

## Discharge/Transfer Cleaning Checklist

Room: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Item	Yes	No	Comments/NA
1. Were all dirty/used items removed?			
a. Suction container and tubing			
b. All items at bedside removed, including:			
– IV bags			
– tubes lines drains			
– medications			
– personal items			
– toilet paper			
– gauze			
– tape			
– patient/resident personal bar soap			
– gloves			
2. Were the curtains removed before starting to clean?			
3. Were clean cloths, mop (all supplies) and fresh solutions used to clean the room?			
4. Was the correct disinfectant and concentration used for cleaning and disinfection? - Sodium hypochlorite (concentration of at least 5,000ppm); <b>OR</b> - Improved Hydrogen Peroxide (IHP) (4.5%) with a sporicidal claim <b>NOTE:</b> Ensure product has a DIN number and manufacturer's instructions are followed for dilution and contact time.			
5. Were pillow and mattresses cleaned and checked for tears (replaced if needed)?			
6. Were all cleaning cloths returned to housekeeping cart, placed in laundry or discarded after use?			
7. Were several cloths used to clean the room? Was double dipping of cloths into disinfectant avoided?			
8. Was cleaning always done clean to dirty?			
9. Were all surfaces cleaned allowing for correct contact time of disinfectant solution as above?			
a. Mattress			
b. Pillow (material pillows to laundry)			
c. BP cuff			
d. Bedrails and bed controls			
e. Call bell			

f. Stethoscope and column			
g. Flow meters (medical gas controls)			
h. Suction tube and outer container (liner disposed)			
i. Pull cord in washroom			
j. Toilet, sink, tub and all washroom fixtures			
k. Over bed table			
l. Bedside table			
m. Locker or shelf for patient's personal items			
n. Inside drawers			
o. Bible			
p. TV Remote control/TV Controls			
q. Soap/Alcohol based hand rub dispensers			
r. Door handles			
s. Light switches			
t. Light cord			
u. Chair			
v. Telephone			
w. Television and TV handles			
x. Computers			
y. Wall mounted monitors (e.g. cardiac monitor)			
10. Were the following items cleaned and disinfected before use with another patient or removed from bed space?			
a. Commode/high toilet seat			
b. Wheelchairs			
c. Monitors			
d. IV poles/pumps			
11. If the sharps container was 3/4 full (or at full line) was it replaced?			
12. If there was a sheepskin used, was it sent to laundry or disposed?			
13. Was the lift mesh/sling sent to the laundry?			
14. Was the glove box discarded?			

Environmental Services Supervisor (or delegate) signature: \_\_\_\_\_