# C. difficile Collaborative ICU Environmental Cleaning Checklist

## 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.

### Hospital: HH
- **Unit/Room No.:** __________
- **Daily Clean?** □ Yes □ No □ Other
- **Precautions:** □ C. diff □ None
- **Date:** ___/___/___
- **Initials:** __________

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

<table>
<thead>
<tr>
<th>Done</th>
<th>Not Done</th>
<th>N/A</th>
<th>2-Step Cleaning*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Touch III cont.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient chair – Seat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inside room Doorknob/ handle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room Door Inner Surface</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>After Cleaning Actions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mop Floors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discard Dust Cloth(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change Mop Heads</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove PPE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform Hand Hygiene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Item Replacement</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Put on new PPE (if precautions room)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand Sanitizer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paper Towels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soap</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glove Boxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharps Containers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trash/ Linen Liners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet Paper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Terminal Clean Additional Actions &amp; High Touch Surfaces</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replace Privacy Curtains (if precautions room)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed - Mattress Surfaces</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed – Headboard</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed – Footboard</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed – Frame</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O2 Flowmeter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor Cables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Pillows</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

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

**Time Finished: ___:___ AM/PM**