### TAKEAWAY

Specific perioperative cleaning practices minimize pathogen transmission within the surgical suite.

### EXPLANATION

- **NEW** Do not use a spray bottle when applying disinfectants to surfaces. If the disinfectant in the bottle becomes contaminated, the aerosols produced from spraying can contaminate the surgical wound, sterile field, or sterile supplies. 1.6.
- Do not use a broom with bristles to sweep the floor. Adequately cleaning broom bristles is difficult, which can increase the likelihood of pathogens remaining on the bristles and being aerosolized during sweeping. 1.8.4.
- Use a wet mop to clean the floor. Using a dry mop produces more aerosols than using a wet mop. Aerosols, which may contain potential pathogens from the floor, can be carried by air currents onto environmental surfaces and supplies. 2.9.
- **NEW** Dedicate cleaning equipment, tools, and materials for use in the surgical suite and do not use these outside of the surgical suite. If used in other areas, the cleaning cart and equipment wheels could transfer soil and microorganisms to the surgical suite. 1.9.
- Clean and disinfect equipment that is stored outside of the surgical suite before bringing it into the semi-restricted area. Removing any dust or microorganisms that may have accumulated on equipment before it enters the semi-restricted area decreases environmental contamination. 2.12.

### KEY TAKEAWAYS

#### Environmental Cleaning

- An interdisciplinary team (eg, perioperative nursing, sterile processing, environmental services, infection prevention) facilitates input from personnel who perform the environmental cleaning as well as from personnel with expertise beyond clinical end-users.
  - **NEW** Due to the complex and intricate makeup of devices and monitors used in delivering anesthetics, anesthesia professionals should be part of the interdisciplinary team. 2.1.
- When determining process and frequency for cleaning, consider the
  - composition of surfaces to be cleaned, 2.1.
  - type and volume of procedures being performed, 2.1.
  - frequency that health care personnel have contact with individual items, and 2.2.
  - occupancy of areas (eg, some areas may be closed nights or weekends) 2.3.
- Assign competent personnel to the cleaning of perioperative areas and equipment. Assigning responsibility for cleaning provides clear delineation of tasks and helps to ensure items are being cleaned. 2.4.
8.1. **Enhanced environmental cleaning** should be performed following care of patients who are infected or colonized with multidrug-resistant organisms (MDROs).

- Decreasing the level of environmental contamination on high-touch surfaces may decrease the risk of MDRO transmission.
- As part of environmental cleaning procedures after the patient leaves the room or area (ie, bay), clean and disinfect all high-touch objects in addition to objects cleaned as part of routine between-patient cleaning.
- Wear a gown and gloves when performing enhanced environmental cleaning to avoid contact with pathogens during cleaning.

4.3. **NEW** It is not necessary to close a room or perform terminal cleaning after an infected procedure when the causative organism is not an MDRO.

- Three moderate-quality studies found that the likelihood of a patient acquiring an infection following a procedure on an infected patient was no greater than when following a procedure on a non-infected patient.
- The Centers for Disease Control and Prevention Guideline for the Prevention Surgical Site Infections does not recommend special cleaning of environmental surfaces following a contaminated or dirty procedure (ie, Class III, Class IV).
The evaluation should focus on thoroughness of cleaning. **12.2.**

Measure cleaning practices with qualitative measures (eg, visual observation of the cleaning process, visual inspection of cleanliness, fluorescent marking) and quantitative measures (eg, cultures, adenosine triphosphate [ATP] monitoring). **12.3.**

Data generated by measurement of cleaning practices provides complementary information that can be used to drive process improvement activities, encourage compliance with established cleaning protocols, educate personnel, and verify personnel competency. **12.3.**

Use a checklist or log that provides clear expectations of which items should be cleaned and a means of communicating the items that have been cleaned. **12.4.**