Purpose

This Operating Standard provides the steps for cleaning and disinfecting Operating Room (OR) Theatres at the end of the day.

Applicability

This Operating Standard applies to all Covenant Health Environmental Services Staff, Covenant Health Perioperative employees, Covenant Health Service Attendants responsible for cleaning OR Theatres, students, volunteers, and any other persons acting on behalf of Covenant Health, including contracted service providers as applicable. It is the responsibility of the employee, student, and volunteer to perform proper hand hygiene as identified throughout the cleaning policy.

Responsibility

All Covenant Health employees are required to follow the steps outlined for cleaning and disinfecting the OR Theater at the end of the day in order to maintain the best possible clean and safe environment for our surgical patients.

Principles

A standard cleaning process for cleaning and disinfecting the OR Theaters at the end of the day ensure cleaning and disinfection of the environment and to reduce the number of infectious agents/microorganisms present.

Procedures

TOOLS NEEDED

- Operating room cleaning equipment must remain dedicated to the OR and not used in other areas of the facility.
- Cleaning cart, hand pail, clean cloths, wet mop, bucket and wringer or Microfiber System, cleaning/disinfecting product(s), floor machines where applicable, dispenser refills, dispenser keys, wet floor signs, wall washing handle, scraper/putty knife, damp dusting tool(s), garbage bags, linen bags (for soiled linen), gloves, masks, shoe covers, and safety goggles/glasses.

SAFETY PRACTICES

1. To prevent slips and falls, keep traffic off of wet floor area by leaving a dry space to walk on. Place wet floor sign where it is readily seen at all entrances and exits.
2. Always follow safe work practices, including proper ergonomic practices, (i.e. proper procedures for reaching, bending, etc.), as per staff training.
3. Always refer to the Manufacturer’s Instructions For Use (MIFU) and Safety Data Sheet (SDS) for cleaning and disinfectant products.
4. Cleaning carts are to be stored appropriately in secured housekeeping supply rooms when not needed or not in use. Cleaning carts are not to be used to hold or store food and/or beverages or personal items.
5. Replenish dispenser supplies. Do not top up refillable containers.
6. Infection Prevention & Control (IPC) Hand Hygiene and Personal Protective Equipment (PPE) resources are available through http://www.compassionnet.ca/Policy/ES_Personal_Protective_Equipment.pdf and
## OR Theatre Cleaning – End of Day

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**http://www.compassionnet.ca/Policy/ES_Personal_PROtective_Equipment.pdf**

7. Change gloves and other PPE if they are visibly soiled, are damaged, or if moving from a ‘dirty task’ to a ‘clean task’ to prevent cross contamination.

8. Follow OR dress code at all times. All staff must wear surgical suite attire prior to entering the Operating Suites area.

9. If shoe covers are worn and become visibly contaminated, remove shoe covers at the theatre door after the clean-up. Do not track blood, bone, and tissue into the corridor. Replace a clean pair of shoe covers.

10. Change cleaning cloths when cloth is visibly soiled or is no longer wet enough to allow for the appropriate contact time.

11. Using cleaning principles, all cleaning activities should go from clean to dirty areas. When moving from a dirty task to a clean task staff must perform hand hygiene and change gloves before cleaning the next surface/area.

12. Report damaged fixtures, lights, walls, floors, etc. to OR staff, direct Supervisor, or Facilities Maintenance and Engineering (FM&E).

13. Mop head and solution must be changed after each theatre (if using bucket and string mop).

14. Always follow the MIFU for cleaning and disinfecting equipment. Please contact your supervisor if you have any questions or require assistance. Allow time for air drying. Equipment must not be stored damp.

15. Staff must have specialized training before doing cleaning tasks related to specialized equipment. Please contact your supervisor if you have any questions or require assistance.

16. Move furniture and equipment to allow for room cleaning. Do not move into the hallway or sterile core. Do not disconnect or unplug equipment.

17. Frequency of cleaning must be done as per the Environmental Services Cleaning Frequency Expectation Table. If there is a difference between the cleaning frequencies listed in this document and the Cleaning Frequency Expectation Table, the frequencies listed in the Expectation Table should be followed.

18. Keep OR Theatre doors closed as much as possible while cleaning to ensure that positive pressure remains constant.

### STEPS

1. Perform hand hygiene.  

2. Collect all supplies and equipment needed.

3. Perform hand hygiene. Put on (Don) appropriate PPE to prepare cleaning / disinfectant products as per the Safety Data Sheet(s) (SDS) for the product(s).  
4. Prepare approved cleaning/disinfecting product(s) for hand pail, diluting as required. If disposable wipes are used, change wipes frequently, when wipe is visibly soiled or is no longer wet enough to allow for the appropriate contact time.
   a. All products must be used in accordance with the MIFU including preparation, dilution, contact time, and rinsing.
   b. Ensure date/time and concentration is documented.
   c. Do not dip cloths or mops into the cleaning solution more than once (double dipping) and place into the soiled linen bag on cart immediately after use.

5. Clean up pails with disinfectant should be prepared for emergency situations and left for use with the OR staff. Follow site specific guidelines.

6. Remove (Doff) PPE.  

7. Place wet floor sign at all entrances/exits to room. Place cleaning cart outside door.

8. Perform hand hygiene. Put on (Don) appropriate PPE as per risk assessment.

9. Empty waste containers by removing bag. Place garbage bag directly into waste receptacle. Do not store extra garbage bags in the bottom of the waste container.

10. Remove waste, soiled linen bags, and biohazard from the OR theatre and place these in designated waste area for disposal. Check the sharps container and replace if full.

11. Remove soiled gloves or visibly soiled PPE and perform proper hand hygiene.

12. Don PPE or gloves as per your risk assessment.

13. Damp wipe ceiling and ceiling mounted tracks.

14. Damp wipe overhead lights then clean reflective portion of surgical lights.

15. Wash entire wall surfaces, utilizing wall washing kit.

16. Damp wipe all door handles to room on both sides of the door, wipe both sides of the door, light switches, and controls. Where doors are divided be sure to open and clean in-between.

17. Damp wipe the nursing desk or work area. User (Surgical Suite staff) is responsible for wiping monitors, computer keyboards, screens, mouse, etc.

18. Damp wipe telephones.

19. Damp wipe the ring stand, mayo stand, sitting stool, and instrument table.

20. Clean and disinfect the anaesthetic machine, including all leads and/or tubing. Allow adequate time for air drying. This is completed by the Surgical Suite staff members.

21. Clean suction canisters holders and tubing. Used suction canisters are removed by the OR staff. Allow adequate time for air drying.
22. Clean and disinfect all surfaces. Pay special attention to surfaces and equipment that may have had contact with the patient or with blood and body fluid, including high touch surfaces. Additional training may be required to clean specialized equipment that is dedicated to the OR. Do not clean equipment unless training has been completed based on MIFU.

23. Clean and disinfect all positioning equipment.

24. Clean and disinfect the operating table, including the mattress and under the mattress. Extend pedestal to full height and damp wipe pedestal. Damp wipe all bed accessories including cord and remote.

25. Damp wipe kick buckets and step stools. Tip upside down and clean underneath, including wheels.

26. Damp wipe laundry and garbage hampers including wheel and undercarriage.

27. Damp mop the entire theatre floor. Floors are to be flooded with a sufficient amount of disinfectant to ensure the floor remains wet for full contact time. Each floor shall be thoroughly cleaned using fresh solution and a clean mop, wet vac or auto-scrubber. Mop from cleanest to dirtiest leaving bloodiest area last (around and under the OR table). Move the table to one side as necessary to mop underneath. Move table back in position and lock in place.

28. Change mop head and rewash if floor is very dirty/bloody.

29. Floors should be scrubbed and sealed as per ORNAC standards.

30. Remove (Doff) PPE. Perform hand hygiene.

31. Replace all equipment and furniture to original position. Ensure the brake is on the theatre table.

32. Replace linen bags, garbage bags, and biohazard bag/tub. Check and replace anaesthesia garbage bag as required.

33. Turn off lights and close doors.

34. Clean scrub sinks and surrounding walls. Restock as needed.

35. Remove wet floor sign when floor is dry.

36. Document/sign cleaning schedule or checklist where applicable.

Footnotes:

**Order of Cleaning**: All items/areas MUST be cleaned from the cleanest item/area to the dirtiest item/area and from high to low.

**Mop head and water** – MUST BE CHANGED every three rooms, or before if visibly soiled. *Exception: Mop head and solution water MUST BE CHANGED for every OR theatre and for isolation cleans.*
Microfibre Mop heads – MUST BE CHANGED every room, or before if visibly soiled.

Double dipping – Soiled cloth must not be re-dipped into disinfecting solution(s). Soiled clothes must be discarded into soiled linen bags on carts immediately after use. Cloths and rags MUST be changed frequently within each patient environment in order to prevent cross contamination.

Maintenance – Report plugged or damaged toilets, urinals, sinks/fixtures, lights, walls, floors, etc. to unit staff and to your Supervisor or submit maintenance requisition where appropriate.

Cleaning/Disinfecting Products – Never mix chemicals. Review SDS for product handling and precautions. Product(s) must be measured properly and changed after every case. Chemical must remain on surface for entire kill cycle/contact time. Refer to specific chemical directions. Ensure proper solution concentration testing. Standard Operating Procedures are followed and documented. Use only hospital approved cleaning and disinfecting products. If at any time you are unsure of which tool(s) and/or product(s) to use for a task, consult your Supervisor.

Personal Protective Equipment (PPE) – Clothing or equipment worn by staff for protection against hazards. To “Don” is to put on, and to “Doff” is to remove.

Additional Precautions (AP) – Precautions (i.e. Contact Precautions, Droplet Precautions, Airborne Precautions) that are necessary in addition to Routine Practices for certain pathogens or clinical presentations. These precautions are based on the method of transmission (e.g. contact, droplet, airborne).

Damp Cloth – Cloth must be wet to ensure that the surface stays wet for the required contact time of a disinfectant to be effective.

Cleaning – The physical removal of foreign material (e.g. dust, soil) and organic material (e.g. blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.

Disinfection – The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place.

Hazard Assessment – Health and Safety Hazard Assessments mitigate the risk of incident/injury or illness from exposure to biological, chemical, or physical contaminants. To reduce the risk of incident/injury or illness appropriate controls must be put into place. Health and Safety Hazard Assessments must be completed and reviewed before an Environmental Services employee is exposed to contaminants which may pose incident/injury or illness. This is done to protect the health and safety of Environmental Services employee, other staff and patients/residents.

Employee Incident/Injury Reporting – Report incidents or unsafe work to your Supervisor and/or to OHS through the incident management process as required.

Risk Assessment – Assessment conducted before each interaction with a patient/resident or their environment to determine the risk of exposure to infectious agents, and the appropriate interventions (additional precautions, PPE etc.) to reduce the risk of transmission.
Two-Step Clean – A two-step process is used to clean and then disinfect surfaces. First wipe surfaces thoroughly to clean the surfaces of visible organic material (dirt you can see) and then wipe again with a clean cloth saturated with disinfectant to remove invisible microorganisms (things you cannot see). Organic materials that are not properly removed during the first step may inactivate the disinfectant used in the second step, therefore both steps are essential.

Cleaning Frequency – Based on the Cleaning Frequency Standard.

References
- Environmental Services Cleaning Frequency Standard (1.7.1.3)
- Environmental Services Cleaning Frequency Expectations Table
- Environmental Services Personal Protective Equipment Standard (3.2.10)
- Environmental Services Cleaning Outcome Standard (1.7.1.2)
- Alberta Health Services Protocol ES-PROT-CLN-023