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| [Insert Facility Name Here] |  |  |
| [Insert Other Information Here ] |  |  |
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| Operating or Procedure Room  Cleaning Checklist—Before the first procedure of the day | **Completed** | **Not Applicable** |
| 1. Remove unnecessary equipment |  |  |
| 1. Damp dust from top to bottom: |  |  |
| * Overhead lights |  |  |
| * All reachable flat surfaces |  |  |
| * + Furniture |  |  |
| * + Booms |  |  |
| * + Equipment |  |  |
| * + Countertops |  |  |
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| Operating or Procedure Room  Cleaning Checklist—End of procedure (after the patient has left the area) | Completed | **Not Applicable** |
| 1. Perform hand hygiene |  |  |
| 1. Don personal protective equipment (PPE) |  |  |
| 1. Collect linen |  |  |
| 1. Remove large debris from floor |  |  |
| 1. Remove trash and linen |  |  |
| 1. Clean and disinfect: |  |  |
| * Anesthesia cart, including the top and drawer handle |  |  |
| * Anesthesia equipment (IV poles and pumps) |  |  |
| * Anesthesia machine |  |  |
| * Patient monitors, including cables |  |  |
| * OR beds |  |  |
| * Reusable table straps |  |  |
| * Bed attachments |  |  |
| * Positioning devices |  |  |
| * Patient transfer devices |  |  |
| * Overhead procedure lights |  |  |
| * Tables |  |  |
| * Mayo stands |  |  |
| * Mobile and fixed equipment |  |  |
| * + - Suction regulators |  |  |
| * + - Medical gas regulators |  |  |
| * + - Imaging monitors |  |  |
| * + - Radiology equipment |  |  |
| * + - Electrosurgical units |  |  |
| * + - Microscopes |  |  |
| * + - Robots |  |  |
| * + - Lasers |  |  |
| 1. Clean floors if soiled or potentially soiled (splash, splatter, dropped item) |  |  |
| 1. Spot clean walls if visibly soiled |  |  |
| 1. Remove PPE |  |  |
| 1. Perform hand hygiene |  |  |

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| Operating or Procedure Room  Cleaning Checklist—Terminal cleaning | Completed | **Not Applicable** |
| 1. All floors – wet vacuum or a single-use mop |  |  |
| 1. Anesthesia carts |  |  |
| 1. Anesthesia equipment |  |  |
| 1. Anesthesia machines |  |  |
| 1. Patient monitors, including cables |  |  |
| 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** | Not Applicable |
| 1. Perform hand hygiene |  |  |
| 1. Don personal protective equipment (PPE) |  |  |
| 1. Collect linen |  |  |
| 1. Clean and disinfect: |  |  |
| * + Patient monitors |  |  |
| * + Patient beds or stretchers including the straps, handles, side rails, and attachments |  |  |
| * + Over-bed tables |  |  |
| * + Television remote |  |  |
| * + Call lights |  |  |
| * + Infusion pumps and IV poles |  |  |
| 1. Clean floors if soiled or potentially soiled (eg, splash, splatter, dropped item) |  |  |
| 1. Spot clean walls if visibly soiled |  |  |
| 1. Remove PPE |  |  |
| 1. Perform hand hygiene |  |  |

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| Preoperative and Postoperative Areas  Cleaning Checklist—Terminal cleaning | Completed | Not applicable |
| 1. All floors – wet vacuum or a single-use mop |  |  |
| 1. Patient monitors, including cables |  |  |
| 1. Patient beds or stretchers |  |  |
| 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 |  |  |