

- A. Select EPA-registered disinfectants, if available, and use them in accordance with the manufacturer's instructions.
- B. Do not use high-level disinfectants/liquid chemical sterilants for disinfection of either noncritical instruments and devices or any environmental surfaces; such use is counter to label instructions for these toxic chemicals.
- C. Follow manufacturers' instructions for cleaning and maintaining noncritical medical equipment.
- D. In the absence of a manufacturer's cleaning instructions, follow certain procedures.
1. Clean noncritical medical equipment surfaces with a detergent/disinfectant.
  2. Do not use alcohol to disinfect large environmental surfaces.
  3. Use barrier protective coverings as appropriate for noncritical surfaces that are (1) touched frequently with gloved hands during the delivery of patient care; (2) likely to become contaminated with blood or body substances; or (3) difficult to clean (e.g., computer keyboards).
- E. Keep housekeeping surfaces (e.g., floors, walls, tabletops) visibly clean on a regular basis and clean up spills promptly.
1. Use a one-step process and an EPA-registered hospital detergent/disinfectant designed for general housekeeping purposes in patient-care areas where (1) uncertainty exists as to the nature of the soil on the surfaces (e.g., blood or body fluid contamination versus routine dust or dirt); or (2) uncertainty exists regarding the presence of multi drug resistant organisms on such surfaces.
  2. Detergent and water are adequate for cleaning surfaces in nonpatient-care areas (e.g., administrative offices).
  3. Clean and disinfect high-touch surfaces on a more frequent schedule than minimal-touch housekeeping surfaces.
  4. Clean walls, blinds, and window curtains in patient-care areas when they are visibly dusty or soiled.
- F. Do not perform disinfectant fogging in patient-care areas.
- G. Avoid large-surface cleaning methods that produce mists or aerosols, or disperse dust in patient-care areas.
- H. Follow proper procedures for effective uses of mops, cloths, and solutions.
1. Prepare cleaning solutions daily or as needed, and replace with fresh solution frequently according to facility policies and procedures.
  2. Change the mop head at the beginning of each day and also as required by facility policy, or after cleaning up large spills of blood or other body substances.
  3. Clean mops and cloths after use and allow to dry before reuse; or use single-use, disposable mop heads and cloths.
- I. After the last surgical procedure of the day or night, wet vacuum or mop operating room floors with a single-use mop and an EPA-registered hospital disinfectant.
- J. Do not use mats with tacky surfaces at the entrances to operating rooms or infection-control suites.
- K. Use appropriate dusting methods for patient-care areas designated for immunocompromised patients.
1. Wet-dust horizontal surfaces daily by moistening a cloth with a small amount of an EPA-registered hospital detergent/disinfectant.
  2. Avoid dusting methods that disperse dust (e.g., feather-dusting).

- L. Keep vacuums in good repair and equip vacuums with HEPA filters for use in areas with patients at risk.
- M. Close the doors of immunocompromised patients' rooms when vacuuming, waxing, or buffing corridor floors to minimize exposure to airborne dust.
- N. When performing low- or intermediate-level disinfection of environmental surfaces in nurseries and neonatal units, avoid unnecessary exposure of neonates to disinfectant residues on these surfaces by using EPA-registered germicides in accordance with manufacturers' instructions and safety advisories.
  - 1. Do not use phenolics or any other chemical germicide to disinfect bassinets or incubators during an infant's stay.
  - 2. Rinse disinfectant-treated surfaces, especially those treated with phenolics, with water.
- O. When using phenolic disinfectants in neonatal units, prepare solutions to correct concentrations in accordance with manufacturers' instructions, or use premixed formulations.