

Subject: Medical Office Cleaning and Disinfecting Plan

Infection Control Effective Date: _05/18/2018_ Reviewed Date: _05/01/2020_

PURPOSE:

To establish guidelines for the cleaning, sanitizing and disinfecting of medical offices. These guidelines are to create the criteria that the organization's staff, providers, and contracted employees (collectively, "Staff") must follow to prevent infections of client care areas and to prevent the spread of illness from Staff, clients, and visitors.

GUIDELINES:

- All areas in the medical office will be cleaned, disinfected, and sanitized between each client and after the final client of the day. For rooms and treatments areas, disposable surface wipes will be used. Per the manufacturer's guidelines, these wipes are effective against bacteria, tuberculosis, fungi, and viruses. Contact time (also known as "wet" time) is stated on the container in minutes and is the time that the surface must remain wet in order for the wipes to be effective against all listed germs. The germicidal wipes are for use on any surface which comes into contact with a client, such as bed, equipment, and counters. In the absence of appropriate disposable surface wipes alternative disinfecting substances that meet the EPA criteria may be used.
- For each entrance and common area of the medical office , alcohol-based hand sanitizers for hand hygiene will be made available for client and Staff use.
- For any objects that come into contact with a client's intact skin, disinfectant will be used. Disinfection is accomplished by wiping the item with a hospital grade disinfectant (Cavicide, Citrus 11, Barbicide, etc) and by following the manufacturer's guidelines for disinfection. Alternatively appropriate disinfecting substances that meet the EPA criteria may be used.
- Sterilization and autoclaving are utilized for High-Level Disinfection consistent with the Centers for Disease Control and Prevention ("CDC")

and may be performed on-site or off-site by an equipment or instrument vendor. Instruments which require sterilization or autoclaving will be processed according to the medical office's policies.

- For disposable instruments, the tool will be placed in a Sharps Box immediately after use. Disposable instruments will not be re-sterilized. They are for single-use only.
- For used sharps items, such as needles, disposable scalpels, and used medication vials/ampules/syringes, these will be placed in a Sharps Box immediately after use. Sharps Boxes are available in each exam room and medication prep area. Used sharps items should not be transported outside of the exam room to minimize the risk of injury.
- For general housekeeping use, Clorox wipes, Lysol wipes, and/or similar products will be used. Consistent, general housekeeping will be performed daily. Based on census, environmental factors, community illness trends (COVID-19, strep, GI bug, flu, pink eye, etc.), and patient population. The following areas should be given extra consideration when performing general housekeeping:
 - Doorknobs
 - Counters
 - Writing utensils shared by persons
 - Kiosks(computers, iPads, touchscreens)
 - Credit card machines
 - Clipboards
 - Bathroom facilities
 - Waiting room furniture and surfaces (chairs, tables, armrests)
 - Refreshment/nutrition stations
 - Retail and sample areas accessible to clients
- Each Staff member is responsible for the tidiness, cleanliness and organization of their workspace on a daily basis.
- In the event of a blood spill, a cleaning chemical (such as Clorox Healthcare Bleach Spray) with the ability to kill HIV and Hepatitis must be used by trained Staff.

- Management and site leaders should be involved in the cleaning and infection control decisions that may affect Staff, clients, and visitors. It is ultimately the Medical Director's responsibility to provide guidance for such practices and to ensure implementation of those best practices. Management and site leaders should be tasked with reviewing and updating exposure control plans ("ECPs") to ensure that ECPs cover personal protective equipment, bloodborne pathogens, and disaster response. It is also recommended that once established, these ECPs become separate plans.