

C. difficile Collaborative Non-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			
	Overbed Table			
High Touch II	Hand Sanitizer Dispenser			
	Call button & cord			
	TV Remote			
	Light Switches			
	Bedside Table			
	Patient chair – Arms			
	Patient chair – Seat			
	Computer Keyboard			
	Computer Mouse			
Commode/Shower Chair				
High Touch III	Inside Room Doorknob			
	Room Door Inner Surface			
	Countertop or Windowsill			
	Patient Phone			
	Linen Hamper			
	Trash Can			
Bath-room	Bathroom Doorknob			
	Toilet Horizontal Surfaces /Seat			
	Toilet Lever/ Flush			
	Sink Faucet			
	Sink Surface			

	Done	Not Done	N/A	2-Step Cleaning*
Bathroom cont.	Soap Dispenser			
	Toilet Paper Dispenser			
	Paper Towel Dispenser			
	Hand Sanitizer Dispenser			
	Handrails/ Grab Bar			
	Tub/ Shower Surfaces			
	Mirror			
After-Cleaning Actions	Mop Floors			n/a
	Discard Toilet Brush/ Cloth			
	Discard Dust Cloth(s)			
	Change Mop Heads			
	Remove PPE			
	Perform Hand Hygiene			
Item Replacement	Put on new PPE (if precautions room)			n/a
	Glove Boxes			
	Sharps Containers			
	Trash/ Linen Liners			
	Hand Sanitizer			
	Paper Towels			
	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			
	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 (Christina.Felsen@urmc.rochester.edu, 442-7936).