



Proof of Training

Print name: _____ Signature: _____ Date: _____

Self-performing Terminal Cleaning Sutter Tracy Campus

Purpose

The purpose of this cleaning and disinfection process known as Terminal Cleaning is to remove bacterial contamination from surfaces and equipment in order to prevent transmission of the microorganisms from patient to patient, from patients to healthcare workers and from patients to visitors. Thereby maintaining a clean environment for patients and minimizing the risk of patient and healthcare personnel exposure to potentially infectious microorganisms.

Discussion

The Terminal Cleaning policy is closely linked to several other Unger Construction policies; Infection Control, Bloodborne Pathogens, Respiratory Protection and Water Intrusion – Category 3 Policy. Every Unger Construction employee that performs Terminal Cleaning needs to be trained on all of these policies before they can be assigned to perform Terminal Cleaning.

Scope

On the Sutter Tracy campus Unger Construction has been asked to provide terminal cleaning after our construction projects are complete. This policy applies only on the Sutter Tracy Campus. Unger Construction will clean and disinfect surfaces touched by patients, staff and visitors. Unger Construction will perform Terminal Cleaning but will not handle waste or laundry materials which contain saturated blood and/or body secretions in essence regulated medical waste. Nor will Unger Construction replace patient care items.

Responsibilities

Management (Board of Directors and Project Managers)

Management is responsible for ensuring that the materials (e.g., tools, equipment, personal protective equipment) and other resources (i.e., worker training materials) required to fully implement and maintain this program are readily available where and when they are required. Additionally, management will monitor the effectiveness of the program, provide technical assistance as needed, and review the program bi-annually.

Program Manager

Dave Simpson is responsible for the development, documentation, training and administration of the program. This position carries the responsibility of insuring this program is adhered to and that proper reporting is executed.

Supervisors (Superintendents and Foreman)

Supervisors are responsible for ensuring that a task specific job hazard analysis (JHA), also known as a safe work plan, is developed. The JHA will select, implement and document the appropriate site-specific control measures as defined within this policy. Supervisors will direct the work in a manner that ensures the risk to workers is minimized, adequately controlled and that practices defined by this policy will be followed. Supervisors are responsible for ensuring Unger Construction employees and subcontractors are following expectations. Supervisors will be held accountable for enforcing the requirements of this program. Undesirable behavior will not resolve itself, therefore supervisors must be directly involved with modifying behaviors inconsistent with program expectations. Supervisors will be held accountable for enforcing Unger Construction's disciplinary program.

Workers (Employees and Subcontractors)

Unger Construction has high expectations and requires safety excellence for each employee, crew, project and for our entire company. Workers are required to follow the minimum procedures outlined in this program. Workers are responsible for knowing the hazards and the control measures established in the JHA. Workers are responsible for using the assigned PPE in an effective and safe manner. Workers are responsible for stopping unsafe acts and correcting unsafe conditions on the spot as soon as they are discovered. Any deviations from this program must be immediately brought to the attention of your supervisor. Workers that choose to conduct themselves in a manner that is inconsistent with these expectations will be held accountable for those decisions and may incur disciplinary actions.

Hazardous Material Survey

Unger Construction requires hazardous materials surveys before demolition or renovation work begins. The survey shall include all of the following: A visual inspection of a facility or a portion thereof for suspect materials, sampling and laboratory analysis of any suspect materials found for the presence of asbestos. The hazardous materials survey will also furnish a written report that includes: a description of the area(s) visually inspected, a detailed description of any suspect material sampled, the results of any laboratory analysis of suspect materials, the method of analysis, and the total amount of asbestos containing material. Typically a floor or roof plan is included with the report to reference the written information visually.

The person conducting the survey must be certified pursuant to OSHA and/or EPA regulations. The survey may be performed by a certified Site Surveillance Technician (SST) under the supervision of a licensed consultant. Note: The survey may be performed by a certified Site Surveillance Technician (SST) under the supervision of a licensed consultant. Note: The survey needs to be kept in a project file so that it can be accessed when working on future projects.

If lead or asbestos have been confirmed to be present employees and subcontractors must follow Unger Construction's Lead and/or Asbestos program. If hazards such as asbestos or lead will be disturbed during remediation, a properly licensed professional must perform the work and follow appropriate regulations.

Job Hazard Assessment (Safe Work Plan)

Unger Construction utilizes JHA's as our means of hazard assessment and establishing a safe work plan. JHA's are performed by supervisors and/or workers. Our library of hazard assessments is maintained on the "S" drive. Before beginning a new task refer to the JHA library, generally speaking all scopes of our work are covered. For situations that have not yet been covered select one that is substantially similar and use it as a baseline. JHA's on the "S" drive are organized by work area and job description. JHA's include strategies for elimination, substitution, engineering and administrative controls. After applying all appropriate reduction and elimination technique, the remaining hazards will be analyzed and the proper PPE to reduce the hazards will be selected. PPE will be identified for hazards that are in the process of being reduced or eliminated and/or when hazard-reduction efforts are not 100% effective in eliminating the hazards.

For complex or moderate to high hazard tasks, tasks where an additional level of safety planning is needed, the safety director will perform the JHA with the supervisor and workers.

Training

Before any employee is allowed to perform Terminal Cleaning they must first receive training. Employees responsible for cleaning the environment and equipment will receive education and training on proper environmental cleaning and disinfection methods, agent use and selection, and safety precautions. Additionally each employee must be trained in Bloodborne Pathogens, Respiratory Protection, Infection Control and Water Intrusion – Category 3 Policy. Each employee must demonstrate an understanding of the required training, before being allowed to perform work. Proof of training is available on the "S" drive. The training data base can be sorted by employee name or by subject. This ensures

supervisors and employees are able to confirm they have the necessary training and if they don't which employees do. Employees that need training should contact their project manager or superintendent to make arrangements for them to be trained.

Retraining

The need for retraining will be indicated when: An employee's work habits or knowledge indicate a lack of necessary understanding, motivation or skills required to properly perform Terminal Cleaning, New equipment is installed/purchased, Changes in the workplace make previous training obsolete, or Upon a supervisor request.

Discussion

The cleanliness of a healthcare facility is an important component in providing safe healthcare. Patients have the right to be treated in an environment that is clean and sanitized. Patient rooms and bathrooms can be high risk areas for the spread of Hospital Acquired Infection (HAI) causing pathogens. HAI causing pathogens can remain on surfaces for days, weeks and even months. If surfaces are left untreated they can spread to others throughout the facility putting patients and staff at risk for potentially dangerous infections. Terminal cleaning can yield high quality results and help prevent the spread of pathogens that cause infections. Terminal cleaning is implemented after our construction projects are complete and the area is ready for patient or staff use.

Using Unger Constructions infection control practices throughout the construction process maintains a state of cleanliness that protects patients and healthcare personnel from potentially infectious microorganisms. Infection control practice is a team effort, each subcontractor will perform cleanup operations 4 times per shift throughout the course of construction. When the construction effort is finished the subcontractors will vacuum, sweep and or damp mop their area of work. This ensures that construction debris has been removed and the area is ready for final clean. Unger Construction will perform a second wipe down and damp mop to remove any residual construction debris. Terminal Cleaning will only take place after these two operations have been conducted.

Employees performing terminal cleaning shall use all barrier precautions (such as masks, gloves, over clothes) when cleaning surfaces that may be contaminated with infectious microorganisms. Personal protective equipment (PPE) must be worn according to the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard when disposing of waste that could result in exposure to bloodborne or other potentially infectious microorganisms and hazardous material.

Micro fiber mops and cloths are made of composite synthetic fibers which are extremely fine and are engineered to have a large surface area. This provides a much more effective cleaning capacity and enables the efficient removal of microscopic particles. The small size of the micro fibers enables them to reach into crevices of surfaces.

Authorization

Before starting the Terminal Clean gain written authorization (Written approval can be an email, text message or hard copy checklist) from the following parties needs to be obtained; Sutter's Construction project liaison, the Infection Control nurse for the campus and the nurse or department manager where the terminal cleaning will take place. Make certain that all waste materials that contain saturated blood and or body fluid secretions have been removed by Sutter EVS.

Pre-task plan

Pre-task plans must be developed for each Terminal Cleaning operation. The pre-task plan shall list corresponding potential hazards for each task and the methods to eliminate or control hazards. Tasks should be listed sequentially, in the order in which they will be performed. Gather the supplies; cleaning tools, cleaning solutions (cleaning solutions for the Tracy campus are Clorox wipes and the currently approved disinfectant), waste disposal bags, personal protective equipment, and safety signs (slippery/caution). Print a copy of the Terminal Cleaning checklist so you can track the

progress as it occurs. Ensure the dedicated cleaning cart is stocked with all necessary equipment, materials and chemicals before beginning.

Procedure

Ensure coordination with the project superintendent and the nurse/area manager. Your objective will be to dust and sanitize all horizontal and vertical surfaces. Work systematically from higher areas to low areas, take care to address all edges, joints and undersides of surfaces. It is impractical to sanitize a surface that is still dirty. For sanitizers to be effective the surface being sanitized must be physically clean.

Don PPE for dusting; typically safety glasses, nitrile gloves and an N95 2 strap respirator. Start with the high surfaces including the ceiling, lights, tracks and HVAC supply and return grills. Use extreme care when working near fire sprinkler heads. Use a high dusting tool with a telescoping pole and micro fiber sleeve. When the sleeve has visible residues replace it with a fresh sleeve. This ensures the contamination is removed and not simply spread. Don chemical resistant gloves and damp wipe all surfaces that were just dusted. Wipes should be turned or folded each time the surface has visible residue. Wipes are to be used once and then discarded. Allow the dwell time per the manufactures instructions, Clorox wipes = 5 minutes. Change gloves and damp wipe the surfaces with fresh water. Repeat the process on vertical surfaces (walls, curtains, doors, windows, cabinets, headboards, mirrors, handrails, bedframe, light switches, door knobs, push pads, handles) starting at the top. Repeat the process on furniture and equipment in the room and bathroom ensuring the top, front and sides of everything has been cleaned and disinfected. The next area to clean and disinfect is the floors. Dust and or vacuum the floor before starting the disinfection process. Erect and position safety signage. Don the mopping PPE, typically chemical resistant gloves. Prepare disinfect solution to manufacturer's instructions. Damp dust the floor using the hospital approved cleaner. Mop the floors with the hospitals currently approved disinfectant (disinfectants can change overtime) mixed per the manufacturers' instructions. The mopping solution shall be applied using a hand spray device (Hudson sprayer) that is dedicated to Terminal Cleaning. Spread the solution using the mop head. Do not double dip the mop head into the disinfectant solution. Soiled mop heads shall be rinsed out in a separate mop bucket dedicated to "dirty mops". A fresh mop head and cleaning solution shall be used for each room. The dwell time for the disinfectant is critical follow the manufacturer's recommendations.

If you need to leave the room at any time or at the completion of the terminal clean dispose of your gloves, then wash (scrub) and sanitize your hands and forearms. Hands and forearms should be washed with anti-microbial soap and sanitized using an alcohol rub. Hands should be air dried not towel dried after the alcohol rub.

Quality Control Inspection

When you have completed the terminal clean have the infection control nurse and or the nursing manager inspect the area. Submit a copy of the inspection checklist to the project superintendent, project engineer or project manager for inclusion into the project files. When the area has passed inspection have them notify EVS so the room can be restocked.

Clean and Disinfect

Cleaning tools can be a source of microbial contamination if not cleaned. Clean and disinfect all equipment, tools and containers directly after leaving the room. Cleaning tools like brooms, mops, squeegees and buckets should be cleaned and sanitized after each use. Tools should be stored clean, dried and be secured to prevent unauthorized use. The cleaning cart shall be restocked, covered, stored and ready for its next use. Store the cleaning and disinfecting chemicals in their original container.



Terminal Cleaning Checklist

Location / Room # _____

Date Cleaned _____

Cleaned by: Print Name _____

Signature _____

CLEANING TASK DESCRIPTION	Worker	Inspector
	TASK COMPLETE INITIALS	PASS INSPECTION INITIALS
Ceilings: Dust, lights, tracks, AC returns/vents, fire sprinklers.		
Ceilings: Sanitized via damp dust (wipe), lights, tracks, AC returns/vents, fire sprinklers. Dwell time achieved.		
Ceilings: Fresh water damp dust ceilings, lights, tracks, AC returns/vents, fire sprinklers.		
Walls, doors, wall panels, shower, tub, suction wall mounts, x-ray view boxes, gas panels, wall outlets, and fire extinguisher cabinets are dusted.		
Walls, doors, wall panels, shower, tub, suction wall mounts, x-ray view boxes, gas panels, wall outlets, and fire extinguisher cabinets are sanitized via damp dust (wipe). Dwell time achieved.		
Walls, doors, wall panels, shower, tub, suction wall mounts, x-ray view boxes, gas panels, wall outlets, and fire extinguisher cabinets are wiped with fresh water and dried.		
Vertical surfaces: curtains, windows, mirrors, cabinets, and all other vertical surfaces are dusted.		
Vertical surfaces: curtains, windows, mirrors, cabinets, and all other vertical surfaces are sanitized via damp dust (wipe). Dwell time achieved.		
Vertical surfaces: curtains, windows, mirrors, cabinets, and all other vertical surfaces are wiped with fresh water and dried..		
Horizontal surfaces: counters, tables, carts, sinks, toilet, tops of equipment, computers, chairs, bed, shelves are dusted.		
Horizontal surfaces: counters, tables, carts, sinks, toilet, tops of equipment, computers, chairs, bed, shelves are sanitized via damp dust (wipe). Dwell time achieved.		
Horizontal surfaces: counters, tables, sinks, toilet, tops of equipment computers, chairs, bed, shelves are wiped with fresh water.		
High touch items are sanitized a second time, horizontal surfaces of tables, counters, equipment, phones, Vertical surfaces: switches, door knobs, handles, touch pads, equipment		
Floor surfaces are dusted and or vacuumed.		
Floor surfaces are sanitized, damp mopped. Dwell time achieved.		
Floor surfaces are wiped with fresh water and dried.		

Approved and Inspected By:

Print Name _____

Signature _____