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Approved by: Bone Marrow Transplant (BMT) Medical Director  
BMT Patient Service Supervisor

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## **ENVIRONMENTAL SERVICES PROTOCOL FOR CLEANING OF BMTU (10H)**

### **Policy:**

All areas of the Transplant Unit shall be cleaned daily by a designated Environmental Service employee who has been oriented to this unit. All cleaning equipment and chemicals shall remain in the Unit and shall not be used in any other patient care area. All patient rooms shall be terminally cleaned prior to a transplant admission. Terminal cleaning requires a minimal of 3 hours down time in order to adequately complete this cleaning. All patient care equipment not cleaned by Environmental Service Personnel shall be cleaned by other designated personnel. The scope and functions of the cleaning performed are detailed in the following section.

### **Procedure:**

1. All Environmental Service employees must wash their hands in accordance with the hand washing policies of 10H.
2. All Environmental Services employees must notify the housekeeping supervisor for reassignment to a different unit if they are ill with a cold, if they have had vaccines or if they have been exposed to communicable diseases (like chicken pox or shingles).
3. A five step routine cleaning process shall be completed for all rooms daily. These steps include:
  - a. Damp Wiping
  - b. Emptying and cleaning waste baskets
  - c. Bathroom cleaning
  - d. Floor cleaning- patient rooms only
  - e. Inspection of the room- to be done by the housekeeper at the end of the shift, and will be done by nursing manager and/or housekeeping supervisor on a monthly and as needed basis.
4. Never bring cleaning cart into patients room or ante-room. The cart must be left in hallway, and put away into the janitors closet when housekeepers leave the unit for breaks, lunch etc.

## Room Cleaning

### A. Damp Wiping

#### Steps

1. Obtain necessary equipment and materials.

2. Damp Wiping

3. Dispose of flat mop & cleaning cloths

#### Procedure

Obtain flat mop, head and handle.  
Use clean mop head in each room.

Using Quat Stat begin cleaning in one direction around the room.

Damp Wipe:

- A. Horizontal Surfaces (over bed table, bedside stand, counters, bed, bed rails, tops of monitors, window sills, tops of trash cans).
- B. Vertical Surfaces (walls, doors, door jams, windows, blinds, IV poles, shower curtains).
- C. Glass cleaning (Spray glass cleaner on cloth outside of patients room (do NOT spray cleaner in patients rooms) and wipe down all windows and mirrors with cloth.

After cleaning each room, place flat mop and cleaning cloths into clear bags to be washed.

### B. Empty and Clean Wastebaskets

#### Steps

1. Empty Wastebasket

2. Obtain Quat Stat and Cleaning Cloth.

3. Waste receptacles are to be emptied twice a day /and as needed.

#### Procedure

Remove the used-liner and dispose of properly. Re-line trash can.

Wipe can inside/out using Quat Stat on cloth.

### C. Bathroom Cleaning

#### Steps

1. Obtain necessary materials, equipment, and Chemicals

#### Procedure

Obtain bucket of Quat Stat, clean cloths, Johnny mop, flat mop system, gloves. Using Crème Cleanser wipe sink, rinse out sink and wipe with Quat Stat, including shelf, shower, shower curtain, walls and toilet. Using glass cleaner, wipe off mirror. Using Johnny mop clean inside of toilet, leave seat up when finished cleaning toilet. Damp mop bathroom floor as last duty.

2. Refill Dispenser

Refill soap, toilet tissue and paper towel dispensers as needed. Check the dispensers daily.

### D. Floor Cleaning

#### Steps

1. Obtain necessary equipment

#### Procedure

Obtain Quat Stat, flat mop system. Begin mopping the floor with flat mop system starting at the back of the room and work toward the door. Use the “S” stroke motion for efficiency and prevention of back fatigue. Draw the mop parallel to baseboards and furnishings to avoid splashing these items before mopping the open areas. Remove soiled mop and place in clear bag to wash.

### E. Inspection of the Room

1. Equipment in Room

Any patient care equipment which remains in the room should be damp wiped with Quat Stat. It is recommended that such patient care equipment be the responsibility of nursing personnel.

At the end of the shift the housekeeper will look-over the room to make sure that all routine cleaning functions have been performed. The housekeeper will also check for any project type cleaning functions, such as changing of cubicle curtains, refinishing of floors, painting/touch-ups etc. which may need to be completed and bring this to the attention of the Patient Service Supervisor (PSS) so that she may schedule this project work to be performed when appropriate. The PSS and/or housekeeping supervisor will make rounds monthly and on an as needed basis.

### Terminal Cleaning

In addition to the five step routine cleaning, as outlined above, terminal cleaning will consist of the following:

1. All mobile direct patient care equipment should be removed and sent to the appropriate decontaminating, washing, and sterilizing area by the nursing staff.
2. A complete washing and disinfecting of walls, bathroom, inside of patient closets, furniture, and the bed is done.
3. Vents are to be cleaned.
4. Furniture is removed, and floor is scrubbed and waxed using one coat of wax only. Note: floor in shower stall is NOT to be waxed.

Originating Department: 10H Staff, Medical Director of BMTU

Contributing Department: Environmental Services

#### References:

Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings <http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>

Tomblyn, M., et al., (2009). Guidelines for preventing infections complications among hematopoietic cell transplantation recipients: A global perspective. *Biology of Blood and Marrow Transplantation*, 15, 1143-1238.