|  |  |
| --- | --- |
| [Insert Facility Name Here] |  |
| [Insert Other Information Here ] |  |
|  |  |
|  |  |
| 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 RoomCleaning 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 RoomCleaning 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
 |  |

|  |  |
| --- | --- |
| Pre- and Postoperative AreasCleaning 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 AreasCleaning 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
 |  |