

# Environmental Cleaning Competency Tool

Daily/Terminal\* Cleaning in Patient Room

Date:	
Unit:	
Room Number:	

*\*Terminal cleaning is to be applied upon patient discharge/transfer.*

Isolation Room	Yes	No	N/A
Appropriate PPE worn			
Air exchange times followed (daily/terminal)			
Sign removed after precaution ended and room clean completed			

Daily Cleaning	Completed	Not Completed	N/A
Bed (frame, side rails, foot board)			
Bed rails controls			
Bedside/tray table			
Bedside table handle			
Equipment (IV/feeding tube pole, BP cuff/machine, etc.)			
Call box / button			
Telephone / cord			
Room sink / handles			
Room light switch			
Room inner/outer doorknob			
Chair(s)/couch			
Bathroom inner/outer doorknob / plate			
Bathroom light switch			
Bathroom handrails by toilet			
Bathroom sink/shower and handles			
Bathroom call light/cord			
Mirror (room, bathroom)			
Toilet seat			
Toilet flush handle			
Toilet bedpan cleaner			
Floor (room, bathroom)			
<b>If present in patient room:</b>			
Monitoring equipment (controls, screens, cables)			
Suction, air and oxygen regulators			
Keyboard / mouse			
Med Scanner			
Countertop(s)			

Terminal Cleaning* (upon discharge or transfer)	Completed	Not Completed	N/A
<b>Daily cleaning tasks (see above)</b>			
Outside cabinet / drawers and handles			
Inside cabinet / drawers and hangers			
Room and bathroom door (inside and outside)			
Window(s), windowsill(s), and blinds/curtains			
Garbage / biohazard bins			
Privacy curtains			
Soap, hand towel, hand sanitizer, glove dispensers			
TV (cleaned and dusted)			
Bedding / linen changed			
Crevices (small gaps) of bed, chair/couch, controls			
Walls (room and bathroom)			
Entire bedside table (base, crevices, etc.)			
Baseboards			
All signage			

*\*Terminal cleaning is to be implemented upon patient discharge or transfer. **These items should be completed in addition to daily cleaning.***

**Monitoring method used (optional):**

- Direct observation     
 Fluorescent gel     
 Swab cultures  
 ATP system     
 Agar slide cultures

**Comments or follow up actions:**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Infection Preventionist/Designee: \_\_\_\_\_ Date: \_\_\_\_\_