CLASS 12

Introduction to the Healthcare Market

The healthcare market presents enormous opportunity for the Coverall® System, because the Coverall value proposition is ideal for medical environments. The risk of spreading germs and illness is greater in healthcare facilities than in other vertical markets, and infection control is a top priority.

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Healthcare Customers and their Concerns

The healthcare market consists of many types of medical facilities. While hospitals, nursing homes and large healthcare systems are often cleaned by their own Environmental Services or housekeeping team, the Coverall® Program is ideal for medical environments where patients do not stay overnight (non-residential).

Common Types of Medical Facilities

MEDICAL AND DENTAL OFFICES

“Medical office” is a generic term for any doctor’s office including physician’s office buildings, dentists, orthodontists, physical therapy facilities, counseling centers, weight loss clinics and sleep centers. There are many types of doctors and medical specialties such as general practitioner, psychiatrist, dermatologist, cardiologist, pediatrician, OB/GYN and surgeon.

Medical offices usually include a reception area, waiting area, offices, exam rooms and restrooms. Some medical offices perform medical procedures and have special rooms or areas for those procedures. For example, a doctor’s office may stitch up cuts or put a cast on a broken arm, or a dermatologist might remove moles and some skin cancers.

Doctor’s waiting room  Patient exam room  Dentist treatment room
Healthcare Customers and their Concerns

DIALYSIS CENTER

Dialysis is a medical procedure that cleans a person’s blood if their kidneys are not working correctly as a result of kidney disease, diabetes, high blood pressure or other conditions. Dialysis treatment centers have a distinct need for effective infection prevention procedures, because they handle blood and bodily fluids with every patient. In addition, dialysis centers also require specific floor care procedures to clean sodium bicarbonate (bicarb) spills and fluids that leak from dialysis machines and harm the floor finish. Proper commercial cleaning is an important part of the center’s infection prevention procedures. In addition to a reception area, waiting area and offices, dialysis centers include a treatment area that consists of treatment chairs and dialysis machines.

VETERINARY CLINIC

Like any medical facility, veterinary clinics and veterinarian offices face daily challenges including bodily fluid spills, cross-contamination of germs, floor stains, and the risk of exposing healthy animals to harmful pathogens. Pet hair and odors can become a problem if the facility is not cleaned properly on a regular basis. Like a doctor’s office the vet’s office usually includes a reception desk, waiting area, offices, exam rooms and procedure rooms. Some veterinary offices also include a kennel.

AMBULATORY SURGERY CENTER (ASC)

Ambulatory surgery, also called day surgery or outpatient surgery, is surgery that typically does not require the patient to stay overnight. (“Ambulatory” means able to walk, not bedridden.) The most common procedures performed in ASCs include colonoscopy, endoscopy, cataract surgery, biopsy and spinal injections. While the reception and waiting areas, office areas and restrooms can be cleaned using the Coverall Core 4® Process, operating rooms require a special cleaning procedure called Terminal Cleaning.
Healthcare Customers and their Concerns

Importance of Infection Control

Patients, doctors, nurses, and many other medical professionals work in or visit healthcare facilities every day. Patients may be sick or injured when they visit a medical office – or they may have a scheduled appointment or procedure. In any case, the goal is to have a good patient outcome, which means improving the health and wellness of the patient.

Infection control, which means controlling the risk factors that can lead to the spread of infection, is a top priority for healthcare:

► When sick people cough or sneeze, germs get on their hands, float in the air and land on surfaces. From there, healthy people breathe in germs or touch contaminated surfaces, and then touch their eyes, noses or mouths, spreading germs into their bodies and getting them sick.

► In a medical environment, blood and bodily fluids can leak, drip, spill or get transferred on someone’s glove, hand or clothing to floors, tables, chairs and many other high touch points (germ hot spots). Illness and infection can be transferred:

  • From patient to patient
  • From patients to medical staff members
  • From staff members to patients
  • From staff member to other staff members

Connection between commercial cleaning and infection control

Medical facilities need to be cleaned properly to help prevent the spread of illness and infection. In fact, the Centers for Disease Control and Prevention (CDC) found a link between contaminated near-patient surfaces and infection control, demonstrating the importance of professional cleaning in healthcare facilities. The CDC\(^1\) recommends medical facilities disinfect high-touch surfaces regularly as part of their cleaning program. Another report (Weber and Rutala 2013)\(^2\) shows that up to 50% of surfaces in healthcare environments are contaminated with harmful pathogens!

To help support infection control in medical environments, the Coverall\(^\text{®}\) Program and Core 4\(^\text{®}\) Process include:

► Focusing on near-patient surfaces and high-touch points
► Cleaning correctly with hospital-grade disinfectants
► Removing soil with microfiber towels and mop pads
► Reducing cross-contamination through color coding and no-dip flat mopping
► Reducing airborne particles with HEPA-filtration vacuum
► Using terminal cleaning procedures where needed

\(^1\) www.cdc.com
\(^2\) http://www.ncbi.nlm.nih.gov/pubmed/23743816
What are HAIs?

Healthcare Associated Infections (HAIs), also called *nosocomial* (noz-o-co-mee-al) infections or Hospital-Acquired Infections, are infections a patient gets while being treated in a medical facility for something else. For example, a patient goes into the hospital for knee surgery and gets a skin infection. Pneumonia, surgical-site infections (e.g., strep or staph infections), and gastrointestinal illnesses are common HAIs.

The *CDC*[^3] estimates that 1 in 25 hospital patients acquires an HAI during their stay, which equates to almost 2 million infected people and almost 100,000 deaths annually.

In addition to strict CDC protocols, hand washing, correct use of personal protective equipment (PPE such as gloves, masks and gowns), and proper cleaning/disinfection are critical to infection control in a healthcare facility, in addition to the medical staff properly sanitizing and maintaining their equipment. Also, ultraviolet-C (UV-C) technology has been used since the 1970s to disinfect hospital operating rooms and acts as a portable “germ zapper.”

Negative consequences of HAI

► Reduced quality of care
► Reduced patient satisfaction
► Patient suffering and/or death
► Risk of lawsuit or regulatory fines
► Loss of income (HAI may not be reimbursed by insurance companies)
► Practitioners absorb cost of re-treating patient

[^3]: [www.cdc.com](http://www.cdc.com)
Healthcare Customers and their Concerns

Healthcare provider pain points:

Healthcare providers work under strict government and industry regulations, in addition to required certifications, accreditations and protocols established by groups such as:

- **CDC** (Centers for Disease Control and Prevention)
- **AORN** (Association of peri-Operative Registered Nurses)
- **JCAHO** (Joint Commission on Accreditation of Healthcare Organizations)
- **OSHA** (Occupational Safety and Health Administration)
- **AMA** (American Medical Association)
- **WHO** (World Health Organization)

Knowing the pain points of healthcare providers can help you better understand them as your customer.

Business pain points:

- Meeting goals for patient outcomes
  - *Minimizing healthcare-associated infections (HAIs)*
  - *Minimizing the risk of patient re-treatments*
- Staying in compliance with industry regulations
  - *Passing inspections required for accreditation/certification*
  - *Proof of Bloodborne and Airborne Pathogens training, safety training, a current cleaning schedule and other documentation may be required by your customer for your Franchised Business to provide commercial cleaning services in their medical facility, especially surgical centers*
- Reducing the risk of lawsuits and fines

Personal pain points:

- Patient satisfaction
- Office staff satisfaction
- Personal and professional reputation
- Time – medical professionals are busy people who don’t like to waste time
Healthcare Customers and their Concerns

How can the Coverall® Program help Healthcare Customers?

Infection Control
Medical facilities must establish an Infection Control Program that establishes policies and procedures for reducing the spread of germs and healthcare-associated infections (HAIs). Their commercial cleaning partner can help support infection control through proper cleaning techniques, disinfection and procedures that help reduce cross-contamination.

Reputation
A professionally cleaned medical facility can have a direct impact on the reputation of a medical facility. When patients enter a healthcare facility, sit in the waiting room and use the restroom, they quickly judge cleanliness with their eyes and noses. Some medical offices, such as weight loss clinics, plastic surgery centers and cosmetic dentists, can be highly competitive and seek positive reviews and recommendations from patients. A clean environment can help patients feel more comfortable and confident when receiving medical care.

Peace of Mind
Medical professionals are trained to follow protocols (steps) when treating patients. They expect their commercial cleaning company to be trained on the cleaning protocols for medical environments and to respect expensive medical equipment while providing commercial cleaning services. A trusting, professional relationship between the healthcare customer and commercial cleaning company can help provide peace of mind so the medical professionals can focus on delivering high quality patient care instead of wondering whether or not high touch points were properly disinfected.
Healthcare Customers and their Concerns

1. A __________ is a medical procedure that cleans a person’s blood if their kidneys are not working correctly as a result of kidney disease, diabetes, high blood pressure or other conditions.

2. Ambulatory surgery, also called day surgery or outpatient surgery, is surgery that typically does not require the patient to stay __________.

3. Patients may be sick or injured when the visit a medical office – or they may have a scheduled appointment or procedure. In any case, the goal is to have a good patient __________, which means improving the health and wellness of the patient.

4. __________ control, which means controlling the risk factors that can lead to the spread of infection, is a top priority for healthcare.

5. The Centers for Disease Control and Prevention (CDC) found a link between contaminated near-patient surfaces and infection control, demonstrating the importance of professional __________ in healthcare facilities.

6. __________ __________ __________ (HAIs), also called nosocomial (noz-o-co-mee-al) infections or Hospital-Acquired Infections, are infections a patient gets while being treated in a medical facility for something else.
7. Healthcare providers work under strict government and industry ___________, in addition to required certifications, accreditations and protocols.

8. Proof of __________ and __________ Pathogens training, safety training, a current cleaning schedule and other documentation may be required by your customer for your Franchised Business to provide commercial cleaning services in their medical facility, especially surgical centers.

Answer key: (1) overnight, (2) Dialysis, (3) outcome, (4) Infection, (5) cleaning, (6) Hospital Associated Infections, (7) regulations, (8) Bloodborne and Airborne.
Cleaning Considerations in Healthcare Environments

Germs are everywhere. Pathogens are germs that can cause disease, including healthcare-associated infections (HAIs). When providing commercial cleaning services in a healthcare environment, be very aware of pathogens and take precautions to help reduce your exposure to disease.

Listed below are some pathogens that may be found in a healthcare facility:

- MRSA
- C. diff
- Norovirus
- Influenza (flu)
- E. coli
- Vancomycin-resistant Enterococci (VRE)
- Pseudomonas
- Tuberculosis (TB)
- Staphylococcus (Staph Infection)
- Streptococcus (Strep throat)
- Salmonella
- Herpes Simplex
- HIV (AIDS)
- HBV (Hepatitis B)
- HCV (Hepatitis C)
Special Cleaning Considerations for Medical Facilities

Most medical facilities include general office areas that can be cleaned using the Coverall Core 4® Process. Other special areas may require special cleaning techniques to help with infection control, meet your healthcare customer expectations, and help protect you and your employees. Below are some Core 4® plus considerations for cleaning medical facilities.

Increased Cleaning Frequency and Attention to Detail

The Service Plan for a healthcare facility may include a higher cleaning frequency for specific cleaning tasks. For example, because pathogens may be found in any part of a medical facility, proper disinfection of all horizontal and vertical surfaces will typically occur at each visit. In general, healthcare facilities include more detailed areas and items to be cleaned and, therefore, the commercial cleaning program will be more detailed.

Additional Hospital-Grade Disinfectants

The Coverall® Program uses hospital-grade disinfectants which have a broad kill claim (the kinds of germs it kills) and a fast dwell time (the time it takes for the disinfectant to kill germs).

Accelerated Hydrogen Peroxide is Coverall’s preferred hospital-grade disinfectant, because it has a broad kill claim, fast dwell time and does not bind to microfiber or cotton towels (no Quat Binding).

MORE ABOUT QUAT BINDING

Quaternary ammonium chloride (quat) is widely used in the commercial cleaning industry as a disinfectant and is the most widely used disinfectant in healthcare facilities. If used correctly, then they can be very effective at killing germs. Improper use of quats, however, can result in quat binding and reduce the disinfectant’s ability to kill germs. In a healthcare facility, quat binding is a concern because killing harmful germs is essential to infection prevention.

Quat binding means that the quat (chemical) attaches to the cleaning cloth and gets stuck there instead of killing germs on the surface it is supposed to be cleaning. The more the cloth is soaked or dipped in the quat solution, the more binding occurs. One study\(^4\) showed that after 10 minutes of a cotton cloth soaking in quat solution, the disinfectant applied to the surface contained only half the amount of quat listed on the label.

WHEN TO USE OTHER TYPES OF DISINFECTANTS

Accelerated Hydrogen Peroxide is effective against most pathogens found in healthcare facilities; however, some pathogens, such as TB (tuberculosis) and C. diff, are difficult to kill and may require a special cleaning product. Your Coverall Support Center team can support you in choosing an effective disinfectant for your medical facility customers.

With any disinfectant, proper dwell time is essential to achieve the kill claim listed on the label.

Cleaning Considerations in Healthcare Environments

Additional Safety and Personal Protective Equipment

In a medical facility, the blood and bodily fluids of ALL patients are assumed to be infected. **Standard Precautions** (previously called Universal Precautions) refers to the practice of avoiding contact with patients’ bodily fluids (blood, urine, etc.) through use of Personal Protective Equipment and other safety procedures. Universal Precautions became standard practice in the mid-1980s during the AIDS epidemic and was changed to Standard Precautions in the mid-1990s.

Depending on the medical environment, you and your employees may be required to use additional precautions when providing commercial cleaning services. You may also be required to prove annual recertification for Bloodborne and Airborne Pathogens training.

**WHAT IS A REDLINE OR BARRIER AREA?**

A redline or barrier area is the doorway leading from the non-surgical area into a sterile operating room. A redline might also exist at the doorway leading into an **isolation** area, where a patient is isolated (separated) because they have an infectious disease. Before crossing into the redline area, wear full surgical PPE. In a medical facility, take note of special areas such as redline areas and signs outside surgical areas. Full surgical PPE typically includes scrubs, shoe covers, hair net, gloves and face protection (shield or mask).

**Use of Disposable Microfiber**

Use of disposable microfiber towels and mop pads is required if C. diff is a possible pathogen because the bacteria does not wash out of regular microfiber. It may also be needed if there is a potential outbreak of a pathogen and everything must be thrown away instead of washed and re-used.

**Additional Floor Care**

Floor finish can quickly wear down in medical facilities. Each day hard floors get spilled on, scratched, nicked and dented. Iodine (Betadine) is commonly used in medical facilities and can stain floors. Without proper care, the finish can wear down so much that the base flooring becomes exposed and vulnerable to permanent damage. At that point, your customer has the choice of living with dirty-looking floors or finding the budget to repair or replace them.
Cleaning Considerations in Healthcare Environments

**Flood mopping** is a procedure for cleaning floors by “flooding” the floor with disinfectant solution, then permitting the proper dwell time before removing the solution. A dispense-and-vac system or auto-scrubber is commonly used for this procedure. Sodium bicarbonate (bicarb) solution, used in dialysis centers, is impossible to mop effectively, so a dispense-and-vac system or auto-scrubber is needed to remove it.

In healthcare facilities, a regular schedule of Scrub/Recoat and Strip/Refinish is highly recommended. Burnishing floors is often included in the Service Plan.

Recommended hard floor care program for medical facilities (additional Special Service)

- Burnish floors weekly (minimum)
- Scrub and Recoat quarterly
- Strip and Refinish annually

**What Does the Medical Staff Usually Clean?**

In healthcare environments, the staff (nurses, assistants, environmental services team, etc.) usually perform the following cleaning tasks as part of their normal routine. The tasks completed by the medical staff should be specified and agreed to during the sales process and walk-through.

**Medical equipment**

Medical equipment can be very expensive and require specific maintenance. The medical staff usually cleans machines and equipment, especially in a surgical suite or procedure room.

**Routine end-of-the-day staff cleaning**

Between cases (patients) and at the end of the day, the medical staff performs routine cleaning such as cleaning machines and equipment; wiping spills and bodily fluids; disposing of trash, biohazardous materials and sharps (needles or other sharp objects); disinfecting the exam table or chair; removing and replacing linens (gowns, table covers); and preparing the room for the next patient. OSHA requires them to properly clean up bodily spills, such as blood.

**Biohazardous trash**

Emptying biohazardous waste receptacles and sharps containers is typically done by the staff.
Cleaning Considerations in Healthcare Environments

1. When providing commercial cleaning services in a healthcare environment, be very aware of pathogens and take precautions to help __________ your exposure to disease.

2. Most medical facilities include general __________ areas that can be cleaned using the Coverall Core 4® Process.

3. The Coveral® Program uses hospital-grade disinfectants which have a broad __________ claim (the kinds of germs it kills) and a fast __________ time (the time it takes for the disinfectant to kill germs).

4. __________ binding means that the quat (chemical) attaches to the cleaning cloth and gets stuck there instead of killing germs on the surface it is supposed to be cleaning.

5. Standard Precautions (previously called Universal Precautions) refers to the practice of avoiding contact with patients’ __________ __________ (blood, urine, etc.) through use of Personal Protective Equipment and other safety procedures.

6. Depending on the medical environment, you and your employees may be required to use additional precautions when providing commercial cleaning services. You may also be required to prove __________ recertification for Bloodborne and Airborne Pathogens training.

7. Use of __________ microfiber towels and mop pads may be required if C. diff is a possible pathogen the bacteria does not wash out of regular microfiber. It may also be needed if there is a potential outbreak of a pathogen and everything must be thrown away instead of washed and re-used.
8. Iodine and betadine are commonly used in medical facilities and can stain floors. Sodium bicarbonate solution used in ________ centers also damages floors.

9. ________ _________ is a procedure for cleaning floors by “flooding” the floor with disinfectant solution, then permitting the proper dwell time before removing the solution. A dispense-and-vac system or auto-scrubber is commonly used for this procedure.

10. Between cases (patients) and at the end of the day, the medical staff performs routine cleaning such as cleaning machines and equipment; wiping spills and bodily fluids; disposing of trash, biohazardous materials and ________ (needles or other sharp objects); disinfecting the exam table or chair; removing and replacing linens (gowns, table covers); and preparing the room for the next patient.

Answer key: (1) reduce, (2) office, (3) kill, dwell, (4) Quat, (5) bodily fluids, (6) annual, (7) reusable, (8) dialysis, (9) Flood mopping, (10) sharps.
Introduction to Terminal Cleaning

Terminal cleaning is a cleaning procedure used in healthcare environments to help control the spread of infections in surgical suites (operating rooms), isolation rooms or other areas where pathogens may be present (such as MRSA), and possibly in dialysis centers, procedure rooms, clinics and other facilities.

Terminal cleaning is usually performed by a commercial cleaning company after the medical staff have completed their routine end-of-the-day cleaning.

Terminal cleaning is a specialized commercial cleaning procedure. Offering terminal cleaning can be a differentiator for your franchised business. While this class introduces terminal cleaning, it does not include hands-on instruction and certification. If you are interested in advanced training and certification, please contact your Coverall Support Center.

Simple, Medium and Hard Terminal Cleaning

Coverall Service Plans and bidding are based on the complexity of the customer's facility, among other factors. For example, if a customer's office is very cluttered, then the complexity generally increases, meaning the cleaning process typically takes more time.

The same is true of operating rooms that require terminal cleaning. Surgical suites or procedure rooms with a lot of equipment crowded into the space tend to take more time to clean than operating rooms with well-organized or sparse equipment. Also, the smaller the operating room, the harder it is to clean because there is no place to move equipment.
Introduction to Terminal Cleaning

Terminal Cleaning Procedure

Prepare for cleaning:

► Organize everything you will need for terminal cleaning so you do not have to go in and out of the operating room (past redline area).

► Put on surgical PPE before entering the redline area. Wear surgical PPE at all times while in the surgical suite/operating room, including scrubs, shoe covers, hair net, gloves, and face protection (shield or mask).

► Bring your equipment into the operating room.

► In surgical room unlock casters (wheels) and move all movable equipment and beds to one side of the room. NOTE: Confirm with customer which equipment should be moved and cleaned.

► Remove trash, then clean/disinfect receptacle and replace liner. Do not handle biohazardous waste.

Inspect and spot clean floor:

► Inspect entire floor for any blood or bodily fluids, iodine, etc.

► Pour some disinfectant on spots to prep the floor. Some spots, such as betadine, may require a special cleaning product. Allow proper dwell time before agitating or mopping spotted areas.

► Remove biohazardous debris from floors, following Bloodborne and Airborne Pathogens training, and put debris into red biohazardous trash or sharps container. Note that biohazardous debris and sharps should be removed by the medical staff as part of their cleaning responsibilities.

• Make note in the Coverall Log Book re: finding biohazardous debris or sharps on the floor or other surfaces as it is the customer's responsibility to remove them.

• Notify customer contact person if there is wet or visible blood or bodily fluid on floor or other surfaces. Note that a small amount of dried blood remnants is not uncommon and can be cleaned following the procedure taught in Bloodborne and Airborne Pathogens training.

Start disinfecting one side of the room:

► Start on the side of room with the least amount of equipment (all movable equipment should be on the other side of the room, if possible).

► Disinfect all surfaces using red microfiber (top to bottom/left to right) on empty side of the room. Apply enough solution to each pad to ensure dwell time. Change pads as they start to dry.
Introduction to Terminal Cleaning

Flood and clean floor:
► Flood floor with neutral disinfecting floor solution (preferred: auto-scrubber or dispense-and-vac system).
► Allow proper dwell time before vacuuming solution from floor.
► Recover all solution (preferred: auto-scrubber or dispense-and-vac system) and squeegee.
► After slurry is removed from floor, damp mop the floor using red microfiber pad and hospital-grade disinfectant.

Disinfect other side of the room:
► Moving to the other side of the room (where you moved the equipment is) start wiping (top to bottom including casters) equipment using hospital-grade disinfectant wipes or red microfiber towel. Change microfiber after each piece is wiped down.
► Disassemble surgical bed, move it and clean with hospital-grade disinfectant.

Move equipment back:
► Pour a small amount of disinfectant on the floor and move each clean piece of equipment through the solution to the clean side of the room to disinfect the casters.
► After all equipment cleaned and moved, repeat steps for the other side of the room, working your way out of the room.

Exit the operating room:
► Before you take your cleaning equipment out of the operating room, apply disinfectant to floor in hallway and move your equipment through it to disinfect the casters.
► After all surgical rooms are clean, disinfect your equipment before cleaning other areas of the facility.
► Remove all PPE used during terminal cleaning and dispose of it properly.
Planning for a Terminal Cleaning Service

Before you begin a terminal clean, look at a blueprint or layout of the medical facility and determine the most efficient cleaning plan, resources needed and time to clean. Identify the rooms that require terminal cleaning. For example, in the facility layout shown below, the procedure rooms, operating suites, pre-op and post-op areas require terminal cleaning, while the other areas can be serviced using the Coverall Core 4® Process:

The production rate for terminal cleaning is considerably slower than production rates for other commercial cleaning tasks. For example, a production rate of 150 (hard) to 350 (simple) square feet per hour is commonly used for bidding areas requiring a terminal clean. The slower production rate accommodates the detail, infection control, PPE requirements and tasks involved in the terminal cleaning procedure.
Introduction to Terminal Cleaning

Example using the surgical center facility blueprint (left):

► Frequency: 5x per week
► Total cleanable area: 14,000 square feet
► 3 Procedure Rooms require terminal cleaning: 224 sq. ft. each
  – Production rate: 350 sq ft per hr.
► 3 Operating Suites require terminal cleaning: 500, 450, and 340 sq ft
  – Production rate: 250 sq ft per hr
► Nurses station, lounge, offices, reception area, conference room (carpet): 3938 sq ft
  – Production rate: 3000 sq ft per hr
► All other areas (Core 4® Process): 8,100 sq ft
  – Production rate: 2160 sq ft per hr
► Restrooms: 16 fixtures, 2 showers
  – Production rate: 3 min per fixture

How long should it take to clean the facility?

Procedure Rooms:
  – 224 x 3 rooms = 672 sq ft
  – 672 sq ft / 350 sq ft per hr = 1.92 hours

Operating Suites:
  – 500 + 450 + 340 = 1,290 sq ft
  – 1,290 sq ft / 250 sq ft per hr = 5.16 hours

Nurses station, lounge, offices, reception area, conference room:
  – 3938 sq ft / 3000 sq ft per hr = 1.31 hours

All other areas (Core 4® Process):
  – 8100 sq ft / 2160 sq ft per hr = 3.75 hours

Restrooms:
  – 18 fixtures x 3 min per fixture = 1 hour

TOTAL: 1.92 + 5.16 + 1.31 + 3.75 + 1 = 13.14 hours per visit

Just for fun, what would the Regular Service gross monthly dollar volume be?

13.14 hrs per visit x 5 visits per week = 65.7 hours per week
65.7 hours per week x 4.33 weeks per month = 284.5 hours per month
284.5 hours per month x retail rate ($ per hour) = $___________ monthly RS
Introduction to Terminal Cleaning

Cleaning Procedures for Dialysis Patient Area and Lab

Cleaning a dialysis center generally includes Core 4® Process for office areas, restrooms and dialysis treatment areas, and terminal cleaning procedure for isolation rooms where patients with known harmful pathogens or diseases are dialyzed (treated).

Floors in patient treatment areas must be cleaned regularly with an auto-scrubber or dispense-and-vac system to clean sodium bicarbonate and other spills. Standard mopping is not effective for cleaning bicarb.

The Service Plan for a dialysis center will usually include more frequent disinfecting of horizontal and vertical surfaces than a standard general office. For example, treatment chairs, sinks, counters, and other high-touch points must be cleaned at each visit.

Cleaning a dialysis center is a specialized commercial cleaning service. While this class introduces the concept, it does not include hands-on instruction and certification. If you are interested in advanced training and certification, please contact your Coverall Support Center.

Introduction to Cleaning Floors in a Dialysis Treatment Area:

Unlock casters on moveable chairs and dialysis machines and move them away from the wall. Be careful not to disconnect the machines.

- Sweep debris to middle of the room. Sweep underneath chairs and machines. (Or, vacuum if the floor is dry.) Dispose of debris.
- Plug the drain with a stopper. Then, flood floor with neutral disinfecting floor solution (preferred: auto-scrubber or dispense-and-vac system).
- Use brush tool to agitate and move floor solution around floor to remove any bicarbonate that has been leaked onto floor.
- Allow proper dwell time before vacuuming solution from floor.
- Remove stopper from drain.
- Recover all solution (preferred: auto-scrubber or dispense-and-vac system) and squeegee.
- Rinse floor with flat mop and use a product, such as Revive plus SC; restore floor luster by burnishing the floor regularly.

Recommended Hard Floor Care Program for Dialysis Centers (additional Special Service):

- Burnish weekly (minimum)
- Scrub and Recoat quarterly
- Strip and Refinish annually
Introduction to Terminal Cleaning

1. Terminal cleaning is a cleaning procedure used in healthcare environments to control the spread of infections in __________ suites (operating rooms), isolation rooms or other areas where pathogens may be present (such as MRSA), and possibly in dialysis centers, procedure rooms, clinics and other facilities.

2. Terminal cleaning is usually performed by a commercial cleaning company after the __________ staff have completed their routine end-of-the-day cleaning.

3. Terminal cleaning is a specialized commercial cleaning procedure. Offering terminal cleaning can be a differentiator for your franchised business. While this class introduces terminal cleaning, it does not include hands-on instruction and certification. If you are interested in advanced training and certification, please contact your __________ __________.

4. Surgical suites or procedure rooms with a lot of equipment crowded into the space tend to take __________ time to clean than operating rooms with well-organized or sparse equipment.

5. Organize everything you will need for terminal cleaning so you do not have to go __________ and __________ of the operating room (past redline area).

6. Wear surgical PPE at __________ times while in the surgical suite/operating room, including scrubs, shoe covers, hair net, gloves, and face protection (shield or mask).
7. After all surgical rooms are clean, __________ your equipment before cleaning other areas of the facility.

8. The production rate for terminal cleaning is considerably __________ than production rates for other commercial cleaning tasks. For example, a production rate of 150 (hard) to 350 (simple) square feet per hour is commonly used for bidding areas requiring a terminal clean.

9. Cleaning a dialysis center generally includes Core 4® Process for office areas, restrooms and dialysis treatment areas, and __________ cleaning procedure for isolation rooms where patients with known harmful pathogens or diseases are dialyzed (treated).

10. The recommended hard floor care program for operating suites and dialysis treatment areas is: Burnish __________, Scrub and Recoat __________, Strip and Refinish __________.

Answer key: (1) surgical, (2) medical, (3) Coverall Support Center, (4) more, (5) in, out, (6) all, (7) disinfect, (8) slower, (9) terminal, (10) weekly, quarterly, annually.
Introduction to the Healthcare Market – Glossary

**AMA:** American Medical Association.

**Ambulatory Surgery Center (ASC):** A medical facility where day surgery or outpatient surgery is performed; patients typically do not stay overnight. The most common procedures performed in ASCs include colonoscopy, endoscopy, cataract surgery, biopsy and spinal injections.

**AORN:** Association of peri-Operative Registered Nurses.

**Bicarb (Sodium bicarbonate):** A solution used in dialysis that often leaks onto the floor and cannot be cleaned with standard flat mopping; use an auto-scrubber or dispense-and-vac system.

**Biohazardous trash:** Trash containing bodily fluids or items that might have bodily fluids on them and could spread illness or infection.

**Bodily fluids:** Blood, urine and feces are examples of bodily fluids that can contribute to the spread of illness and infection.

**CDC:** Centers for Disease Control and Prevention.

**Dialysis:** A medical procedure that cleans a person’s blood if their kidneys are not working correctly as a result of kidney disease, diabetes, high blood pressure or other conditions.

**Disposable microfiber:** Microfiber towels and mop pads that are thrown away after use; may be required if C. diff is a possible pathogen the bacteria does not wash out of regular microfiber.

**Dwell time:** The time it takes for a disinfectant to kill germs.

**Flood mopping:** A procedure for cleaning floors by “flooding” the floor with disinfectant solution, then permitting the proper dwell time before removing the solution. A dispense-and-vac system or auto-scrubber is commonly used for this procedure.

**Healthcare Associated Infections (HAIs):** Infections a patient gets while being treated in a medical facility for something else. For example, a patient goes into the hospital for knee surgery and gets a skin infection. Pneumonia, surgical-site infections (e.g., strep or staph infections), and gastrointestinal illnesses are common HAIs. Also called nosocomial (noz-o-co-mee-al) infections or Hospital-Acquired Infections.

**Infection control:** Controlling the risk factors that can lead to the spread of infection, a top priority for healthcare professionals.

**Isolation:** An area where a patient is isolated (separated) because they have an infectious disease.

**JCAHO:** Joint Commission on Accreditation of Healthcare Organizations.

**Kill claim:** The kinds of germs a disinfect claims to kill.
Medical staff: Doctors, nurses, assistants and others who work in a medical facility.

Near-patient surfaces: Tables, trays, bed rails and other surfaces near a patient in a medical facility.

Non-residential facility: A medical facility where patients do not stay overnight.

Nosocomial infections: Infections a patient gets while being treated in a medical facility for something else. See Healthcare Associated Infections.

OSHA: Occupational Safety and Health Administration.

Pathogen: Harmful bacteria, virus or other germ; cause illness and infection.

Patient outcome: Improving the health and wellness of a patient so the result (outcome) is good.

Quat binding: When a quat (chemical commonly used in disinfectants) attaches to the cleaning cloth and gets stuck there instead of killing germs on the surface it is supposed to be cleaning. The more the cloth is soaked or dipped in the quat solution, the more binding occurs.

Quats: Quaternary ammonium chloride (quats) is a chemical widely used in the commercial cleaning industry as a disinfectant and is the most widely used disinfectant in healthcare facilities.

Redline area: The doorway leading from the non-surgical area into the surgery suite (operating room). A redline might also exist at the doorway leading into an isolation area, where a patient is isolated (separated) because they have an infectious disease. Before crossing into the redline area, wear full surgical PPE.

Sepsis: An infection from harmful pathogens, usually from a wound or surgery.

Sharps: Needles or other sharp objects that must be disposed of (thrown away) in a designated sharps container.

Standard Precautions: The practice of avoiding contact with patients’ bodily fluids (blood, urine, etc.) through use of Personal Protective Equipment and other safety procedures. Previously called Universal Precautions.

Sterile environment: An environment (area) that is free of pathogens, such as an operating room. Redline areas are sterile environments.

Surgical PPE: Personal Protective Equipment for use in sterile or redline areas; typically includes scrubs, shoe covers, hair net, gloves and face protection (shield or mask).

Surgical suite: Operating room; a sterile environment.

Terminal cleaning: A specialized cleaning procedure used in healthcare environments to control the spread of infections.

WHO: World Health Organization.