supplies may no longer function properly, and the cleanliness or sterility of the supplies cannot be guaranteed if the packaging has been compromised.

The hospital ensures storage conditions that protect supplies from contamination and damage that address at least the following:

- Conditions defined by the supply manufacturer
- Temperature and humidity stability
- Exposure to dust, dirt, water, and excessive humidity
- Exposure to other means of contamination such as being stored in a manner that creates the risk they could be touched by contaminated hands or gloves, or otherwise exposed to potentially infectious microorganisms

Measurable Elements of PCI.03.02

1. The hospital implements a process to manage expired supplies.
2. The hospital implements a process to manage damaged supplies.
3. The hospital stores supplies in a manner that prevents contamination or damage, and under environmental conditions recommended by the manufacturer when applicable.

Environmental Cleanliness

Standard PCI.04.00

The infection prevention and control program provides oversight for the cleaning and disinfection of the environment.

Intent of PCI.04.00

Effective environmental cleaning and disinfection practices contribute to the prevention of hospital-acquired infections. The hospital uses evidence-based guidelines to direct its environmental cleaning and disinfection processes. Routine cleaning of the environment includes daily cleaning of the following:

- Nursing units, patient rooms, and other patient care areas
- Diagnostic and treatment locations
- General support services areas, such as central supply, linen services, materials management, and all other departments and areas of the hospital
- Waiting areas and other public spaces
- Staff workspaces
- Kitchens

Terminal cleaning is a more focused and thorough cleaning process than daily maintenance cleaning and is performed in accordance with hospital policies and procedures and infection control guidelines. The hospital must determine how, when, and where terminal cleaning is performed. The process may be different depending on the area being terminally cleaned. For example, cleaning the room after the discharge of a patient on isolation precautions for an infectious disease may require different processes and cleaning agents than terminal cleaning of operating theatres or central sterile supply departments. Terminal cleaning requires further attention to the environment and may include the following:

- Laundering of privacy curtains
- Removal and cleaning of all detachable items in the room
- Disinfecting surfaces with multiple cleaning agents
- Use of specialized tools such as robotic ultraviolet light or ozone machines

Certain areas of the hospital require additional attention during environmental cleaning and disinfection due to their high-risk nature. Hospital leaders conduct risk assessments to determine which hospital areas require additional cleaning and disinfection. Hospital leaders identify appropriate guidelines and practice recommendations for staff to use when cleaning and disinfecting high-risk areas or situations, and staff are trained in the cleaning procedures and the safe use of cleaning agents. The hospital must also assess whether any critical or important clean areas or surfaces are within 1 meter of a sink, as this presents the risk of contamination through splashing of water. For example, countertops in medication rooms used for simple medication preparation prior to administration must be protected from splashing of water if within 1 meter of a sink. The hospital must determine how to prevent contamination, such as installing a barrier shield between the sink and countertop, or moving the area used to prepare medications.

Environmental cleaning and disinfection effectiveness must be monitored. The hospital determines how this monitoring is done based on available resources and technology. Data from monitoring are used to evaluate cleaning and disinfection processes and to direct any changes needed to ensure the cleanliness of the environment. These data are also used during education with environmental cleaning staff.

The hospital defines its routine cleaning practices, including the following:

- Frequency of routine cleanings, including high-touch surfaces
- When terminal cleaning is required
- What additional cleaning and disinfection practices are required for high-risk areas
- What additional cleaning and disinfection practices are required in areas caring for infectious patients
- Cleaning equipment and agents used
- Which staff members are responsible for cleaning tasks
- When areas require more frequent cleaning

The hospital identifies which areas are considered high risk for cleaning and disinfection processes and implements low-level disinfection or intermediate-level disinfection appropriately. Examples of high-risk areas include the following:

- Operating theatres
- Central Sterile Supply Department
- Neonatal intensive care units
- Burn units
- Areas where infectious patients are cared for

Monitoring data may be collected using a variety of methods, including the following examples:

- Patient and family comments and patient experience data, such as room cleanliness and overall hospital cleanliness
- Fluorescent markers and adenosine triphosphate (ATP) bioluminescence may be used to check for residual pathogens.
- Direct observation of the cleaning and disinfection procedures

Measurable Elements of PCI.04.00

1. The infection prevention and control program implements evidence-based cleaning and disinfection guidelines and procedures throughout the hospital. (*See also* MMU.05.00, ME 2)
2. Evidence-based guidelines are used to direct cleaning and disinfection procedures in high-risk areas as indicated by evidence-based cleaning and disinfection standards. (*See also* MMU.05.00, ME 2)
3. Evidence-based guidelines are used to direct cleaning and disinfection of areas where patients with infectious diseases receive care, including after patient discharge.
4. The hospital monitors environmental cleaning and disinfection processes, and data are used to make changes to the process when applicable.