

- 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.