

Key Elements of Environmental Cleaning in Healthcare Settings

Safe work practices

- Do not consume, apply or store food, drinks, tobacco or cosmetics in areas where infectious or hazardous materials are used or stored (e.g. cleaning carts, housekeeping carts, patient care areas).
- Perform hand hygiene regularly with alcohol-based hand rub or wash hands with soap and water if hands are visibly soiled. Do not substitute gloves for hand hygiene.
- Wear appropriate personal protective equipment (PPE) as indicated by product instructions, type of additional precautions and/or organizational policy and procedures.

Disinfectants

- Clean surfaces before you disinfect them and use only hospital disinfectants that have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms the disinfectant is approved for use in Canada. Do not use household products in healthcare settings.
- Read and refer to the manufacturer's instructions, the product's Safety Data Sheet and your organizational policies for how to safely use disinfectants correctly.
- If using more than one product, make sure they are safe to use together (e.g., it is dangerous to mix a quaternary ammonium product and bleach).
- Products are available that perform cleaning and disinfection in one step, and these should be chosen where possible.
- Do not use spray or trigger bottles for cleaning products or disinfectants.
- Know the contact time for the disinfectant being used. The surface should remain wet for the required contact time (e.g., for a 3-minute contact time, the surface stays wet for 3 minutes). Let air dry and do not wipe off.

Shared equipment

- Clean and disinfect non-critical medical equipment after each use, e.g., phlebotomy chair armrests, exam tables, blood pressure cuffs and glucometers.
- Develop and implement a policy and procedure for cleaning and disinfection of equipment ensuring that staff responsibilities are clearly defined. Ensure cleaned equipment can be easily identified from dirty equipment.



High touch surfaces

- Clean and disinfect high touch or frequently touched surfaces at least once per day and more frequently in outbreak areas.
- Examples of these surfaces include doorknobs, call bells, bedrails, light switches, toilet handles, handrails, and keypads.



No “double-dipping”

- When cleaning with a cloth and a disinfectant solution, soak the cloth in the cleaning solution and then clean the surface/equipment from a clean to dirty direction.
- Discard the cloth into a separate container for disposal or laundering and use a fresh cloth to continue.
- Do not repeatedly immerse or dip (“double-dip”) a used cloth back into the cleaning solution as it will contaminate the solution.



Workflow

- When cleaning surfaces and equipment, start at one end or side and clean in one direction: from clean to dirty. Do not go back and forth between clean and dirty sections to avoid contaminating the cloth or wipe.
- Clean client/patient/resident bathrooms last after completing room cleaning.



Waste

- Know the different types of waste (biomedical, sharps and general) and the organizational policies for safe handling and disposal of each type.
- Biomedical waste, including sharps, requires special handling and disposal. General waste such as used PPE from isolation rooms and that from offices, kitchens, washrooms and public areas does not.



To learn more and access up-to-date information on environmental cleaning, visit the Public Health Ontario’s website: <https://www.publichealthontario.ca/>.

The information in this document is current as of January 2025.