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| [Insert Facility Name Here] |  |
| [Insert Other Information Here ] |  |
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| Operating or Procedure Room  Cleaning Checklist—Before First Case of the Day | Completed |
| 1. Remove unnecessary equipment. |  |
| 1. Damp dust from top to bottom: |  |
| * 1. Overhead lights |  |
| * 1. All reachable flat surfaces |  |
| * + 1. Furniture |  |
| * + 1. Booms |  |
| * + 1. Equipment |  |
| * + 1. Countertops |  |
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| Operating or Procedure Room  Cleaning Checklist—End of Case  (After the Patient Has Left the Area) | Completed |
| 1. Perform hand hygiene |  |
| 1. Don personal protective equipment (PPE) |  |
| 1. Collect linen |  |
| 1. Remove gross soil |  |
| 1. Remove large debris from floor |  |
| 1. Remove trash |  |
| 1. Clean and disinfect: |  |
| * 1. Anesthesia cart and equipment   (IV poles and pumps) |  |
| * 1. Anesthesia machine |  |
| * 1. Patient monitors |  |
| * 1. OR beds |  |
| * 1. Reusable table straps |  |
| * 1. Bed attachments |  |
| * 1. Positioning devices |  |
| * 1. Patient transfer devices |  |
| * 1. Overhead procedure lights |  |
| * 1. Tables |  |
| * 1. Mayo stands |  |
| * 1. Mobile and fixed equipment |  |
| * + 1. Suction regulators |  |
| * + 1. Medical gas regulators |  |
| * + 1. Imaging monitors |  |
| * + 1. Radiology equipment |  |
| * + 1. Electrosurgical units |  |
| * + 1. Microscopes |  |
| * + 1. Robots |  |
| * + 1. Lasers |  |
| 1. Floors and walls if soiled or potentially soiled (splash, splatter or spray) |  |
| 1. Remove PPE |  |
| 1. Perform hand hygiene |  |

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| Operating or Procedure Room  Cleaning Checklist—Terminal Cleaning | Completed |
| 1. All floors-wet vacuum or a single-use mop |  |
| 1. Anesthesia carts and equipment |  |
| 1. Anesthesia machines |  |
| 1. Patient monitors |  |
| 1. OR beds |  |
| 1. Reusable table straps |  |
| 1. OR bed attachments |  |
| 1. Positioning devices |  |
| 1. Patient transfer devices |  |
| 1. Overhead procedure lights |  |
| 1. Tables and Mayo stands |  |
| 1. Mobile and fixed equipment |  |
| 1. Storage cabinets, supply carts, and furniture |  |
| 1. Light switches |  |
| 1. Door handles and push plates |  |
| 1. Telephones and mobile communication devices |  |
| 1. Computer accessories |  |
| 1. Chairs, stools, and step stools |  |
| 1. Trash and linen receptacles |  |

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| Pre- and Postoperative Areas  Cleaning Checklist—Patient Discharge | Completed |
| 1. Patient monitors |  |
| 1. Patient beds |  |
| 1. Over-bed tables |  |
| 1. Television remote |  |
| 1. Call lights |  |
| 1. Mobile and fixed equipment |  |
| * 1. Suction equipment |  |
| * 1. Medical gas regulators |  |
| * 1. Imaging monitors |  |
| * 1. Radiology equipment |  |
| * 1. Warming equipment |  |
| 1. Floors and wall if soiled or potentially soiled (eg, splash, splatter, or spray). |  |
| 1. Patient transport vehicles including the straps, handles, side rails, and attachments should be cleaned and disinfected after each patient use. |  |

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| Pre- and Postoperative Areas  Cleaning Checklist—Terminal Cleaning | Completed |
| 1. All floors-wet vacuum or a single-use mop |  |
| 1. Patient monitors |  |
| 1. Patient beds |  |
| 1. Over-bed table |  |
| 1. Television remote controls |  |
| 1. Call lights |  |
| 1. Mobile and fixed equipment |  |
| 1. Storage cabinets, supply carts, and furniture |  |
| 1. Light switches |  |
| 1. Door handles and push plates |  |
| 1. Telephones and mobile communication devices |  |
| 1. Computer accessories |  |
| 1. Chairs and stools |  |
| 1. Trash and linen receptacles |  |