

C. difficile Collaborative ICU Environmental Cleaning Checklist

- Hospital: HH
 RGH
 SMH
 Unity

Unit/Room No.: _____ Daily Clean? Yes No

- Precautions: C. diff
 Other
 None

Date: ___/___/___ Initials: _____

INSTRUCTIONS: Complete checklist while directly observing room cleaning.

Place an "X" in the appropriate box to indicate if an action was performed. If the item was not evaluated, place an "X" in the N/A box. Complete the 2-step cleaning column for terminal cleans of *C. diff* rooms only. Perform a TOTAL of 15 audits/month in non-ICU and ICU rooms.

Time Started: ___:___ AM/PM	Done	Not Done	N/A	2-Step Cleaning*
Pre-cleaning Actions	Perform Hand Hygiene			n/a
	Put on Appropriate PPE			
	Empty Trash			
	Empty Linen Hamper			
	High/Low Dust Surfaces			
	Clean Visible Soil on Surfaces			
High Touch I	Bed Rails			
	Bed Surfaces			
	Supply Cart – External Surfaces			
High Touch II	Hand Sanitizer Dispenser			
	IV Pole			
	Trash Can – Medical Waste			
	Bedside Table			
	Computer Keyboard			
	Computer Mouse			
	Commode or Under-counter toilet			
	Wall-mounted Suction			
	Call button & cord			
	TV remote			
High Touch III	Overbed Table			
	Sink Faucet			
	Sink Surface			
	Countertop			
	Soap Dispenser			
	Linen Hamper			
	Trash Can – Other Waste			
	Light Switch			
	Patient chair – Arms			

		Done	Not Done	N/A	2-Step Cleaning*
High Touch III cont.	Patient chair – Seat				
	Inside room Doorknob/ handle				
	Room Door Inner Surface				
After Cleaning Actions	Mop Floors				n/a
	Discard Dust Cloth(s)				
	Change Mop Heads				
	Remove PPE				
	Perform Hand Hygiene				
Item Replacement	Put on new PPE (if precautions room)				n/a
	Hand Sanitizer				
	Paper Towels				
	Soap				
	Glove Boxes				
	Sharps Containers				
	Trash/ Linen Liners				
	Toilet Paper				
Terminal Clean Additional Actions & High Touch Surfaces	Replace Privacy Curtains (if precautions room)				n/a
	Bed - Mattress Surfaces				
	Bed – Headboard				
	Bed – Footboard				
	Bed – Frame				
	O ² Flowmeter				
	Monitor				
	Monitor Cables				
Patient Pillows					
Comments:					
Time Finished: ___:___ AM/PM					

*Terminal Cleans of *C. diff* Rooms Only

Return completed forms to Christina Felsen via e-mail or fax