

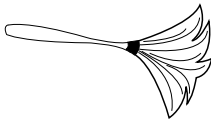
## Health Care Cleaning & Sanitation Procedures Module

### Occupied Patient Room <sup>1</sup>

#### Cleaning Procedures

- A. Perform high dusting
- B. Clean ledges and sills
- C. Clean and disinfect patient restroom (sec: Patient Restroom Procedure)
- D. Empty and line wastebaskets
- E. Clean bed rails and footboard
- F. Clean furniture
- G. Clean furnishings
- H. Spot-clean walls
- I. Dust mop floor
- J. Place "Wet Floor" sign
- K. Wet mop floor
- L. Clean door hardware and metal plates

#### A. Step 1 - Perform high dusting



- 1) Always clean objects and areas by beginning at the higher surfaces and working toward the lower surfaces.
- 2) Use your high duster and clean the ceiling fixtures, the molding above doorways, the high areas around the windows, and anything higher than your shoulder.

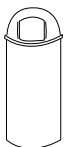
#### B. Step 2 - Clean ledges and sills



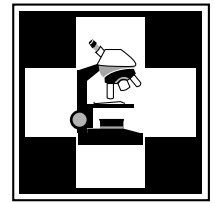
- 1) The windowsill is a common place for dirt. Wipe it clean.
- 2) Clean the framework around the window as high as you can reach. Remove spots and smudges from the window itself by using your glass cleaner. Before leaving the window, examine the drapes for dirt and water. If they need cleaning or repair, notify your supervisor.
- 3) Remove spots from the wall as you move around the room. For a stubborn spot, spray your cloth with the disinfectant-detergent solution and then rub the spot with the saturated part of your cloth.
- 4) Never spray the solution directly on the wall or surface. The solution is strong and might cause permanent damage to the surface. Use your "treated" cleaning cloth at all times.

#### C. Step 3 - Clean and disinfect patient restroom (sec: Patient Restroom Procedure)

#### D. Step 4 - Empty and line wastebaskets



- 1) Start by picking up trash and wastepaper around the wastebasket. You are now ready to dispose of the wastebasket's plastic liner and its contents.
- 2) Be careful of any hypodermic needles that may pierce the plastic liner. Even though hospital rules call for the special handling and disposal of hypodermic needles, someone could always forget and wrongly allow one to fall into a wastebasket. Remember to remove the liner carefully and treat liners as though they actually contained a needle or other sharp object.



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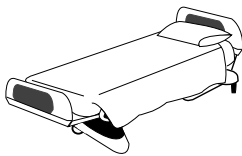
### Occupied Patient Room <sup>1</sup> (continued)

#### D. Step 4 – Empty and line wastebaskets (continued)



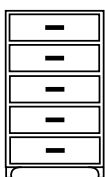
- 3) Gather the open end with both hands and tie it closed with a knot. Then dispose of it in the housekeeping cart's trash bin. When handling a full plastic liner, try to hold it away from you, as it may contain contaminated articles as well as needles and other sharp objects. Never reach inside the liner for any reason.
- 4) Afterwards, clean the wastebasket inside and out with a damp cloth dipped and rung out in the disinfectant-detergent solution. Throughout the cleaning process, keep in mind that germs are everywhere—in corners, small openings, grooves, and the underside of objects. You must be thorough in order to get rid of them. You are now ready to insert a clean liner into the wastebasket.
- 5) Be sure the liner is drawn back far enough over the rim of the wastebasket that it will not fall inside. If the liner is too big, tie one end in a knot.

#### E. Step 5 – Clean bed rails and footboard

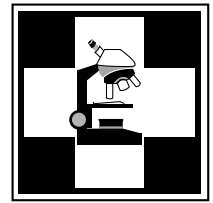


- 1) Dip your cleaning cloth into the five-quart pail of disinfectant-detergent on your cart. Then clean the side rails and the footboard.
- 2) If you are in doubt about what to clean in a patient's room, ask your supervisor.
- 3) Under no circumstances should the patient be disturbed while cleaning the bed, even if he or she seems relaxed and friendly.
- 4) Never lean on the mattress or bump the bed while cleaning it. Putting weight on the mattress or hitting the bed could disturb the patient and may cause pain.

#### F. Step 6 – Clean furniture



- 1) The bedside cabinet might present some difficulty as you damp-dust the objects in the room. The top of the cabinet may be cluttered with some personal articles of the patient. Handle the articles carefully as you clean under them and then return them to where they were.
- 2) Occasionally the top of the bedside cabinet will be too cluttered and you will have to skip it. But ordinarily, you will be able to clean the surface by raising objects with one hand and cleaning with the other.
- 3) Finish cleaning the bedside cabinet by damp-dusting the sides, the front, the drawer pulls and the legs, always working from the higher surfaces to the lower surfaces.
- 4) Move to the over-bed table and clean it thoroughly, again working from the upper surfaces to the lower surfaces.
- 5) Clean the table's surface, pedestal, base, and the casters, which are a favorite hangout for dirt and bacteria.
- 6) Next, thoroughly damp-dust the chair, seat, back, legs and rungs.



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### Occupied Patient Room <sup>1</sup> (continued)

#### G. Step 7 – Clean furnishings

- 1) Damp-wipe the over-the-bed lamp reflector and hood and other wall fixtures as directed by your supervisor.
- 2) Be careful not to damp-dust electrical outlets or electrical connections. Always dry-dust switchplates, sockets and electrical connections.
- 3) Damp-dust the telephone, paying special attention to the receiver since the patient makes direct contact with the handle, the mouthpiece, and the earpiece. These areas are more likely to become contaminated or become a source of cross-contamination.

#### H. Step 8 – Spot-clean walls

- 1) Wall mirrors and wall hangings should be damp-dusted as you move around the patient unit.



#### I. Step 9 – Dust mop floor

- 1) Begin this step after the restroom has been serviced (see Restroom Procedures).
- 2) When using either the dust mop or the damp mop, work in a clockwise or counter-clockwise pattern as you did while damp-dusting in order not to skip an area or clean the same area twice. In using the dust mop, never lift the mop head from the floor once you have started dusting. This causes a vacuum that pulls dirt and dust away from the mop head, thus causing recontamination of the area.
- 3) When the mop head becomes too dirty, dispose of it in the appropriate plastic bag, then attach a clean one and continue dusting.
- 4) If your dust mop does not pick up all the debris on the floor, use your dustpan and brush to remove the pile of debris.

#### J. Step 10 – Place “Wet Floor” sign

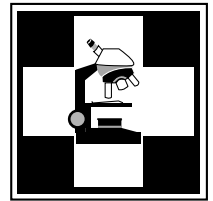
- 1) To warn anyone who enters or leaves the patient's unit, place a “Wet Floor” caution sign in the doorway. Remove the sign later when you know the floor is thoroughly dry.



#### K. Step 11 – Wet mop floor

- 1) Work in a clockwise or counter-clockwise “figure eight” pattern as you did while dust mopping.
- 2) Rinse and wring the wet mop head often. The mop water should contain a disinfectant which is designed to kill germs on contact.
- 3) Push the wet mop under the bed and under all furniture to clean as much of the floor area as possible.
- 4) When finished with wet mop, wring as dry as possible, and dispose of in an appropriate bag for laundering.

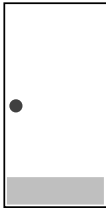




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### Occupied Patient Room <sup>1</sup> (continued)



#### L. Step 12 - Clean door hardware and metal plates

- 1) Do not overlook the doorway hardware. This area can become contaminated very easily. Thoroughly clean the door knob.
- 2) The kickplate should be cleaned with stainless steel cleaner.
- 3) Switchplates and other electrical units must be handled with extreme care.