

Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

Module 4: Environmental Services Facilitator Guide

Environmental Services (EVS): This form is intended to aid an ICAR facilitator in the review of a healthcare facility's EVS practices and policies (Part A) and guide EVS observations (Part B and Part C). In outpatient settings, emphasis should be placed on the process for cleaning and disinfecting non-critical equipment, medication preparation areas, and high-touch surfaces in procedure rooms between patients.

Part A. EVS Interview Questions

This interview should include the person in charge of EVS. If possible, responses should be verified with frontline staff through direct observation of practices or informal interviews while conducting the ICAR.

1. Are there policies indicating which environmental surfaces are to be routinely (e.g., daily) cleaned and disinfected in patient/resident rooms?
Yes
No
Unknown
Not assessed

If **YES**, please describe, including if and how these policies differ by room type or area:

“Develop standardized protocols for routine (e.g., daily) and discharge/transfer (also known as terminal) cleaning and disinfection for each major patient care room type (i.e., intensive care unit or ward) or area type (i.e., operating room, emergency department, radiology suite).

- Make sure that the protocols are readily available (e.g., posted online or available in hard copy) for review by staff.”

Source: [Reduce Risk from Surfaces | HAI | CDC](#)

Examples of high-touch surfaces include, but are not limited to: bed rails, bed frames, moveable lamps, call buttons, tray table, bedside table, handles, IV poles, and surfaces in and around toilets in patients' rooms.

Sources:

[Guidelines for Environmental Infection Control in Health-Care Facilities \(cdc.gov\)](#)

[Environmental Cleaning 102 \(cdc.gov\)](#)

2. Is there a process for selecting products used by the facility for cleaning and disinfection?
Yes
No
Unknown
Not assessed

If **YES**, please describe the factors considered when selecting products (e.g., efficacy against common pathogens, compatibility with surfaces):

“Select [EPA-registered disinfectants](#) that have microbiocidal activity against the pathogens most likely to contaminate the patient-care environment.”

Source: [Core Practices | HICPAC | CDC](#)

Ideally, the infection preventionist is included in the process of selecting products used for cleaning and disinfection. Factors to consider when selecting products include, but are not limited to:

- Spectrum of activity (e.g., is a sporicidal option (List K) available for the rooms of patients with *C. diff*)
 - EPA has [lists of products](#) that are registered against common pathogens (e.g., List P are products registered with EPA for claims against *Candida auris*)
- Ease of use (e.g., shorter contact times, one-step cleaner/disinfectants, mixing and dilution not required)
- Compatibility with environmental surfaces
- Safety



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Centers for Disease
Control and Prevention

3. How often are high-touch environmental surfaces in patient/resident rooms cleaned and disinfected? *(Select all that apply)*

- Daily
- More than Daily
- Less than Daily
- Unknown
- Not assessed
- Other *(specify)*: _____

In general, high-touch surfaces in:

- **Patient rooms** should be cleaned and disinfected when soiled, daily, and when the patient is discharged.
- **Rooms/areas where invasive procedures are performed** should be cleaned and disinfected when soiled and after each procedure.

Examples of high-touch surfaces include, but are not limited to: bed rails, bed frames, moveable lamps, call buttons, tray table, bedside table, handles, IV poles, and surfaces in and around toilets in patients' rooms.

Sources:

[Guidelines for Environmental Infection Control in Health-Care Facilities \(cdc.gov\)](#)

[Environmental Cleaning 102 \(cdc.gov\)](#)

4. Are there policies addressing the order in which environmental surfaces are cleaned and disinfected in patient/resident rooms (e.g., top to bottom, clean to dirty, toilet cleaned and disinfected last)?

- Yes
- No
- Unknown
- Not assessed

If **YES**, please describe:

In order to ensure surfaces are not missed, it is helpful to have a general order in which environmental surfaces are cleaned and disinfected in patient rooms. To avoid spreading dirt and microorganisms, recommended practice is to proceed from top to bottom and from cleaner to dirtier areas (e.g., clean toilets last). However, spills of blood or body fluids should be cleaned immediately.

Source: [Environmental Cleaning 102 \(cdc.gov\)](#)

5. Is there a process to indicate when a room/bed space has been cleaned and disinfected?

- Yes
- No
- Unknown
- Not assessed

If **YES**, please describe:

"Develop standardized protocols for routine (e.g., daily) and discharge/transfer (also known as terminal) cleaning and disinfection for each major patient care room type." Include in the protocols "processes for easy identification of equipment and rooms that have been properly cleaned and disinfected and are ready for patient use (e.g., tagging system, placement in dedicated clean area)."

Source: [Reduce Risk from Surfaces | HAI | CDC](#)

Notes

6. Is there a process for determining the minimum cleaning time of a patient/resident room?

- Yes
- No
- Unknown
- Not assessed

If YES,

6a. What factors are considered in the process? (select all that apply):

- Size of the room
- Number of surfaces
- Number of patients/residents in the room
- Type of cleaning and disinfection (e.g., routine vs terminal)
- Feedback from EVS personnel
- Feedback from other personnel (e.g., nursing)
- Unknown
- Not assessed
- Other (specify): _____

These questions are intended to assess if sufficient staffing and time has been allotted to allow for proper cleaning and disinfection of patient rooms.

“Establish the minimal cleaning time (MCT) for routine and discharge/transfer cleaning for each major patient care room type or area.

- Define a process to establish MCTs, for example by observing standardized cleaning protocols performed by experienced personnel.
- Align MCTs with staffing plans to ensure that effective cleaning and disinfection can be completed and sustained.
- Disseminate MCTs so that others who are responsible for patient flow, such as bed control and nursing, are aware of them for each patient care area.
- Enforce MCTs and empower EVS staff to require adherence to MCTs.
- Track cleaning times to:
 - Identify factors that influence them
 - Assess the need for mitigating those factors or revising the MCT”

Source: [Reduce Risk from Surfaces | HAI | CDC](#)

While touring the facility and performing observations, EVS workers can be asked if they feel they have sufficient time to correctly perform routine and terminal cleaning assignments.

7. Does the facility have communal shower areas for patient/resident bathing?

- Yes
- No
- Unknown
- Not assessed

If YES, please describe the frequency and process for cleaning and disinfection (e.g., which surfaces are cleaned and disinfected between residents, how are shower trolleys handled):

8. Who is assigned responsibility for cleaning and disinfecting the following **reusable, non-critical patient/resident care equipment**?

8a. Portable radiology equipment (e.g., X Rays, ultrasound machine). (select all that apply)

- EVS personnel
- Nursing personnel
- Certified nursing assistant (CNA)
- User
- Unknown
- Not assessed
- Other (specify): _____

8b. Respiratory therapy equipment (e.g., ventilators). (select all that apply)

- EVS personnel
- Nursing personnel
- Respiratory therapists
- User
- Unknown
- Not assessed
- Other (specify): _____

8c. Lifts/scales (select all that apply)

- EVS personnel
- Nursing personnel
- Certified nursing assistant (CNA)
- User
- Unknown
- Not assessed
- Other (specify): _____

8d. Infusion equipment (e.g., IV poles, pumps) (select all that apply)

- EVS personnel
- Nursing personnel
- Certified nursing assistant (CNA)
- User
- Unknown
- Not assessed
- Other (specify): _____

“Clearly define responsibilities for the cleaning and disinfection of noncritical equipment, shared medical equipment, and other electronics (e.g., ICU monitors, ventilator surfaces, bar code scanners, point-of-care devices, mobile workstations, code carts, airway boxes).

1. Make sure that staff involved in cleaning and disinfection are aware of their responsibilities and are appropriately trained to fulfill them.
2. Make sure that cleaning and disinfection supplies are easily accessible (e.g., cleaning cart and patient care areas are adequately stocked).”

Source: [Reduce Risk from Surfaces | HAI | CDC](#)

9. How often is **non-critical patient/resident care equipment that is used for more than one patient/resident** cleaned and disinfected? (Select all that apply)

- When visibly dirty
- Daily
- After each use
- Prior to use on another patient/resident
- Unknown
- Not assessed
- Other (specify): _____

10. Is there a process to indicate when reusable, non-critical patient/resident care equipment has been cleaned and disinfected?

- Yes
- No
- Unknown
- Not assessed

If yes, please describe:

“Clean and reprocess (disinfect or sterilize) reusable medical equipment (e.g., blood glucose meters and other point-of-care devices, blood pressure cuffs, oximeter probes, surgical instruments, endoscopes) prior to use on another patient and when soiled.”

“Maintain separation between clean and soiled equipment to prevent cross contamination.”

Source: [Core Practices | HICPAC | CDC](#)

Notes

Part B. EVS Observations:

This portion of the tool is intended for the direct observations of general environmental infection control practices within the facility. Ideally at least three observations of different EVS workers are completed.

1. Review the labels for all products used for cleaning and disinfection of environmental surfaces and non-critical patient/resident care equipment for the following information. Compare information from the label to how the individual being interviewed indicates the product is used by the facility.

What is the recommended use (e.g., cleaner or disinfectant, types of surfaces, pathogens killed)?

Is a precleaning step required?

Is mixing or dilution required?

What is the contact time?

Note areas where facility practices might not be consistent with product labeling.

Gathering this information early in the ICAR process will assist the facilitator with verifying proper selection and use of products used for cleaning and disinfection. If the product is a disinfectant, there should be an EPA product registration number on the label.

2. Where do EVS personnel store supplies for cleaning and disinfection? (*select all that apply*)

In a dedicated storage area on the unit

In a common storage area away from the unit

Unknown

Not assessed

Other (*specify*): _____

"Make sure that cleaning and disinfection supplies are easily accessible (e.g., cleaning cart and patient care areas are adequately stocked)."

Source: [Reduce Risk from Surfaces | HAI | CDC](#)

3. Is mixing and dilution of products for cleaning and disinfection performed? (If no, skip to question 4)

Yes

No

Not observed but endorsed by frontline staff

Not observed and not endorsed by frontline staff

Not assessed

If YES:

- 3a. Who is assigned responsibility for mixing or dilution?

EVS Supervisor

Individual EVS staff

Unknown

Not Assessed

Other (*specify*): _____

- 3b. Is appropriate PPE worn by the individual who performs mixing or dilution?

Yes

No

Not observed but endorsed by frontline staff

Not observed and not endorsed by frontline staff

3c. Are clean containers used to prepare solutions?

- Yes
- No
- Not observed but endorsed by frontline staff
- Not observed and not endorsed by frontline staff

3d. Are containers clearly labeled with contents and an expiration date based on manufacturer’s instructions for stability?

- Yes
- No
- Not observed but endorsed by frontline staff
- Not observed and not endorsed by frontline staff

3e. How long does the facility store products after mixing or dilution?

- 24 hours
- More than 24 hours
- Less than 24 hours
- Unknown
- Not assessed

Products for cleaning and disinfection are often sold as concentrated formulations that are diluted to make a solution. If they are not prepared according to the manufacturer’s instructions (e.g., too concentrated or too dilute), they might not perform as expected and they could damage surfaces or increase risks to staff and others.

Only those who have been properly trained should mix or dilute products used for cleaning and disinfection and appropriate PPE (per manufacturer’s instructions and Standard Precautions) should be worn. Some facilities might use an automatic dispensing system that replaces the need for manually measuring and mixing or diluting products; these systems require regular calibration to ensure they are working correctly.

Containers used to store the prepared solutions should be clean, clearly labeled, and have an expiration date based on the manufacturer’s instructions for stability. They should be clean and dried before refilling and new solution should not be added to old solution (“topping off”).

4. How often are cleaning carts (if used) cleaned and disinfected?

- Daily
- More than Daily
- Less than Daily
- Not applicable (cleaning carts not used)
- Unknown
- Not assessed

Cleaning carts have been associated with transmission of multi-drug resistant organisms. To the extent possible, they should not enter patient rooms (particularly if the patient is on Transmission-Based Precautions) and they should be cleaned and disinfected at the end of each day or shift.

Source: [Environmental Cleaning 102 \(cdc.gov\)](https://www.cdc.gov/eid/content/102/cdc102-0101a1.htm)

Notes

Patient/Resident Room/Care Area 1

Location/Unit: _____

1. For the rooms of patients/residents on Transmission-Based Precautions, are the selected products effective against the suspected pathogens (e.g., if the patient has *C. diff*, is the product effective against *C. diff*)?
Yes
No
Not observed but endorsed by frontline staff
Not observed and not endorsed by frontline staff

Cleaning and disinfection protocols should:

- Include processes for “routine and discharge/transfer cleaning and disinfection for specific pathogens (e.g., *C. difficile*, *Candida auris*, norovirus, MDROs) and other patient-level factors (e.g., wounds, diarrhea).”

“Make sure that the EVS team can identify which patient rooms are under Transmission-Based Precautions, variations in cleaning and disinfection protocols that may be required, and necessary PPE.”

Source: [Reduce Risk from Surfaces | HAI | CDC](#)

2. Do EVS cleaning carts stay outside patient/resident rooms?
Yes
No
Not observed but endorsed by frontline staff
Not observed and not endorsed by frontline staff

Cleaning carts have been associated with transmission of multi-drug resistant organisms. To the extent possible, they should not enter patient rooms (particularly if the patient is on Transmission-Based Precautions) and they should be cleaned and disinfected at the end of each day or shift.

Sources:

<https://www.cdc.gov/mmwr/volumes/66/wr/mm665152a5.htm>

[Environmental Cleaning 102 \(cdc.gov\)](#)

3. Are EVS cleaning carts stocked with necessary cleaning and disinfection supplies?
Yes
No
Not observed but endorsed by frontline staff
Not observed and not endorsed by frontline staff

Cleaning carts should be stocked with sufficient quantities of supplies (e.g., cleaning cloths, disinfectants) to avoid the need to return for more supplies in the middle of cleaning a particular patient care area.

This question might best be answered by experienced front line EVS personnel.

4. Do personnel wear appropriate PPE when performing cleaning and disinfection activities to prevent exposure to chemicals?
Yes
No
Not observed but endorsed by frontline staff
Not observed and not endorsed by frontline staff

“Consult the products’ material safety data sheets (MSDS) to determine appropriate precautions to prevent hazardous conditions during product application. Personal protective equipment (PPE) used during cleaning and housekeeping procedures should be appropriate to the task.”

Source: [Guidelines for Environmental Infection Control in Health-Care Facilities \(cdc.gov\)](#)

5. Do personnel wear appropriate PPE when performing cleaning and disinfection activities to prevent exposure to pathogens?
Yes
No
Not observed but endorsed by frontline staff
Not observed and not endorsed by frontline staff

“Personal protective equipment (PPE) used during cleaning and housekeeping procedures should be appropriate to the task.”

Source: [Guidelines for Environmental Infection Control in Health-Care Facilities \(cdc.gov\)](#)

6. Do personnel change gloves and perform hand hygiene whenever gloves become visibly soiled or wet or when moving from a soiled to a clean task (e.g., putting clean linen on the bed)?
- Yes
 - No
 - Not observed but endorsed by frontline staff
 - Not observed and not endorsed by frontline staff

“Remove and discard disposable gloves upon completion of a task or when soiled during the process of care.”

Source: [Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings - Recommendation of the HICPAC](#)

7. Do personnel change gloves and perform hand hygiene when moving from room to room?
- Yes
 - No
 - Not observed but endorsed by frontline staff
 - Not observed and not endorsed by frontline staff

“Remove and discard disposable gloves upon completion of a task or when soiled during the process of care.”

Source: [Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings - Recommendation of the HICPAC](#)

8. Are new wipes and cloths used for each patient/resident area?
- Yes
 - No
 - Not observed but endorsed by frontline staff
 - Not observed and not endorsed by frontline staff

In general, cleaning cloths should be replaced after every room and frequently while cleaning the room (e.g., when they become soiled, are no longer saturated with solution, when moving between patient zones in multi-patient rooms); typically five to seven cloths are used per room.

Source: [Environmental Cleaning 102 \(cdc.gov\)](#)

9. Are cleaning and disinfection products used according to their product label (e.g., contact time)?
- Yes
 - No
 - Not observed but endorsed by frontline staff
 - Not observed and not endorsed by frontline staff

Cleaning and disinfection products should be used according to the manufacturer’s instructions. This typically includes using mechanical action for cleaning steps and, for disinfectants, making sure the surface remains wet for the recommended contact time.

Sources:

[Environmental Cleaning 101 \(cdc.gov\)](#)

[Environmental Cleaning 102 \(cdc.gov\)](#)

10. Are containers of cleaning and disinfection products only accessed with clean wipes or cloths (e.g., only clean cloths dipped in buckets of cleaning solution)?
- Yes
 - No
 - Not observed but endorsed by frontline staff
 - Not observed and not endorsed by frontline staff

Portable containers (e.g., bottles, small buckets) used for storing environmental cleaning products (or solutions) should only be accessed with clean cloths or wipes to prevent contamination of the cleaning product.

Source: [Environmental Cleaning 102 \(cdc.gov\)](#)

Notes

11. Are all high-touch surfaces cleaned and disinfected?

- Yes
- No
- Not observed but endorsed by frontline staff
- Not observed and not endorsed by frontline staff

“Contamination of surfaces, including high-touch surfaces in the room and reusable patient care equipment that is moved between rooms, can lead to: (1) transmission to the next patient who occupies the room or uses the same equipment, or (2) contamination of the hands or clothing of healthcare personnel with transmission to other patients. Therefore, cleaning and disinfection of environmental surfaces is fundamental to reduce potential contribution to healthcare-associated infections.”

Examples of high-touch surfaces include, but are not limited to: bed rails, bed frames, moveable lamps, tray table, bedside table, handles, IV poles, and surfaces in and around toilets in patients’ rooms.

Sources:

- [Guidelines for Environmental Infection Control in Health-Care Facilities \(cdc.gov\)](#)
- [Environmental Cleaning 102 \(cdc.gov\)](#)

12. Are surfaces cleaned in an order that goes from clean to dirty surfaces (e.g., toilet cleaned last)?

- Yes
- No
- Not observed but endorsed by frontline staff
- Not observed and not endorsed by frontline staff

To avoid spreading dirt and microorganisms, recommended practice is to proceed from top to bottom and from cleaner to dirtier areas (e.g., clean toilets last). However, spills of blood or body fluids should be cleaned immediately.

Source: [Environmental Cleaning 102 \(cdc.gov\)](#)

13. Are toilet brushes stored on carts in a manner that does not contaminate the cart or other supplies (i.e., on the bottom of the cart away from other equipment)?

- Yes
- No
- Not observed but endorsed by frontline staff
- Not observed and not endorsed by frontline staff

Supplies on cleaning carts should be stored in a manner to maintain separation between clean and soiled items.

14. How often are mop heads changed?

- Between rooms
- Daily
- Unknown
- Not assessed
- Other (*specify*): _____

Microfiber mops should be changed after each room and after cleaning spills of blood or body fluids.

Source: [Environmental Cleaning 102 \(cdc.gov\)](#)

Notes

Patient/Resident Room/Care Area 2

Location/Unit: _____

1. For the rooms of patients/residents on Transmission-Based Precautions, are the selected products effective against the suspected pathogens (e.g., if the patient has *C. diff*, is the product effective against *C. diff*)?
Yes
No
Not observed but endorsed by frontline staff
Not observed and not endorsed by frontline staff

Cleaning and disinfection protocols should:

- Include processes for “routine and discharge/transfer cleaning and disinfection for specific pathogens (e.g., *C. difficile*, *Candida auris*, norovirus, MDROs) and other patient-level factors (e.g., wounds, diarrhea).”

“Make sure that the EVS team can identify which patient rooms are under Transmission-Based Precautions, variations in cleaning and disinfection protocols that may be required, and necessary PPE.”

Source: [Reduce Risk from Surfaces | HAI | CDC](#)

2. Do EVS cleaning carts stay outside patient/resident rooms?
Yes
No
Not observed but endorsed by frontline staff
Not observed and not endorsed by frontline staff

Cleaning carts have been associated with transmission of multi-drug resistant organisms. To the extent possible, they should not enter patient rooms (particularly if the patient is on Transmission-Based Precautions) and they should be cleaned and disinfected at the end of each day or shift.

Sources:

<https://www.cdc.gov/mmwr/volumes/66/wr/mm665152a5.htm>

[Environmental Cleaning 102 \(cdc.gov\)](#)

3. Are EVS cleaning carts stocked with necessary cleaning and disinfection supplies?
Yes
No
Not observed but endorsed by frontline staff
Not observed and not endorsed by frontline staff

Cleaning carts should be stocked with sufficient quantities of supplies (e.g., cleaning cloths, disinfectants) to avoid the need to return for more supplies in the middle of cleaning a particular patient care area.

This question might best be answered by experienced front line EVS personnel.

4. Do personnel wear appropriate PPE when performing cleaning and disinfection activities to prevent exposure to chemicals?
Yes
No
Not observed but endorsed by frontline staff
Not observed and not endorsed by frontline staff

“Consult the products’ material safety data sheets (MSDS) to determine appropriate precautions to prevent hazardous conditions during product application. Personal protective equipment (PPE) used during cleaning and housekeeping procedures should be appropriate to the task.”

Source: [Guidelines for Environmental Infection Control in Health-Care Facilities \(cdc.gov\)](#)

5. Do personnel wear appropriate PPE when performing cleaning and disinfection activities to prevent exposure to pathogens?
Yes
No
Not observed but endorsed by frontline staff
Not observed and not endorsed by frontline staff

“Personal protective equipment (PPE) used during cleaning and housekeeping procedures should be appropriate to the task.”

Source: [Guidelines for Environmental Infection Control in Health-Care Facilities \(cdc.gov\)](#)

6. Do personnel change gloves and perform hand hygiene whenever gloves become visibly soiled or wet or when moving from a soiled to a clean task (e.g., putting clean linen on the bed)?
- Yes
 - No
 - Not observed but endorsed by frontline staff
 - Not observed and not endorsed by frontline staff

“Remove and discard disposable gloves upon completion of a task or when soiled during the process of care.”

Source: [Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings - Recommendation of the HICPAC](#)

7. Do personnel change gloves and perform hand hygiene when moving from room to room?
- Yes
 - No
 - Not observed but endorsed by frontline staff
 - Not observed and not endorsed by frontline staff

“Remove and discard disposable gloves upon completion of a task or when soiled during the process of care.”

Source: [Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings - Recommendation of the HICPAC](#)

8. Are new wipes and cloths used for each patient/resident area?
- Yes
 - No
 - Not observed but endorsed by frontline staff
 - Not observed and not endorsed by frontline staff

In general, cleaning cloths should be replaced after every room and frequently while cleaning the room (e.g., when they become soiled, are no longer saturated with solution, when moving between patient zones in multi-patient rooms); typically five to seven cloths are used per room.

Source: [Environmental Cleaning 102 \(cdc.gov\)](#)

9. Are cleaning and disinfection products used according to their product label (e.g., contact time)?
- Yes
 - No
 - Not observed but endorsed by frontline staff
 - Not observed and not endorsed by frontline staff

Cleaning and disinfection products should be used according to the manufacturer’s instructions. This typically includes using mechanical action for cleaning steps and, for disinfectants, making sure the surface remains wet for the recommended contact time.

Sources:

[Environmental Cleaning 101 \(cdc.gov\)](#)

[Environmental Cleaning 102 \(cdc.gov\)](#)

10. Are containers of cleaning and disinfection products only accessed with clean wipes or cloths (e.g., only clean cloths dipped in buckets of cleaning solution)?
- Yes
 - No
 - Not observed but endorsed by frontline staff
 - Not observed and not endorsed by frontline staff

Portable containers (e.g., bottles, small buckets) used for storing environmental cleaning products (or solutions) should only be accessed with clean cloths or wipes to prevent contamination of the cleaning product.

Source: [Environmental Cleaning 102 \(cdc.gov\)](#)

Notes

11. Are all high-touch surfaces cleaned and disinfected?

- Yes
- No
- Not observed but endorsed by frontline staff
- Not observed and not endorsed by frontline staff

“Contamination of surfaces, including high-touch surfaces in the room and reusable patient care equipment that is moved between rooms, can lead to: (1) transmission to the next patient who occupies the room or uses the same equipment, or (2) contamination of the hands or clothing of healthcare personnel with transmission to other patients. Therefore, cleaning and disinfection of environmental surfaces is fundamental to reduce potential contribution to healthcare-associated infections.”

Examples of high-touch surfaces include, but are not limited to: bed rails, bed frames, moveable lamps, tray table, bedside table, handles, IV poles, and surfaces in and around toilets in patients’ rooms.

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12. Are surfaces cleaned in an order that goes from clean to dirty surfaces (e.g., toilet cleaned last)?

- Yes
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- Not observed but endorsed by frontline staff
- Not observed and not endorsed by frontline staff

To avoid spreading dirt and microorganisms, recommended practice is to proceed from top to bottom and from cleaner to dirtier areas (e.g., clean toilets last). However, spills of blood or body fluids should be cleaned immediately.

Source: [Environmental Cleaning 102 \(cdc.gov\)](#)

13. Are toilet brushes stored on carts in a manner that does not contaminate the cart or other supplies (i.e., on the bottom of the cart away from other equipment)

- Yes
- No
- Not observed but endorsed by frontline staff
- Not observed and not endorsed by frontline staff

Supplies on cleaning carts should be stored in a manner to maintain separation between clean and soiled items.

14. How often are mop heads changed?

- Between rooms
- Daily
- Unknown
- Not assessed
- Other (*specify*): _____

Microfiber mops should be changed after each room and after cleaning spills of blood or body fluids.

Source: [Environmental Cleaning 102 \(cdc.gov\)](#)

Notes

Patient/Resident Room/Care Area 3

Location/Unit: _____

1. For the rooms of patients/residents on Transmission-Based Precautions, are the selected products effective against the suspected pathogens (e.g., if the patient has *C. diff*, is the product effective against *C. diff*)?
Yes
No
Not observed but endorsed by frontline staff
Not observed and not endorsed by frontline staff

Cleaning and disinfection protocols should:

- Include processes for “routine and discharge/transfer cleaning and disinfection for specific pathogens (e.g., *C. difficile*, *Candida auris*, norovirus, MDROs) and other patient-level factors (e.g., wounds, diarrhea).”

“Make sure that the EVS team can identify which patient rooms are under Transmission-Based Precautions, variations in cleaning and disinfection protocols that may be required, and necessary PPE.”

Source: [Reduce Risk from Surfaces | HAI | CDC](#)

2. Do EVS cleaning carts stay outside patient/resident rooms?
Yes
No
Not observed but endorsed by frontline staff
Not observed and not endorsed by frontline staff

Cleaning carts have been associated with transmission of multi-drug resistant organisms. To the extent possible, they should not enter patient rooms (particularly if the patient is on Transmission-Based Precautions) and they should be cleaned and disinfected at the end of each day or shift.

Sources:

<https://www.cdc.gov/mmwr/volumes/66/wr/mm665152a5.htm>

[Environmental Cleaning 102 \(cdc.gov\)](#)

3. Are EVS cleaning carts stocked with necessary cleaning and disinfection supplies?
Yes
No
Not observed but endorsed by frontline staff
Not observed and not endorsed by frontline staff

Cleaning carts should be stocked with sufficient quantities of supplies (e.g., cleaning cloths, disinfectants) to avoid the need to return for more supplies in the middle of cleaning a particular patient care area.

This question might best be answered by experienced front line EVS personnel.

4. Do personnel wear appropriate PPE when performing cleaning and disinfection activities to prevent exposure to chemicals?
Yes
No
Not observed but endorsed by frontline staff
Not observed and not endorsed by frontline staff

“Consult the products’ material safety data sheets (MSDS) to determine appropriate precautions to prevent hazardous conditions during product application. Personal protective equipment (PPE) used during cleaning and housekeeping procedures should be appropriate to the task.”

Source: [Guidelines for Environmental Infection Control in Health-Care Facilities \(cdc.gov\)](#)

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Not observed but endorsed by frontline staff
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“Personal protective equipment (PPE) used during cleaning and housekeeping procedures should be appropriate to the task.”

Source: [Guidelines for Environmental Infection Control in Health-Care Facilities \(cdc.gov\)](#)

6. Do personnel change gloves and perform hand hygiene whenever gloves become visibly soiled or wet or when moving from a soiled to a clean task (e.g., putting clean linen on the bed)?
- Yes
 - No
 - Not observed but endorsed by frontline staff
 - Not observed and not endorsed by frontline staff

“Remove and discard disposable gloves upon completion of a task or when soiled during the process of care.”

Source: [Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings - Recommendation of the HICPAC](#)

7. Do personnel change gloves and perform hand hygiene when moving from room to room?
- Yes
 - No
 - Not observed but endorsed by frontline staff
 - Not observed and not endorsed by frontline staff

“Remove and discard disposable gloves upon completion of a task or when soiled during the process of care.”

Source: [Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings - Recommendation of the HICPAC](#)

8. Are new wipes and cloths used for each patient/resident area?
- Yes
 - No
 - Not observed but endorsed by frontline staff
 - Not observed and not endorsed by frontline staff

In general, cleaning cloths should be replaced after every room and frequently while cleaning the room (e.g., when they become soiled, are no longer saturated with solution, when moving between patient zones in multi-patient rooms); typically five to seven cloths are used per room.

Source: [Environmental Cleaning 102 \(cdc.gov\)](#)

9. Are cleaning and disinfection products used according to their product label (e.g., contact time)?
- Yes
 - No
 - Not observed but endorsed by frontline staff
 - Not observed and not endorsed by frontline staff

Cleaning and disinfection products should be used according to the manufacturer’s instructions. This typically includes using mechanical action for cleaning steps and, for disinfectants, making sure the surface remains wet for the recommended contact time.

Sources:

[Environmental Cleaning 101 \(cdc.gov\)](#)

[Environmental Cleaning 102 \(cdc.gov\)](#)

10. Are containers of cleaning and disinfection products only accessed with clean wipes or cloths (e.g., only clean cloths dipped in buckets of cleaning solution)?
- Yes
 - No
 - Not observed but endorsed by frontline staff
 - Not observed and not endorsed by frontline staff

Portable containers (e.g., bottles, small buckets) used for storing environmental cleaning products (or solutions) should only be accessed with clean cloths or wipes to prevent contamination of the cleaning product.

Source: [Environmental Cleaning 102 \(cdc.gov\)](#)

Notes

11. Are all high-touch surfaces cleaned and disinfected?

- Yes
- No
- Not observed but endorsed by frontline staff
- Not observed and not endorsed by frontline staff

“Contamination of surfaces, including high-touch surfaces in the room and reusable patient care equipment that is moved between rooms, can lead to: (1) transmission to the next patient who occupies the room or uses the same equipment, or (2) contamination of the hands or clothing of healthcare personnel with transmission to other patients. Therefore, cleaning and disinfection of environmental surfaces is fundamental to reduce potential contribution to healthcare-associated infections.”

Examples of high-touch surfaces include, but are not limited to: bed rails, bed frames, moveable lamps, tray table, bedside table, handles, IV poles, and surfaces in and around toilets in patients’ rooms.

Sources:

- [Guidelines for Environmental Infection Control in Health-Care Facilities \(cdc.gov\)](#)
- [Environmental Cleaning 102 \(cdc.gov\)](#)

12. Are surfaces cleaned in an order that goes from clean to dirty surfaces (e.g., toilet cleaned last)?

- Yes
- No
- Not observed but endorsed by frontline staff
- Not observed and not endorsed by frontline staff

To avoid spreading dirt and microorganisms, recommended practice is to proceed from top to bottom and from cleaner to dirtier areas (e.g., clean toilets last). However, spills of blood or body fluids should be cleaned immediately.

Source: [Environmental Cleaning 102 \(cdc.gov\)](#)

13. Are toilet brushes stored on carts in a manner that does not contaminate the cart or other supplies (i.e., on the bottom of the cart away from other equipment)

- Yes
- No
- Not observed but endorsed by frontline staff
- Not observed and not endorsed by frontline staff

Supplies on cleaning carts should be stored in a manner to maintain separation between clean and soiled items.

14. How often are mop heads changed?

- Between rooms
- Daily
- Unknown
- Not assessed
- Other (*specify*): _____

Microfiber mops should be changed after each room and after cleaning spills of blood or body fluids.

Source: [Environmental Cleaning 102 \(cdc.gov\)](#)

Notes

Part C. EVS Observations- Shared Equipment

This portion of the tool is intended for the direct observations of environmental infection control practices for shared equipment within the facility. Ideally at least three observations of different personnel are completed; depending on who is assigned responsibility for cleaning and disinfecting non-critical equipment, this may not be EVS personnel.

Patient/Resident Room/Care Area 1

Location/Unit: _____

1. Is reusable, non-critical patient/resident care equipment cleaned and disinfected before use on another patient/resident?
- | | |
|-----|--|
| Yes | Not observed but endorsed by frontline staff |
| No | Not observed and not endorsed by frontline staff |

“Clean and reprocess (disinfect or sterilize) reusable medical equipment* (e.g., blood glucose meters and other point-of-care devices, blood pressure cuffs, oximeter probes, surgical instruments, endoscopes) prior to use on another patient and when soiled.” **Source:** [Core Practices | HICPAC | CDC](#)

*If a communal shower area is used for patients/residents, verify that shower chairs and any other shared equipment are cleaned and disinfected between residents.

2. Are supplies for cleaning reusable, non-critical patient/resident care equipment accessible near the point of care?
- | | |
|-----|--|
| Yes | Not observed but endorsed by frontline staff |
| No | Not observed and not endorsed by frontline staff |

“Make sure that cleaning and disinfection supplies are easily accessible (e.g., cleaning cart and patient care areas are adequately stocked).”

Source: [Reduce Risk from Surfaces | HAI | CDC](#)

3. Are cleaning and disinfection products used according to their product label (e.g., contact time)?
- | | |
|-----|--|
| Yes | Not observed but endorsed by frontline staff |
| No | Not observed and not endorsed by frontline staff |

“Disinfect noncritical medical devices (e.g., blood pressure cuff) with an EPA-registered hospital disinfectant using the label’s safety precautions and use directions” **Source:** [Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 \(cdc.gov\)](#)

4. Is shared patient/resident care equipment stored in a dedicated, clean area after being cleaned and disinfected?
- | | |
|-----|--|
| Yes | Not observed but endorsed by frontline staff |
| No | Not observed and not endorsed by frontline staff |

“Maintain separation between clean and soiled equipment to prevent cross contamination.” **Source:** [Core Practices | HICPAC | CDC](#)

*If a communal shower area is used for patients/residents, verify that shower chairs and any other shared equipment are stored in a manner to facilitate drying.

5. Is shared patient/resident equipment that has been cleaned and disinfected, designated as such so healthcare personnel know it is ready to use (i.e., tagged, bagged)?
- | | |
|-----|--|
| Yes | Not observed but endorsed by frontline staff |
| No | Not observed and not endorsed by frontline staff |

“Develop standardized protocols for routine (e.g., daily) and discharge/transfer (also known as terminal) cleaning and disinfection for each major patient care room type.” Include in the protocols “processes for easy identification of equipment and rooms that have been properly cleaned and disinfected and are ready for patient use (e.g., tagging system, placement in dedicated clean area).”

Source: [Reduce Risk from Surfaces | HAI | CDC](#)

Notes

Patient/Resident Room/Care Area 2

Location/Unit: _____

1. Is reusable, non-critical patient/resident care equipment cleaned and disinfected before use on another patient/resident?
- | | |
|-----|--|
| Yes | Not observed but endorsed by frontline staff |
| No | Not observed and not endorsed by frontline staff |

“Clean and reprocess (disinfect or sterilize) reusable medical equipment* (e.g., blood glucose meters and other point-of-care devices, blood pressure cuffs, oximeter probes, surgical instruments, endoscopes) prior to use on another patient and when soiled.” **Source:** [Core Practices | HICPAC | CDC](#)

*If a communal shower area is used for patients/residents, verify that shower chairs and any other shared equipment are cleaned and disinfected between residents.

2. Are supplies for cleaning reusable, non-critical patient/resident care equipment accessible near the point of care?
- | | |
|-----|--|
| Yes | Not observed but endorsed by frontline staff |
| No | Not observed and not endorsed by frontline staff |

“Make sure that cleaning and disinfection supplies are easily accessible (e.g., cleaning cart and patient care areas are adequately stocked).”

Source: [Reduce Risk from Surfaces | HAI | CDC](#)

3. Are cleaning and disinfection products used according to their product label (e.g., contact time)?
- | | |
|-----|--|
| Yes | Not observed but endorsed by frontline staff |
| No | Not observed and not endorsed by frontline staff |

“Disinfect noncritical medical devices (e.g., blood pressure cuff) with an EPA-registered hospital disinfectant using the label’s safety precautions and use directions” **Source:** [Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 \(cdc.gov\)](#)

4. Is shared patient/resident care equipment stored in a dedicated, clean area after being cleaned and disinfected?
- | | |
|-----|--|
| Yes | Not observed but endorsed by frontline staff |
| No | Not observed and not endorsed by frontline staff |

“Maintain separation between clean and soiled equipment to prevent cross contamination.” **Source:** [Core Practices | HICPAC | CDC](#)

*If a communal shower area is used for patients/residents, verify that shower chairs and any other shared equipment are stored in a manner to facilitate drying.

5. Is shared patient/resident equipment that has been cleaned and disinfected, designated as such so healthcare personnel know it is ready to use (i.e., tagged, bagged)?
- | | |
|-----|--|
| Yes | Not observed but endorsed by frontline staff |
| No | Not observed and not endorsed by frontline staff |

“Develop standardized protocols for routine (e.g., daily) and discharge/transfer (also known as terminal) cleaning and disinfection for each major patient care room type.” Include in the protocols “processes for easy identification of equipment and rooms that have been properly cleaned and disinfected and are ready for patient use (e.g., tagging system, placement in dedicated clean area).”

Source: [Reduce Risk from Surfaces | HAI | CDC](#)

Notes

Patient/Resident Room/Care Area 3

Location/Unit: _____

1. Is reusable, non-critical patient/resident care equipment cleaned and disinfected before use on another patient/resident?
- | | |
|-----|--|
| Yes | Not observed but endorsed by frontline staff |
| No | Not observed and not endorsed by frontline staff |

“Clean and reprocess (disinfect or sterilize) reusable medical equipment* (e.g., blood glucose meters and other point-of-care devices, blood pressure cuffs, oximeter probes, surgical instruments, endoscopes) prior to use on another patient and when soiled.” **Source:** [Core Practices | HICPAC | CDC](#)

*If a communal shower area is used for patients/residents, verify that shower chairs and any other shared equipment are cleaned and disinfected between residents.

2. Are supplies for cleaning reusable, non-critical patient/resident care equipment accessible near the point of care?
- | | |
|-----|--|
| Yes | Not observed but endorsed by frontline staff |
| No | Not observed and not endorsed by frontline staff |

“Make sure that cleaning and disinfection supplies are easily accessible (e.g., cleaning cart and patient care areas are adequately stocked).”

Source: [Reduce Risk from Surfaces | HAI | CDC](#)

3. Are cleaning and disinfection products used according to their product label (e.g., contact time)?
- | | |
|-----|--|
| Yes | Not observed but endorsed by frontline staff |
| No | Not observed and not endorsed by frontline staff |

“Disinfect noncritical medical devices (e.g., blood pressure cuff) with an EPA-registered hospital disinfectant using the label’s safety precautions and use directions” **Source:** [Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 \(cdc.gov\)](#)

4. Is shared patient/resident care equipment stored in a dedicated, clean area after being cleaned and disinfected?
- | | |
|-----|--|
| Yes | Not observed but endorsed by frontline staff |
| No | Not observed and not endorsed by frontline staff |

“Maintain separation between clean and soiled equipment to prevent cross contamination.” **Source:** [Core Practices | HICPAC | CDC](#)

*If a communal shower area is used for patients/residents, verify that shower chairs and any other shared equipment are stored in a manner to facilitate drying.

5. Is shared patient/resident equipment that has been cleaned and disinfected, designated as such so healthcare personnel know it is ready to use (i.e., tagged, bagged)?
- | | |
|-----|--|
| Yes | Not observed but endorsed by frontline staff |
| No | Not observed and not endorsed by frontline staff |

“Develop standardized protocols for routine (e.g., daily) and discharge/transfer (also known as terminal) cleaning and disinfection for each major patient care room type.” Include in the protocols “processes for easy identification of equipment and rooms that have been properly cleaned and disinfected and are ready for patient use (e.g., tagging system, placement in dedicated clean area).”

Source: [Reduce Risk from Surfaces | HAI | CDC](#)

Notes