

Daily Room Cleaning Checklist for Occupied Patient/Resident Rooms – Step-by-Step Guide

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General Guidance

- Establish a standard protocol for cleaning each room type. Modify the [cleaning checklist](#) to include specific tasks for each room (e.g., stocking supplies, replacing sharps containers).
 - Clean systematically (clockwise or counterclockwise) to prevent cross-contamination and missed areas.
 - Work from high to low, least-soiled to most-soiled surfaces (e.g., room exterior → patient zone, clean/disinfect toilet last).
 - In multi-bedrooms, clean each patient/resident zone separately and in the same method (e.g., start at foot of bed, move clockwise).
- Identify priority room surfaces (e.g., high-touch and reusable medical equipment) for focus of daily cleaning
 - Determine [responsibility](#) for who cleans medical equipment in the room (e.g., monitors, barcode scanners, mobile workstations).
 - Follow manufacturer instructions for all cleaning/disinfection products.
- Emphasize the importance of thorough daily cleaning in Contact Precautions or Enhanced Barrier Precaution rooms due to increased surface contamination.
 - Ensure staff can easily identify these rooms, understand any procedure differences, and use the correct PPE before entering.
 - Clean Contact Precautions rooms last, after all rooms of patients/residents not on precautions have been cleaned.
- Audit adherence and effectiveness of cleaning/disinfection protocols and provide feedback to staff and stakeholders.

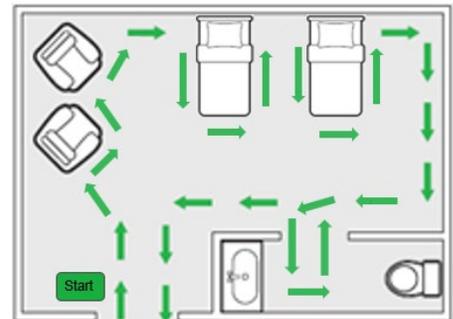


Figure 1: Example systematic room cleaning path. Adapted from: [CDC Environmental Cleaning Procedures](#)

Cleaning Tips

Glove Tips

- Change gloves and perform hand hygiene according to [Standard Precautions](#). Opportunities to change gloves include:
 - When damaged or visibly soiled
 - When moving from a dirty task to a clean task
 - When moving from one patient/resident bedspace to another patient/resident bedspace
 - Before exiting a patient/resident room

Cleaning Cloth Tips

- Wet cleaning cloths with an EPA-registered disinfectant and fold it to maximize use of all clean sides of the cloth
- Include in cleaning processes when to change rags/cleaning cloths. Change cloths frequently, such as when:
 - No longer saturated (unable to achieve wet contact time)
 - Visibly soiled or all surfaces have been used
 - Moving from a dirty to clean surface
 - Between each patient/resident zone or bed
 - After cleaning a sink basin
- Never double-dip or leave a used cleaning cloth in prepared disinfectant solutions

Cleaning Solution Tips

- Prepare cleaning solutions daily or as needed. Replace with fresh solutions frequently according to facility policies and procedures and disinfectant manufacturer instructions.
- For dispensing systems, test solutions routinely to ensure proper dilution.
- Dispense cleaning solutions in portable containers like squeeze bottles or small buckets.

Mop Tips

- Dry mopping is preferred for sweeping over brooms.
- Prepare mopping solutions daily or as needed.
 - Replace with fresh solution frequently according to policy and procedure (e.g., when visibly soiled, after every isolation room, every 1-2 hours, and at the end of each cleaning session).
- Never leave soiled mop heads soaking in buckets. Change mop heads/floor cloths as often as needed as required by facility policy and such as:
 - At the beginning of the day, after each room, and after cleaning blood or body fluids
- Clean reusable mops and allow them to dry before reuse

Dusting Tips

- Do not dust near or over patients/resident and avoid dusting methods that disperse dust (e.g., feather-dusting)¹. Wet dusting using cloths soaked in disinfectants is preferred.

Step-by-Step Occupied Room Daily Cleaning Checklist

Unit/Area: _____ Room: _____ Date: _____

Environmental Services Personnel Name: _____

Observer Name: _____

If resident/patient is on precautions, which type(look for signage)? Airborne Contact Droplet Enhanced Barrier Resident/patient not on precautions

Is there a shower present in the room? If Yes, include questions 13.h-k

Is there a bathroom or toilet present in the room? If Yes, include questions 13.l-p

CLEANING TASK	PERFORMED
1. Perform hand hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed
2. Put on personal protective equipment (PPE). (Gloves needed at minimum. Add other PPE if the patient/resident is on Transmission-Based Precautions [e.g., Airborne, Contact, Droplet]).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed
3. Greet the patient/resident according to facility policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed
4. Check sharps container and change if necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed
5. Remove trash, soiled linen (if applicable), and replace liners	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed
6. Remove gloves and perform hand hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed
7. Select the right EPA-registered disinfectant based on the type of precautions the patient/resident is on	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed
8. Perform high and low dusting when there is visible dust (do not dust near or over patients/residents)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed
9. Obtain a new cleaning cloth soaked with disinfectant¹	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed
10. Clean and disinfect high-touch surfaces <i>outside</i> the patient/resident zone	
a. Entry door handle	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
b. Thermostat	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
c. Horizontal surfaces (e.g., countertops)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
d. Cabinet handles	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
11. Clean and disinfect high-touch surfaces <i>inside</i> the patient/resident zone	
a. Light switch	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
b. Chair arm rests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
c. IV pole grab area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
d. Vital sign machine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
e. Bedside table or cart	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
f. Computer horizontal surfaces	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
g. Keyboard, mouse, and mousepad	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
h. Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present

i. Remote	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
j. Over bed/tray table	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
k. Call button/box	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
l. Bed rails and controls (from head of bed to footboard) ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
12. Clean and disinfect high-touch surfaces near room sink area	
a. Cabinet handles	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
b. Horizontal surfaces (countertops, edges of sink)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
c. Faucet handles	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
d. Faucet	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
e. Sink basin and drain ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
13. Clean and disinfect high-touch surfaces in the bathroom	
a. Mirror	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
b. Light switch	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
c. Door handle (exterior and interior)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
d. Horizontal surface (countertops, edges of sink)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
e. Sink faucet handles	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
f. Sink faucet	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
g. Sink basin and drain ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
h. Shower head and hose	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
i. Shower faucet handles	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
j. Shower grab bars	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
k. Shower bench or chair	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
l. Toilet grab bars	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
m. Emergency pull cords	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
n. Toilet flush handle	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
o. Exterior surfaces of toilet (seat, outside of bowl, toilet underside) ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
p. Toilet bowl (scrub with toilet brush)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
q. Remove gloves, perform hand hygiene, and put on new gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed <input type="checkbox"/> Not present
14. Restock supplies (e.g., paper towels, soap, alcohol-based hand rub)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed
15. Sweep then mop floor (e.g., dry mop followed by a wet mop)	
a. Start at farthest perimeter of room, work towards room exit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed
b. Mop in a figure-8 pattern with overlapping strokes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed
16. Remove PPE and perform hand hygiene²	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed
17. Put on new gloves and clean any equipment (e.g., mop handle) that was used in the room before returning to the Environmental Services cart	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed
18. Remove PPE and perform hand hygiene²	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed

¹ Opportunity to change cleaning cloths.

² Hand hygiene should be performed every time staff go back to the cart.

References

1. [CDC Guidelines for Environmental Infection Control in Health-Care Facilities](#)
2. [CDC Considerations for Reducing Risk: Surfaces in Healthcare Facilities](#)
3. [CDC Clinical Safety: Hand Hygiene for Healthcare Workers](#)
4. [CDC Environmental Cleaning Training](#)
5. [CDC How to Read a Disinfectant Label](#)
6. [CDC Infection Control Assessment and Response \(ICAR\) Tool for General Infection Prevention and Control \(IPC\) Across Settings Module 4: Environmental Services Facilitator Guide](#)
7. [Environmental Protection Agency Selected EPA-Registered Disinfectants](#)
8. [Nebraska Infection Control Assessment and Promotion Program \(ICAP\) Environmental Cleaning and Disinfection Videos](#)
9. [Minnesota Hospital Association Environmental Services Cleaning Guidebook](#)
10. [Project Firstline Explainer Videos for EVS Professionals: Cleaning Occupied & Discharged Patient Rooms](#)
(Spanish also available) - Requires providing contact information to access
11. [The Joint Commission Environmental Services Checklists](#)
12. [VDH Call to Action: Improving Environmental Cleaning to Prevent Multidrug-Resistant Organisms \(MDRO\) Transmission](#)
13. [VDH Environmental Cleaning Responsibilities Chart](#)