate safety measures, when indicated.	C, D, V	
33	Age-Specific - Geriatric Adult (80+ Years)		
34	Aware that changing health patterns and physiologic function change may cause limitations in the person's ability to respond or react appropriately or quickly.	C, D, V	
35	Demonstrates an understanding of the need for and provides appropriate safety measures, when indicated.	C, D, V	

C. Equipment

36	Demonstrates the ability to keyboard using a computer.	OB, D, V	
37	Demonstrates the understanding and application of VISTA computer database.	OB, D, V	
38	Can demonstrate the proper use and cleaning of the following equipment:	OB, D, V	
39	Buffer	OB, D, V	
40	Burnisher (both riding and stand behind)	OB, D, V	
41	Scrubbers (both riding and walk behind)	OB, D, V	
42	Carpet extractor	OB, D, V	
43	Vacuums (both wet and dry)	OB, D, V	
44	Blowers	OB, D, V	

Part II: Position-Specific Competencies

<i>Competency</i>		<i>Verification Competency</i>	
		Method	Code
<u>A. General</u>			
1	Ability to describe proper housekeeping procedures for assigned area.	OB, D	
2	Understands the EMS organization and business. Builds trust relationship to provide services that meet the customers' needs.	OB, D	
3	Communicates effectively with co-workers, customers, staff, patients and officials at all times. Demonstrates interpersonal skills that support an environment in which good communication takes place.	OB, D	
4	Describes working knowledge and proper use of all housekeeping chemicals.	OB, D	
5	Demonstrates the ability to change and/or refill any dispenser (paper, soap, etc.).	OB, D	
6	Demonstrates the use of all mops (dust and wet).	OB, D	
7	Knowledge and demonstration of all housekeeping cleaning procedures.	OB, D	
8	Can verbalize the proper use of each chemical used to complete assigned tasks.	OB, D	
9	Demonstrates the proper use of Standard Precautions.	OB, D	
10	Can verbalize the proper cleaning techniques for cleaning a patient's room that has had MRSA or C-diff.	OB, D	
11	Can verbalize and demonstrate the proper techniques for handling trash, bio-hazardous waste and sharps containers.	OB, D	
12	Can demonstrate the proper usage of using Wet-Floor signs.	OB, D	
13	Can verbalize and demonstrate the proper cleanliness of the housekeeping closet and housekeeping cart.	OB, D	
14	Can demonstrate how to secure the housekeeping cart and chemicals during the assignment (including while on breaks and lunch).	OB, D	

15	Teamwork: Encourages and facilitates cooperation, pride, trust, group identity; fosters commitment and team spirit; works with others to achieve goals.	OB, D	
16	Attention to Detail: Is thorough when performing work and conscientious about attending to details.	OB, D	
17	Can demonstrate proper safety mechanics in lifting, pulling, pushing, etc.	OB, D	
18	Can demonstrate the following procedures:	OB, D	
19	Bed-making and cleaning	OB, D	
20	Patient room-cleaning (terminal, isolation and daily)	OB, D	
21	Double-bucket mopping system	OB, D	
22	Restroom cleaning	OB, D	
23	Floor care	OB, D	
24	Housekeeping Aid Closet (HAC) cleaning	OB, D	
<u>B. Age-Specific - Adult (19-64 years)</u>			
25	Accepts chosen lifestyle (i.e., personal appearance, hygiene, and socio-economic status) and consciously avoids being critical and/or judgmental.	C, D, V	
26	Recognizes that patients/customers in this age group may be striving for independence and self-worth in conjunction with life circumstances, and avoids the appearance of "talking down" to them.	C, D, V	
27	Aware of the need to phrase questions and choose words to match the patient/customer's level of understanding.	C, D, V	
28	Recognizes that persons in this age group are motivated by economic security, employment and self-sufficiency.	C, D, V	
29	Demonstrates an understanding of the need for and provides appropriate safety measures, when indicated.	C, D, V	
30	<u>Age-Specific - Older Adult (65-79 years)</u>		
31	Demonstrates understanding that persons in this age group may take longer to assist secondary to decreased vision, diminished hearing, decreased cognitive ability, affected balance or forgetfulness.	C, D, V	
32	Recognizes that persons in this age group have concerns about financial security and independence.	C, D, V	
33	Demonstrates an understanding of the need for and provides appropriate safety measures, when indicated.	C, D, V	
34	<u>Age-Specific - Geriatric Adult (80+ Years)</u>		
35	Aware that changing health patterns and physiologic function change may cause limitations in the person's ability to respond or react appropriately or quickly.	C, D, V	
36	Demonstrates an understanding of the need for and provides appropriate safety measures, when indicated.	C, D, V	
<u>C. Equipment</u>			
1	Demonstrates the ability to keyboard using a computer.	OB, D, V	

2	Demonstrates the understanding and application of VISTA computer database.	OB, D, V	
3	Can demonstrate the proper use and cleaning of the following equipment:	OB, D, V	
4	Buffer	OB, D, V	
5	Burnisher (both riding and stand behind)	OB, D, V	
6	Scrubbers (both riding and walk behind)	OB, D, V	
7	Carpet extractor	OB, D, V	
8	Vacuums (both wet and dry)	OB, D, V	
9	Blowers	OB, D, V	

Competency Assessment Checklist Codes

Verification Method:

C – Course/Class

D – Demonstration

DR – Document Review

AV – Audiovisual

M – Mandatory Review

V- Verbalization

O – Other

I – In-service

OB – Observation

T – Test/Quiz

N/A – Not Applicable

Competency Code:

C – Competent

NAT – Needs Additional Training

Part III: Education Plan

Date of Initial Competency Assessment	Educational Intervention(s)*	Competency	Reassessment	Verification	

*Examples of educational interventions include course work, seminar, independent study, etc.

Part IV: Signatures

I feel competent to perform the activities that have been covered on the preceding pages with the exception of those noted.

(If more training/information is requested, document in Part III, Education Plan.)

Employee's Signature

Date

I feel that the employee is competent to perform those activities that have been covered on the preceding pages with the exception of those noted.

Supervisor's Signature

Date

Personnel Policies and Employee Conduct

1. **Purpose:** To provide guidelines and standards pertaining to Environmental Management Service Sanitation Section job-related issues.
2. **Policy:**
 - **Personal Appearance** - All employees are responsible for being neat and well groomed while on duty. Employees must wear a clean uniform daily. All shoes must be clean and serviceable; for safety reasons, no canvas shoes, sandals, dress shoes, etc., will be permitted. Choices of work shoes will be either work boots or athletic tennis shoes. Good hygiene (clean hair and body) is a daily requirement.
 - **Uniforms** - Employees will be issued government-owned uniforms, sufficient to allow them to wear a clean uniform every day. Laundry service will be provided at government expense. You may wear your uniform to and from your residence. Name badges are to be worn and be clearly visible at all times while on VA property. If name badges are lost, employee must make arrangements for replacement at the earliest opportunity. Name badges are to be worn with picture facing outwards to make identification easy. Sunglasses are not to be worn inside, unless required by physician. Hats and earplugs are not to be worn. Cell phones, iPods or other electronic devices are not to be used while on duty.
 - **Speech** - Use a pleasant tone of voice, and avoid loud or boisterous talk or conduct at all times in the hospital and on the campus. Always remember Patient Privacy standards and principals.
 - **Manner** - Be alert, courteous, helpful and brief. Employees should report any problems or issues to their immediate supervisor. Avoid showing irritation with patients and staff members, even if you feel you have just cause. Be interested in your job and in learning how to do it better. It is an important job; one you should take pride in. Be considerate of patients and the staff responsible for their care. Knock before entering a room. If asked to leave, do so graciously and return when the nurse or doctor is through. Be willing to assist each other and help employees of other Services, as needed. It is vital in our type of work that we show cooperation and enthusiasm while on duty.
 - **Protocol/Chain of Command** - Following the proper chain of command is fundamental to ensuring continuity between upper management, supervisory personnel and EMS employees. It is important that all operational issues be addressed on the appropriate level of supervision first.
 - **Conduct** - Your actions and behavior on and off duty reflect upon you, this Service, the hospital and the Department of Veterans Affairs.
 - **Leave (Time Off)**- Leave is granted according to national and/or local negotiated agreements and Medical Center policy.

- *Accidents* - If an employee is involved in an on-the-job accident, whether or not they are injured, they must report the incident to their supervisor **as soon as possible**. First aid and medical attention are available for employees injured on the job. Light duty and accommodations for job related injuries are developed as needed.
- *Breaks, Lunch Periods and Absences from Assigned Area* - Except for designated breaks and lunch periods, employees will remain in their job area at all times. When an employee must be absent from the assigned area, approval from their supervisor will be obtained. Smoking breaks are to be taken according to facility policy. Employees are reminded to remain in their assigned work area until the **end** of their tour of duty.
- *Reporting On or Off Duty* - Each employee is to report for duty on time, fully dressed and ready for work, and is not to leave before the end of their shift. Employees will check in and out with their immediate supervisor or designee at the beginning and end of their tour.
- *Tardiness* - Repeated tardiness will not be excused. Excessive tardiness could be a cause for employee to be charged absent without official leave (AWOL).
- *Use of Drugs and Alcoholic Beverages* - The use of drugs (except those prescribed by a physician) and intoxicating beverages are strictly prohibited on duty and on VA property.
- *Horseplay* - Boisterous conduct, horseplay and loud talking are prohibited.
- *Obscene Language/Gestures* - Vulgar or obscene language/gestures are prohibited, and will not be tolerated.
- *Conserving Utilities* - Employees are expected and encouraged to turn off unnecessary lights and turn off water faucets to help conserve utilities in their areas.
- *Smoking* - Do not give smoking materials or matches to patients at any time. **Smoking is permitted only in accordance with the Medical Center Policy (insert MCM# here).**
- *Financial Dealings* - Employees will not engage in financial dealings with patients, volunteers, students or staff members while on duty or on VA property.
- *Care of Tools and Equipment* - Each employee is expected to use tools and equipment properly and to keep them in clean and good operating condition. Tools and equipment will be properly stored at all times when not in use. At no time should equipment be left unattended in hallways. All supply rooms, housekeeping aid closets, work carts, storage areas, etc., are to be maintained in a clean and orderly manner. No food, drinks and/or eating utensils are to be stored in these areas (OSHA AWE, SOARS, and Joint Commission requirements).
- *Reporting Discrepancies/Work Orders* - If an employee discovers that repairs to equipment, tools, furnishings or other items are needed, they should report the needed repairs to their supervisor for work order submission.

- *Reporting Fires* - Any employee who discovers a fire should immediately implement RACE (Rescue, Alert, Confine and Extinguish) procedures and other local reporting requirements.
- *Indebtedness* - The VA does not normally become involved in the financial affairs of employees; however, if repeated complaints of non-payment of justifiable financial obligations are received from creditors, action will be taken as authorized by applicable regulations.
- *Attendance* - Regular attendance on the job is essential. Excessive missed days could be a cause for employee to be terminated.
- *Work Assignments* - Employees are to receive work assignments from their supervisors and/or work leaders - During emergent situations, employees may be asked to perform housekeeping duties by other hospital personnel.
- *Patient/Employee Interactions* - For the safety of patients, employees are not permitted to give food, drink (including water) or cigarettes to any patient at any time. Be courteous and assist patients or visitors who are in need of help going through doors or into elevators or who need directions. Avoid any and all dealings involving money with patients, relatives or visitors. This includes loaning, borrowing, making purchases, getting checks cashed or accepting money, gifts or tips. Playing cards or gambling with patients is strictly forbidden.
- *Change of Address or Telephone Numbers* - Any change of street address, telephone number or emergency address is to be reported to your supervisor on the day following the change. These records must be kept accurate at all times.
- *Schedules/Tour Changes* - Schedule/tour changes will be addressed according to local labor/management agreements and Medical Center policies.
- *Probationary Period and Performance Ratings*
 - o The first year of employment is a probationary period.
 - o Your supervisor will keep you informed on a continuous basis throughout this first year as to how you are performing your work and job assignments. He/she will point out your strengths, weaknesses and particular areas in which you need to make improvement, and provide assistance toward improvements.
 - o Each year all employees receive a mid-term rating and annual rating of their work performance. All employees are encouraged to submit a self-evaluation at the end of each annual rating period. Employees will be given advance notice for the submittal dates of these evaluations.
- *Communication* - There are several methods that can be used to communicate information to employees. These methods include, but are not limited to, mail boxes, bulletin boards, electronic mail (e-mail), staff meetings, verbal conversations, etc.

- *Aesthetics* - All Medical Center employees should focus on providing a pleasing environment, regardless of the position they hold. When any employee notices litter, trash, etc., on floors, counters, stairwells, etc., he/she should dispose of such items in the closest waste receptacle. We must all work together (team work) to ensure that this is the cleanest Medical Center in our VA System. All employees, not just EMS employees, are expected to dispose of waste when visible; this includes interior and exterior areas.
3. **Responsibility** - It is the responsibility of all EMS employees to adhere to the above policies and standards.

Environmental Management Service Operations

The following schedule of cleaning will be followed in patient care areas. Environmental Protection Agency (EPA) -approved hospital-grade germicide/disinfectant will be used, unless otherwise indicated. Surfaces must be cleaned of any dirt/debris before they can be properly disinfected.

1. Floors are vacuumed or dust and wet-mopped daily.
2. Wastebaskets are cleaned as needed. Waste disposal receptacles are emptied and re-lined twice a day as necessary in acute care areas. Waste receptacles in clinic areas and non-patient care areas are emptied daily. Filled trash liners are tied close, placed in a collection cart and transported to the waste disposal site. **Never** use hands or feet to compress waste in receptacles.
3. Regulated Medical Waste (RMW) containers with a red liner are placed in each ward's soiled utility room and other secured areas as appropriate, they are to be covered and collected daily.
4. Bathrooms, showers, utility rooms, toilets, urinals, sinks, mirrors, bathtubs and shower stalls are cleaned daily. Paper towel dispensers, toilet paper and soap dispensers are checked daily and refilled as needed. Doors and doorframes are cleaned weekly and as needed. Shower curtains are cleaned as soiled.
5. Furniture, window sills, ledges, radiators, fire extinguishers, external light fixtures, cubicle curtain tracks, mini-blinds, vents, light covers and horizontal surfaces are cleaned weekly by dusting with a vacuum cleaner or specially-treated dust cloth.
6. Ultra-violet (UV) lights are turned off and cleaned weekly with a specially-treated dust cloth.
7. Furniture in patient rooms is washed with an EPA-approved hospital-grade germicide/disinfectant solution as part of the patient discharge procedure and as needed.
8. Handrails in corridors are cleaned with an EPA-approved hospital-grade germicide/disinfectant solution weekly and as needed.
9. Horizontal surfaces including counter tops, over-bed tables, bedside tables and bed rails are cleaned as per local policy.
10. Rolling stock and Non-Critical Reusable Medical Equipment (RME) (wheelchairs, IV poles, etc.) is cleaned periodically.
11. Drinking fountains are cleaned daily and as needed. The exterior and drain tray of ice machines are cleaned as needed.
12. Patient beds are cleaned upon discharge or transfer. Ambulatory Care exam tables and hemo-dialysis treatment chairs are cleaned and as needed.

13. Long-term care beds are cleaned monthly when Nursing Service notifies EMS that the patient is out of bed.
14. Cubicle curtains are changed quarterly and as needed. Draperies and blinds are washed as needed. Damaged curtains or draperies are repaired or replaced.
15. Walls and ceilings are cleaned as needed, i.e., when visibly soiled.
16. Ceiling Tiles showing visible signs of mold, stains, cracks or holes are to be replaced.
17. Isolation rooms are cleaned according to the protocol found in the EMS Manual.
18. Fans, vents and lights are cleaned as needed.
19. Needle disposal boxes are monitored daily and changed as needed by EMS personnel. When boxes are $\frac{3}{4}$ full, they are securely sealed and disposed of as Regulated Medical Waste.

Section 3 – Service Policies

Infection Control Program

1. **Purpose:** To establish policies, procedures and guidelines to provide a clean and sanitary environment for patients, staff and visitors in order to prevent cross-contamination and transmission of hospital-acquired (nosocomial) infectious disease.

Sanitation operations represent one of the most important facets of a multidisciplinary approach to infection control. The relationship between the sanitation of a healthcare facility and the nosocomial infection rate is difficult to quantify; however, a continuing program of soil removal (and its microbial load), the reduction of disease vectors and sanitizing of inanimate surfaces are integral components of an Infection Control Program.

The Chief, Environmental Management Service, is a member of the Infection Control Committee and is responsible for recommending policies, procedures and products relative to the infection control responsibilities of EMS and the Infection Control Program of the Medical Center.

2. Responsibility

- a. EMS employees will receive an initial orientation, as well as annual updates, in infection control, and are responsible for compliance with all Medical Center Infection Control policies.
- b. EMS Chief and supervisors will ensure employees comply with hospital policies and participate in mandatory yearly review. Compliance may be included in the employee performance appraisals.
- c. EMS employees are required to practice Standard Precautions in the care of all patients and when handling all body fluids, excretions, secretions and contaminated equipment. The blood, body fluids, secretions, excretions, non-intact skin and mucous membranes of all patients are considered potentially infectious.
- d. EMS employees are required to practice Transmission-Based Precautions when patients are infected or colonized with highly transmissible or epidemiological important pathogens. Transmission-Based Precautions include Airborne Precautions, Droplet Precautions and Contact Precautions. The exception is when the use of isolation techniques interferes with patient or employee safety.
- e. EMS employees are responsible for compliance with the Blood Borne Pathogen Exposure Control Plan, which describes measures designed to protect employees from such exposures and provides evaluation and follow-up of employees, should such an exposure occur. The purpose of the Plan is to minimize or eliminate occupational exposure to blood borne pathogens by utilizing a combination of engineering and work

practice controls, personal protective clothing and equipment, education, medical follow-up of exposure incidents, vaccination and other provisions.

- f. EMS employees are responsible for compliance with their institution's Tuberculosis Control Plan, including annual PPD skin testing and particulate respirator training, as appropriate.
- g. EMS employees are responsible for keeping current with required immunizations, and complying with the facility Employee Health policy.
- h. EMS is responsible for the regular replacement of sharps disposal containers; scheduled cleaning of beds and other environmental surfaces to include rolling stock and non-medical reusable equipment items as described in individual hospital policy; disposal of general refuse and Regulated Medical Waste; and collection and laundering of linen.

3. **Procedures**

a. **Standard Precautions**

- 1) Standard precautions are used in all patient care areas to reduce transmission of micro-organisms from known and unknown sources of infection. The blood, body fluids, secretions, excretions, non-intact skin and mucous membranes of all patients are considered potentially infectious. Examples include urine, feces, sputum, blood, saliva, emesis, pus, drainage and any aspirate. All EMS employees are required to practice Standard Precautions when handling/touching blood, body fluids, excretions, secretions and contaminated equipment or environmental surfaces.
- 2) Fundamental infection control measures are used to reduce the risk of transmission of micro-organisms.
 - a) Hand hygiene is the single most important way to prevent the spread of infection in the hospital. The purpose of hand hygiene is to remove potentially harmful organisms. Hand hygiene with soap and water or use of alcohol gel must be performed prior to the start of cleaning procedures; before and after using gloves; immediately after contact with blood, body fluids, excretions, secretions and contaminated equipment/surfaces; and, after completing cleaning activities. Hand hygiene with soap and water is recommended if hands are grossly soiled.
 - b) The proper procedure for hand washing is: wet hands; apply hand washing agent; rub all surfaces of hands and fingers vigorously, paying particular attention to the areas between the fingers and under and around the nails for at least 15 to 20 seconds; rinse thoroughly under running water. Before turning off the faucet, dry hands with paper towels. Before discarding the paper towel, use it to turn off the faucet, and then discard.

- c) When water and/or sink are not available for hand washing, an alcohol based hand sanitizer containing at least 60% isopropyl or ethyl alcohol may be used for hand sanitation when hands are not visibly soiled.
- 3) Personal Protective Equipment (PPE) is used routinely in the practice of Standard Precautions. PPE is intended to protect the employee from contact with possible infectious materials. PPE includes gloves, eye protection, gowns, masks and masks with face-shields. All PPE used in the facility will be provided to employees without cost, and will be readily accessible to employees. PPE will be chosen based on the anticipated exposure to blood or other potentially-infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially-infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use. All repairs and replacements will be made by the Medical Center at no cost to employee. All garments that are penetrated by blood will be removed immediately or as soon as feasible. All PPE will be removed and discarded promptly and appropriately after use, and hands washed prior to leaving the work area.
 - 4) Gloves are worn when there is anticipated contact with blood, body substances or contaminated items/surfaces. Gloves are removed and hand hygiene performed at the completion of each task involving contact with contaminated fluids/surfaces, and before touching non-contaminated items/surfaces. In addition, before going into another patient room, gloves should be changed. Gloves should be discarded if there is evidence of deterioration or if they are punctured, cut or torn.
 - 5) A gown or apron is worn when clothing may be splashed/contaminated with blood or body substance or while handling soiled linen. Gowns are removed promptly after use.
 - 6) Scrubs/smocks/coats are worn to protect the employee from contact with blood and body fluids. These are to be removed before leaving the Medical Center and will be hospital laundered. Potentially contaminated scrubs/smocks/coats worn in the operating room, treatment rooms or specialty areas should not be worn when leaving those areas.
 - 7) A surgical mask and eye protection is worn when blood, body fluids or secretions may splash or spray in the employee's face, or which may become aerosolized. A NIOSH approved N-95 respirator is worn when cleaning the room of a patient on *Airborne Precautions*, when a patient has suspected or known Tuberculosis. Healthcare workers are fitted by an Occupational Health and Safety Officer to ensure proper seal and protection when respirators are indicated.
 - 8) Protective eyewear or a face shield is used whenever there is a possibility of a splash or spray to an employee's eyes.
 - 9) Eating, drinking or applying cosmetics are prohibited in patient care areas, housekeeping closets, linen storage areas, receiving and sorting areas, loading

docks, waste disposal sites, supply and equipment storage areas, or wherever there is likelihood of exposure to blood or other body fluids. Food items will be stored in designated areas only, but never in any of the above areas.

b. **Transmission-Based Precautions** are precautions used in addition to Standard Precautions, and are designed to be used with patients documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission. EMS employees are notified when a patient is on these precautions via signage on the door. If there are questions, the employee should check with the nurse or supervisor before entering the room. There are three types of Transmission-Based Precautions:

- 1) **Airborne Precautions** are for patients known or suspected to have serious illness transmitted by airborne droplet nuclei, such as Tuberculosis (TB). Organisms transmitted in this manner can be suspended in the air for long periods of time and can be dispensed in air currents. A private, negative pressure room is used. TB is spread by breathing in airborne droplet nuclei ≤ 5 microns in size of *Mycobacterium tuberculosis*. A particulate respirator must be worn when entering the room of a patient in isolation for TB; a surgical mask does not provide adequate protection against TB. Suspect TB in any person with unexplained weight loss, night sweats, bloody sputum and a persistent cough lasting several weeks or more. If a person is exposed to a patient with active Tuberculosis, it is recommended that a baseline TB skin test be done and a follow-up TB skin test is repeated three months later to determine if the person became infected with TB. Taking repeated TB skin tests does not increase a person's chance of getting TB.
- 2) **Droplet Precautions** are used for patients known or suspected to have a serious illness transmitted by large particle droplets like *Neisseria meningitides*. Droplets are generated from an infected person primarily during coughing, sneezing, talking or during certain procedures. Droplets usually travel short distances of 3 feet or less. Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large particle droplets. Patients who have diseases that can be spread by droplets should be placed in a private room. A surgical mask must be worn when working within 3 feet of the patient.
- 3) **Contact Precautions** are used for patients known or suspected of having a serious illness that can be easily transmitted by direct patient contact or by contact with the environment, like Methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant enterococci (VRE) or *Clostridium difficile* (C.diff). A private room should be used and gloves worn.

c. **Blood Borne Pathogens**

- 1) Blood borne pathogens include HIV, Hepatitis B virus and Hepatitis C virus. Blood borne pathogens are spread by contact with infected blood and other infectious

body fluids. Blood borne pathogens can be transmitted in a variety of ways, including:

- Through open cuts, nicks, skin abrasions and dermatitis, as well as the mucous membranes of your mouth, eyes or nose.
 - By touching an object soiled with infectious material and indirectly transferring the infectious material to your mouth, eyes, nose or an open skin lesion.
 - An accidental injury that results in a puncture or cut of your skin by a sharp object soiled with infectious material (for example: needle, knife, broken glass, dental wires, etc.).
- 2) Blood borne pathogens can be present long before the infected person shows any signs of the disease. Contaminated objects can transmit Hepatitis B, as the virus can live on inanimate objects for up to 4 weeks. The HIV virus, however, cannot live outside the body for very long.
- 3) Occupational Exposure Incidents occur when an employee is exposed to blood or potentially infectious body fluids. The employee should:
- Remove contaminated clothing as soon as possible (the employee's supervisor will provide alternate clothing).
 - Immediately wash or flush contaminated skin with soap and water thoroughly. If you sustained a needle stick or sharp injury, you can squeeze/milk the area of blood, and then wash thoroughly with soap and water.
 - Report the incident immediately to your supervisor and Employee Health.
 - Post-exposure prophylaxis for high-risk injury should begin ASAP.
 - After an exposure incident, the Employee Health Service must provide the employee with a written report of their investigation of the incident, including recommended actions and treatments.

d. Regulated Medical Waste (RMW)

- 1) The universal biohazard symbol is used on all containers of Regulated Medical Waste, refrigerators and freezers that hold blood or other infectious material. By attaching a biohazard symbol or warning label or by placing in a biohazard-labeled bag or red container, you will be able to alert others that a piece of equipment or material is contaminated or possibly contaminated.
- 2) RMW Disposal. The following regulated waste is placed in biohazard labeled or red containers, and treated on site prior to disposal and/or picked up by contract vendor for proper disposal off-site:
- Waste that drips or flakes blood or other body fluid or contains approximately 2 fluid ounces or 50cc or more of blood or body fluid.

- Contaminated sharps.
- Pathology waste.

Full (3/4) sharps disposal containers will be securely closed, and placed in the soiled utility room to be removed by EMS. All other non-hazardous, non-toxic waste is disposed of as general refuse. EMS is responsible for disposal of general refuse and infectious waste. Regulated Medical Waste, which has been decontaminated (autoclaved), does not need to be labeled or color-coded unless required by local or state regulation or law.

Filled sharps disposal containers, suction liners or canisters, pleuravacs and any disposable items containing 50cc or more of blood or body substances or that will drip, flake or leak will be placed in an appropriate biohazard labeled Regulated Medical Waste containers.

- 3) Soiled dressings and items that are likely to leak body fluids or blood (i.e., pleuravacs) must be securely sealed and placed in a separate plastic bag before discarding into regulated infectious waste containers.
- 4) Waste from patients' rooms (including patients requiring isolation precautions) will be routinely placed in biohazard labeled Regulated Medical Waste containers.
- 5) RMW containers are collected by EMS and treated prior to disposal and/or pick up by contract vendor for proper off-site disposal. At Community Based Outpatient Clinics (CBOCs), regulated infectious waste is handled in a manner consistent with local or state regulation regarding waste disposal.

e. Blood or Body Fluid Spills

- 1) Personnel must wear gloves when cleaning blood or body fluid spills. Other PPE/barriers (gowns or apron) should be used, if indicated. EMS may be notified and assistance requested for large spills.
- 2) An EPA-approved germicide/disinfectant or a 1:10 dilution of sodium hydrochloride (bleach) must be used to disinfect the area after the spill is cleaned. Recommended contact time for the EPA-approved germicide/disinfectant is 10 minutes, or until the solution is dry. For carpeted areas, remove gross material, and call EMS immediately for cleaning and disinfecting.
- 3) Disposable cloths used to wipe the spills are discarded in regulated infectious wastes containers if they contain 50cc or more of blood or a body substance.
- 4) Contaminated clothing of any kind should be removed as soon as possible, and laundered according to healthcare requirements.

f. Environmental Cleaning

- 1) Discharge cleaning of a patient's room is performed on a routine and consistent fashion, using an EPA-approved hospital-grade germicide/disinfectant.

- 2) A labeled bottle of an EPA-approved hospital-grade germicide/disinfectant will be available in each patient care area.
 - 3) Refer to EMS Infection Control Policy for specific environmental sanitation policies and responsibilities.
 - 4) Upon discharge, the Isolation sign is to remain on the door until terminal/discharge cleaning is completed.
 - 5) All used linen is handled as contaminated material. Soiled linen should be handled with little or no agitation if possible. Use regular linen bag. Take directly from the patient room or holding area to the linen chute. Bags must be closed or covered during transport.
 - 6) All environmental and contaminated work surfaces will be cleaned with an EPA-approved hospital-grade germicide/disinfectant. Environmental and work surfaces will be cleaned immediately or as soon as feasible after any spill of blood or other potentially-infectious materials.
- g. **Textile Care and Linen Distribution** - All soiled linen is handled as contaminated material. All soiled linen must be placed in a laundry bag and closed before transporting or placing in the laundry chute. Linen will be collected from the chute by the Laundry staff, laundered and distributed to appropriate function. Linen chute rooms will be cleaned according to schedule. Doors to linen chute rooms will be kept closed and locked. Linen exchange carts will be cleaned according to schedule, using an EPA-approved hospital-grade germicide/disinfectant. Liners in carts used to transport soiled linen will be changed prior to transporting clean linen. Linen will be maintained in clean, closed areas, and separate from soiled linen or contaminated equipment. Linen cart must be covered when out of the linen room.
4. **Education and Training** - Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Education and training for all employees will include the following:
- a. Explanation of the OSHA Blood Borne Pathogens Standard, and identification of those job classifications determined to have potential for occupational exposure.
 - b. Modes of transmission of blood borne pathogens.
 - c. The hospital Exposure Control Plan, and how to access it.
 - d. Procedures that might cause exposure to blood or other potentially-infectious materials within the facility.
 - e. Control methods to be used to control exposure to blood or other potentially-infectious materials, including the use of safe medical devices and safe work practices.
 - f. Principles of Standard Precautions, available Personal Protective Equipment (PPE), how to obtain it and how to use it.

- h. Post-exposure evaluation and follow-up.
- i. Biohazard signs, labels and color codes used at this Medical Center.
- j. Hepatitis B vaccine program.
- k. Tuberculosis Control Plan

Infection Control Practitioners are responsible for providing mandatory training of new employees. The employee's supervisor is responsible for ensuring that the employee is competent in utilizing engineering controls, including safe medical devices and work practice controls. All employees will receive mandatory annual training. Documentation of training will be maintained by the Service, and recorded in Talent Management System (TMS).

Consultation with Infection Control Practitioners regarding specific patients and situations is highly recommended. Communication among staff is important to protect the health and safety of both the employee and patient. Requirements for special patient precautions should be clearly communicated to all involved in providing care.

5. **References (update)**

- a. Centers for Disease Control (CDC) Guideline for Environmental Infection Control Healthcare Facilities, 2003.
- b. Needle Stick Safety and Prevention Act, dated November 6, 2000.
- c. Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards, OSHA 3186-06N, <http://www.osha.gov/Publications/osha3186.html>, 2003
- d. Centers for Disease Control, Morbidity and Mortality Weekly Report Supplement, February 24, 2012; Vol. 61, No. 7
- e. Centers for Disease Control, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html> , 2007
- f. The Healthcare Infection Control Practices Advisory Committee (HICPAC) Recommendation for Preventing the Spread of Vancomycin Resistance, Infection Control and Hospital Epidemiology, 1995; Vol. 16, No. 2 105-113.

Sanitation Safety Plan

DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER
San Francisco, California

ENVIRONMENTAL MANAGEMENT SERVICE

POLICY NO. 4

February 20, 2013
137/RLF: lfh

SUBJ: Environmental Management Service Safety Plan

1. **PURPOSE:** To establish a safety program within Environmental Management Service that will ensure every patient, visitor, and employee is provided an environment free of safety and health hazards.
2. **POLICY:** Environmental Management Service will strive to eliminate potential accidents and potential injuries within the service and the facility by establishing an active Service Safety Committee. Environmental Management Service Safety Sub-Committee will define the responsibilities of management and employees, provide training, monitor performance, provide personal protective equipment, inspect areas, investigate and follow-up on any accident (no matter how insignificant it may appear), and evaluate performance.
3. **RESPONSIBILITIES AND PROCEDURES:**
 - a. **Chief, Environmental Management Service:**
 - (1) Assure that all employees attend new employee orientation and fire prevention training provided by management.
 - (2) Assure that all employees receive on-the-job safety training pertinent to their job requirements from their immediate supervisor.
 - (3) Establish and maintain an active, positively reinforced Service Safety Sub-Committee made up of management and employee representatives.
 - (4) Act on recommendations from the Service Safety Sub-Committee.
 - (5) Act on recommendations from the Environment of Care Functional Team.
 - (6) Actively promote and support safety and fire prevention programs conducted at the facility.
 - (7) Report on safety and fire prevention activities and service accidents/incidents at staff meetings.

(8) Assure that any accident occurring within Environmental Management Service is investigated immediately by the appropriate supervisory person, the CA-1 or CA-2 is completed and forwarded to Human Resources Management Service within five (5) working days of the incident, and the VAF 2162 is completed and forwarded to the Safety Office within five (5) working days of the incident.

(9) Takes corrective action after an accident to ensure that no reoccurrence takes place.

(10) Provides appropriate disciplinary action when it is evident that safety and health standards have been violated.

(11) Provides alternate duty for employees injured on the job.

(12) Assure follow-up on status of injured employees and provide notification of change of status to the appropriate person.

(13) Reviews performance of safety responsibilities of supervisors during annual evaluations.

(14) Assure that the service safety manual is maintained, updated, and available to all employees.

b. Supervisors:

(1) Provides all new employees with immediate training on safe working practices, policies, and procedures.

(2) Assure that all employees attend new employee orientation and fire prevention classes provided by the management.

(3) Actively promote and support safety and fire prevention programs conducted at the facility.

(4) Reports on safety and fire prevention activities at staff meetings.

(5) Assure that any employee injured on the job follows procedures prescribed by Human Resources Management Service. Assure that employee receives first aid and emergency care from the Employee Health Service.

(6) Assure that any accident occurring within their area of responsibility is investigated immediately, the CA-1 or CA-2 is submitted to Human Resources Management Service within five (5) working days of the occurrence, and the VAF 2162 is completed and submitted to the Safety Office within five (5) working days of the occurrence.

(7) Takes corrective action after an accident to prevent reoccurrence.

(8) Provides appropriate disciplinary action when it is evident that safety and health standards have been violated.

(9) Provides and schedules training on safety, fire prevention, handling, use, storing, and disposing of hazardous materials and waste, emergency response lifting, specific job related hazards, and training and education of all personnel who have an assigned role in the emergency preparedness programs. Attendance for training will be documented.

(10) Identify physical hazards and unsafe practices in their areas of responsibility through continuous inspections.

(11) Reports unsafe condition and practices to the Service Chief and initiate corrective action.

(12) Input Engineering Service work orders in DHCP to correct deficiencies.

(13) Provides personal protective equipment as needed. Ensure employees are trained in the use, maintenance, and wearing of personal protective equipment. Ensure that employees use personal protective equipment as required.

(14) Provides alternate duty for employees injured on the job.

(15) Assure follow-up on status of injured employees; provide justification of change of status to the appropriate person.

(16) Reviews performance of safety responsibilities of their employees during annual evaluations.

(17) Assure that the Service Safety Manual is maintained, updated, and available to all employees.

(18) Provides special training to employees who are involved in multiple incidents/accidents.

c. Employees:

(1) Comply with safety rules and regulations for safe job performance and fire protection.

(2) Maintains personal protective equipment in good condition.

(3) Promptly report all accidents/incidents.

(4) Promptly notify supervisor of unsafe or unhealthy conditions in the workplace.

(5) Attend all scheduled training sessions.

(6) Participate in safety and service training at the facility as directed by your supervisor.

(7) Know the fire drill and emergency-plans for your work area, to include but not limited to location of fire extinguishers, manual pull stations, window keys where applicable, fire and smoke barriers, fire plans, and all emergency apparatus.

d. Service Safety Committee:

(1) Environmental Management Service Safety Committee will be composed of supervisory staff and employee staff as follows:

- (a) Transportation Coordinator (Chairperson)
- (b) Housekeeping Aid, Unit I (One Representative)
- (c) Housekeeping Aid, Unit II (One Representative)
- (d) Housekeeping Aid, Unit III (One Representative)
- (e) Housekeeping Aid, Unit IV (One Representative)
- (f) Grounds Crew (One Representative)

(2) Meet monthly on a day and time agreed upon by members.

(3) Setup an inspection process or a review of supervisor inspections to assure that the service is inspected quarterly for operational, safety, and health deficiencies.

(5) Carry unresolved issues in an open status until resolved.

(6) Review minutes of previous meetings.

(7) Review minutes of facility safety committee meetings.

(8) Review and evaluate every accident/incident occurring within the Service and make recommendations to the Service Chief.

(9) Assist the Service Chief in organizing at least one safety-promotion project each year.

4. **REFERENCES:** Medical Center Memorandum No. 138-14; JCAHO, PTSM 1 & 2 (1992) edition; VA Occupational Safety and Health Protection Program, VAF 2180.

5. **REVIEW DATE:** February 20, 2013.

Rick E. Newman
Chief, Environmental Management Service

Fire and Safety Plan

1. *General*

- a. The National Safety Council states that most fires and accidents are caused either by carelessness or by poor housekeeping. Since we provide housekeeping services in most areas of the Medical Center, we can help to eliminate fire and safety hazards by reporting hazards to our supervisor and by adhering to good housekeeping practices.
- b. All EMS employees will attend annual fire and safety training.

2. *Common Causes of Fires*

- a. Unsafe smoking habits.
- b. Accumulation of dirt and rubbish.
- c. Storage of items.
- d. Improper storage of rags, inflammable liquids, soiled linens, etc.
- e. Faulty electrical outlets, wires, etc.

3. *Fire and Safety Precautions*

- a. Be familiar with your station's fire regulations, and report any fire hazards noted.
- b. Be able to distinguish fire alarm signals immediately.
- c. Know the location of fire alarm signal boxes, and how to operate them.
- d. Know the location and operation of the fire extinguisher.

4. *Fire and Safety Responsibilities of EMS Personnel*

- a. Know the fire procedures:
RACE - **R**escue – **A**lert – **C**onfine – **E**xtinguish
PASS (when using a fire extinguisher) - **P**ull pin – **A**im nozzle – **S**queeze trigger – **S**weep base of fire
- b. Know the Medical Center's emergency phone numbers (Fire, Emergency Codes and Police Emergency).
- c. In addition to items listed above, EMS personnel are required to:
 - 1) Smoke only in designated areas. Employees who observe patients or fellow employees smoking in unauthorized areas should report them to the proper authority.

- 2) Be vigilant to eliminate accumulations of dirt, rubbish and excess items stored in basements, storerooms and loading docks.
 - 3) Store oily rags, flammable cleaners and other flammable items in proper containers. Cardboard boxes will not be used for collecting or storing waste. All waste containers must be covered at all times, and will be emptied just prior to the end of each shift.
 - 4) Report immediately any faulty electrical equipment and fixtures to supervisor for correction.
5. ***Fire and Safety Responsibilities of all EMS Supervisory Personnel*** - In addition to items listed above, EMS supervisory personnel should:
- a. Ensure that all rules regarding smoking are being observed.
 - b. Inspect all areas to determine whether or not good housekeeping standards are being met from a safety standpoint, as well as a sanitation standpoint.
 - c. Observe that trash is not stored in cardboard or plastic containers, and that flammable items are stored in proper containers.
 - d. Inspect equipment periodically for frayed cords, loose connections, worn switches or fixtures, etc.
 - e. Report all discrepancies and safety hazards.
 - f. Give advice and training to subordinate employees who visibly are in need of it. Identify those employees who are in need of additional counseling regarding fire and safety.
 - g. Take appropriate action, when necessary, to correct situations that may exist in your area of supervision.
6. ***Common Causes of Accidents Involving EMS Personnel***
- a. Falls due to:
 - 1) Objects left in corridors, on stairs or in stairwells.
 - 2) Equipment and electric cords in passageways.
 - 3) Debris, dust and trash on floors.
 - 4) Wet or slippery floors.
 - 5) Improper scrubbing or polishing of floors.
 - 6) Unsafe use of ladders, chairs, windowsills, etc.
 - 7) Improper lighting.
 - b. Cuts due to:
 - 1) Glass and razor blades in waste receptacles.

- 2) Sharp ends on metal baskets and equipment.
- 3) Needle punctures from hypodermics in trash.
- c. Irritations due to:
 - 1) Improper dilution of cleaning solutions.
 - 2) Improper use of protective attire, including rubber gloves.
- d. Infections due to:
 - 1) Failure to wear or improper wearing of protective clothing.
 - 2) Failure to wash hands.
- e. Strains due to:
 - 1) Lifting objects that are too heavy, or improper lifting techniques.
 - 2) Using improper carts for moving heavy furniture or equipment.
- f. Bruises due to:
 - 1) Crowded work area.
 - 2) Swinging doors.
 - 3) Improper precautions near psychiatric patients.

7. Accident Precautions

- a. Be sure the locking devices on stepladders are in working order, and are used. Do not stand on the top 2 steps. Rest the ladder on a secure base. Ladders will be used instead of chairs, boxes, windowsills, etc. Unsafe ladders will be reported to the supervisor immediately.
- b. Handle electrical equipment only with dry hands. Never yank out extension or equipment cords; pull by the plug. Switch off equipment first. Pigtails will be used.
- c. Report defective equipment, such as equipment with sharp or jagged edges; any loose or missing door handles, door checks or dresser knobs; worn wiring; burned-out bulbs or loose fixtures; broken windows, etc.
- d. Do not place tools or articles on top of lockers, stepladders or other places from which they could fall.
- e. Do not reach your hands into places you cannot see. Do not empty wastebaskets by reaching into them.
- f. Do not pick up broken glass with hands; sweep it up at once. Pick up fine splinters and chips with a damp paper towel or dustpan.

- g. Take personal responsibility for reporting slippery surfaces or tripping hazards anywhere on the floors or the stairways, or take care of them immediately.
- h. Closely follow the instructions your supervisor gives you regarding the treatment of each type of flooring. Having the right materials is not enough; they must be applied correctly in order to be safe.
- i. Do not stand on tub sides to change shower curtains. Use a stepladder.
- j. Unplug electrical lamps before wiping with a damp cloth.
- k. Keep swinging doors free from obstructions, so people can pass through them properly. Do not attempt cleaning behind closed doors in locations where you are not visible from both directions.
- l. Personal Protective Equipment (PPE) must be worn at all times when working in contaminated areas or when handling contaminated items, such as trash or linens. Proper clothing must be worn when occasionally assigned to work outdoors.
- m. Employees should always wear shoes that afford some protection to the feet. Canvas shoes, sandals, etc., will not be worn while on duty.
- n. Employees should never attempt to lift loads heavier than they can safely handle; especially be cautious of soiled linen bags. If loads are too heavy, the employee should notify the supervisor, who will provide assistance.
- o. Employees suffering from colds or other illness should report to their supervisor prior to reporting to Employee Health.
- p. Caution signs must be posted when scrubbing, wet mopping or applying finish to floors. Only one-half of a corridor will be scrubbed or finished at a time, leaving a dry surface on which patients, personnel and others can walk.
- q. Use the following procedures for mopping floors safely:
 - 1) Dust mop or vacuum before wet mopping.
 - 2) Post Caution signs at exits and near doorways, so people know you are there. Do not block doorways or elevator entrances with cleaning equipment.
 - 3) Mop **one-side** (not one end) of the corridor first. When it is dry, mop the other side.
 - 4) Keep your equipment on the side being cleaned. If you use electrical equipment, plug it in on the side on which you are working. Avoid running cords across stairs.
 - 5) Secure housekeeping cart in locked housekeeping closet when not in use.
 - 6) Stay in the area until the floor is safe and dry. Ask the people to walk on the dry side. Post Caution signs on the wet side.
- r. Safe use of housekeeping carts:

- 1) Go slowly near stairways, corridor intersections, elevators and down ramps.
 - 2) Stay to the right.
 - 3) Push the cart with your hands away from the edge so your hands cannot be pinched or caught.
 - 4) Do not leave the cart, equipment or supplies where anyone can trip over them.
 - 5) Keep cleaning materials secured inside housekeeping cart when not in sight of the user.
 - 6) If the cart needs repairs, report it at once.
 - 7) Pull cart through swinging doors. Do not push them ahead.
 - 8) Put mop and broom handles into clips provided; do not let them hang over edge of cart.
 - 9) All containers with chemicals must be properly labeled.
- s. Report all injuries to your supervisor; if necessary, obtain treatment from the Employee Health Physician or your personal physician after seeing the Employee Health Physician.
8. ***Proper Disposal of Needles and Sharps*** - Needle sticks or injuries from other sharp objects can cause serious illness, especially viral Hepatitis. These injuries usually result from being careless during clean up, from uncapped needles in the trash; from needles left in the linens, or from improperly disposed of sharps in wastebaskets. Injuries from glass or surgical instruments are also a common result of carelessness or improper disposal. Needle sticks and injuries from other sharp objects should not be taken lightly. To protect yourself, you must report all needle sticks or injuries from sharp objects to your supervisor immediately; and complete the appropriate documentation immediately.

Cleaning Agents

The following is a list of cleaning agents presently used at this facility. Manufacturer's instructions should be followed precisely when mixing cleaning solutions. There will be no deviation from the manufacturer's prescribed dilution ratios without specific approval of the supervisor. **Every container filled with any cleaning agent must be clearly marked.**

1. **Aluminum Cleaner** – Used for cleaning aluminum containers and surfaces.
2. **Antiseptic Hand Cleaner, Kindness Care-** Used to clean hands; assists in removing bacteria, viruses or other organisms that cause disease.
3. **Baseboard Cleaner/Foam Stripper, Trouble Shooter** – Used for cleaning soil and wax from baseboards, ceramic wall tiles and other hard-to-reach areas.
4. **Brass Polish/Cleaner** – Used for cleaning and polishing brass and other metals.
5. **Carpet Cleaner 3M # 9** – Used in carpet extractors and with rotary and foam machines.
6. **Carpet Defoamer** – Used in liquid recovery system to eliminate suds.
7. **Carpet Spot Remover, Vanishing Act** – Used in the removal of spots and stains.
8. **Cleaner, All-Purpose 3M # 2** – Used as a general-purpose cleaner.
9. **Detergent, General Purpose with Degreasing Agent, Liquid Sunshine** – Used as an all-purpose cleaner and degreaser.
10. **Environmental Protection Agency (EPA)-Approved Germicide/Disinfectant, 3M # 25** – Used as a broad-spectrum germicide/disinfectant solution effective against Hepatitis-B.
11. **Finish** – Top layer or layers of floor coatings that protect the floor and give it an attractive shine.
12. **Furniture Polish** – Used to clean, wax and protect most surfaces except floors.
13. **Glass Cleaner/Window Cleaner, 3M # 20** – Used to clean all glass surfaces.
14. **Neutral Cleaner, 3M # 3** – Used after rinsing stripper to neutralize PH.
15. **Non-Abrasive Cleaner White Knight** – Used for cleaning bathroom surfaces, kitchen equipment, painted walls and other surface types.
16. **Restorer 3M # 24** – Used with burnishing to maintain high gloss or wet look and extend floor finish life.
17. **Sealer** – Chemical applied to a floor to penetrate its pores and provide protection prior to applying finish.

18. **Stripper** – Used to remove floor finish build-up and to prepare floors for refinishing.
19. **Stainless Steel Cleaner** – Used for cleaning and polishing stainless steel.
20. **Tile Cleaner/Lime Build-up Remover** – Used to remove stains deposited by hard water, soap residues and for general removal of hard water deposits from walls, fixtures, sinks, shower stalls and floor.
21. **Toilet Bowl Cleaner** – Used to clean and deodorize toilet bowls and urinals. To be used only on porcelain and as directed by supervisor.
22. **Waterless Hand Sanitizer, Purell** – Used to sanitize hands when not visibly soiled.
23. **Dispatch 10% Bleach cleaning solution** – Used for C-Diff cleaning.

Supplies and Equipment Listing

The following is a list of supplies and equipment presently used at this facility. Manufacturer's instructions should be followed precisely when using any of these items.

1. Supplies:

- Abrasive Pads/Scouring Pads
- Antiseptic Hand Soap
- Nylon Brush/Counter Brush
- Paper Towels
- Plastic Pail/Double Plastic Pail
- Putty Knife or Edging Tool
- Spray Bottle
- Toilet Brush w/Holder
- Toilet Paper
- Trash Bags (clear and bio-hazard) (all sizes)
- Waterless Hand Sanitizer
- Wet Floor/Caution Signs
- Wiping Cloths/Hand Mop or Polishing Cloths

2. Equipment:

- Auto Scrubber
- Backpack Vacuum
- Broom and Dust Pan
- Buffer w/assorted Pads
- Burnisher/Hi Speed Floor Machine
- Covered Waste and Covered Linen Carts
- Doodle Bug and Pad
- Double-Bucket Mopping System
- Dust Mop
- Extractor

- Floor Fans
- High Pressure Washer
- Housekeeping Cart
- Personal Protective Equipment (PPE)/Gloves, Goggles, Face Mask
- Sweeper
- Vacuum HEPA (High Efficiency Particulate Apparatus)
- Vacuum Wet/Dry
- Wall Washing Wand and Pads

Section 4 - Standard Operating Procedures

Standards of Cleanliness

1. **Ceilings** – Clean; free of dust and spots; paint intact; vents clean and free of dust and lint; light bulbs operable; all ceiling tiles in place.
2. **Walls** – Clean, no lint; paint intact; free of finger marks and stains.
3. **Floors** – Clean, free of dust, lint and stains; no floor finish build-up or accumulation of soil in corners; free of heel and scuff marks; free of discolored floor finish; high luster.
4. **Cove Bases** – Clean and clear; no floor finish build-up; no mop marks; no accumulation of soil in corners; intact around room (firmly affixed to wall with no signs of being loose at juncture with floor.)
5. **Doors** – Clean, free of marks; finish intact; kick plate clean and shiny; top is free of dust and lint; edges are clean; handle or knob is clear and clean; hinge facing and door frame are clean; door vent is clean and free of dust and lint; window frame is clean and free of dust and lint (inside and outside).
6. **Windows** – Clear and clean, not in need of immediate washing; frame clean; glazing intact, clean; paint in good condition.
7. **Window Drapes** – Free of lint; properly hung on tracks; not faded; no stains, yellowing or tears; pulleys and pull cords intact and working; pins installed correctly in drapes and on carriers.
8. **Cubicle Curtains** – Clean and free of stains; not faded; pulls freely in tracks; properly mounted; no tears; adequate length and width.
9. **Beds** – Headboards and footboards are clean; metal upright and horizontal frame clean; control unit and cord clean and working; linen clean and free of stains and tears; bed properly made; undercarriage free of lint and soil; wheels clean and free of lint.
10. **Mattresses** – Clean, free of stains and lint; in good repair without rips or tears.
11. **Over-Bed Tables** – Clean and free of dust; elevation controls working properly; drawer and drawer mirror clean and free of dust, lint and streaks; base, frames and wheels clean and free of dust and lint.
12. **Bedside Console Units** – Countertop, shelves and facings clean and free of dust and spots; no accumulation of soil in corners; stainless steel sink and plumbing fixtures clean and free of spots and streaks; clothes closet clean and free of dust and lint.
13. **Chairs** – Clean, free of lint and dust.
14. **Television Sets** – Clean, free of dust and lint; shelf clean, free of dust and lint.
15. **Toilets** – Toilet bowl clean inside and outside; no stains, streaks or residue; toilet seat clean, free of spots, stains or streaks and tightly fastened to toilet; plumbing fixtures clean,

free of dust, spots and streaks; plumbing connections to toilet free of alkali buildup and dirt; base of toilet free of soil build-up and stains.

16. **Sinks** – Clean inside, outside and underneath; free of spots and streaks; plumbing fixtures on top and underneath free of dirt, spots and streaks; base of plumbing fixtures free of alkali build-up.
17. **Mirrors** – Clean, free of spots and streaks; frame top and edges free of dust and lint; shelf clean, free of spots and streaks.
18. **Shower Stalls** – Walls clean, free of soil build-up on caulking; caulking intact; fixtures free of spots and streaks; door frame and glass free of dust, lint, spots and streaks; horizontal crossbars above door free of dust, lint, spots and streaks.
19. **Dispensers** – Soap and paper towel dispensers are clean, free of dust and lint on top and underneath, free of spots and streaks; supplies replenished.
20. **Refrigerators** – Clean, free of dust spots and stains; shelves and facing clean and free of spots, spills and stains; freezer clear and free of stains; motor vent clean and free of dust and lint. Refrigerator door gasket is clean, intact.
21. **Countertops** – Clean, free of dust, stains and finger marks.
22. **Telephones** – Clean, free of dust and lint; receiver, mouthpiece and dial free of dust and lint.
23. **Drinking Fountains** – Stainless steel free of spots and streaks.
24. **Vents** – Free of dust, fingerprints, marks, stains and spider webs.
25. **Lights** – Dust-free, insect-free, no stains.
26. **Waste Receptacles** – Clean inside and out; liner in place; must not be dented or cracked.
27. **Housekeeping Closets** – Orderly; sink clean; floors and walls clean; equipment clean; door locked; no boxes on floors; no storage within 18” of ceiling; no personal items.
28. **Furniture** – Clean and polished; cushions clean.
29. **Carpeting** – No stains; dust free.
30. **Elevators** – Metal shined; floors cleaned and litter-free; tracks, buttons and vents clean.
31. **Fans** – Dust free, clean.
32. **Equipment** – Clean, polished, stored properly. Filters, brushes, batteries checked and serviced properly; cords and hardware tight and intact.
33. **Stainless Steel, Corner Plates, etc.** – Clean, shiny; no smudges.
34. **Stairwells** – Dust-free and clean; handrails cleaned.
35. **Housekeeping Cart** – Clean; locks intact; chemicals labeled and locked when not in use.

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 1

April 5, 2013

Subject: **Ash Receptacle Cleaning**

1. **Purpose.** To establish a procedure for the proper and safe cleaning of ash receptacles.
2. **Equipment.**
 - Personal Protective Equipment (PPE) – Gloves
3. **Cleaning Products.**
 - General-purpose cleaner
4. **Supplies.**
 - Metal pail
 - Plastic pail
 - Plastic bags
 - Wet Floor/Caution signs
 - Wiping cloths
5. **Procedures.**
 - a. Put two inches of water into metal pail.
 - b. Put one gallon of water into plastic pail. Add the prescribed quantity of general-purpose cleaner.
 - c. Empty contents of ash receptacle into metal pail.
 - d. Wash ash receptacle, using a wiping cloth and all-purpose cleaner.
 - e. Dry with a clean wiping cloth.
 - f. Ensure that all waste in metal pail is extinguished, and then empty into plastic bag. Dispose of plastic bag. Soiled wiping cloths should be placed in another plastic bag for laundering.
 - g. Clean all equipment and return to proper storage area.

6. ***Rescission. April 8, 2013***

7. ***Review Date. April 8, 2013***

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 2

April 8, 2013

Subject: **Bed Cleaning – Terminal/Discharge**

1. **Purpose.** To establish a procedure for the proper and safe technique for the terminal cleaning of beds.
2. **Equipment.**
 - Double-bucket or micro-fiber mopping system
 - Personal Protective Equipment (PPE) – Gloves
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
4. **Supplies.**
 - Abrasive pad
 - Clean linen
 - Double plastic pail
 - Plastic bags
 - Plastic pail
 - Putty knife
 - Wet Floor/Caution signs
 - Wiping cloths
5. **Procedures.**
 - a. With gloves on, add EPA-approved disinfection solution to your bucket.
 - b. Remove trash and place in appropriate containers.
 - c. With wiping cloth dipped in an EPA-approved germicide/disinfectant solution, clean over-bed table. Clean both sides of pillow and place on table. Replace wiping cloth as needed do not re-dip the cleaning cloth in the germicidal/disinfectant solution.

- d. Clean overhead light, headboard, footboard, side rails, lower parts of bed frame, bed controls and phone. Clean top and side of mattress. Fold mattress over and clean half of mattress, box spring and all exterior surfaces. Unfold mattress and repeat process at the other end of bed. When finished, turn the mattress over completely so the underside is now the top. (Follow manufacturer's directions, as some mattresses are not intended to be turned.) Cleaning bed first allows the EPA-approved germicide/disinfectant to remain wet for the proper dwell time.
- e. Clean interior and exterior surfaces of all patient room furniture, bedside chair, closets and/or wall lockers and waste receptacle using an EPA-approved germicide/disinfectant, using putty knife, if necessary.
- f. Spot clean walls, cabinets and glass surfaces. Wash soiled walls with EPA-approved germicide/disinfectant.
- g. Change cubicle curtains, if soiled.
- h. Restock paper and soap products. Reline trash receptacle.
- i. Clean sinks, stools and showers, if applicable (if private room).
- j. Return all furniture to its proper location.
- k. Set out Wet Floor signs, and begin mopping floor using double-bucket mopping procedure. Mop entire bed section. If single room, mop entire room.
- l. Prepare bed for the next patient. Remove gloves prior to getting clean linen. Make bed using clean linen. Avoid shaking the sheets and blankets; this keeps the air free from lint.
- m. Empty and clean all equipment.
- n. At the end of the day, return bed-washing cart to its proper location.
- o. Conduct visible room inspection to be sure mirrors, blinds and vents are not soiled, and sharps container is not full.

6. Rescission. April 8, 2013

7. Review Date. April 8, 2013

Vanita Westbrook
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 3

April 8, 2013

Subject: **Carpet Care**

1. **Purpose.** To establish a procedure for the proper and safe cleaning of carpet.
2. **Equipment.**
 - Double-bucket mopping system
 - Extractor/buffer or bonnet buffer (depending on which of 3 methods used)
 - Nylon carpet brush attachment (when using carpet shampooer buffer)
 - Personal Protective Equipment (PPE) – Gloves and Mask (if carpet is highly soiled)
 - Vacuum cleaner
3. **Cleaning Products.**
 - Carpet shampoo
 - Defoamer
 - Spot remover/stain remover
4. **Supplies.**
 - Brush or cloths
 - Cloth bonnet pads (2) (when using bonnet buffer system)
 - Plastic pails (2)
 - Putty knife
 - Wet Floor/Caution signs
5. **Procedures.**
 - a. Put out Caution signs.
 - b. Remove as much furniture as possible from the area to be cleaned. Be careful not to create an obstruction or safety hazard in patient and/or traffic areas.

- c. Vacuum all walk-off mats and carpet.
- d. Use putty knife to remove gum and soil, if necessary.
- e. Spot clean/deionizer H2O stubborn stains using stain remover according to manufacturer's instructions. Use brush and wipe dry with cloth. Consult supervisor before using spot remover, as misuse can cause permanent damage to carpet.
- f. Proceed to clean carpet following one of the methods described below:
 - 1) **Method #1 - Carpet Shampooer Followed by Extractor Machine** (used to deep clean excessively soiled carpet):
 - a) Put shampoo (per manufacturer's instruction) in shampoo machine. Mix solution in 2-gallon plastic pails before filling machine.
 - b) Attach nylon carpet brush to shampoo machine.
 - c) Do not shampoo/scrub too large an area, because extractor follow-up is a slower procedure.
 - 2) **Method #2 - Extractor Machine:**
 - a) Use shampoo solution (per manufacturer's instructions).
 - b) Lever control pumps out the solution; vacuum picks it up.
 - 3) **Method #3 - Carpet-Bonnet System:**
 - a) Mix shampoo (per manufacturer's instructions) with water in one side of the double-bucket unit with wall-washing wringer attachment.
 - b) Use other side of mopping unit for rinse.
 - c) Soak bonnet pad in shampoo solution; wring out excess solution, and attach the pad to the underside of the buffer.
 - d) When cloth pad becomes soiled, put it in clean rinse water and put the second pad from solution on the machine.
 - e) Rotate pads from machine to rinse bucket, to solution bucket, and back to machine.
- g. Return furniture to area when carpet is dry.
- h. Return equipment to storage area. Empty and clean equipment, and deposit dirty cloths in soiled linen.

6. ***Rescission. April 8, 2013***

7. ***Review Date. April 8, 2013***

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 4

April 8, 2013

Subject: **Dry Erase Boards**

1. **Purpose.** To establish a procedure and proper techniques for cleaning dry erase boards.
2. **Equipment.**
 - Personal Protective Equipment (PPE) – Gloves (goggles for high cleaning)
3. **Cleaning Products.**
 - General-purpose cleaner
4. **Supplies.**
 - Plastic pail
 - Spray bottle
 - Wiping cloths
5. **Procedures.**
 - a. Put one gallon of water into plastic pail; do not add general-purpose cleaner.
 - b. Remove markers and erasers from tray.
 - c. Spray general-purpose cleaner on wiping cloth; wash all exterior surfaces including marker tray. Repeat washing if all marker residue has not been removed.
 - d. Remove any film left by general-purpose cleaner by rinsing with clean wiping cloth and plain water. Use a vertical or horizontal stroke across entire board.
 - e. Allow dry erase board to air dry.
 - f. Replace erasers and markers in tray.
6. **Rescission. April 8, 2013**
7. **Review Date. April 8, 2013**

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 5

April 8, 2013

Subject: **Door Cleaning and Polishing**

1. **Purpose.** To establish a procedure for the proper and safe cleaning and polishing of doors.
2. **Equipment.**
 - Personal Protective Equipment (PPE) - Gloves
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
 - General-purpose cleaner (for kick plates and scuff marks)
 - Polish (wood)
4. **Supplies.**
 - Plastic pail
 - Wiping cloths
5. **Procedures.**
 - a. Put one gallon of water into plastic pail, and add proper quantity of EPA-approved germicide/disinfectant.
 - b. Damp wash door, using EPA-approved germicide/disinfectant and a wiping cloth. Avoid using an excess amount of solution. If solution drips on floor, clean floor immediately.
 - c. Use small amount of general-purpose cleaner on a wiping cloth to remove scuff marks and stubborn stains on kick plates.
 - d. Polish wooden doors only if instructed by supervisor. Work along grain following instructions according to the manufacturer. To avoid spilling or spraying polish on the floor (which would create a safety hazard), spray polish directly on rag.
 - e. Clean equipment, and return it to proper storage location. Place soiled cloths in plastic bag for transport to the Laundry.

6. **Rescission. April 8, 2013**

7. **Review Date.** April 8, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 6

April 8, 2013

Subject: **Double-Bucket Mopping System**

1. **Purpose.** To provide the method for damp mopping floors, and to reduce the number of micro-organisms.
2. **Equipment.**
 - Double-bucket mopping system
 - Personal Protective Equipment (PPE) - Gloves
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
4. **Supplies.**
 - Putty knife
 - Wet Floor/Caution signs
5. **Procedures.**
 - a. The double-bucket mopping system is used to ensure that the EPA-approved germicide/disinfectant solution in the mop bucket remains clean for as long as possible during the cleaning process; thus, saving time and making the job easier and extending the efficacy of the EPA-approved germicide/disinfectant.
 - b. Fill one bucket with four gallons of clean water and EPA-approved germicide/disinfectant. This will be called the clean bucket. *(Note: It is important to use the prescribed amount of EPA-approved germicide/disinfectant solution. Overuse wastes the product and causes the floor to become sticky, streaked or both.)*
 - c. Fill the other bucket with two gallons of clean water and EPA-approved germicide. This will be referred to as the soiled bucket.
 - d. Install wringer on the soiled bucket.
 - e. Put out Caution signs at each end of the area to be mopped, and leave in place until floor is dry. If cleaning a long corridor, signs may be needed between the two end

signs. When wet-mopping a corridor, mop only one side at a time. When the first side is dry, the other side can then be mopped.

- f. Check the area to be mopped. Any tar, chewing gum, etc., can be removed with the putty knife. Be careful not to damage floor finish.
- g. To begin, immerse clean mop into the clean bucket, and wring out. (*Remember - the wringer is in the soiled bucket.*) The mop should be wet enough to cover an area about 100 square feet (10x10, 4x25, etc.), so that the floor will remain wet for at least ten minutes. This is necessary to kill bacteria.
- h. Mop the entire perimeter of the area; then, using the Figure 8 stroke, mop the outlined area.
- i. When the mop head becomes soiled, immerse the mop into the soiled bucket and slish up and down three or four times to remove loose soil. Wring mop thoroughly dry (put muscle into it).
- j. Immerse the mop into the clean bucket, and then wring mop into the soiled bucket. Mop is now ready to resume mopping.
- k. When the water in the clean bucket becomes badly soiled (usually about the time that there are approximately two gallons of solution remaining in the clean bucket and approximately four gallons in the soiled bucket), empty the solution in both buckets and replace with clean solution. Remove the soiled mop head, and place in a plastic bag. Install a clean mop head. However, if at any time the clean bucket becomes visibly soiled, change the solution in both buckets and the mop head at that time.
- l. Remember - when wet-mopping always rinse the mop in the soiled bucket, wring out; then dip in a clean bucket, and wring out.

Note: All soiled mop heads should be put into the plastic bag and turned in for laundering at the end of the shift.

Mopping with either badly soiled water or a badly soiled mop head is a waste of time. The floor will be left dirt-streaked. Change the mop head and water frequently. Although the system detailed in paragraph k above is generally satisfactory, the water and mop head may need changing more often in heavily soiled areas.

6. Rescission. April 8, 2013

7. Review Date April 8, 2013

Rick E. Newman
Chief, Environmental Management Service

Micro Fiber

General - Flat mopping systems are designed to be used in all areas, but are particularly effective for use in restrooms, kitchens and food service areas, and congested areas.

- The mop head is a short loop that has no strands to tangle or catch on furniture. It also will not soil vertical surfaces, such as baseboards, while mopping.
- The short fiber constitution makes it ideal for laundering, making it free of tangle problems.
- The mop head has a very low profile, which allows it to maneuver into hard to clean areas, such as on stairs, baseboards, in restroom stalls, tight corners and beneath furnishings.
- Because the flat mop is lightweight and has a flat surface, it can also be used to clean walls.

1. Benefits - This mop has a lightweight fiberglass handle, directional swivel action for easy maneuverability and a back plate that transfers uniform pressure to all parts of the mop, so that the full surface of the mop head remains in contact with the floor at all times.

- The mop head also features a quick release frame that allows a soiled mop to be removed without handling.
- Like the conventional wet mop, this new flat mop is moved in a series of familiar “S” or “figure 8” motions. But because of its design, the flat mop leaves no gaps and produces a completely uniform cleaning path. And, because of its weight advantage over ordinary wet mops, the flat mop is less tiring to use.
- The flat mopping system’s most efficient application is in light-duty cleaning of small spaces or congested areas. It has a low profile, which allows it to maneuver into hard to reach or small areas like stairs, baseboards, beneath beds or other furnishings, into restroom stalls and around tight corners. It can also be used on walls and other vertical surfaces without messy solution run down, because it can be wrung out very dry.



VA Medical Center

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 7

April 8, 2013

Subject: **Drinking Fountain Cleaning**

1. **Purpose.** To establish a procedure for the proper and safe technique for the cleaning of drinking fountains.
2. **Equipment.**
 - Personal Protective Equipment (PPE) - Gloves
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
 - Non-abrasive cleaner
4. **Supplies.**
 - Hand mop or polishing cloth
 - Wiping cloths
5. **Procedures.**
 - a. Clean exterior surface with EPA-approved germicide/disinfectant, using a hand mop or wiping cloth.
 - b. Remove stubborn stains with non-abrasive cleaner and wiping cloth.
 - c. To clean drain, work EPA-approved germicide/disinfectant into holes with hand mop or wiping cloth. Flush with water from drinking fountain.
 - d. Rinse interior surface with water from drinking fountain, and wipe dry with cloths. Be careful not to allow excess water to drip onto wall or floor.
 - e. Rinse and wipe dry with clean wiping cloth to avoid streaking.

6. **Rescission.** April 8, 2013

7. **Review Date.** April 8, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 8

April 9, 2013

Subject: **Dusting**

1. **Purpose.** To establish a procedure and proper technique for dusting.
2. **Equipment.**
 - Personal Protective Equipment (PPE) – Gloves (goggles for high cleaning)
 - Vacuum cleaner with attachments or backpack vacuum
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
 - Furniture polish
4. **Supplies.**
 - Plastic pail
 - Microfiber
 - Wiping cloths
5. **Procedures.**
 - a. Fill your bucket with EPA-approved germicide/disinfectant.
 - b. Dampen wiping cloth with EPA-approved germicide/disinfectant solution, and wipe all furniture and ledges. Wipe again with a dry wiping cloth to prevent water spots and streaking.
 - 1) Begin damp dusting at the room entrance, and work around room. Damp dust the top of an object first, and work down to avoid soiling surfaces you have just cleaned.
 - 2) Fold the cloth in a series of squares to provide a number of potential cleaning surfaces. A wadded cloth does not clean as efficiently.
 - 3) Dampen cloth with an EPA-approved germicide/disinfectant, and wring out all excess solution to avoid drips.
 - 4) Damp dust the doors and wall features, such as door handles, thermostats, light switches and ledges.

- 5) Spot clean visible soil from doors and walls.
 - 6) Damp dust furniture/furnishings, such as lights, chairs, counters, front and sides of lockers, writing surfaces, shelves, telephones and tables.
 - 7) All surfaces should be decontaminated with appropriate EPA-approved germicide/disinfectant.
- c. Use furniture polish only as needed and only on wooden furniture. When using furniture polish, spray the wiping cloth and not the furniture. This prevents any over-spray from getting on floors and causing a safety hazard.
 - d. Housekeeping equipment will be thoroughly cleaned using an EPA-approved germicide/disinfectant upon completion of work. Return all supplies and equipment to the proper storage area. Place all soiled wiping cloths and mop heads in a plastic bag for transport to the Laundry.
 - e. Dusting may also be accomplished using a vacuum with a hose and dusting brush attachment.

6. **Rescission.** April 9, 2013

7. **Review Date.** April 9, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 9

April 10, 2013

Subject: **Elevator Cleaning**

1. **Purpose.** To establish a procedure for the proper and safe cleaning techniques for elevators.
2. **Equipment.**
 - Backpack vacuum
 - Double-bucket or micro-fiber mopping system
 - Personal Protective Equipment (PPE) – Gloves (goggles for high dusting)
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
 - Stainless steel polish
4. **Supplies.**
 - Abrasive pad
 - Plastic pail
 - Putty knife
 - Wet Floor/Caution signs
 - Wiping cloths or rags
5. **Procedures.**
 - a. Prepare mop unit as described in wet-mopping procedure. Add appropriate amount of EPA-approved germicide/disinfectant solution to plastic pail.
 - b. Stop elevator, and lock in place.
 - c. Put out Caution signs.
 - d. Clean out packed material in door tracks with putty knife, and vacuum tracks. Use putty knife to remove gum or other material from floor.

- e. Wash walls, buttons, rails, facings and doors with dampened wiping cloth. Wipe dry to prevent spotting. Use stainless steel polish/cleaner by applying to a cloth, not the surface directly, to brighten metal surfaces when directed by supervisor.
- f. Dust vent.
- g. Wet-mop/vacuum elevator floor, and let dry.
- h. Finish by cleaning the inside of the elevator door and facing with appropriate cleaner.
- i. Remove Wet Floor/Caution signs. Release elevator for use. Proceed to next elevator to be cleaned.
- j. After all assigned elevators are clean, empty all buckets and pails. Clean all equipment and return to proper storage area. Place soiled wiping cloths and mop heads into plastic bag, and place in designated location for transport to the Laundry.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick e. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 10

April 10, 2013

Subject: **Equipment Care and Cleaning**

1. **Purpose.** To keep equipment clean, presentable and sanitary. This is an extremely important, yet often overlooked responsibility of all housekeeping personnel. Dirty equipment can harbor germs and spread these germs as the equipment is moved throughout the workday.

Note: Clean each piece of equipment properly after each use and perform user maintenance (lubrication, filter replacement, brush replacement, tightening of nuts and screws, recharging batteries, etc.). Equipment that is clean and in good repair always indicates an effective and productive work force. Therefore, equipment condition is a direct reflection of the individual worker and Environmental Management Service.

2. **Equipment.**

- Double-bucket mopping system
- Personal Protective Equipment (PPE) – Gloves, Goggles, Face Shield

3. **Cleaning Products.**

- Baseboard cleaner/foam stripper
- EPA-approved germicide/disinfectant

4. **Supplies.**

- Cleaning rags

5. **Procedures.**

- a. Wet Vac Pick-up:

- 1) Empty and rinse wet vac pick-up tank.
- 2) Wipe squeegee blades dry after each use.
- 3) Clean outside of tank and motor casing thoroughly after each use.
- 4) Leave solution tank lid ajar to prevent musty smell and prevent seal from sticking.

- 5) Wipe cord clean.
- b. Mop Buckets and Wringers: Empty and clean thoroughly with fresh EPA-approved germicide/disinfectant at the end of each shift and stored upside down to thoroughly drain.
 - c. Scrubbing Machines (Buffers):
 - 1) Empty solution tank, and rinse thoroughly after each use.
 - 2) Inspect with each use to make sure vacuum motor, brushes, belts, etc., are operating properly.
 - 3) Remove scrubber brush or pad, and clean thoroughly.
 - 4) Clean exterior of machine after each use.
 - 5) Remove finish stripper from machine, using foam stripper and scrub brush.
 - 6) Rinse with water.
 - 7) Wipe cord clean.
 - d. Automatic Scrubbing Machine:
 - 1) After use, drain pick-up and dispensing tank, and rinse thoroughly.
 - 2) Check batteries for proper water level, and wear proper PPE.
 - 3) Wipe squeegee blades.
 - 4) Leave solution tank lid ajar to prevent musty smell and prevent seal from sticking.
 - 5) Connect charger, making sure top of machine is open and exhaust fan is on.
 - e. Carpet Vacuums:
 - 1) Empty filter bag when it is half full to prevent motor damage.
 - 2) With damp cloth, wipe inside of vacuums when changing bags.
 - 3) Clean or replace filters as necessary.
 - 4) Inspect with each use to ensure that vacuum belts, brushes, motor, etc., are operating properly.
 - f. Dust Mops:
 - 1) Hang up dust mop with head down and off floor when not in use.
 - 2) When soiled, mop head should be sent to Laundry for cleaning.
 - 3) Be sure that mop frame is of proper size for mop head.
 - g. Wet Mops:

- 1) Do not twist mop in wringer, as it will break or weaken mop strands.
- 2) Do not let a wet mop touch other equipment while in storage.
- 3) Rinse and wring wet mop after each use.
- 4) When soiled, mop head should be sent to Laundry for cleaning.

h. Push Brooms:

- 1) Do not lean on handle when broom is in use.
- 2) Use broom only for purposes for which it was intended - never as a mop, squeegee, lever or hammer.
- 3) Rotate handle frequently, so as not to wear one side of the brush more than the other.
- 4) Do not store push broom on the fibers, as it will bend them out of shape and make the broom ineffective.
- 5) Soiled brushes should be washed in warm neutral detergent solution and rinsed in clear water, shaken to straighten the fibers, and thoroughly dried prior to use.

i. Squeegees:

- 1) Wipe squeegee blades dry after each use.
- 2) Never store squeegees or spare blades in sunlight, as it can cause deterioration.

j. Carpet Extractors:

- 1) Rinse out solution and recovery tanks.
- 2) Clean any debris from screen filter.
- 3) Clean outside of machine.
- 4) Leave solution tank lid ajar to prevent musty smell and prevent seal from sticking.
- 5) Wipe cord clean.

k. High-Speed Buffers/Polishers:

- 1) Remove finish spray from machine, using foam stripper and scrub brush.
- 2) Rinse with water.
- 3) Clean exterior of machine after each use.
- 4) Check and replace dust vacuum bags (if applicable).
- 5) Wipe cord clean

l. Ultra High-Speed Burnisher (Battery Operated):

- 1) Check batteries for proper water level. Use proper PPE (face shield.)
- 2) Check and replace dust vacuum bags (if applicable).
- 3) Clean outside of machine.
- 4) Connect charger, making sure top of machine is open and exhaust fan is on.

Note: All other equipment will be cleaned after each use or at the end of each shift, and then stored in the proper location. Remember - each piece of equipment should be cleaned so that you leave it for the next user the same way you would expect other Environmental Management employees to leave it for you.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 11

April 10, 2013

Subject: **Floor Care**

1. **Purpose.** To establish a procedure for the proper and safe technique for the care of floors, including dust mopping, wet mopping, baseboard cleaning, stripping, top scrubbing in lieu of stripping, finishing and burnishing.
2. **Dust Mopping.**
 - a. **Equipment.**
 - Dust mop assembly/Easy Trap
 - b. **Cleaning Products.**
 - None
 - c. **Supplies.**
 - Counter brush
 - Dust pan
 - d. **Procedures.**
 - 1) Begin by placing clean dust mop head on dust mop handle.
 - 2) Once you have placed the dust mop on the floor, it should not be lifted until dusting operations have been completed.
 - 3) Dust the floor by always keeping the dust mop in front of you. Use the swivel motion and action of your wrist to change direction.
 - 4) After dust mopping in an area, use the dustpan and counter brush to pick up debris immediately upon completion. Never sweep debris into a corner to be removed later.
 - 5) Do not dust mop debris from a room into a corridor.
 - 6) Always change dust mops after cleaning Isolation rooms, and after dust mop becomes excessively soiled.

- 7) Place soiled dust mops in a plastic bag separate from wet mops, and turn in for laundering. Mops will be placed in linen chute, soiled linen cart or designated pick-up area at the end of the shift.

Note: Always use caution while dust mopping to prevent tripping patients or others. Never leave the mop handle unattended by propping it against a bed or in a corner – carelessness causes accidents.

3. **Refer** to page 69-70 for double bucket or microfiber)

a. **Equipment.**

- Double-bucket mopping system

b. **Cleaning Products.**

- EPA-approved germicide/disinfectant

c. **Supplies.**

- Putty knife
- Wet Floor/Caution signs

d. **Procedures.**

- 1) The double-bucket mopping system is used to ensure the EPA-approved germicide/disinfectant solution in the mop bucket remains clean for as long as possible during the cleaning process; thus, saving time and making the job easier and extending the efficacy of the EPA-approved germicide/disinfectant.
- 2) Fill one bucket with four gallons of clean water and EPA-approved germicide/disinfectant. This will be called the clean bucket. (*Note: It is important to use the prescribed amount of EPA-approved germicide/disinfectant solution. Overuse wastes the product, and causes the floor to become sticky, streaked or both.*)
- 3) Fill the other bucket with two gallons of clean water and EPA-approved germicide. This will be referred to as the soiled bucket.
- 4) Install wringer on the soiled bucket.
- 5) Put out Caution signs at each end of the area to be mopped, and leave in place until the floor is dry. If cleaning a long corridor, signs may be needed between the two end signs. When wet mopping a corridor, mop only one side at a time. When the first side is dry, the other side can then be mopped.
- 6) Check the area to be mopped. Any tar, chewing gum, etc., can be removed with the putty knife. Be careful not to damage floor finish.

- 7) To begin, immerse clean mop into the clean bucket, and wring out. Remember - the wringer is in the soiled bucket. The mop should be wet enough to cover an area about 100 square feet (10x10, 4x25, etc.), so that the floor will remain wet for at least ten minutes. This is necessary to kill bacteria.
- 8) Mop the entire perimeter of the area; then, using the Figure 8 stroke, mop the outlined area.
- 9) When the mop head becomes soiled, immerse the mop into the soiled bucket, and slosh up and down three or four times to remove loose soil. Wring mop thoroughly dry (put muscle into it).
- 10) Immerse the mop into the clean bucket, and then wring mop into the soiled bucket. Mop is now ready to resume mopping.
- 11) When the water in the clean bucket becomes badly soiled (usually about the time that there are approximately two gallons of solution remaining in the clean bucket and approximately four gallons in the soiled bucket), empty the solution in both buckets and replace with clean solution. Remove the soiled mop head and place in plastic bag. Install a clean mop head. However, if at any time the clean bucket becomes visibly soiled, change the solution in both buckets and mop head at that time.
- 12) Remember - when wet mopping, always rinse the mop in the soiled bucket, wring out; then dip in a clean bucket and wring out.

Note: All soiled mop heads should be put into the plastic bag and turned in for laundering at the end of the shift.

Mopping with either badly soiled water or a badly soiled mop head is a waste of time. The floor will be left dirt-streaked. Change the mop head and water frequently. Although the system detailed in paragraph 11 above is generally satisfactory, the water and mop head may need changing more often in heavily soiled areas.

4. Baseboard Cleaning.

a. Equipment.

- Double-bucket mopping system
- Doodle bug and pad
- Dust mop assembly
- Floor fan
- Wet vacuum

b. Cleaning Products.

- Spray foam stripper

c. **Supplies.**

- Nylon brush
- Plastic pail
- Putty knife
- Rubber gloves
- Wet floor/Caution signs
- Wiping cloths

d. **Procedures.**

- 1) Remove furniture and other objects from area.
- 2) Dust mop area to be stripped.
- 3) Put three gallons of water into each bucket of the double-bucket unit to be used for rinsing.
- 4) Put Caution signs at each end of area to be stripped.
- 5) Attach pad to doodle bug handle.
- 6) Put on rubber gloves, and avoid skin contact with spray foam stripper.
- 7) Ensure that area has adequate ventilation before using spray foam stripper (use fan, open window, etc.).
- 8) Hold can 6-8 inches from surface, and spray stripper along baseboard. Keep sprayed areas small enough to prevent drying (4-6 feet). Wipe any over-spray off painted surfaces immediately with wiping cloths.
- 9) Allow foam stripper to work at least 3-5 minutes before wet scrubbing with pad, sponge or nylon brush as directed by supervisor. Corners may be cleaned with the nylon brush.
- 10) Rinse baseboards with clean water from rinse side of mop unit, and dry with wiping cloths.
- 11) Put soiled mop heads and wiping cloths in plastic bags for laundering. Clean and return all equipment to storage area.

5. **Stripping Floors.**

a. **Equipment.**

- Doodle bug and pad

- Double-bucket mopping system
- Dust mop assembly
- Rotary buffer/scrubber
- Wet vacuum

b. Cleaning Products.

- Stripper
- Neutralizer

c. Supplies.

- Putty knife
- Stripping pad/brush
- Wet Floor/Caution signs
- Wiping cloths

Note: Once the stripper has been applied, the floor becomes extremely slippery. Use extreme caution when walking across it, and wipe bottom of shoes and equipment before entering an adjacent waxed area.

d. Procedures.

- 1) Remove all furniture.
- 2) Put out Caution signs.
- 3) Dust mop entire area.
- 4) Put three gallons of water into one of the buckets of the double-bucket mop unit. Stripper solution will be in second bucket.
- 5) Mount the scrubbing pad/brush on the buffer/scrubber wheel.
- 6) Pour the specified amount of stripper solution into the mopping unit. Mop the stripping solution on the floor area, including the edges and corners. Keep the floor wet with stripping solution while you continue with the next steps to ensure stripper does not dry. Let chemical set the recommended time, per manufacturer's specifications. Do not use hot water, as this causes excessive fumes. Do not exceed manufacturer's recommended dilution. Stronger is not better.
- 7) Place large wiping cloths at any area that is not to be stripped. This will eliminate the stripper from slinging or running into another area that is not to be stripped.

- 8) Clean baseboards as indicated in paragraph 4 above. Clean corners and any area not accessible for the buffer/scrubber with the doodle bug and stripping mixture.
- 9) The buffer/scrubber operator is to start the stripper near the rear wall. Beginning at the sidewall corner, work machine and solution inward towards the center of the room. Use only enough solution on the floor to enable efficient removal of old finish without harm to the tile. Use putty knife to remove tile cement, gum, paint, etc.
- 10) The wet vacuum operator follows the buffer/scrubber operator removing the stripper before it dries. Extreme care must be exercised to ensure that the stripping solution does not dry. If allowed to dry, the stripping procedure must be repeated.
- 11) Rinse baseboards; "flood" with plain water and pick up with wet vacuum.
- 12) Wait until floor has dried, and check for any remaining buildup of old finish that was not removed. Remove any remaining buildup with doodle bug, and rinse thoroughly with clean water.
- 13) Rinse entire floor area with clean mop and clean water or neutralizer to ensure all stripper residue has been removed.
- 14) It may be necessary to rinse the floor once more. Any stripping solution remaining on the floor will have an adverse effect on the entire refinishing operation.
- 15) Floor is now ready to be refinished.
- 16) After finishing your job assignment, thoroughly clean all equipment and return to proper storage area. Place all soiled mop heads and wiping cloths in plastic bags and place in designated area for transport to the Laundry.

Note: Ventilate work area as much as possible by opening windows and using fans.

6. Top Scrubbing in Lieu of Stripping.

a. Equipment.

- Double-bucket mopping system
- Doodle bug and pad
- Dust mop assembly
- Rotary buffer/scrubber
- Wet vacuum

b. Cleaning Products.

- General-purpose cleaner

c. Supplies.

- Putty knife
- Plastic pail
- Scrubbing pad/brush
- Wet Floor/Caution signs

d. Procedures.

- 1) Remove all furniture from the area. In offices, remove all but the file cabinets and desks; in cubicles, remove all but beds and monitoring equipment.
- 2) Put out Caution signs.
- 3) Dust mop entire area. If any sticky substances are found, remove them with a putty knife, if possible.
- 4) Mount the scrubbing pad/brush on the buffer/scrubber wheel.
- 5) Put one gallon of water in plastic pail. Add general-purpose cleaner in accordance with manufacturer's instructions.
- 6) Put three gallons of water into each of the buckets of the double-bucket mop unit.
- 7) Put water in tank of rotary buffer/scrubber, and add general-purpose cleaner in accordance with manufacturer's instructions.
- 8) Clean baseboards as indicated in paragraph 4 above. Use doodle bug and scrubbing solution in plastic pail to scrub any area not accessible to the buffer/scrubber.
- 9) Pour any remaining scrubbing solution left in pail onto floor.
- 10) The buffer/scrubber operator is to start the scrubber near the rear wall. Beginning at the sidewall corner, work machine and solution inward towards the center of the room. Use just enough solution and pressure on the machine to remove only the top layer of finish.
- 11) The wet vacuum operator follows the buffer/scrubber operator removing the scrubbing solution and old finish. Care must be taken to ensure that the cleaning solution does not dry. If allowed to dry, water must be put on the floor in order to remove the solution and old finish.
- 12) Rinse baseboards and floor twice with clean mop using double-bucket to ensure all scrubbing solution has been removed.
- 13) After drying, floor is ready for floor finish.
- 14) After finishing your job assignment, thoroughly clean all equipment and return to proper storage area. Place all soiled mop heads and wiping cloths in plastic bags and place in designated area for transport to the Laundry.

7. Refinishing Floors.

a. **Equipment.**

- Double-bucket mopping system

b. **Cleaning Products.**

- Floor finish

c. **Supplies.**

- Plastic bags
- Wet floor/Caution signs

d. **Procedures.**

- 1) The floor is prepared for finish as indicated in paragraph 5 above (Stripping Floors) or paragraph 6 above (Top Scrubbing in Lieu of Stripping).
- 2) Put out Wet Floor signs.
- 3) Line one mop bucket with a plastic liner to avoid contamination. Pour finish into liner. Put clean water into the second bucket. Dip presoaked mop head into the finish, and tamp onto the wringer. Do not ring out.
- 4) When floor is completely dry from the final rinse, apply the first coat of finish. Always use a clean mop head. Immerse the mop head in clean water, and wring out thoroughly. This fills the mop fibers with water, which results in a conservation of floor finish and easier cleaning of the mop head.
- 5) Dip the mop into the floor finish, and press the wringer until excess dipping stops. Start applying the finish in a corner of the room opposite the door. The first coat will be applied up to approximately eight inches from the baseboard. This will prevent build-up next to the baseboard and will conserve floor finish. There is normally very little traffic next to the baseboard. Coat the edges of an area small enough to cover before the finish begins to dry. Fill in the area between the edges, using overlapping strokes. Dip and wring the mop frequently enough to ensure that the finish is applied evenly.
- 6) Edge another area, and complete as above. Each area should be covered before the adjoining area is dry. This will ensure a smooth, even application. Continue with this procedure until the entire space to be refinished has been completed.
- 7) After the first coat is thoroughly dry, apply a second coat. The second coat should be applied up to approximately four inches from the baseboard. The second coat should be applied cross-grain to the first coat. Otherwise, the same methodology is used for the second coat. The third coat will be applied all the way to the baseboard. Exercise care to keep the finish off the baseboard.

- 8) After the entire space has been completed and is thoroughly dry, remove the Caution signs. Place all furniture back in its proper place, and proceed to the next area to be refinished.
- 9) If this is the last area of the day to be refinished, dispose of any floor finish remaining in the bucket. Again, resource conservation is essential; if you have planned properly, there will be no floor finish remaining in the bucket.
- 10) Place used mop heads in a plastic bag, and place in designated area for transport to the Laundry. Clean all equipment thoroughly, and return all equipment and clean mop heads to storage area.
- 11) Remember - floor finish application is the most expensive operation performed in EMS, and utmost care must be exercised to ensure that the job is accomplished in the proper manner.

Note: The number of coats and the use of finish will be predetermined by the supervisor. Also, remember to ventilate work area as much as possible by opening windows and doors.

8. Burnishing.

a. Equipment.

- Burnisher/high-speed floor machine
- Double-bucket mopping system
- Dust mop assembly

b. Cleaning Products.

- None

c. Supplies.

- Burnishing pads
- Counter brush
- Dust pan
- Putty knife
- Wet Floor/Caution signs

d. Procedures.

- 1) Clean the floor as indicated in above paragraph 2 (Dust Mopping Floors) and paragraph 3 (Wet Mopping Floors).

Note: For successful burnishing, a floor must have been properly scrubbed/stripped, refinished and allowed to dry approximately 24 hours before burnishing procedure begins.

- 2) Use putty knife if needed to remove gum, etc., from floor.
- 3) Put out Caution signs.
- 4) After areas along walls have been burnished (16-18 inches), move to center of area farthest from entrance and burnish.
- 5) Continue to burnish until adequate gloss is achieved.
- 6) Turn pads over when finish build-up occurs to prevent scratches in finish.
- 7) After burnishing operations is complete, dust mop the floor and pick up residue with dustpan and counter brush. Dispose of residue in trash receptacle.
- 8) Return all equipment and unused supplies to proper storage location.

Note: This procedure will not be used without specific approval of the supervisor. Extreme care must be taken not to permit burnisher to bump into and damage walls and furnishings.

9. **Rescission.** April 10, 2013

10. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 12

April 10, 2013

Subject: **Housekeeping Aid Closet (HAC) Cleaning**

1. **Purpose.** To establish a procedure and proper techniques for the cleaning of Housekeeping Aid Closets (HAC).
2. **Equipment.**
 - Double-bucket mopping system
 - Dust mop assembly
 - Personal Protective Equipment (PPE) – Gloves (goggles for high cleaning)
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
 - General-purpose cleaner
4. **Supplies.**
 - Abrasive pad
 - Counter brush
 - Dust pan
 - Wiping cloths
5. **Procedures.**
 - a. Clean all surfaces of hopper or sink with general-purpose cleaner, rinse with EPA-approved germicide/disinfectant solution, and wipe dry.
 - b. Damp dust all counter tops or shelves, and wipe dry.
 - c. Clean all walls and baseboards to prevent accumulation of splash marks and watermarks.
 - d. Dust mop floor using a clean dust mop head. Pick up debris with dust pan and counter brush, depositing in waste receptacle.
 - e. Mop entire area using the double-bucket system. Empty and clean buckets.

- f. Replenish your double-bucket system with the proper amounts of water and EPA-approved germicide/disinfectant solution. This is intended for future and/or emergency use.
- g. Soiled mop heads and wiping cloths will be put in plastic bags and placed in designated area for transport to the Laundry. Do not leave soiled items in closet overnight.
- h. Place clean dust mop, and wet mop heads on handles.
- i. Lock closet.

Note: This procedure is followed daily after each work tour. The cleaning of equipment is a separate topic and should be done after each use.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 13

April 10, 2013

Subject: **Heat Convectors, Radiators and Vent Cleaning**

1. **Purpose.** To establish a procedure for the proper and safe cleaning of heat convectors, radiators and vents.
2. **Equipment.**
 - Backpack vacuum
 - Personal Protective Equipment (PPE) – Gloves (goggles)
 - Step ladder
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
4. **Supplies.**
 - Double plastic pail
 - Nylon brush
 - Plastic bags
 - Screwdriver
 - Wiping cloths
5. **Procedures.**
 - a. Put a gallon of water into each side of the double pail. Add the proper quantity of EPA-approved germicide/disinfectant solution into one side.
 - b. Clean underneath, behind and between grids with the nylon brush, and place debris in plastic bag.
 - c. Using the double-bucket system, saturate a wiping cloth with EPA-approved germicide/disinfectant solution; wring damp dry, and wipe to remove soil from radiator or convector. Some convectors may be removed for cleaning. Utility sink may be used, if available. Use stepladder when necessary.
 - d. Dispose of waste. Ensure that all equipment is cleaned and returned to storage at the end of shift.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

Subject: **Ice Machine and Water Dispensing Unit Cleaning**

1. **Purpose.** To establish a procedure for the proper and safe cleaning of ice machines and water dispensing units.
2. **Equipment.**
 - Personal Protective Equipment (PPE) - Gloves
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
 - Stainless steel polish/cleaner
4. **Supplies.**
 - Plastic pail
 - Scouring pads/abrasive pads
 - Wet Floor/Caution signs
 - Wiping cloths
5. **Procedures.**
 - a. Put out Caution signs, and put on gloves.
 - b. Dip wiping cloth into pail containing an EPA-approved germicide/disinfectant, and wipe down all exterior surfaces of ice machines. Remove grill at the well area of the machine. Thoroughly clean the drain area and the area where water and ice dispenses with lime build-up remover to remove water stain build up. Rinse all areas thoroughly. Use extreme caution when using the lime build-up remover chemical, as it is caustic.
 - c. Apply a light coat of stainless steel polish/cleaner to cloth, and wipe down stainless steel surfaces.
 - d. Remove gloves, and wash hands.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick e. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 15

April 10, 2013

Subject: **Light Fixture Cleaning**

1. **Purpose.** To establish a procedure for the proper and safe cleaning of light fixtures.
2. **Equipment.**
 - Backpack vacuum
 - Personal Protective Equipment (PPE) – Gloves (goggles for high dusting)
 - Step ladder
3. **Cleaning Products.**
 - General-purpose cleaner
 - Window cleaner/glass cleaner
4. **Supplies.**
 - Double plastic pail
 - Screwdriver
 - Wet Floor/Caution signs
 - Wiping cloths
5. **Procedures.**
 - a. Put one gallon of water into each side of the double pail. Add prescribed amount of general-purpose cleaner to the wash side. Proceed to work site.
 - b. Turn off the light that is to be cleaned. If ladder is necessary to wash the fixture, set out Caution signs. Remove the light fixture diffuser. (A screwdriver may be required to remove fixture diffuser.)
 - c. Vacuum dead bugs, debris, etc., from the fixture. Wash the entire fixture with a wiping cloth saturated with solution from the wash side of the double pail. Rinse with a clean wiping cloth, using water from the rinse side. Wipe dry with a clean wiping cloth.
 - d. Take the diffuser to a large utility sink, preferably in the Housekeeping Aid Closet. Wash it thoroughly with general-purpose cleaner. Rinse with clean water, and wipe dry. The

spray bottle of window cleaner may be necessary to eliminate any water spots; make sure fixture is completely dry. Re-install diffuser.

- e. Collect all equipment, and proceed to next fixture.
- f. At the end of the shift, clean all equipment and store in proper location. Soiled wiping cloths will be put in plastic bags and placed in designated area for transport to the Laundry.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 16

April 10, 2013

Subject: **Mini-Blind Cleaning**

1. **Purpose.** To establish a procedure for the proper and safe cleaning of window blinds (mini-blinds).
2. **Equipment.**
 - Personal Protective Equipment (PPE) – Gloves, Goggles (Mask is optional)
 - High Efficiency Particulate Air (HEPA) vacuum
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
4. **Supplies.**
 - Plastic pail
 - Wiping cloths
5. **Procedures.**
 - a. Vacuum blinds with a HEPA vacuum cleaner.
 - b. Mix EPA-approved germicide/disinfectant in cool water, following manufacturer's directions.
 - c. Lower blind to its full length and close.
 - d. Dip wiping cloth into solution; wring out thoroughly.
 - e. With one hand, support the underside of the blind; and with the other hand, wipe each slat.
 - f. Start with the top slat and work down.
 - g. Flip the blinds over, and clean the opposite side in the same manner.
 - h. Work with care, as the slats may bend easily.
 - i. Wipe off streaks with dry wiping cloth, as needed.
 - j. Leave blind in lowered position.

- k. Return equipment to storage area.

Note: Periodically it may become necessary to completely remove the blinds and take them to another area for thorough washing. The supervisor will assign the frequency and method to be used.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VAPAHCS

Environmental Management Service
Standard Operating Procedure No. 17

April 10, 2013

Subject: **Patient Room Cleaning (Occupied Isolation)**

1. **Purpose.** To establish a procedure for the proper and safe cleaning of occupied patient isolation rooms.
2. **Equipment.**
 - Double-bucket or micro-fiber mopping system
 - Personal Protective Equipment (PPE) – Gloves
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
4. **Supplies.**
 - Hand mop or polishing cloth
 - Paper towels
 - Plastic bags
 - Plastic pail
 - Toilet tissue
 - Waterless hand sanitizer
 - Wet Floor/Caution signs
 - Wiping cloths
5. **Procedures.**
 - a. Check isolation notice posted outside the patient's room, and take the proper precautions listed before entering. If you have any doubts about the notice or the proper procedure, contact your supervisor.
 - b. Enter patient room with appropriate PPE.
 - c. Remove all waste from receptacles. General waste should be bagged and disposed of in the general waste stream. Regulated Medical Waste (RMW) will be *red bagged* and segregated from general waste, and disposed of as infectious waste.

- d. Re-line waste receptacle.
- e. Spot clean walls, cabinets and glass surfaces. Wash soiled walls with EPA-approved germicide/disinfectant.
- f. Wipe down of change cubicle curtains, if needed.
- g. Restock paper and soap products.
- h. Clean sinks, stools and showers, if applicable.
- i. Return all furniture to its proper location.
- j. Set out Wet Floor signs, and begin mopping floor using double-bucket mopping procedure.
- k. After cleaning the isolation room, change water in mopping unit; all soiled mop heads and wiping cloths will be put in plastic bags, and will be placed in designated area for transport to the Laundry.
- l. Conduct visible room inspection to be sure mirrors, blinds and vents are not soiled, and sharps container is not full.
- m. Wash hands thoroughly.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
Palo Alto

Environmental Management Service
Standard Operating Procedure No. 18

July 2, 2014

Subject: **Patient Room (Isolation) (Terminal/Discharge) Cleaning**

1. **Purpose.** To establish a procedure for the terminal/discharge cleaning of patient isolation rooms.
2. **Equipment.**
 - Double-bucket or micro-fiber mopping system
 - Personal Protective Equipment (PPE) – Gloves
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
4. **Supplies.**
 - Antiseptic hand cleaner
 - Hand mop or polishing cloth
 - Laundry bag
 - Paper towels
 - Plastic bags
 - Plastic pail
 - Toilet tissue
 - Wet Floor/Caution signs
 - Wiping cloths
5. **Procedures.**
 - a. Check isolation notice posted outside the patient's room, and take the proper precautions listed before entering. If you have any doubts about the notice or the proper procedure, contact your supervisor.
 - b. Enter the patient's room with appropriate PPE.
 - c. Make sure nursing has removed all used linen and patient items before you begin cleaning.

- d. Remove all waste from receptacles. General waste should be bagged and disposed of in the general waste stream. Regulated Medical Waste (RMW) will be *red bagged* and segregated from general waste, and disposed of as infectious waste.
- e. With wiping cloth dipped in EPA-approved germicide/disinfectant solution, clean over-bed table. Clean both sides of pillow, and place on table. Never re-dip cleaning cloth in solution use a new freshly dipped cloth to continue as needed.
- f. Clean overhead light, headboard, footboard, side rails, lower parts of bed frame, bed/TV controls and phones. Clean top and sides of mattress. Fold mattress over and clean half of mattress, box spring and all exterior surfaces. Unfold mattress and repeat process at the other end of bed. When finished, turn the mattress over completely so the underside is now the top. (Follow manufacturer's information, as some mattresses are not meant to be turned.) Cleaning bed first allows the EPA-approved germicide/disinfectant to remain wet for the proper dwell time.
- g. Clean interior and exterior surfaces of all room furniture, bedside chair, closets and/or wall lockers, and waste receptacle using an EPA-approved germicide/disinfectant. Use putty knife, if necessary.
- h. Spot clean walls, cabinets and glass surfaces. Wash soiled walls with EPA-approved germicide/disinfectant.
- i. Change cubicle curtains.
- j. Restock paper and soap products.
- k. Clean sinks, toilets and showers, if applicable.
- l. Return all furniture to its proper location.
- m. Set out Wet Floor signs, and begin mopping floor using double-bucket mopping procedure. Mop entire area.
- n. Prepare bed for the next patient. Remove gloves prior to getting clean linen. Make bed using clean linen. Avoid shaking the sheets and blankets to keep the air free from lint.
- o. After cleaning isolation room, change water in mopping unit. Put all soiled wiping cloths in a plastic bag and place in appropriate container.
- p. Conduct visible room inspection to be sure mirrors, blinds and vents are not soiled, and the sharps container is not full.
- q. Wash hands thoroughly.

6. **Rescission.** April 10, 2013

7. **Review Date.** July 2, 2014

Kenneth M. Wagner
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 19

April 10, 2013

Subject: **Patient Room (CLC) Monthly Cleaning**

1. **Purpose.** To establish a procedure for the proper and safe monthly cleaning of a Nursing Home Care Unit (CLC) patient's room.
2. **Equipment.**
 - Double-bucket or micro-fiber mopping system
 - Dust mop assembly/3M Easy Trap
 - Personal Protective Equipment (PPE) - Gloves
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
 - General-purpose cleaner
 - Glass cleaner/window cleaner
 - Neutral Cleaner
4. **Supplies.**
 - Abrasive pads
 - Antiseptic and body soap
 - Broom and dust pan
 - Clear and bio-hazard trash bags (all sizes)
 - Paper towels
 - Putty knife or edging tool
 - Toilet mop brush w/holder
 - Toilet paper
 - Wet Floor/Caution signs
 - Wiping cloths

5. **Procedures.**

- a. Remove everything from the room.
- b. Place cloths in bucket, and fill with EPA-approved germicide/disinfectant to cover cloths. Use one cloth at a time to wipe objects in the room. Change the cloth regularly by placing in a bag to be laundered.
- c. Remove all waste and re-line receptacle.
- d. Check cubical curtains for spots, and change out as needed (for CLC rooms, change out at least quarterly).
- e. Clean walls from ceiling to floor, and all objects.
- f. After damp wiping the following objects, let air-dry:
 - Cabinets and closets – inside and out
 - Night stand
 - Dresser – inside and out
 - Over-the-bed table – inside and out
 - Bed frame, hand rails, and mattress
 - Nurse call button, telephone and TV control
 - Reading and exam lights
 - Windowsills and walls
- g. Take waste receptacles to HAC, and apply EPA-approved germicide/disinfectant.
- h. Dust mop floor.
- i. Apply EPA-approved germicide/disinfectant in sinks, on toilet seat, in tub or shower and let stand.
- j. Put toilet bowl cleaner in toilet; let stand. Flush prior to leaving room to prevent chemical burns.
- k. Mop and clean restroom, and restock.
- l. Mop floor with Neutral cleaner, beginning from window or from far wall to door. Scrub or strip, if necessary; apply finish and burnish.

Note: Be sure to use Wet Floor signs. Coordinate cleaning with other services as necessary.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

Environmental Management Service
Standard Operating Procedure No. 20

April 10, 2013

Subject: **Patient Room Cleaning (Occupied)**

1. **Purpose.** To establish a procedure for the proper and safe technique to be used for cleaning occupied patient rooms.
2. **Equipment.**
 - Double-bucket mopping system
 - Dust mop assembly
 - Personal Protective Equipment (PPE) – Gloves
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
 - General-purpose cleaner
4. **Supplies.**
 - Abrasive pads
 - Counter brush
 - Dust pan
 - Hand mop
 - Plastic bags
 - Putty knife
 - Wet Floor/Caution signs
 - Wiping cloths
5. **Procedures.**
 - a. Enter patient room with appropriate PPE.
 - b. Remove all waste from receptacles. General waste should be bagged and disposed of in the general waste stream. Regulated Medical Waste (RMW) will be *red bagged* and segregated from general waste, and disposed of as infectious waste.
 - c. Re-line waste receptacle.

- d. Spot clean walls, cabinets and glass surfaces. Wash soiled walls with EPA-approved germicide/disinfectant.
- e. Restock paper and soap products.
- f. Clean sinks, stools and showers, if applicable.
- g. Return all furniture to its proper location.
- h. Set out Wet Floor signs, and begin mopping floor using double-bucket or micro-fiber mopping procedure.
- i. Conduct visible room inspection to be sure mirrors, blinds and vents are not soiled, and sharps container is not full.
- j. Wash hands thoroughly.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Vanita Westbrook
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 21

April 10, 2013

Subject: **Terminal/Discharge Room Cleaning CDIFF/MDRO**

1. **Purpose.** To establish a procedure for the proper and safe technique for the terminal cleaning of patient rooms
2. **Equipment.**
 - Double-bucket mopping system and/or Microfiber mopping system
 - Personal Protective Equipment (PPE) – Gloves
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant or Germicidal wipes (if cleaning a Cdiff isolation room a Bleach based product is required)
4. **Supplies.**
 - Permanent marker
 - Clear plastic bag or Patient belongings bag (as determined by facility)
 - Abrasive pad
 - Clean linen
 - Double plastic pail (if required)
 - Plastic bags
 - Plastic pail (if required)
 - Putty knife
 - Wet Floor/Caution signs
 - Wiping cloths or Microfiber Cloths
 - Required PPE as determined by the isolation category
5. **Procedures.**

Don gloves and any other required PPE (gowns mandatory for all ISO)

 - a. Verify that nursing supplies and Patient belongings have been removed from the room.
 - b. Verify that Nursing has stripped the bed and removed all soiled linen.
 - c. Change out cubical for all C-Diff rooms.
 - d. If using a 2 mop bucket fill system, fill one catch side with one gallon of water in fill side bucket add 3 gallons of diluted germicide/disinfectant according to manufacturer's instructions.

- e. If using a micro-fiber fill system fill bucket with approved germicidal solution and insert micro-fiber pads to system level, change pads for each room
- f. Clean over-bed table and both sides of pillow and place on table using wiping cloths and germicidal solution or germicidal wipes. **Using a two step chemical process**
 - Step One: Use an EPA- registered Hospital cleaner disinfectant (**Dispatch**) to clean all surfaces to remove dirt and organic material. Carefully observe the recommended chemical process to provide the maximum effectiveness
 - Step Two: Use an EPA-registered hospital disinfectant (**Dispatch**) that has been approved to remove C. Difficile spores. Carefully observe the recommended cleaning process time to provide the maximum effectiveness
- g. Remove waste; Place in red receptacle (All waste is considered contaminated)
- h. Clean overhead light, headboard, footboard, side rails, and lower parts of bed frame, bed controls and phone, Paying particular attention to high touch surfaces (e.g., bed control, rails, over bed table's, nurse call button).
- i. Clean top and side of mattress. Fold mattress over and clean half of mattress, and all exterior surfaces. Unfold mattress and repeat process at the other end. If possible when finished, turn the mattress over completely so the underside is now the top. (Follow manufacturer's directions, as some mattresses are not intended to be turned.)
- j. Clean E-vac-U-sled, if present, in accordance with the facility procedure, treat E-vac-U-sled as part of mattress
- k. Clean interior and exterior surfaces of all patient room furniture, bedside chair, closets and/or wall lockers and waste receptacle using germicide/disinfectant, and a putty knife, if necessary.
- l. Spot clean walls, cabinets and glass surfaces. Wash soiled walls with EPA-approved germicide/disinfectant.
- m. Standard procedure for application of Germicidal chemical will follow the infectious control and EOC protocol to include usage of sprayer, or wipes to provide the most efficient coverage and application to ensure sanitation and prevent transference
- n. Clean or remove any rolling stock in accordance with facility procedure
- o. Restock paper and soap products. Reline trash receptacle.
- p. Clean sinks, toilets and showers.
- q. Return all furniture to its proper location.
- r. Set out Wet Floor signs.
- s. Mop patient room and bathroom in accordance with facility procedure.
- t. Remove gloves and use proper hand hygiene prior to getting clean linen.
- u. Prepare bed for the next patient. Make bed using clean linen. Avoid shaking the sheets and blankets; this keeps the air free from lint.
- v. Conduct visual room inspection to ensure that all tasks have been completed.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 22 (Not Yet Procedure)

April 10, 2013

Subject: **Rolling Stock and Non-Critical Reusable Medical Equipment (RME)
Cleaning**

1. **Purpose.** The purpose of this procedure is to reduce the risk of hospital acquired infections due to the use of rolling stock and non-critical reusable medical equipment. This policy is not intended to cover non-critical reusable medical equipment issued to individual patients for their personal use. This policy only covers rolling stock and non-critical reusable medical equipment cleaning (RME) such as but not limited to wheelchairs, IV poles, gurneys, stretchers, commodes, patient lifts, exam tables, blood pressure cuffs etc.
2. **Equipment.**
 - Personal Protective Equipment (PPE) - Gloves
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant/wipes
4. **Supplies.**
 - Pail/bucket/wipes
 - Scouring pads/putty knife
 - Wet Floor/Caution signs
 - Wiping cloths or sponges
5. **Procedures.**
 - a. Don rubber gloves
 - b. Gather together cleaning materials; prepare solution under recommended instructions
 - c. If applicable remove any item(s) i.e.; tubing, bags, soil linen and dispose of properly
 - d. Inspect the equipment item thoroughly
 - i. Handles
 - ii. Top/bottom and sides
 - iii. Base, wheels

- iv. Any attached items
- e. Ensure that there is no sign of bio-discharge or other physical debris present
- f. If physical debris present wipe clean using approved chemical.
- g. Conduct final wipe for disinfecting purposes start wiping the equipment working your way thoroughly to all areas to include underneath, sides, base, wheels etc. the sides
- h. Wipe the equipment thoroughly to include frame and other attachment to include
 - i. Handles
 - ii. Top/bottom and Sides
 - iii. Base, wheels
 - iv. Mat/pads
 - v. Any attached items
- i. Submit work order or notify unit Manager if repairs are needed.
- j. Remove gloves, and wash hands.
- k. Place cleaned equipment items in designated clean area or clean supply room.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 23 (Not Yet Procedure)

April 10, 2013

Subject: **Patient Transport Wheelchair Cleaning**

1. **Purpose.** The purpose of this procedure is to reduce the risk of hospital acquired infections due to the exchange of patients in and out of common use transport wheelchairs. This policy is not intended to cover Wheelchairs that are issued to individual patients for their personal use. This policy only covers manually operated wheelchairs.
2. **Equipment.**
 - Personal Protective Equipment (PPE) - Gloves
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant/wipes
4. **Supplies.**
 - Pail/bucket/wipes
 - Scouring pads
 - Wet Floor/Caution signs
 - Wiping cloths or sponges
5. **Procedures.**
 - a. Don rubber gloves
 - b. Gather together cleaning materials; prepare solution under recommended instructions
 - c. Remove soil linen
 - d. Inspect the chair areas that staff and the patient touches:
 - a. Handles
 - b. Seat back
 - c. Side supports and arm rests
 - d. The top and bottom of the seat
 - e. Ensure that there is no sign of bio-discharge or other physical debris present

- f. If physical debris present wipe clean using approved chemical
- g. Conduct final wipe for disinfecting purposes starting from the top and working your way to the seat. Ensure that the following surfaces are wiped:
 - a. Handles
 - b. Seatback
 - c. Side supports and arm rests
 - d. Top and bottom of seat
 - e. Prepare stretcher for next use

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 24 (Not Yet Procedure)

April 10, 2013

Subject: **Patient Transport Stretcher Cleaning**

1. **Purpose.** The purpose of this procedure is to reduce the risk of hospital acquired infections due to the exchange of patients in and out of common use transport Stretchers. This policy is not intended to cover Stretchers that are issued to individual patients for their personal use. This policy only covers manually operated stretchers.
2. **Equipment.**
 - Personal Protective Equipment (PPE) - Gloves
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant/wipes
4. **Supplies.**
 - Pail/bucket/wipes
 - Scouring pads
 - Wet Floor/Caution signs
 - Wiping cloths or sponges
5. **Procedures.**
 - a. Don rubber gloves
 - b. Gather together cleaning materials; Prepare solution under recommended instructions
 - c. Remove soil linen
 - d. Inspect the mattress and other areas the stretcher that staff and the patient touches:
 - i. Handles
 - ii. Side rails
 - iii. Top and sides of mattress
 - iv. Any attached poles
 - e. Ensure that there is no sign of bio-discharge or other physical debris present

- f. If physical debris present wipe clean using approved chemical
- g. Conduct final wipe for disinfecting purposes start by wiping the mattress working your way to the sides
- h. Wipe the frame and other attachments to include
 - i. Handles
 - ii. Side rails
 - iii. Control panel
 - iv. Wipe both sides of the pillow
 - v. Prepare Stretcher with new linen
- i. Submit work order or notify unit Manager if repairs are needed.
- j. Remove gloves, and wash hands.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 25

April 10, 2013

Subject: **Public Area Cleaning**

1. **Purpose.** To establish a procedure for the proper and safe daily cleaning of public areas (including offices, switchboard areas, chapels, auditoriums, conference rooms, classrooms, libraries, waiting rooms, day rooms, lounges and entrances).
2. **Equipment.**
 - Double-bucket or micro-fiber mopping system
 - Dust mop assembly/3M Easy Trap
 - Personal Protective Equipment (PPE) - Gloves
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
 - Glass cleaner/window cleaner
 - General-purpose cleaner
4. **Supplies.**
 - Broom and dust pan
 - Clear trash bags (all sizes)
 - Counter brush
 - Dust pan
 - Hand mop
 - Nylon brush
 - Plastic pail
 - Putty knife or edging tool
 - Scrubbing pads
 - Wet Floor/Caution signs
 - Wiping cloths

5. **Procedures.**

- a. Put out Caution signs.
- b. Fill plastic pail with one gallon of EPA-approved germicide/disinfectant solution.
- c. Empty the waste receptacle; clean it inside and out, and replace plastic liner in the waste receptacle.
- d. Pull chairs away from the wall. Damp dust or wash window sills and other woodwork, radiators, chairs and other furniture, magazine racks, lamps, plaques and wall art, doors, ledges and partitions using clean wiping cloths and EPA-approved germicide/disinfectant solution. Wipe dry with clean wiping cloth.
- e. Spot wash walls.
- f. Check the draperies and/or mini blinds for dust. If draperies need to be cleaned, notify supervisor. Do not remove drapes without supervisor's approval.
- g. Dust mop and wet mop behind chairs; put chairs back where they belong. Then dust mop and wet mop the rest of the floor.
- h. Use putty knife to remove gum and soil from carpet. Vacuum carpet area.
- i. Report any items needing repair (including rough edges on furniture, frayed cords, burned out light bulbs, soiled upholstery and faulty equipment) to your supervisor.

Note: Soiled wiping cloths and mops should be placed in a plastic bag for transport to the Laundry for cleaning. Employees assigned to public areas will clean areas thoroughly once each shift, and frequently recheck and touch up as needed, including furnishings, blinds and televisions. The public area employee will vacuum and spot clean carpet in these areas on a routine basis. All waste receptacles are to be emptied on each shift and more frequently, if needed.

Day rooms should not be cleaned while patients are eating. Be courteous and ask visitors to move for cleaning purposes. Lobbies, waiting areas and lounges are generally cleaned on the evening shift. Visitors, patients, etc., occupying these areas should be asked politely to move to another area for cleaning purposes.

6. **Rescission.** April 10, 2013

7. **Review Date** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 26

April 10, 2013

Subject: **Refrigerator Cleaning**

1. **Purpose.** To establish a procedure for the proper and safe cleaning of patient medication and nutrition refrigerators.
2. **Equipment.**
 - Personal Protective Equipment (PPE) - Gloves
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
4. **Supplies.**
 - Pail/bucket
 - Scouring pads
 - Wet Floor/Caution signs
 - Wiping cloths or sponges
5. **Procedures.**
 - a. Put out Caution signs, and put on gloves.
 - b. Dip cloth in pail of EPA-approved germicide/disinfectant, and wipe down outside of refrigerator only. Use scouring pad on tougher stains.
 - c. Remove gloves, and wash hands.
6. **Rescission.** April 10, 2013
7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 27

April 10, 2013

Subject: **Restroom Cleaning**

1. **Purpose.** To establish a procedure for the proper and safe daily cleaning of a patient restroom.
2. **Equipment.**
 - Double-bucket or micro-fiber mopping system
 - Personal Protective Equipment (PPE) – Gloves (goggles for high cleaning)
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
 - Non-abrasive cleaner
 - Toilet bowl cleaner (non-acid)
4. **Supplies.**
 - Antiseptic and body soap
 - Trash bags (all sizes)
 - Counter brush
 - Dust mop assembly.3M Easy Trap
 - Dust pan
 - Paper towels
 - Plastic pail
 - Putty knife
 - Toilet paper
 - Scrub brush
 - Wet Floor/Caution signs
 - Wiping cloths
5. **Procedures.**

- a. Put out Caution signs. Courteously ask anyone who is not using the area to leave until the job is completed.
- b. Clean floor with dust mop. Pick up soil and debris with dust pan and counter brush, and deposit in waste receptacle.
- c. Deposit soiled linen in soiled linen bag.
- d. Clean inner toilet with a toilet brush, and clean outer bowl and metal surfaces with a saturated wiping cloth and EPA-approved germicide/disinfectant. Remove stains with a non-abrasive cleaner, and rinse.
- e. Clean wall urinals with toilet brush, and saturated wiping cloth and EPA-approved germicide/disinfectant.
- f. Clean glass surfaces (including mirrors) with disinfectant and wipe dry with a paper towel. Mirrors should be spot free.
- g. Clean walls around and behind urinals and bowls with wiping cloth using a non-abrasive cleaner and EPA-approved germicide/disinfectant. Clean wash basins and soap dishes in the same manner. Work solution vigorously into the drains and under the lip of toilet bowl and wall urinal. Rinse and wipe up excess water with wiping cloths.
- h. Wipe down ledges, sills and room walls with wiping cloth and EPA-approved germicide/disinfectant.
- i. Replenish paper and soap supplies.
- j. Remove trash from waste receptacle, and wipe down receptacle with wiping cloth; replace liner. Use non-abrasive cleaner to remove stubborn stains.
- k. Using EPA-approved germicide/disinfectant in plastic pail. Vigorously wash shower walls and floor with scrubbing pad or scouring brush, paying particular attention to corners. Remove debris from drain. Change water as needed.
- l. Mop floor using the double-bucket or micro-fiber system.
- m. Clean and return all equipment to proper storage area. Deposit soiled cloths and mop heads in plastic bags, and send to the Laundry by linen chute or soiled linen cart.

Note: Use acid bowl cleaner only in toilet bowls and wall urinals. Acid bowl cleaner is to be used only on porcelain surfaces. Do not use acid bowl cleaner on sinks or wash basins, as they are enamel coated.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

Subject: **Shower Area Cleaning and Disinfecting**

1. **Purpose.** To establish a procedure for proper cleaning/disinfecting of shower areas.
2. **Equipment.**
 - Buffer with floor brush
 - Double-bucket mopping system
 - Personal Protective Equipment (PPE) - Gloves, Mask and Goggles
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
4. **Supplies.**
 - Scrub/deck brush
 - Wet Floor/Caution signs
 - Wiping cloths
5. **Procedures.**
 - a. Wear PPE equipment.
 - b. Remove items left on floor of shower.
 - c. Apply EPA-approved germicide/disinfectant to walls and floor, and scrub using a scrub/deck brush.
 - d. Rinse walls and floor thoroughly with clean water. Allow surfaces to dry.
 - e. Clean showerhead and chrome fixtures with EPA-approved germicide/disinfectant.
 - f. Wipe surfaces with a clean dry wiping cloth.
 - g. Once per week, machine scrub floors using a buffer and appropriate floor brush.
 - h. Set out Caution signs, and damp mop floors with EPA-approved germicide/disinfectant.

6. **Rescission.** April 21, 2016

7. **Review Date.** April 21, 2016

Charles Von Goins
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 29

April 10, 2013

Subject: **Sink Cleaning**

1. **Purpose.** To establish a procedure for the proper cleaning of sinks.
2. **Equipment.**
 - Double-bucket or micro-fiber mopping system
 - Personal Protective Equipment (PPE) - Gloves, Goggles
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
4. **Supplies.**
 - Scrubbing pad
 - Wet Floor/Caution signs
 - Wiping cloths
5. **Procedures.**
 - a. Clear all articles from sink.
 - b. Wear gloves and safety goggles.
 - c. Apply EPA-approved germicide/disinfectant to metal surfaces to include faucets, valves, stoppers and soap dish.
 - d. Clean all porcelain surfaces to include underside of rim above overflow opening and base of sink.
 - e. Clean overflow opening by use of a folded cloth or wedge covered with a cloth.
 - f. Dry and polish all metal and porcelain with a clean dry wiping cloth.
 - g. Clean all exposed pipes below the basin with a damp cloth. If pipes are nickel, polish them frequently.
 - h. Wash wall area near sink and rinse; dry with clean wiping cloth.
 - i. Set out Caution signs, and damp mop floors.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick e. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 30

April 10, 2013

Subject: **Stairwell Cleaning**

1. **Purpose.** To establish a procedure for the proper cleaning of stairwells.
2. **Equipment.**
 - Backpack vacuum cleaner
 - Double-bucket mopping system
 - Dust mop assembly
 - Personal Protective Equipment (PPE) – Gloves (goggles for high dusting)
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
 - General-purpose cleaner
4. **Supplies.**
 - Abrasive pad
 - Counter brush
 - Dust pan
 - Putty knife
 - Wet Floor/Caution signs
 - Wiping cloths
5. **Procedures.**
 - a. Prepare double-bucket or micro fiber mopping system in accordance with wet mopping procedure.
 - b. Put out Caution signs at stairway entrance on each landing to be cleaned.
 - c. Remove gum and other sticky substances from stairwell with putty knife.
 - d. Dust mop top landing and steps. Remove debris with dustpan and counter brush. Counter brush may also be used to clean out corners, as needed.

- e. Clean banisters, railings, sills and baseboards with clean wiping cloths and EPA-approved germicide/disinfectant solution. Use general-purpose cleaner and scrubbing pad to remove stains and finish buildup.
- f. Mop stairs and landings, using double-bucket system.
- g. After area is dry to the touch, remove Caution signs.
- h. Proceed to the next level or to next stairwell, as applicable.
- i. At the end of the shift, clean all equipment and store in proper location. Soiled mop heads and wiping cloths will be put in plastic bags and placed in designated area for transport to the Laundry.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 31

April 10, 2013

Subject: **Wall Washing**

1. **Purpose.** To establish a procedure for the proper and safe technique to be used for wall washing.
2. **Equipment.**
 - Double-bucket or micro-fiber mopping system
 - Personal Protective Equipment (PPE) – Gloves
 - Wall washing micro-fiber pads and extension
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
 - General-purpose cleaner
 - Non-abrasive cleaner
4. **Supplies.**
 - Plastic bags
 - Wet Floor/Caution signs
 - Wiping cloths
5. **Procedures.**
 - a. Put all purpose cleaner or EPA-approved germicide/disinfectant in plastic pail with micro fiber heads rolled up in the solution.
 - b. Set out Wet Floor/Caution signs.
 - c. Attach wet micro-fiber head to the micro-fiber swivel tool.
 - d. Apply pad to area, beginning at the top of the wall and working downwards. Use a Figure 8 motion.
 - e. Check for spillage on floor and wipe up immediately to prevent slip and falls
 - f. Change Micro fiber pad as needed.

- g. Heavy stains or heavy soil not removed by washing pad unit can be cleaned by dampened wiping cloth with a small amount of general-purpose cleaner. Rinse thoroughly, and dry with wiping cloth.
- h. Clean and return all equipment to proper storage area, and place dirty wiping cloths and wall washing pads in plastic bags for laundering.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 32

April 10, 2013

Subject: **Window and Screen Cleaning**

1. **Purpose.** To establish a procedure and proper techniques for the care and cleaning of windows and screens.
2. **Equipment.**
 - Double-bucket mopping system
 - Personal Protective Equipment (PPE) – Gloves (goggles for high cleaning)

Note: Water hose, stepladder, screwdriver and adjustable wrench may be required in some instances. Window and screen must be installed in the same window frame they were removed from. On some windows, it will be necessary to number each window part as they are removed to ensure proper reinstallation.

3. **Cleaning Products.**
 - Window washing solution/glass cleaner
4. **Supplies.**
 - Hand squeegee
 - Paint scraper
 - Plastic pail
 - Scrub brush
 - Wet Floor/Caution signs
 - Wiping cloths
5. **Procedures.**
 - a. Put out Caution signs.
 - b. Put one gallon of water into plastic pail, and add the prescribed quantity of window washing solution/glass cleaner. Change water as necessary. Remove windows and

screen from window frame. *(Note: There are several styles of windows in Medical Centers. Be certain that you know how to open or remove the window sections. If there is doubt, contact your supervisor.)*

- c. Immerse wiping cloth in solution, and then wash window ledge and moldings. Use paint scraper to remove paint or other foreign matter. Wipe dry with cloth.
- d. Apply window cleaner with sprayer or squirt bottle. Wipe with rags, working into corners. Start at bottom and work toward the top, using both vertical and horizontal motions. In some cases, hand squeegees may be utilized. Wipe dry.
- e. Hose screen with water. Use scrub brush to thoroughly clean both sides. Rinse and let dry. *[Note: In some cases windows are washed without screens being removed from the window frames. Instead, the screens are vacuumed in place. Reinstall windows and screen (when applicable) in window frame.]*

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 33

April 10, 2013

Subject: **Corridor, X-Ray Rooms, Pharmacy and Laboratory Cleaning**

1. **Purpose.** To establish a procedure for the cleaning of corridors, X-ray rooms, Pharmacy and Laboratory areas.
2. **Equipment.**
 - Double-bucket or micro-fiber mopping system
 - Dust mop assembly / 3M Easy Trap
 - Personal Protective Equipment (PPE) - Gloves
 - Vacuum cleaner
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
 - General-purpose cleaner
 - Glass cleaner/window cleaner
4. **Supplies.**
 - Plastic pail
 - Putty knife
 - Wet Floor/Caution signs
 - Wiping Cloths
5. **Procedures.**
 - a. Waste removal, dust mopping and wet mopping are part of the general cleaning schedule, and are accomplished prior to or after the overall cleaning of individual rooms or areas.
 - b. Fill ½ plastic pail with EPA-approved germicide/disinfectant and the other ½ with general purpose cleaner.
 - c. Spot wash walls and windowsills, using general-purpose cleaner and wiping cloths. Wipe dry.

- d. Damp-dust doors, woodwork and partitions using the general-purpose cleaner and clean wiping cloth. Wipe dry.
- e. Use putty knife to remove any gum, tar, etc., from floors.
- f. Vacuum all carpeted areas.
- g. Clean drinking fountains and lavatories, using EPA-approved germicide/disinfectant cleaner and clean wiping cloths. Lavatories may require the use of the general-purpose cleaner for hard to remove stains or water spots.
- h. Return equipment and unused supplies to proper storage location. Place soiled rags and soiled mops in plastic bags for transport to Laundry.

Note: Do not touch X-ray or laboratory equipment, and do not touch medications or other Pharmacy supplies.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA HEALTH CARE SYSTEM

Environmental Management Service
Standard Operating Procedure No. 34

SUBJECT: Pharmacy IV Rooms Cleaning Procedure

1. **Purpose:** To establish methods for cleaning the VAHCS Pharmacy IV rooms. These procedures will be completed for all areas where compounding of preparations occur to remove and control viable and nonviable contamination.
2. **Equipment: Dedicated equipment is used and stored in the Pharmacy.**
 - ✓ Double bucket or micro-fiber mopping system
 - ✓ Personal Protective Equipment (PPE) – Gloves
 - ✓ Telescoping mop handle
3. **Cleaning Products:**
 - ✓ EPA approved germicide/disinfectant
 - ✓ Cleaning agent for floor care
4. **Supplies:**
 - ✓ Microfiber mop head
 - ✓ Clean, lint free wiping cloths
 - ✓ Trash bags, general waste, red bio-hazard, and yellow chemo
 - ✓ Empty sharps container if needed
 - ✓ Linen bags
 - ✓ Wet Floor/Caution signs
 - ✓ Wiping cloths
 - ✓ Dust broom and pan
5. **Procedures:**
 - a. On a daily basis the floor is mopped and doorframes cleaned. This occurs 7 days per week including holidays at approximately 10:00 a.m.:
 - (1) Don appropriate PPE
 - (2) Remove general (blue), regulated (red), and chemotherapy (yellow) waste. Reline waste receptacles with appropriate plastic bag.
 - (3) Sharps containers are left in the room for EMS sharps/contamo run.

(4) Remove soiled linen following soiled linen handling procedure and place in designated receptacles.

(5) Dampen a clean, lint free cloth with an EPA approved germicide/ disinfectant and clean all door frames, light switches, and any other high-tough surfaces in room.

(6) Mop floor of IV Rooms using standard mopping procedures, including wet floor signage, use of proper cleaning agent, and using a series of slightly overlapping strokes. Allow floor to dry completely to avoid recontamination or fall hazards. Remove signage when dry.

(7) Document log after cleaning completed, noting on the form and bringing to the attention of the EMS and Pharmacy supervisor any unusual conditions.

b. On a monthly basis the IV Rooms walls and lights will also be cleaned:

(1) Complete steps 5.a.(1)-(4) above.

(2) Dampen a clean microfiber mop head with an EPA approved germicide/ disinfectant and wipe exterior of light covers, then walls in a straight-line fashion, ceiling to floor, and avoiding circular scrubbing motions.

(3) Mop floor of IV Rooms using standard mopping procedures, including wet floor signage, use of proper cleaning agent, and using a series of slightly overlapping strokes. Allow floor to dry completely to avoid recontamination or fall hazards. Remove signage when dry.

(4) Document log after cleaning completed, noting on the form and bringing to the attention of the EMS and Pharmacy supervisor any unusual conditions.

Rescission. April 10, 2013

Review Date. April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

Environmental Management Service Documentation Log

Date/ Month	Floors and Doorframes (Hi-touch)	Walls	Light Fixtures
Frequency	Daily	Monthly	Monthly
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
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24			
25			
26			
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28			
29			
30			
31			

EMS log of cleaning documentation- Initials indicate completion of work.

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 35

April 10, 2013

Subject: **Examination Room Cleaning**

1. **Purpose.** To establish a procedure for the proper and safe daily cleaning of patient examination rooms.
2. **Equipment.**
 - Double-bucket or micro-fiber mopping system
 - Dust mop assembly/3M Easy Trap
 - Personal Protective Equipment (PPE) - Gloves
 - Vacuum cleaner
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
4. **Supplies.**
 - Abrasive pads
 - Antiseptic hand cleaner
 - Broom and dust pan
 - Clear and bio-hazard trash bags (all sizes)
 - Paper towels
 - Plastic bucket
 - Putty knife or edging tool
 - Wet Floor/Caution signs
 - Wiping cloths
5. **Procedures.**
 - a. Daily:
 - 1) Sweep floors and pull waste; clean waste receptacle if soiled.

- 2) Use EPA-approved germicide/disinfectant to wipe examination table, phone and all horizontal surfaces.
- 3) Apply EPA-approved germicide/disinfectant to sink (if there is one in the room); let stand.
- 4) Restock paper and soap products.
- 5) Spot clean walls, and check cubical curtains for stains.
- 6) Wipe down sink.
- 7) Mop floor, starting at far wall.

b. Weekly:

- 1) Wipe doors.
- 2) Dust vent.
- 3) Wipe under sink.
- 4) Clean waste receptacle.
- 5) Buff finished floor.
- 6) Sweep under exam table.

c. Monthly: Scrub floor and topcoat.

d. Annually or as needed: Strip and refinish regular tile.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 36

April 10, 2013

Subject: **Hemo-dialysis Treatment Area Cleaning**

1. **Purpose.** To ensure that the Hemo-dialysis Area is properly maintained to provide a clean and orderly environment for employees, patients and visitors, and to reduce the likelihood of cross infection.
2. **Equipment.**
 - Broom and dust pan
 - Dust mop assembly/ 3M Easy Trap
 - Double-bucket or micro-fiber mopping system
 - Personal Protective Equipment (PPE) - Gloves
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
4. **Supplies.**
 - Abrasive pads
 - Antiseptic hand cleaner
 - Clear and biohazard trash bags (all sizes)
 - Toilet paper
 - Paper towels
 - Putty knife or edging tool
 - Wet Floor/Caution signs
 - Wiping cloths
5. **Procedures.**
 - a. First Cleaning - Primary.
 - 1) Remove empty boxes stacked outside unit.

- 2) Remove waste, both regular and Regulated Medical Waste (RMW). RMW is placed into appropriate area for removal.
 - 3) Mop floor by each patient examination/treatment chair with EPA-approved germicide/disinfectant.
 - 4) Change out sharp containers.
 - 5) Restock paper and soap products.
- b. Second Cleaning - Secondary. Police area, remove waste and mop. Perform the following:
- 1) Floors should be mopped whenever contaminated between regularly scheduled cleanings (especially in this Unit, which tends to get a lot of blood spills).
 - 2) Sinks and toilet should be disinfected and cleaned daily.
 - 3) Damp dust all horizontal surfaces (i.e., windowsills, shelves, ledges, tables, chairs, etc.).
 - 4) Check cubicle curtains, and change out as needed.
 - 5) Wash walls as needed.
 - 6) Dust vent covers weekly or more often as needed.
 - 7) Complete cleaning of chairs and beds weekly or more often if needed.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 37 (Contracted Out)

April 10, 2013

Subject: **Morgue Cleaning**

1. **Purpose.** To ensure the proper cleaning of the morgue area.
2. **Equipment.**
 - Broom and dust pan
 - Dust mop assembly
 - Double-bucket mopping system
 - Personal Protective Equipment (PPE) - Gloves, Gown, Goggles, Mask
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
 - General-purpose cleaner
4. **Supplies.**
 - Abrasive pads
 - Clear and biohazard waste bags (all sizes)
 - Putty knife or edging tool
 - Wet Floor/Caution signs
 - Wiping cloths
5. **Procedures.**
 - a. Remove general waste from area:
 - 1) Close, twist and tie a knot in top of plastic waste receptacle liner while it is still in the container.
 - 2) Use caution and look for protruding objects in the waste containers. **Never** reach into or push down on the bag to compress waste.
 - 3) Place bag of waste into container on your cart, and take to waste compactor.

- 4) Wipe all surfaces of the waste container with an EPA-approved germicide/disinfectant, and allow to air dry.
 - 5) Re-line container with appropriate liner.
 - 6) Remove any recyclable materials, and transport to proper location for pick up.
- b. Remove Infectious Waste:
- 1) Look for protruding objects or sharps in the waste container. **Never** place your hands on or inside the container, even if you do not see any sharp objects.
 - 2) Close, twist and tie a knot in the top of the bag while it is still in the container. If the amount of waste is heavy or if there is a chance that the liner can be torn, place the liner inside another one to prevent leaking or spilling while you or others are handling it.
 - 3) Remove bag, and hold away from your body to prevent contamination of your uniform or being stuck by a sharp that was accidentally discarded.
 - 4) Place infectious waste bag in appropriate container, and transport to proper location for pick up.
 - 5) Wipe all surfaces of container with an EPA-approved germicide/disinfectant, and allow to air dry.
 - 6) Re-line container with an appropriate waste liner.
- c. Remove Soiled Linen:
- 1) Remove all soiled linen.
 - 2) Avoid excessive handling or shaking of linen. Roll linen into a bundle for easy handling.
 - 3) Carry linen away from body, and place in proper soiled linen bag.
 - 4) Close linen bag securely, and place in appropriate receptacle; take to soiled linen room for pick up.
- d. High Dusting:
- 1) Using a long handled duster, high dust all vertical and horizontal surfaces that are at or above shoulder height.
 - 2) Include items such as wall art, plaques, mirrors, bulletin boards, tops of lockers, doorframes, vents, ledges and lights.
- e. Cleaning/Disinfecting Walls and Sinks:
- 1) Apply an EPA-approved germicide/disinfectant to wiping cloth, and wipe down all metal surfaces including faucets, valves and stoppers.

- 2) Clean all exposed pipes below the basin with a damp cloth. If pipes are nickel, polish them frequently.

- 3) Wash the wall near the sink, and rinse. Dry with clean cloth.

f. Damp Dust:

- 1) Begin damp dusting at the room entrance, and work around room. Damp dust top of an object first, and work down to avoid soiling surfaces you have just cleaned.

- 2) Fold the cloth in a series of squares to provide a number of potential cleaning surfaces. A wadded cloth does not clean as efficiently.

- 3) Dampen cloth with an EPA-approved germicide/disinfectant, and wring out all excess solution to avoid drips.

- 4) Damp dust the doors and wall features, such as door handles, thermostats, light switches and ledges.

- 5) Spot clean visible soil from doors and walls.

- 6) Damp dust furniture/furnishings such as lights, chairs, counters, front and sides of lockers, writing surfaces, shelves, telephones and tables.

- 7) All surfaces should be decontaminated with appropriate EPA-approved germicide/disinfectant.

g. Cleaning Floors:

- 1) Mop floor with an EPA-approved germicide/disinfectant. Always start by mopping baseboards first, and then proceed to floor area. Remove old soap buildup or marks from baseboards as needed, using general-purpose cleaner and green scouring pad; rinse thoroughly.

- 2) Change mop heads frequently (every three to four rooms), and never use a mop that was used for cleaning rest rooms, shower rooms or isolation rooms.

- 3) Housekeeping equipment will be thoroughly cleaned using an EPA-approved germicide/disinfectant upon completion of work. Soiled mop heads should be put in plastic liners, and taken to the soiled linen room. Wash both buckets and wringer using an EPA-approved germicide/disinfectant.

h. Safety:

- 1) Wear appropriate PPE (gloves, goggles and masks).

- 2) Put out Caution signs, leaving in place until floors are dry.

- 3) Use caution when moving heavy objects, and practice proper lifting techniques; ask for assistance if needed.

- 4) Always use the cleaning chemicals exactly as directed by the label, following all recommended safety precautions.
- 5) Always practice Standard Precautions when handling articles soiled with blood or body fluids.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 38

April 10, 2013

Subject: **Magnetic Resonance Imaging (MRI) Cleaning**

Note: No metal items will be taken into the MRI room; this includes jewelry, eyeglasses w/metal frames and steel-toed shoes; items can be stored in the locker provided. Scrubs will be worn when cleaning the MRI room.

1. **Purpose.** To establish a procedure for the proper and safe cleaning of the MRI area.
2. **Equipment.**
 - Personal Protective Equipment (PPE) - Gloves
 - Plastic housekeeping cart
 - Plastic wringer
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
4. **Supplies.**
 - Clear and bio-hazard waste bags (all sizes)
 - Plastic cleaning bucket and mop bucket
 - Wet Floor/Caution signs
 - Wiping cloths
5. **Procedures.**
 - a. Environmental Management Service is responsible for cleaning all building surfaces (walls/floors) and for responding to emergency calls inside the Magnetic Resonance Imaging (MRI) room. This room is cleaned only at the request of the Radiology Service.
 - b. Radiology Service is responsible for cleaning all equipment associated with the MRI in accordance with policy and procedures set by Radiology Service. The MRI area will be manned by X-ray technicians when in use who will ensure Housekeepers are properly attired for cleaning.

*Note: If called for cleaning and no one is in the MRI area, do not enter. Immediately notify your supervisor and the Radiology Service. Safety in this area is the highest priority. Under no circumstances will any object or piece of equipment made of metal be taken into the MRI room. Only equipment and cleaning supplies approved for this area will be permitted. **Remember -- The magnet in the room is never shut off.***

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

Environmental Management Service
Standard Operating Procedure No. 39

April 15, 2014

Subject: **Operating Room Cleaning**

1. **Purpose.** To establish a procedure for the proper and safe cleaning of the Operating Room (OR) areas.

Note: Standard Precautions will be practiced at all times. Proper personal protective equipment will be utilized.

2. **Equipment.**

- Double-bucket mopping system
- Personal Protective Equipment (PPE) – Gloves, Scrub Suit, Hair Cover, Mask, Booties

3. **Cleaning Products.**

- EPA-approved germicide/disinfectant

4. **Supplies.**

- Linen bags
- Plastic pail
- Red bio-hazard bags (all sizes)
- Wet Floor/Caution signs
- Wiping cloths

5. **Procedures.**

- a. Put on appropriate PPE.
- b. Remove general waste and Regulated Medical Waste (RMW), following procedures listed in waste handling procedure. Remove linen, following soiled linen handling procedure; place in designated receptacles. Re-line waste receptacles with appropriate plastic bag. All waste and linen in the OR may be considered contaminated (check your facility policy), and all Regulated Medical Waste must be red bagged.
- c. Dampen a lint-free cloth with an EPA-approved germicide/disinfectant; wipe lights, table, shelves, countertops, cabinets and other horizontal surfaces in room, and spot

wash walls, from top to bottom and left to right. Pay special attention to any door handles or knobs that may have been touched by the surgical staff.

- d. Clean the operating room table and attachments. Clean all surfaces including legs and casters. The operating room table should be moved to check for any items under the bed.
- e. The Operating Room supervisor will direct what type of floor cleaning procedure is required, either flooding or wet mopping.
- f. Apply an EPA-approved germicide/disinfectant cleaner to the floor; allow solution to dwell on the floor according to manufacturer's recommendations.
- g. Flooding is required only when there is an excessive amount of blood that cannot easily be mopped up.
- h. Wet mopping will be started at the rear of the room; working toward the door, mop the entire room. The standard double-bucket system will be used. Avoid wetting equipment and wall surfaces.
- i. Prepare operating table, as instructed by OR charge nurse.
- j. Inspect entire Operating Room for cleanliness. Clean any areas that you may have missed. Pay particular attention to the operating table, overhead lights and furnishings that will be in close proximity to the patient during the next procedure.
- k. All equipment will be properly cleaned and stored at the end of each shift. Soiled mops will be placed in a plastic bag for transport to the Laundry.

Note: Cleaning procedures should be consistent with facility Operating Room policy.

6. **Rescission.** April 15, 2014

7. **Review Date.** April 15, 2014

Vanita Westbrook
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 40

April 10, 2013

Subject: **Soiled Linen Handling**

Note: Linen handling is unique to each facility, and policies should reflect the local system.

1. **Purpose.** To establish methods for the safe handling, collection and removal of linen from the Medical Center.
2. **Equipment.**
 - Covered linen cart
 - Personal Protective Equipment (PPE)
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
4. **Supplies.**
 - Clean linen bags
 - Wiping cloths
5. **Procedures.**
 - a. Wear appropriate PPE.
 - b. Remove bag, and check the linen hamper for visible soil. Using a clean cloth dampened with disinfectant cleaner, wipe all visible soil from the hamper. **Never** reach into or push on the bag to compress the linen. Close laundry bag inside room, and place it in the appropriate container.
 - c. Carry the bag away from your body to avoid a needle stick or contaminating your uniform.
 - d. Deposit the bag of linen into the linen cart or other appropriate container. **Never** use your hands to push down linen into a container to make room for more.
 - e. When the linen cart is full of bags, take to appropriate linen truck, chute or area.
 - f. If placing bags into a linen chute, make sure the chute is secured after depositing linen.

- g. Caution: If linen bag is overfilled, get assistance before lifting in order to prevent injuries. Always use proper lifting techniques when handling bulk materials.
- h. Perform proper hand washing after handling soiled linen.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 41

April 10, 2013

Subject: **Supply, Processing and Distribution (SPD) Area Cleaning**

1. **Purpose.** To establish a procedure for the proper and safe techniques for cleaning the Supply, Processing and Distribution (SPD) area.
2. **Equipment.**
 - Automatic scrubber
 - Double-bucket mopping system
 - Dry vacuum
 - Ladder
 - Personal Protective Equipment (PPE) – Gloves, Goggles, Gown, Mask, Booties
 - Wet vacuum
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
 - Non-abrasive cleaner
4. **Supplies.**
 - Clear and bio-hazard bags (all sizes)
 - Hand mop or polishing cloth
 - Paper and soap products
 - Plastic bucket
 - Wet Floor/Caution signs
 - Wiping cloths
5. **Procedures.**
 - a. General Cleaning.
 - 1) Clean offices and conference room in accordance with standard operating procedure.

- 2) Dress out in scrub suits provided by SPD, and proceed to clean the Sterile Storage area. This area is to be wet mopped utilizing the double-bucket system. No areas in SPD are to be dust mopped.
- 3) Proceed to Decontamination area or to the Processing area, depending on where the SPD technicians are working. If you are unsure which area to clean first, consult the SPD supervisor.

b. Cleaning Processing Area:

- 1) All waste will be removed and treated as contaminated, but **not** Regulated. Receptacles will be cleaned, using power sprayer located in the cart washing area.
- 2) Vacuum and wet mop fatigue mats.
- 3) Hook up automatic scrubber, and add proper amount of germicidal solution to tank. Roll up fatigue mats, pick up and move to enable flooding and scrubbing with automatic scrubber. Move SPD carts as needed to accomplish job.
- 4) Clean and return all equipment to closet. Place all soiled wiping cloths and mop heads in plastic bags for transport to Laundry.
- 5) Wall washing will be scheduled periodically by EMS supervisor through SPD Chief. See SPD Chief for any special instructions before beginning assignment.
- 6) Floor maintenance will be scheduled periodically by EMS supervisor through SPD Chief. See SPD Chief for any special instructions before beginning assignment.

c. Cleaning Decontamination Area:

- 1) Hair covering and shoe covers are required to be worn; they are located in this area for use.
- 2) The bathrooms and employees' lounge located in the area will be cleaned before cleaning Decontamination work area. Mop water and mop head must be changed before cleaning Decontamination area.
- 3) All waste will be removed and segregated. Place Regulated Medical Waste in appropriate container, and take to proper location. Receptacles will be cleaned using power sprayer located in the cart washing area.
- 4) Vacuum and wet mop fatigue mats.
- 5) Hook up automatic scrubber, and add proper amount of germicidal solution to tank. Roll up fatigue mats, pick up and move to enable flooding and scrubbing with automatic scrubber. Move SPD carts as needed to accomplish job.
- 6) Clean and return all equipment to closet. Place all soiled wiping cloths and mop heads in plastic bags for transport to Laundry.

- 7) Reminder -- Equipment used in Decontamination area cannot be used in Processing area.

Note: Saturate floors thoroughly with EPA-approved germicide/disinfectant. Be careful not to splash solution on equipment or wall surfaces. Use wet vacuum to pick up solution.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

VA Medical Center
San Francisco

Environmental Management Service
Standard Operating Procedure No. 42

April 10, 2013

Subject: **Waste Handling**

A. General Waste.

1. **Purpose.** To establish safe methods for the safe handling, collection and removal of waste and debris from the Medical Center.
2. **Equipment.**
 - Covered waste cart
 - Personal Protective Equipment (PPE)
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
4. **Supplies.**
 - Waste bags (all sizes/colors)
 - Wiping cloths
5. **Procedures.** Remove general waste from area:
 - a. Put on gloves.
 - b. Close, twist and tie knot in top of plastic waste receptacle liner while it is still in the container.
 - c. Use caution, looking for protruding objects in the waste containers. **Never** reach into or push down on the bag to compress waste.
 - d. Be certain to hold the bag far away from your body.
 - e. Deposit bag of waste into container, waste chute or your covered cart, and take to waste compactor or dumpster.
 - f. When waste cart is full, deliver to the dumpsters. Do not pile bags of waste around dumpster. Cardboard boxes should be broken down and placed in designated dumpster or area.

- g. Wipe all surfaces of the waste container with an EPA-approved germicide/disinfectant, and allow to air dry.

B. Regulated Medical Waste (RMW) Handling:

1. **Purpose.** To ensure the proper removal and disposal of Regulated Medical Waste (RMW), also known as Red Bag Waste.

2. **Equipment.**

- Covered waste cart
- Personal Protective Equipment (PPE) – Gloves

3. **Cleaning Products.**

- EPA-approved germicide/disinfectant

4. **Supplies.**

- Plastic pail
- Sharps/needle boxes
- Waste bags - red (all sizes)
- Wiping cloths

5. **Procedures.**

Note: Contaminated waste must be handled in a specific manner. Gloves should always be worn. Extreme care must be exercised to ensure that hands do not come in contact with the interior of the plastic bag of waste when removed from waste receptacle. Never allow the plastic bag of waste to brush against your body.

- a. Put on gloves.
- b. Look for protruding objects or sharps in the waste container. **Never** place your hands on or inside the container, even if you do not see any sharp objects.
- c. Close, twist and tie knot in top of plastic waste receptacle liner while it is still in the container.
- d. Be certain to hold the bag far away from your body to prevent contamination of your uniform, or you're being stuck by a sharp that was accidentally discarded.
- e. Place infectious waste in appropriate container, and take to proper location.
- f. Wipe all surfaces of the waste container with an EPA-approved germicide/disinfectant and allow to air dry.

- g. Re-line container with appropriate waste liner.
- h. Transport the contaminated waste cart to the dock area, and place cart in designated holding area. Clean the waste cart weekly.
- i. Should at any time a leak develop from a contaminated waste bag/receptacle during the cleanup operation, follow the spill procedures.

Note: When picking up contaminated waste, gauge (or test-lift) weight of large red bag to allow for handling without brushing up against legs or body. It is a requirement that all large red bags be secured by twisting the top of bag and taping off to prevent any leakage.

- j. EMS is responsible for the daily inspection of needle disposal units; this will be done during daily housekeeping routines.
- k. On a daily basis, the housekeeper assigned to or covering an area should inspect the level of collectibles within each box. Boxes that are $\frac{3}{4}$ or fuller should be replaced at the time of inspection.
- l. The user will secure fill lids in the locked position so employee assigned to pick up waste can collect them. Housekeeping will ensure that the unit's outside surfaces and surrounding wall areas are damp wiped with EPA-approved germicide/disinfectant when refills are exchanged.

Note: Contaminated needles are disposed of in boxes. Inspect and ensure that the unit can be handled safely prior to exchanging.

C. Chemotherapy Waste Handling: (Refer to Safety Office)

1. **Purpose.** To ensure the proper removal and disposal of chemotherapy waste.
2. **Equipment.**
 - Personal Protective Equipment (PPE) – Gloves
3. **Cleaning Products.**
 - EPA-approved germicide/disinfectant
4. **Supplies.**
 - Waste bags or containers - yellow (all sizes)
5. **Procedures.**

Note: Chemotherapy waste may also be referred to as cytotoxic waste or anti-neoplastic drug waste. Chemotherapy waste is to be handled in a specific manner, much the same manner as contaminated waste. Gloves should always be worn. Extreme care must be

exercised to ensure that hands do not come in contact with the interior of the plastic bag when removing from the trash receptacle. When preparing to tie the bag, air should be squeezed out slowly, but avoid breathing expelled air. Never allow the plastic bag to brush against your body.

- a. A daily tour for chemotherapy waste, using the contaminated waste cart, should be conducted to include all appropriate wards and the Pharmacy IV Admixture room.
- b. Remove all waste from receptacles labeled chemotherapy waste carefully, and securely tie the plastic bag; place in the contaminated waste cart used for collecting contaminated/chemotherapy waste. Insert a new yellow plastic bag into the waste receptacle labeled chemotherapy waste. Check the impervious plastic waste receptacle. If container is full, snap down the lid; and place in the contaminated waste cart. Notify the Nurse in charge that you are removing the plastic waste receptacle in order to have it replaced. Proceed to the next area, and follow the above procedures.
- c. Transport the contaminated waste cart filled with chemotherapy waste to the dock area, and place in designated holding area.
- d. Wash hands thoroughly after handling waste receptacle.
- e. At any time, should at any time a leak develop from a contaminated waste bag/receptacle during the cleanup operation, follow the spill procedures.

D. Recycling:

1. **Purpose.** To reduce the increasing stream of solid waste and participate in our Medical Center's recycling effort.
2. **Equipment.**
 - Personal Protective Equipment (PPE) – Gloves
 - Utility knife/box cutter
3. **Cleaning Products.**
 - None
4. **Supplies.**
 - None
5. **Procedures.**
 - a. Totes are located in various areas throughout the Medical Center complex.

- b. When the totes are $\frac{3}{4}$ or fuller, employees are responsible for taking them to a designated holding area located in the dock area. After totes are emptied, employees will return totes to their original location.
- c. Employees removing corrugated boxes from various locations are responsible for breaking down the boxes prior to placing in the dumpster labeled Corrugated Only. Utility knife/box cutters are available, and may be checked out of the Supply room.
- d. Employees having paper shredders in their work areas are responsible for taking the bagged shredded paper to a designated holding area.

E. Mercury Spills and/or Contamination: (Refer to Safety Office)

1. **Purpose.** To establish a procedure for the proper and safe clean up of mercury spills.
2. **Equipment.**
 - Personal Protective Equipment (PPE) - Double Glove, Mask (optional), Shoe Covers
 - Spill Kit (containing Mercury absorbent sponges, counter brush and dust pan, HG Absorb Powder, HG vacuum, goggles and gloves)
 - Double-bucket mopping system
3. **Cleaning Products.**
 - None
4. **Supplies.**
 - None
5. **Procedures.**

Note: Only trained employees will clean up Mercury spills.

- a. Small spills on flat surfaces:
 - 1) Use appropriate protective equipment provided.
 - 2) Use Mercury absorbent sponges supplied with Spill Kit to collect small droplets by dampening them with water.
 - 3) Wipe area contaminated with Mercury slowly to allow for complete absorption of all free droplets that will form a silvery surface.
 - 4) Increase the capacity of sponges by dropping a small amount of absorbent powder supplied with Spill Kit onto the sponge, and continue to wipe contaminated surface.

- 5) Use as many sponges as necessary, and dispose of them by placing into a plastic bag.
 - 6) Floor areas may be mopped at this time; the mop water and mop head should be retained for inspection by the Industrial Hygienist.
- b. Spills in deep cracks, inaccessible areas, or for small puddles of liquid on flat surfaces:
- 1) Sprinkle Mercury absorbing powder supplied with the Spill Kit directly over the puddle or drops, and wet the powder with water. The Mercury will react with the powder to form a Mercury/metal amalgam, thereby lowering the vapor pressure to a safe level.
 - 2) Amalgam may be picked up with a dust pan and counter brush, and placed into a plastic bag; put the counter brush and dust pan into the bag also. Tie bag to prevent contents from diffusing out, and remove to a safe place for examination by Industrial Hygienist or Safety and Occupational Health Specialist.
- c. Spills on carpet:
- 1) If carpet is discolored, proceed with the following instructions, giving consideration to limit the extent of the spill procedure to reduce the amount of discolored carpet that will have to be removed.
 - 2) If the area of the Mercury spill can be isolated, use the Mercury aspirator supplied with the Spill Kit to pick up all visible particles.
 - 3) For the remnant of smaller particles, apply Mercury absorbent powder supplied with Spill Kit to Mercury spill.
 - 4) Add water until powder is covered.
 - 5) Stir, and let stand for five minutes
 - 6) Use paper towels to absorb excess water, and pick up the amalgam with a dust pan and counter brush.
 - 7) Moisten powder a second time, and apply to spill again.
 - 8) Work the powder well into the deep pile of carpet in order for it to react with any free Mercury remaining.
 - 9) Place the amalgam and item used to clean carpet into a plastic bag, and secure bag.
 - 10) Remove bag to a safe place for examination by the Industrial Hygienist or Safety and Occupational Health Specialist.

11) The carpet must not be vacuumed at this time; the Industrial Hygienist or Safety and Occupational Health Specialist will provide further instructions after cleanup effort has been evaluated.

d. After clean up of spills:

1) Have Industrial Hygienist or Safety and Occupational Health Specialist check Spill Kit to ensure no Mercury remains in the Kit.

2) Place all PPE used in a bag and tie; dispose of bag as instructed by Industrial Hygienist or Safety and Occupational Health Specialist.

6. **Rescission.** April 10, 2013

7. **Review Date.** April 10, 2013

Rick E. Newman
Chief, Environmental Management Service

Section 6 – Inspections

Joint Commission/Mock Joint Commission

(Insert Facility Name) last accreditation: **(insert facility date)**

An independent, not-for-profit organization, The Joint Commission (JC) accredits and certifies more than 18,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. The certification extends for a three year period.

Mission: To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

Vision Statement: All people always experience the safest, highest quality, best-value health care across all settings.

Website: www.jointcommission.org

Last Minute Checklist

ACTIONS

No food or beverages in medication rooms, on carts, etc.

Dirty and clean areas are separated.

Bed curtains pulled and doors closed for patient privacy.

Confidential patient information not visible (i.e., on med carts computer screens, etc.).

Linen covered.

O₂ tanks secured.

All alarms audible.

Hallways clear. **Remove clutter and fall hazards.**

Medications, IV fluids, syringes secured/locked. Multi-dose vials initialed/dated 28 days of opening.

If a patient is on isolation precautions, all appropriate measures in place.

Strict hand hygiene before and after patient contact.

Staff competency records current.

Name badges worn by all staff. Offer to help anyone without a badge especially in secured areas

No boxes on floor. Remove all corrugated boxes from area.

Nothing within 18 inches of ceiling.

Crash cart logs current.

Be able to discuss unit performance improvement activities.

Know where MSDS are on located. (Hardcopies in Nursing & Industrial Hygiene Offices)

Know location of laminated orange disaster cards (dated FY20**) and fire extinguishers

Know/comply with 20** National Patient Safety Goals (NPSG) and handoff communication-(SBAR).

Know location of posters for NPSG, Look-alike-sound-alike medications, unapproved abbreviations, biomedical PM stickers.

Refrigerator signs for food, medications, and temperature logs present. Check twice daily if immunizations are present.

Check all cabinets, refrigerators, drawers and remove expired medications, supplies and food

Doors may **NOT** be propped open – no exceptions.

Section 7 – Memorandums of Understanding

VCS & EPS Responsibility & Frequency of Cleaning Matrix

<i>ITEM OR SERVICE</i>	<i>RESPONSIBLE SERVICE</i>	<i>FREQUENCY</i>	<i>TASK TO BE ACCOMPLISHED</i>
VCS Vending Machine Areas			
Walls	EMS	As requested	Spot clean behind mobile equipment
		Quarterly	Deep clean behind equipment
	VCS	As required	Move equipment and machines
Ceiling/wall vents	EMS	As required	Dust/clean exterior
Floor/baseboards	EMS	Daily	Sweep/mop floors and around equipment Clean baseboards, corners and edges following facility procedure
		As required	VCT floors: maintain floors with a high gloss finish Non-finish floors: mop following facility procedure
Light fixtures	EMS	Weekly	Dust/clean exterior
Ceiling tile straps	EMS	As required	Dust/clean
Trash removal	EMS	As required	Remove trash
		During lunch	Remove trash
		After closing	Remove trash/clean the trash container and the exterior and interior of the trash cabinet
	VCS	As required	Break down/move boxes to designated area
Signage/wall décor	EMS	As required	Dust/replace signage
	VCS	As needed	Replace wall décor/VCS related signage
Pest control	EMS	Schedule developed by Pest Control	Maintain canteen to reduce and eliminate pests as per VHA policy
Daily spills	VCS	Daily	Mop floors upon notification of a spill following facility procedure

Machines/equipment	VCS	Daily	Clean/sanitize interior/exterior
ITEM OR SERVICE	RESPONSIBLE SERVICE	FREQUENCY	TASK TO BE ACCOMPLISHED
Tables/chairs/stands	EMS	After closing	Clean tables/chairs
	VCS	Throughout the day	Clean microwave/condiment stands
VCS Cafeteria/Dining Room/Food			
Walls	EMS	Quarterly	Wash visible wall surfaces
		Bi-annually	Clean behind stationary equipment (VCS staff will move equipment/facilities that have unique design and/or art on wall surfaces should develop procedures to ensure the walls are clean)
Floor/baseboards	EMS	After closing	Sweep/mop floors and around equipment Clean baseboards, corners and edges following facility procedure
		As needed	VCT floors: maintain floors with a high gloss finish Non-finish floors: mop following facility procedure
	VCS	Throughout the day	Mop floors notification of a spill following facility procedure /sweep any debris
Light fixtures (exterior)	EMS	Weekly	Dust/clean exterior
Ceiling/wall vents	EMS	Daily	Dust/clean exterior
Ceiling tile straps	EMS	As needed	Dust/clean
Window sills/ledges	EMS	Daily	Dust/clean
Beverage counter/serving line	EMS	Monthly or as needed	Clean underneath
	VCS	Monthly or as needed	Clean interior/exterior
Salad/soup bar	EMS	Monthly or as needed	Clean underneath
	VCS	Throughout the day as needed	Clean interior/exterior

Customer side of serving line	VCS	Throughout the day as needed	Clean/mop
Refrigerators	EMS	Monthly	Clean behind/underneath
	VCS	Daily	Clean interior/exterior
ITEM OR SERVICE	RESPONSIBLE SERVICE	FREQUENCY	TASK TO BE ACCOMPLISHED
Trash removal	EMS	As required	Remove trash
		During lunch	Remove trash
		After closing	Remove trash/clean the trash container and the exterior and interior of the trash cabinet
	VCS	As required	Break down/move boxes to designated area
Microwave/condiment stands	EMS	After closing	Clean the exterior
	VCS	Throughout the day as needed	Clean any spills/remove any debris
Food Preparation Areas			
Floors/baseboards	EMS	After closing	Clean the floors, baseboards, corners and edges (floors will be cleaned and degreased as outlined in the Environmental Programs procedure guide)
	VCS	Throughout the day	Mop floors notification of a spill following facility procedure /sweep any debris
Light fixtures (exterior)	EMS	Weekly	Dust/clean exterior
Ceiling/wall vents	EMS	Daily	Dust/clean exterior
Ceiling tile straps	EMS	Weekly	Dust/clean
Pest control	EMS	Schedule developed by Pest Control	Maintain canteen to reduce and eliminate pests as per VHA policy
Hood surfaces exterior to ducts	EMS	Bi-Monthly or as needed	Clean/degrease/polish

Equipment, mechanical components	VCS	Daily	Conduct checks Clean as per VCS standard operating procedures
Walls	EMS	Daily	Spot clean any visible food splashes
		Quarterly	Degrease/clean
	VCS	As needed	Clean any splashes or spills during operating hours

ITEM OR SERVICE	RESPONSIBLE SERVICE	FREQUENCY	TASK TO BE ACCOMPLISHED
Other equipment	VCS	As needed	Exterior/interior of machines
Walk in freezer	EMS	As required	Clean after engineering removes all ice buildup
	VCS	As required	Remove all materials from freezers after shutdown
Hand washing sinks	EMS	Daily	During non-operating hours remove any buildup or stains
	VCS	During operations	Clean any splashes/remove debris
Dishwashing/food preparation sinks/counters	VCS	Opening	Sanitize all sinks and counter surfaces as per VCS standard operating procedures
		Closing	Clean/degrease all counters, dishwashing and food preparation sinks
Food preparation equipment (ovens, warmers, stoves ext)	VCS	As per policy	Clean, sanitize and degrease as per VCS standard operating procedures
Shelves/spice racks	EMS	As required	Clean under any shelves or racks
	VCS	As required	Clean and maintain all shelves as per VCS standard operating procedures
		Closing	Clean any spilled spices, or other cooking materials from all surfaces Cover and properly store all spices and ingredients
Storage rooms	EMS	As requested	Clean walls/floors
	VCS	Daily	Remove any materials or food Maintain surfaces as per VCS standard operating procedures
Serving line	VCS	Throughout the day	Clean/mop (ensure that any food or debris that gets on the floor is removed throughout the day)
		Closing	Sanitize the serving line as per VCS standard operating procedures

<i>ITEM OR SERVICE</i>	<i>RESPONSIBLE SERVICE</i>	<i>FREQUENCY</i>	<i>TASK TO BE ACCOMPLISHED</i>
VCS Retail/Storage			
Walls	EMS	Quarterly	Clean behind/underneath stationary equipment
	VCS	Quarterly	Pull machines away from the wall
Floor/baseboards	EMS	After closing	Sweep/mop/vacuum around equipment as per facility procedure
		As required	VCT floors: maintain floors with a high gloss finish Non-finish floors: mop following facility procedure
Light fixtures (exterior)	EMS	Weekly	Dust/clean exterior
Ceiling/wall vents	EMS	As required	Dust/clean exterior
Ceiling tile straps	EMS	Weekly	Dust/clean
Carpet	EMS	Daily	Vacuum
		As required	Shampoo
Trash removal	EMS	As required	Remove trash
		During lunch	Remove trash
		After closing	Remove trash/clean the trash container and the exterior and interior of the trash cabinet
	VCS	As required	Break down/move boxes to designated area
Pest Control	EMS	Schedule developed by Pest Control	Maintain canteen to reduce and eliminate pests as per VHA policy
Shelving	VCS	As per policy	VCS staff will clean as per VCS standard operating procedures
Quality assurance check	EMS	Weekly	Conduct joint quality assurance check using facility developed checklist.
	VCS		

Service Chief, EMS/FMS

SIGNATURE

DATE

Infection Control

SIGNATURE

DATE

Chief, Canteen Service

SIGNATURE

DATE

Director

SIGNATURE

DATE

References
· Food Code US Public Health Service, Food and Drug Administration, 2005
· Veterans Administration, Operations, M-1, Part IV Veterans Canteen Service, January 1992
· Facilities Infection Control Policy
· FAC 137-5 Waste Removal
· National Restaurant Association Serve Safe Standards
· CSS 50-20 Sanitation
· CSS 50-21 Infection Control Plan
· CSS 50-1 Chicken Express
· CSS 50-23 5th Avenue Deli
· CSS 50-4 Grill
· CSS 50-5 Papa's Best Pizza
· CSS 50-8 Country Cooking
· CSS 50-9 Standard Salads & Salad Bars



**PATIENT CARE SERVICES SPS & EMS
MEMORANDUM OF UNDERSTANDING**

<i>AREA OF SERVICE</i>	<i>RESPONSIBLE FOR SERVICE</i>	<i>FREQUENCY OF SERVICE</i>	<i>TASK TO BE ACCOMPLISHED</i>
RESPONSIBILITY AND FREQUENCY OF CLEANING MATRIX			
Offices Inner Office	EMS	Twice/week	Vacuum carpet (Hallway and each Office)
		Quarterly	Deep clean carpet for spotting
	EMS	Daily	Remove trash and reline waste receptacles
	EMS	Twice/week	Clean window and window seal
Restrooms	EMS	Daily	Remove trash and reline waste receptacles
	EMS	Daily	Clean sinks <u>Remove dirty linen and replace clean linen hamper liner</u>
	EMS	Daily	Wet mop tile floors using approved germicide
	EMS	Weekly	Clean/ wipe shower walls using approved germicide
	FMS	Daily	Replenish toilet paper, paper towels and hand soap
	EMS	Once/month	Clean vents
SPS & Logistic Employees Break Room	EMS	Daily	Wet mop floors and around equipment Clean baseboards, corners and edges following facility procedure
			Move boxes to designated area <u>Remove dirty linen and replace clean linen hamper liner</u>
			Remove trash and reline waste receptacles
		Quarterly After Hours 4:3p – 11:00p	Scrub floors using approved germicide Strip and refinish floors with wax coating
	SPS & Logistics	Daily	Wet wipes table , dry wipe computer and keyboard

SPS / Logistic Employees Break Room	SPS & Logistic	Weekly Daily	Clean Microwave, Refrigerator Cleans Coffee pot [daily]
Preparation/Sterilization Floors/baseboards	EMS	Daily am	Remove trash and reline waste receptacles
		Daily	Clean the trash container and the exterior and interior of the trash receptacles
	EMS	Daily	Wet mop floors and around equipment Clean baseboards, corners and edges following facility procedure
Floors/baseboards	EMS	Once a Month On weekends & Holidays	Removes and cleans all floor mats Scrub floors using approved germicide Strip and refinish floors with wax coating
Preparation/Sterilization	SPS	Daily	Wet wipe all flat work surfaces Dry wipe computer and keyboard
	SPS	Weekly	Clean <i>Sterilizers</i> exterior and interior with approved cleaners per manufacture guidelines Clean Instrument <i>Cabinets</i> exterior and interior with approved cleaners per manufacture guidelines Wet wipe mobile equipment (carts, racks, etc)
Decontamination Area *Scrub Machine, Mop, cleaning bucket must be dedicated to this room and not used elsewhere in the medical center.	EMS	Monthly	Wash walls using approved germicide Clean vents
		Weekly	*Machine scrub floors using approved germicide Remove and cleans floor mats
		Daily	Remove trash and reline waste receptacles Wet mop the tile floor using approved germicide Clean sink area Remove / Replace Biohazard Sharps containers <u>@3/4 full</u> Remove dirty linen and replace clean linen hamper liner

	SPS	Daily	Wet wipe all flat surfaces Wet wipe all racks Maintain roller Maintain cart washer Clean <i>cabinet drawers</i> exterior and interior with approved cleaners per manufacture guidelines
Pest control	EMS	Monthly/ As needed	Maintain SPS to reduce and eliminate pests as per VHA policy
Daily spills	EMS	Daily	SPS will give notification of a spill following facility procedure

Service Chief, EMS

Associate Director Patient Care Services

Chief, Logistics

Chief, Sterile Processing & Department

Infection Control

VA Medical Center
SPS Cleaning Memorandum of Understanding

- Sterile, Processing Service (SPS) Department Cleaning Memorandum of Understanding (MOU)
 - Cleaning Assignment Grid & PPE Requirements
 - SPS Assignment Location Layout/Blueprint/Diagram (replace sample diagram on template with facility specific SPS layout)
1. **PURPOSE:** To establish local guidelines for proper cleaning and maintenance of Sterile, Processing Service so that these areas are cleaned and maintained in accordance with VA Handbook 7176. Additionally, this procedure defines the personal protective equipment (PPE) that is required to be worn by assigned housekeeping technicians in each SPS area.
 2. **POLICY:** Mandatory compliance in following established SPS cleaning policy and procedures is required to prevent cross-contamination of clean and sterile supplies stored in other SPS areas.
 3. **GENERAL:** Areas will be cleaned in the sequence and at the frequencies listed below.
 - a. At a minimum, VA Handbook 7176 requires:
 - 1) That cleaning is completed from the “clean” areas to the “dirty” areas.
 - 2) That appropriate Personal Protective Equipment (PPE) be worn/removed as required.
 - 3) That all floors will be damp mopped with a suitable EPA approved hospital grade disinfectant at least once a day or more often if necessary
 - 4) Walls, ceilings, vents and lights will be cleaned at least monthly or more often if necessary
 - b. Cleaning supplies used in the decontamination area will remain in the decontamination area.
 - c. Cleaning supplies used in the clean areas will be stored in the clean area.
 - d. Cleaning supplies will not be transferred from the dirty area to clean area.
 - e. Any needed assistance with housekeeping issues can be obtained by contacting Environmental Management Service (EMS) at ext. XXXX

4. CLEANING PROCEDURE:
Environmental Management Service Standard Operating Procedure (SOP)

Sterile, Processing Service (SPS) Area Cleaning

1. Purpose: To establish a procedure for the proper and safe techniques for the cleaning of the SPS area.

2. Equipment:

- ✓ Personal Protective Equipment (PPE) – Gloves, goggles, gown, mask, booties
- ✓ Wiping cloths
- ✓ Caution signs
- ✓ Wet mop assembly
- ✓ Wet Vac
- ✓ Dry Vac
- ✓ Ladder
- ✓ Wall washing unit
- ✓ Hand mop
- ✓ Plastic bucket
- ✓ Automatic scrubber

3. **Cleaning Products:**

- ✓ EPA approved germicide/disinfectant
- ✓ Non-Abrasive cleaner

4. **Supplies:**

- ✓ Clear and bio-hazard bags (all sizes)
- ✓ Paper and soap products

NOTE: Equipment and supplies used in SPS are not to be used in any other area. Equipment is permanently assigned to SPS and will not be removed except for repairs.

1. Procedures:

- a. Dress out in scrub suits provided by SPS, hair covering and shoe covers are required and located for use in this area. Proceed to clean the Sterile Storage area. Remove trash and reline trash can. Perform any periodic cleaning that is required. This area is to be damp mopped utilizing the microfiber flat mop system dedicated to this room. Use an EPA approved germicide/disinfectant. No areas in SPS are to be dust mopped with the exception of restrooms that may be adjacent to but external of the SPS area.
- b. Proceed to the processing area. Remove trash from this area and reline trash cans. Perform high damp dusting or any other periodic work that is required. Clean the sink using EPA approved germicide/disinfectant. Refill dispensers. Damp mop floors using the microfiber flat mop designated for this area using an EPA approved germicide/disinfectant.
- c. Clean the administration office areas. Remove trash and reline trash can. Using your housekeeping cart and flat mop or double bucket mop system damp mop this room.

- d. Clean the SPS restrooms. Remove trash and reline the trash can. Spot clean the walls, vents and lights. Refill dispensers as required. Sweep debris from the floor with a broom and dust pan. Clean sink, showers and commode with EPA approved germicide/disinfectant. Damp mop the floors.
- e. Clean decontamination area. Remove regulated medical waste and trash to appropriate areas. Clean and reline waste containers. Close lock and remove sharps containers if required. Replace sharps containers with new same sized containers. Perform required periodic cleaning. Damp mop floors using an EPA approved germicide/disinfectant. All cleaning supplies used in Decontamination area are to be kept in and not used in other areas. Hands must be washed each time prior to leaving this area.
- f. Clean and return all equipment to Housekeeping Aid Closet (HAC). Place all soiled wiping cloths and mop heads in plastic bags for transport to laundry.
- g. Wall washing and floor work will be scheduled periodically by EMS Supervisor through SPS Chief.

Chief, Environmental Management Service

Chief, Sterile, Processing Service

	Dress Code	Daily					Weekly			Monthly
		Floors Wet Mopped	Empty Waste Containers	Walls spot cleaned	Clean horizontal areas	Cart Lift Doors	Floors Wet Mopped	Walls	Vents	Walls and Vents
Decontamination Area (Room # XXX)	Code #1	X	X	X					X	X
Training Room (Room # XXX)	Code # 3	X	X		X				X	X
Prep Room (Room # XXX)	Code # 2	X	X	X				X	X	
Case cart area (Room # XXX)	Code # 2	X	X	X		X		X	X	
Dispatch Area and Equipment Room (Room # XXX)	Code # 3	X	X	X		X			X	X
Bulk Storage and Break Out Room. (Room # XXX)	Code # 3	X	X	X						X
Office Spaces (Room # XXX)	Code # 3	X	X	X						X
SPS Dumbwaiter Rooms (Room # XXX)	Code # 3		X				X			X

Dress Code:

1. A surgical gown, disposable cap, rubber gloves, face shield and shoe covers must be worn in this area and discarded prior to leaving the area.
2. A cover gown and hat must be worn when entering this area. The hat and cover gown will be doffed when leaving this area.
3. Standard EMS Uniform.

Section 8 - Patient Centered Care (PCC)

Patient Centered Care Statement

In fulfilling its responsibility to optimize the health and healing of each and every Veteran, the VHA embraces the opportunity to transform the problem-based disease care system to patient centered health care. Because Environmental Management Service (EMS) personnel have the opportunity to make a positive impact through their interactions with our Veterans on a daily basis, a Patient Centered Care guidebook was created to assist EMS personnel with their daily interactions and ensure that they have the tools they need to promote patient centered care. Among the tools in the guidebook, are:

- A self assessment tool.
- Rounding documents, scripting aides (HEART and KAIDET).
- Role play scenarios.
- A PCC dashboard for measuring success.
- A poster for display in EMS staff areas.
- A sample policy for Exceptional Service Personnel.
- Electronic training modules.

Creating A Healing Environment

Introduce yourself to the veteran. Tell them what branch of service you were in or where you were born to make them feel at ease.

Always smile and make the patient feel welcome.



Honor the veteran's preferences as you perform cleaning tasks in their environment.

Offer assistance to veterans and their families. Carry a facility map to use as a guide. Protect Patient Dignity and Privacy!

Exceptional Personalized Service

Self Assessment Tool

EMS Chief to complete and return to:	Fully Implemented throughout the organization	Partially implemented (in progress or in place in some areas, but not all)	No activity	N/A
The organization's commitment to patient-centered care has been formally implemented.				
Expectations for what staff can expect in a patient-centered environment are clearly communicated.				
A patient centered care/veteran centered care committee is actively meeting.				
Environmental Management employees are actively involved in the membership of the Patient Centered Care/Veteran centered Care committee.				
Patients participate in focus groups or surveys to convey what is needed by them and their family members.				
Staff at all levels have the opportunity to voice their ideas and suggestions for improvement.				
Opportunities exist for EMS leadership to interact directly with EMS staff.				
EMS leadership is held accountable for "walking the talk" of patient centered care.				
EMS employees use scripting when cleaning patient areas to accommodate patient's personal schedule and routines.				
Steps have been taken to create a healing environment?				
EMS has created or participates with other services in aroma therapy for our facility.				
Teamwork is a high priority in EMS at our facility.				
Resources are available to staff to educate them on different cultural beliefs/traditions related to health and healing.				
EMS actively utilizes the reward and recognition system at our facility for EMS employees				
Communication has been improved with other services and departments with EMS.				
What goes well at your facility?				
What can be improved?				

Scripting Tools

KAIDET & HEART are easy to remember acronyms that can be used as a guide or outline for: (a) daily patient interaction when cleaning a Veteran's room (KAIDET) or (b) providing service recovery when encountering a disgruntled customer; to include a patient, family member, or co-worker (HEART). The templates that follow are from 2-sided paper stock (KAIDET on one side and HEART on the other side) that can be cut apart and then laminated into four individual cards. These cards can be attached to a name badge for quick employee reference. When making these cards, some facilities have used light blue paper to distinguish them from other cards.

- **HEART**
 - Hear
 - Empathize
 - Apologize
 - Respond
 - Thank

- **KAIDET**
 - Knock
 - Announce & Introduce
 - Duration
 - Engage
 - Thank

KAIDET

Knock: Knock on door before entering.

Announce: Announce

Introduce: This is _____ from Environmental Services.

Duration: Explain what you're doing and how long it will take.

Engage: Interact with the patient.

Thank: Thank the patient for allowing you to provide services.

KAIDET

Knock: Knock on door before entering.

Announce: Announce

Introduce: This is _____ from Environmental Services.

Duration: Explain what you're doing and how long it will take.

Engage: Interact with the patient.

Thank: Thank the patient for allowing you to provide services.

KAIDET

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Engage: Interact with the patient.

Thank: Thank the patient for allowing you to provide services.

HEART

Service Recovery Mode

Hear: Actively listen to the patient.

Empathize: Have compassion for what the patient says.

Apologize: Express regret for the incident to the patient.

Respond: Ask if there is something you can do, or refer to someone who can.

Thank: Thank the patient for their understanding.

HEART

Service Recovery Mode

Hear: Actively listen to the patient.

Empathize: Have compassion for what the patient says.

Apologize: Express regret for the incident to the patient.

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Service Recovery Mode

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Empathize: Have compassion for what the patient says.

Apologize: Express regret for the incident to the patient.

Respond: Ask if there is something you can do, or refer to someone who can.

Thank: Thank the patient for their understanding.

Environmental Programs Service – Patient Centered Care (EPS-PCC)

Environmental Management (EM) Service Chief
Tool for Rounding with EM Supervisors



Date: _____

Name/Unit/Location: -

6. What concerns have your front line Housekeeping staff shared with you on this unit?

Share with me how have you responded to those concerns?

7. How can I assist you in addressing these issues?

8. Which one of your Housekeeping Aids in this area would you like to recognize? Who? _____

What? _____
Why? _____

9. What tools and equipment has your Housekeeping staff indicated that they need to do their job and handle veterans' issues on this unit?

Environmental Programs Service – Patient Centered Care (EPS-PCC)

Environmental Management (EM) Service Chief
Tool for Rounding with EM Supervisors



Date: _____

Name/Unit/Location: -

1. What concerns have your front line Housekeeping staff shared with you on this unit?

Share with me how have you responded to those concerns?

2. How can I assist you in addressing these issues?

3. Which one of your Housekeeping Aids in this area would you like to recognize? Who? _____

What? _____
Why? _____

4. What tools and equipment has your Housekeeping staff indicated that they need to do their job and handle veterans' issues on this unit?

Environmental Management (EM) Supervisor Tool for External CLIENT FEEDBACK



Date: _____
Unit/Location: _____

My name is _____ and I am responsible for Environmental Management Services. Specifically I am responsible for:

- Lighting
- Aromatherapy
- Cleanliness of your room
- Time of day your room is cleaned
- Linen, gowns, robes, blankets
- Able to Find Your Way

1. What can the VA do to make your experience with us better?

2. Have you observed any of our Housekeeping staff that you would you like to see us recognize for providing outstanding service?

Who? _____
Why? _____

3. What was your overall impression of our facility? What would you like to see us do differently?

Who? _____
Why? _____

Environmental Management (EM) Supervisor Tool for External CLIENT FEEDBACK



Date: _____
Unit/Location: _____

My name is _____ and I am responsible for Environmental Management Services. Specifically I am responsible for:

- Lighting
- Aromatherapy
- Cleanliness of your room
- Time of day your room is cleaned
- Linen, gowns, robes, blankets
- Able to Find Your Way

4. What can the VA do to make your experience with us better?

5. Have you observed any of our Housekeeping staff that you would you like to see us recognize for providing outstanding service?

Who? _____
Why? _____

6. What was your overall impression of our facility? What would you like to see us do differently?

Who? _____
Why? _____