



SANTA BARBARA COUNTY  
DEPARTMENT OF  
**Behavioral Wellness**  
A System of Care and Recovery

**Programmatic  
Policy and Procedure**

<b>Section</b>	Psychiatric Health Facility (PHF)	<b>Effective:</b>	5/23/2017
<b>Sub-section</b>	Infection Prevention	<b>Version:</b>	1.1
<b>Policy</b>	Environmental/Janitorial Services	<b>Last Revised:</b>	DRAFT
<b>Director's Approval</b>	_____	<b>Date</b>	_____
	Alice Gleghorn, PhD		
<b>PHF Medical Director's Approval</b>	_____	<b>Date</b>	_____
	Ole Behrendtsen, MD		
<b>Supersedes:</b>	Environmental/Janitorial Services eff. 5/24/2017	<b>Audit Date:</b>	DRAFT
<b>Approvals:</b>	PHF Medical Practice Committee:		

**1. PURPOSE/SCOPE**

- 1.1. To establish describe essential infection prevention and Control practices for environmental and janitorial services at the Santa Barbara County Psychiatric Health Facility (hereafter the "PHF"), and Guidelines to be employed in addition to the to ensure adherence to contracted environmental/janitorial services policies and procedures. Thorough and effective cleaning and disinfection of the environment must be done to prevent the environment from becoming a reservoir of pathogens.
- 1.2. This policy describes infection prevention practices measures to be taken that must be implemented by the contracted environmental/janitorial services vendor.

**2. DEFINITIONS**

The following terms are limited to the purposes of this policy:

- 2.1 **Contact time** – time a disinfectant must remain wet on is in direct contact with the surface or item to be disinfected.
- 2.2 **Cleaning** – removal of adherent visible soil, blood protein substances, microorganisms and other debris from surfaces by a manual or mechanical process that prepares the items for safe handling and/or further decontamination disinfection, usually with detergent and water or enzyme cleaner and water.
- 2.3 **Detergent** – a cleaning agent with no antimicrobial claims on the label.
- 2.4 **Disinfection** – chemical destruction of pathogenic organisms.
- 2.5 **Disinfectant** – a chemical agent that kills pathogenic organisms.

### 3. **POLICY**

- 3.1. The contracted environmental/janitorial service shall clean the PHF in accordance with national standards of practice and all relevant federal, state and local laws and regulations. Guidelines and recommendations set forth by the Centers for Disease Control and Prevention (CDC), the Association for Professionals in Infection Prevention and Epidemiology (APIC), and the Association for the Health Care Environment (AHE) will be incorporated into cleaning and disinfection practices.
- 3.2. Cleaning and disinfection agents used will be approved by the PHF Medical Practice Committee (MPC) and the Infection Preventionist.
- 3.3. The Infection Preventionist and the PHF MPC will review the contracted environmental/janitorial services policies and procedures annually.

### 4. **CLEANING AND DISINFECTION STANDARDS**

- 4.1 Cleaning supplies and equipment shall be stored in rooms for housekeeping use only. [22 CCR §77153(a)(1)]
- 4.2 The contracted environmental/janitorial services vendor will be responsible for cleaning all areas of the PHF, including clinical and public areas. ~~the floors and chairs of all parts of the patient care area and the lobby. This includes the kitchen pantry and dining room, the medication room, the hearing room, the art room and the laundry room.~~
- 4.3 **Frequency of cleaning.**
  1. The entire PHF unit, including all clinical and public areas, will be cleaned daily.
  2. Floors and carpeting will be cleaned daily, when visibly soiled or more often if necessary.
  3. Floors will be stripped and cleaned quarterly or more often if necessary.
  4. In the event of an outbreak, more frequent cleaning and disinfection may be required ~~have to be done more frequently.~~
  5. The kitchen is deep cleaned once per week, which includes appliances, floor, shelves, sink, and vents.
- 4.4 **Mop heads, buckets and cleaning clothes ~~dusters.~~**
  1. Microfiber mop heads ~~and dusters~~ must be changed every three (3) rooms or more often if visibly soiled.
  2. 3-4 microfiber cleaning cloths are used per room.
  3. Only clean mop heads and cloths may be dipped into the disinfectant solution. Do not re-dip into the solution.
  4. Discard used mop heads and used cloths in yellow bags located in the soiled linen room.

5. For rooms with a patient placed on transmission-based precautions (TBP) (i.e., isolation precautions), mop head and cloths ~~dusters~~ are only used for that room. Bucket and disinfectant solution are changed after cleaning the room. The mop pole is disinfected after use in a room with a patient placed on TBP.
- ~~6. Cleaning and disinfection process:~~
7. Mopping, dusting and cleaning will be done from the least contaminated clean area to the most contaminated area.
- ~~8. Handles and Poles for mops and dusters must be cleaned and wiped with disinfectant solution after use.~~
9. Carts and mop poles must be cleaned and disinfected at the end of each day, and dried after use.

#### 4.5 Contact Time.

- ~~1. The contact time stated by the manufacturer will be used.~~ Disinfected surfaces will remain wet for the contact time recommended by the manufacturer.

### **ASSISTANCE**

Andra Dillard, MSN, PHN, RN, CIC, Infection Preventionist

### **REFERENCE**

Code of Federal Regulations – Occupational Safety and Health Administration (OSHA)  
*Title 29, Section 1910.1030(d)(4)(i)*

Code of Federal Regulations – Public Health  
*Title 42, Section 482.42(a)*

California Code of Regulations – Social Security  
*Title 22, Section 77153*

Centers for Disease Control and Prevention (CDC). Guidelines for Environmental Infection Control in Health-Care Facilities. Accessed at: <https://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf>

Association for Professionals in Infection Prevention and Epidemiology (APIC) . Environmental Services, 2014. Accessed at (SUBSCRIPTION REQUIRED): <http://text.apic.org/toc/infection-prevention-for-support-services-and-the-care-environment/environmental-services>

Association for the Health Care Environment (AHE). Practice Guidance for Healthcare Environmental Cleaning, Second Edition.

### **RELATED POLICIES**

[Facility Surveillance and Inspection](#)

[Infection Control Physical Environment](#)

**REVISION RECORD**

DATE	VERSION	REVISION DESCRIPTION
DRAFT	1.1	<ul style="list-style-type: none"> <li>• Contact time is defined as time a disinfectant must remain wet on the surface or item to be disinfected.</li> <li>• Contracted environmental/janitorial policies are to be reviewed annually.</li> <li>• Contractor will clean all clinical and public areas.</li> <li>• Entire PHF unit will be cleaned daily.</li> <li>• Carpeting will be cleaned daily.</li> <li>• The kitchen is deep cleaned once per week, which includes appliances, floor, shelves, sink, and vents.</li> <li>• Dusters can no longer be used. Mop heads must be microfiber.</li> <li>• 3-4 microfiber cleaning cloths are used per room.</li> <li>• Used mop heads and used cloths must be discarded in yellow bags located in the soiled linen room.</li> <li>• For rooms with a patient placed on transmission-based precautions (TBP) (i.e., isolation precautions), mop head and cloths are only used for that room. The mop pole is disinfected after use in a room with a patient placed on TBP.</li> <li>• Carts and mop poles must be cleaned and disinfected at the end of each day.</li> </ul>

***Culturally and Linguistically Competent Policies***

*The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).*