



CLEANING

- Cleaning physically **removes** most germs, dirt, and impurities from objects and surfaces.
- Cleaning should be performed regularly and always comes before sanitizing or disinfecting objects and surfaces.



SANITIZING

- Sanitizing **reduces** the number of germs on objects and surfaces to levels considered safe.
- Objects or surfaces should be cleaned first before sanitizing.
- Sanitize objects and surfaces that come in contact with mouths (such as, toys, countertops, and other surfaces that touch food).



DISINFECTING

- Disinfecting **kills** or inactivates remaining germs on surfaces. Killing germs can further lower the risk of spreading disease.
- Use a disinfecting product with a drug identification number (DIN) assigned by Health Canada.
- Objects or surfaces should be cleaned first before disinfecting.

ENVIRONMENTAL CLEANING

Image adapted from: www.cdc.gov

The health care environment contains a diverse population of microorganisms and can be a reservoir for potential pathogens that contribute to the spread of healthcare-associated infections (HAIs) and multidrug-resistant organisms like MRSA, VRE, *C. difficile** and CPE. Environmental cleaning reduces the presence of harmful microorganisms and limits the spread of infections among patients/residents/clients and health care workers (HCWs). HAIs can complicate recovery of residents and lead to serious health issues. A clean environment minimizes the risk of HAIs. Plus, a clean workplace also protects HCWs from occupational exposure to infectious agents. There are multiple resources available on environmental cleaning in a health care setting, including from Public Health Ontario (PHO). Links to some of them are included in the 'sources' section. Given the broad scope of the subject matter, the information on the best practices for environmental cleaning included here is just a drop in the mop bucket. But it's an attempt to highlight some of core practices that should be implemented by environmental services (EVS) workers.

	When cleaning, always clean from the least soiled areas (cleanest) first to the most soiled areas (dirtiest) last, and from top to bottom. Clean resident areas before resident toilets. Use elbow grease and friction when cleaning to remove germs and debris.
	When using a cleaning cloth, soak or saturate the cloth in the solution, and then clean the surface/equipment from clean to dirty direction. Use the 8-fold technique when using cleaning cloths to minimize risk of cross contamination.
	Disinfectants must not be used as general cleaning agents, unless combined with a cleaning agent as a one-step cleaner/disinfectant. Skin antiseptics must never be used as environmental disinfectants (e.g. alcohol-based hand rub or ABHR).

✓	High-touch surfaces are those that have frequent contact with hands. Examples include doorknobs, elevator buttons, telephones, call bells, bedrails, light switches, computer keyboards, etc. Low-touch surfaces include floors, walls, ceilings, mirrors and window sills.
✓	High-touch surfaces should be cleaned and disinfected with a hospital grade disinfectant (with a DIN issued by Health Canada) at least once a day and when visibly soiled during normal operations, and more frequently in outbreak areas as required. EVS staff should use log sheets with high touch surfaces listed to document daily cleaning.
✗	Do not double-dip cleaning cloths (or crackers), shake mops, or lift dust mop off the floor once you have started. Instead, use swivel motion of frame and wrist to change direction. Also, never leave soiled mopheads and cleaning cloths soaking in buckets.
✓	Clean and disinfect all non-critical medical equipment (such as blood pressure cuffs, pulse oximeters, stethoscopes, wheelchairs) between resident/client use. Also, cleaning practices should be periodically monitored and audited with feedback and education.
✓	Use the correct contact time for the disinfectant. The surface should remain wet for the required contact time (e.g., for a 3-min contact time, the surface should stay wet for 3-min). Reapply disinfectant to the surface if contact time is not met, and let it air dry.
✗	Never mix chemical cleaners or disinfecting products as the chemicals may dangerously react with each other. Mixing sodium hypochlorite (bleach) with ammonia (quats) produces a toxic gas called chloramine, and makes your eyebrows disappear. Bleach + vinegar releases toxic gas chlorine, and hydrogen peroxide + vinegar creates the corrosive peracetic acid.
✓	EVS workers should, at minimum, practice hand hygiene before initial resident or resident environment contact (entering resident room/space), after potential blood or body fluid exposure, and after resident or resident environment contact (leaving resident room).
✓	ABHR is recommended to practice hand hygiene when hands are not visibly soiled. When hands are visibly soiled or there is exposure to blood or bodily fluids, hand washing with soap & water <i>is</i> required. Use moisturizing lotions often to limit skin irritation and dryness.
✗	Do not leave resident room wearing gloves. Gloves are task specific and single use. Remove soiled gloves and clean hands with ABHR; if hands are visibly soiled, wash with soap and water.
✓	Dirty or soiled laundry should be bagged or contained at the bedside (point-of-care). Contain wet laundry before placing it in the laundry bag (e.g., wrap in a dry sheet or towel). Laundry should not be thrown on the floor, shaken out or sorted at point of collection.

✓	Routine Practices are sufficient for handling and laundering, <i>regardless</i> of the source of the linen, or if it's soiled with blood, body fluids, secretions or excretions. Place recommended PPE (gloves, fluid-resistant gowns, eye protection, masks) in the laundry room/soiled utility area for staff to use based on their PCRA to mitigate risk of exposure to blood and body fluids.
✗	Staff should not rinse or spray soiled linen or items (e.g., with excrement) with water in the hopper. Instead, gross soiled, including faeces, should be removed with a gloved hand and disposed into resident toilet, or in plastic trash bag if a paper towel is used.
✓	If the laundry machine has been used to clean heavily soiled linen or laundry (e.g., vomit, diarrhea), a bleach cycle of the laundry machine is recommended to be run (without laundry) before washing the next load. Cloth linen bags should be washed after each use .
✓	EVS workers should be familiar with the signages used for Additional Precautions, and wear the indicated PPE when cleaning isolation rooms. Clean isolation rooms after other rooms. Put PPE on before going in resident space and take off when exiting resident space.
✗	Never compress waste or soiled linen bags with hands as there may be accidentally left needles and other sharp objects in it that could cause injury. Instead, always handle plastic bags from the top.
✓	Health care settings, including CLS, should select a limited number of disinfectants to minimize training requirements and the risk of using the products incorrectly. The disinfectants should be active at room temperature preferably with a short contact time.
✓	Disinfectants used when residents/clients have norovirus or during norovirus outbreak should have the appropriate virucidal claim for the pathogen. Quaternary ammonium compounds (e.g., Lysol wipes) and ethanol-based disinfectants have limited efficacy against norovirus.
✓	Use a Health Canada-approved sporicidal product in all resident care areas when dealing with <i>Clostridioides difficile</i> . Freshly prepared household bleach (5.25% sodium hypochlorite) at a 1:10 dilution is also effective against <i>C. diff</i> spores.
✓	And finally, surfaces should always be cleaned before they are sanitized or disinfected. Impurities like dirt, organic matter (e.g., faeces, body fluids) and other debris make it harder for disinfectants to get to and kill germs. Disinfecting without cleaning is like checking the weather app in the morning to plan out your day—pointless and counterproductive.