



Non-Hospital Medical and Surgical
Facilities Accreditation Program

ACCREDITATION STANDARDS

Environmental Cleaning
of Operating/Procedure
Rooms and Sterile Core

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Non-Hospital Medical and Surgical Facilities Accreditation Program
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Introduction

A comprehensive and effective environmental cleaning program is essential to providing and maintaining a safe, clean and hygienic environment for patients and staff.

The environmental cleaning expectations of non-hospital facilities are set out in the following four accreditation standards:

Environmental Cleaning Program and Non-Clinical Areas

Environmental Cleaning of Operating/Procedure Rooms and Sterile Core

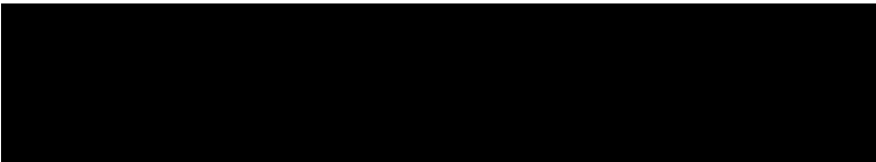
No.	Description	Reference	Risk	Change
ECO1.1.4	M Environmental cleaning staff who clean the operating/procedure room and/or sterile core don the appropriate PPE. <i>Guidance: Cleaning and disinfection products must be used in accordance with safety data sheets. PPE is worn for protection from micro-organisms, for protection from chemicals used in environmental cleaning and for prevention of transmission of micro-organisms from one patient environment to another. Gloves are selected based on the task, area and specifications in the safety data sheet for the chemical agent being used. Household utility gloves are not acceptable for cleaning and disinfecting any clinical areas or public washrooms. Gloves are single use, for a single task. A gown and eye protection are not usually required for routine cleaning unless indicated by the PCRA. Also see the NHMSFAP</i>			

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No.	Description	Reference	Risk	Change
ECO1.3.21	M The surface being disinfected remains wet for the contact time specified on the disinfectant label. <i>Guidance: Contact time (also known as dwell or wet time) is the time a disinfectant should continuously remain wet on a surface to kill the micro-organisms that are on the claim label. If the contact time is not met, the surface has not been effectively disinfected. Several wipes may be required to meet the contact time. Contact times can be found on the disinfectant label and can vary widely between disinfectants. Facility policy and procedures should specify the number of wipes per surface area needed to ensure surface wetness for the duration of the contact time specified by the disinfectant MIFU.</i>	2, 4, 5, 7	H	
ECO1.3.22	M The surface being disinfected is allowed to air dry. <i>Guidance: Wiping off a disinfectant may negate its effectiveness. If the MIFUs specify rinsing, then the surface is rinsed following the required continuous surface contact time (i.e. wet or dwell time).</i>	4, 7	H	
ECO1.3.23	M Soiled reusable cleaning materials are clearly segregated from clean cleaning materials. <i>Guidance: Cleaning carts have a clear separation between clean (unused) and soiled (used) cleaning materials. Used cleaning items are considered contaminated and cannot be placed in a location where they could cross contaminate the environment, or clean cleaning cloths/tools. Soiled reusable cleaning materials are placed in a designated container (i.e. a cleanable container with lid that is [n R]n(Eo R)m] R-Er g] E.</i>	2, 4, 5	H	
ECO1.3.24	M Only damp mopping is used. <i>Guidance: Dry mopping is never used. Damp mopping can be performed with chemically treated mop heads.</i>	6, 7		

No.

No.	Description	Reference
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No.	Description	Reference	Risk	Change
ECO1.4.15	M End of procedure/between case turnover cleaning commences after all contaminated instruments are removed from the operating/procedure room.	5, 6, 7, 8	H	
ECO1.4.16	M End of procedure/between case turnover cleaning commences after all contaminated anesthesia equipment is removed from the operating/procedure room. <i>Guidance: Examples of contaminated anesthesia equipment includes items such as laryngoscope handles and blades, GlideScope, Xylocaine spray tips, laryngeal masks, stylets, suction canister liners, suction catheters and tubing, airways, bacterial/viral filters and any used/contaminated items left on the anesthesia workstation.</i>	5, 6, 7, 8	H	
ECO1.4.17	M After collecting and removing all waste, recycling, linen and instruments from the operating/procedure room, environmental cleaning staff remove gloves, perform hand hygiene and don clean PPE before commencing cleaning and disinfection.	4, 5	H	
ECO1.4.18	M 			

No.	Description	Reference	Risk	Change
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No.	Description	Reference	Risk	Change
ECO1.4.39	M Terminal cleaning includes all of the end of procedure/between case turnover cleaning of the operating/procedure room. <i>Guidance: This includes but is not limited to all fixed and mobile equipment, tables, mayo stand, suction machine, anesthesia workstation, infusers, monitors, stirrups, straps, stools, gel pads, all positioning silicone, operating/procedure table/chair and mattress.</i>	2, 4, 6, 7	H	
ECO1.4.40	M Terminal cleaning of the operating/procedure room also includes the lights and ceiling-mounted tracks.	2, 4, 5, 6, 7	H	
ECO1.4.41	M Terminal cleaning of the operating/procedure room also includes the air ducts and intake grills.	6	H	
ECO1.4.42	M Terminal cleaning of the operating/procedure room also includes spot-cleaning of the ceiling when visibly soiled.	2	H	
ECO1.4.43	M Terminal cleaning of the operating/procedure room also includes the door handles and push plates.	4, 5, 6, 7	H	
ECO1.4.44	M Terminal cleaning of the operating/procedure room also includes the cabinets. <i>Guidance: The exterior of any cabinets and cabinet doors especially around handles.</i>	4, 5, 6, 7	H	
ECO1.4.45	M Terminal cleaning of the operating/procedure room also includes the light switches and controls.	4, 5, 6, 7	H	
ECO1.4.46	M Terminal cleaning of the operating/procedure room also includes the telephone.	4, 5, 6, 7	H	
ECO1.4.47	M Terminal cleaning of the operating/procedure room also includes the computer workstation, including keyboards and screen(s). <i>Guidance: Electronic equipment such as computers and keyboards</i>			

No.	Description	Reference	Risk	Change
ECO1.5.6	M Terminal cleaning of the sterile core includes the walls and splash guards surrounding the scrub area(s).	4, 5, 6	H	NEW
ECO1.5.7	M Terminal cleaning of the sterile core includes the door handles and push plates.	4, 5, 6, 7	H	NEW
ECO1.5.8	M			

No.	Description	Reference
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No.	Description	Reference	Risk	Change
ECO1.7.2	M Surfaces, fixtures, fittings, furnishings and equipment are in good repair and working order. <i>Guidance: Surfaces, fixtures, fittings, furnishings and equipment that are broken, worn, torn, cracked, chipped or malfunctioning cannot be cleaned adequately (as pathogens can hide in crevices etc.). Items are assessed for damage on a regular basis and any worn, torn or stained items are replaced as soon as possible. Placing tape over tears is not acceptable and may create an ideal hiding place for pathogens. Also see the NHMSFAPÉ Infection, Prevention and Control (IPAC) Program accreditation standard.</i>	4, 5, 6, 7	H	
ECO1.7.3	M Doors and doors frames are constructed of smooth, non-porous material.	3	M	
ECO1.7.4	M All conduits, piping, duct work and open construction systems are covered by a finished ceiling.	3	M	
ECO1.7.5	M The ceiling is monolithic. <i>Guidance: The ceiling is a single large surface that is solid, unbroken or seamless, no(dr. 125 ref72 523IW^nBT/F1 10 Tf)10(s)-7(t)5(25 reW*</i>			

No.	Description	Reference	Risk	Change
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No.	Description	Reference	Risk	Change
ECO1.7.11	<p>M Cabinetry is enclosed, free from seams and constructed of smooth, non-porous material.</p> <p><i>Guidance: Stainless steel, powder coated metal, and phenolic resin are examples of smooth, non-porous materials. Materials such as wood and laminate products allow ingress of water or chemical solutions. Stainless steel is recommended as it is easy to clean and able to withstand surface-cleaning agents. Laminate-type shelving and cabinetry specified by the manufacturer as being suitable for laboratory use is acceptable. Upper cabinetry should either extend the full height of the wall to the ceiling or be angled to minimize dust accumulation on top of the unit. In ope</i></p>			

References

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12. BC Ministry of Health. Best practices for hand hygiene in all healthcare settings [Internet]. Victoria: BC Ministry of Health; 2012 [cited 2023 Aug 28]. 71p.
13. Government of British Columbia. Public health act: food premises regulation [Internet]. Victoria: Queen's Printer; 2022
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