# Modified\* CDC Environmental Checklist for Monitoring Room/Equipment Cleaning

|  |  |  |
| --- | --- | --- |
| **Date: Time** | **Number of Beds** | **Number of Rooms** |
| **Unit:** |  |  |
| **Room Number (Mark all bed areas):** |  |  |
| **Marked By** |  |
| **Notes:**  |

**Evaluate Marking of the following priority sites for each patient room:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **High-touch Room Surfaces3** | **Marked** | **Cleaned** | **Not Cleaned** | **Not Present in Room** |
| Bed headboard |  |  |  |  |
| Bed rails (each end of each rail) |  |  |  |  |
| Bed control panel (rail) |  |  |  |  |
| Bed control panel (foot end) |  |  |  |  |
| Bedside table (4 corners) |  |  |  |  |
| Call button |  |  |  |  |
| Chair (2 arms of each chair) |  |  |  |  |
| Dresser (4 corners) |  |  |  |  |
| Feeding pump controls/touch screen |  |  |  |  |
| Over-bed table handle (under/side) |  |  |  |  |
| Over-bed table ( 4 corners) |  |  |  |  |
| Oxygen tank controls |  |  |  |  |
| Ventilator control panel |  |  |  |  |
| Window sill |  |  |  |  |
|  |  |  |  |  |

**Evaluate the following additional sites if these equipment are present on the unit:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **High-touch Room Surfaces3** | **Marked** | **Cleaned** | **Not Cleaned** | **Not Present on Unit** |
| Glucometer (shared only) |  |  |  |  |
| Blood pressure cuff |  |  |  |  |
| Blood pressure monitor touch screen |  |  |  |  |
| Dressing cart (center drawer handles) (Identify which cart) |  |  |  |  |
| Medication cart (center drawer handles) (Identify which cart) |  |  |  |  |
| Thermometer handle |  |  |  |  |
| Thermometer case |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supplies and Equipment** | **At point of care** | **In room** | **Not available/empty** | **Not Present on Unit** |
| **Bleach/detergent wipes** |  |  |  |  |
| **Alcohol based hand rub** |  |  |  |  |
| **Housekeeping supplies ( specify)** |  |  |  |  |

\*Adapted from CDC form July2018 for use with CDPH *C. auris* surveillance

1. Gather supplies ( Tide Free and Gentle, plastic bags, cotton applicators, UV light, checklists and room maps). Complete marking after EVS is finished cleaning rooms.
2. To avoid cross contamination, one plastic bag full of applicators should be used for each patient bed space (6-8 bags full of 15-10 double headed cotton applicators per marking session).
3. Perform hand hygiene and apply gloves.
4. Pour enough Tide Free and Gentle into bag to saturate cotton applicators. Seal and put aside.
5. Remove gloves and perform hand hygiene.
6. Carefully document which rooms and which beds are being marked.
7. Perform hand hygiene and apply gloves. Take only one bag of saturated cotton applicators into each patient zone.
8. Mark selected patient zones with cotton applicators saturated with Tide Free and Gentle.
9. Remove cotton applicators from bag with left hand (clean) and use right hand to mark.
10. Ensure left hand does not touch environmental surfaces.
11. Use a different cotton applicator for each marked location. Use each end only one time, then discard.
12. Marked locations in six to eight patient zones per observation. Remove gloves, perform hand hygiene, put on fresh gloves and get new bag of cotton applicators between each patient zone.
13. There will be between 10 and 30 marked locations for each patient zone.
14. Complete one checklist for each patient zone.
15. ALSO Complete one map for each room as a double check- and staple checklist(s) and map together.
16. Ensure that the map and the checklist match before leaving the area, and each bed space is clearly marked. Make notes if necessary.
17. Return 24 hours later (or after EVS cleaning the next day) with UV light and maps and checklists. Complete review.

B= Bed (

BC = Bed control (rail and foot of bed)

BST= Bedside table

CH= Chair

D= Dresser

FP = Enteral feeding pump control panel

OBT = Overbed table

O2= Oxygen tank

SR = Side rail

SP = Suction pump

R= Refrigerator

V= Ventilator panel

Other surfaces \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_