



# Turnover to Terminal: Housekeeping Done Right

June 26, 2026



# Today's Speaker:



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ASC De Novo Development  
ASC Compliance And Operations  
Infection Control  
QAPI



# Learning Objectives



By the end of this session, participants will be able to:

- Describe **key components of environmental cleaning** in the ASC, including turnover and terminal cleaning processes.
- Identify how **nationally recognized guidelines and best practices** apply to housekeeping and infection prevention activities.
- Demonstrate **proper cleaning and disinfection techniques** to reduce the risk of infection and maintain a safe environment.
- **Evaluate current cleaning practices and develop strategies** for improvement within their role or department.



# Key Components of Environmental Cleaning



# Why Environmental Cleaning Matters

## ***Environmental cleaning = patient safety***

- Connection between surfaces and infection transmission
- “Clean” vs. “disinfected”

**ASCs are  
high-risk  
(per ICRA)**

- high-touch environments
- rapid turnover
- vulnerable patients
- complex equipment
- shared spaces



# Understanding Turnover Cleaning

Cleaning and disinfection performed **between patients/procedures** to prepare the room safely for the next patient.

Focuses on high-touch surfaces, equipment, and immediate contamination removal.

- Cleaning between every patient/procedure
- Time pressures vs. safety priorities
- Team responsibilities during turnover



# What is *Terminal* Cleaning?

A more **thorough end-of-day cleaning and disinfection** of the OR and surrounding areas, including surfaces and equipment not typically addressed during rapid turnovers.

- Areas commonly missed
- Importance of consistency and documentation
- Entire floor, including under furniture



# High-Touch Surfaces

OR bed controls and side rails

Mayo stands and anesthesia carts

Door handles and light switches

Computer keyboards and phones

Waiting room and restroom surfaces



# Understanding Scheduled Cleaning

Establish and implement a cleaning and disinfection schedule weekly and monthly.

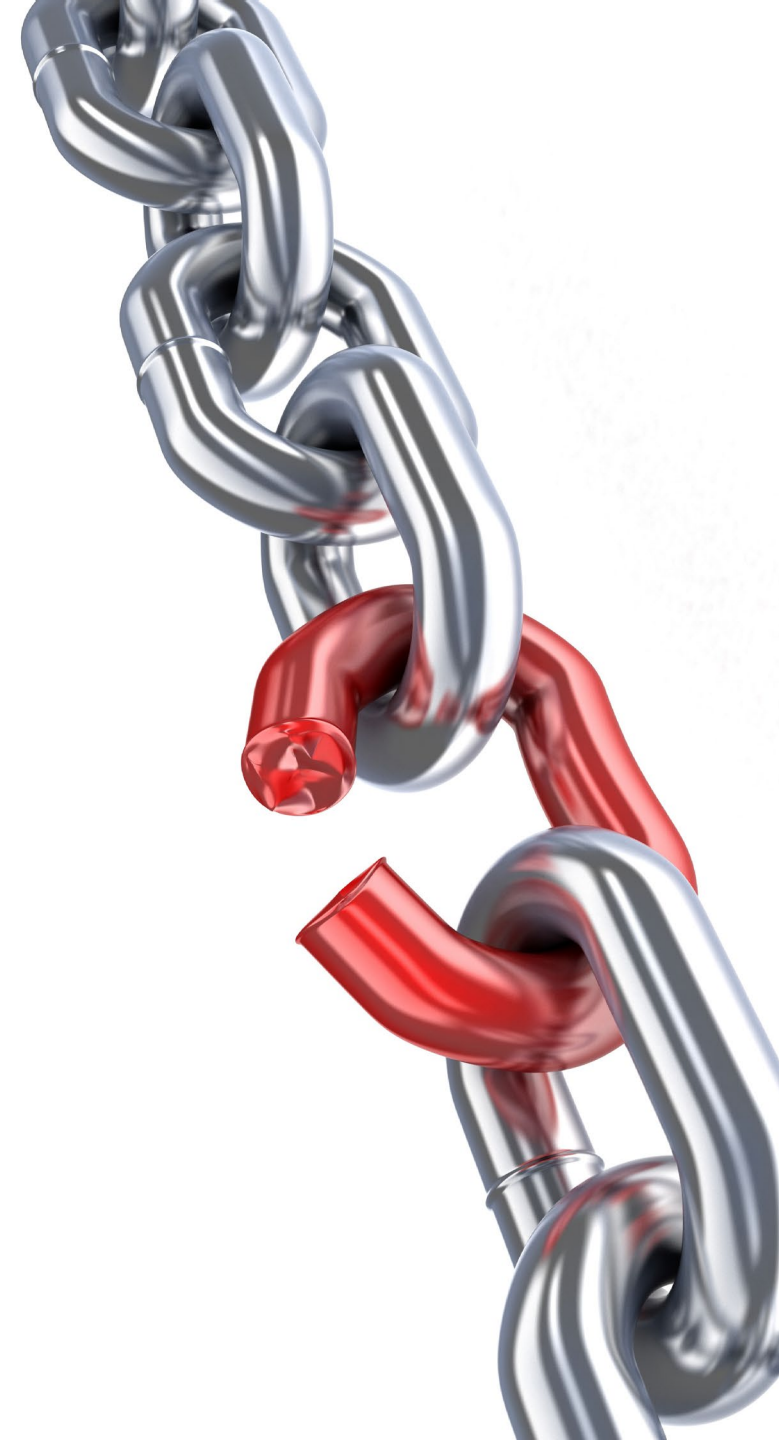
HVAC, water systems, ice machines.

- storage areas
- cabinets, shelving, drawers, and storage bins
- corridors, including stairwells and elevators
- walls and ceilings
- privacy curtains
- floor mats
- sterilizers and loading carts
- lounges, waiting rooms, locker rooms, bathrooms, offices
- janitor's closet



# Common Cleaning Breakdowns

- Wiping instead of disinfecting
- Contaminated gloves
- Incorrect contact times
- Dirty mop heads and reusable supplies
- Missed surfaces during rapid turnover
- Lack of role clarity among staff
- Damaged surfaces
  - mattresses, positioning devices



# Construction, Repairs, and Disasters

Before	During	After
<ul style="list-style-type: none"><li>• Perform an Infection Control Risk Assessment (ICRA) before construction, renovation, repair, demolition, or disaster response activities.</li></ul>	<ul style="list-style-type: none"><li>• Use cleaning and disinfection measures to control dust and reduce contamination risks.</li><li>• Maintain strict dust control when patient care areas remain operational.</li></ul>	<ul style="list-style-type: none"><li>• Verify air pressure differentials after construction is completed.</li><li>• Perform terminal cleaning before reopening affected areas.</li><li>• Clean ventilation ducts, vents, and grilles and replace air filters after construction.</li></ul>



# Construction, Repairs, and Disasters After flooding or water intrusion

- Secure the area and assess patient safety.
- Initiate remediation with facilities and infection prevention teams.
- Resume operations only after successful remediation and terminal cleaning.
- Dry unaffected surfaces within 72 hours.
- Replace damaged materials that cannot dry within 72 hours.
- Perform terminal cleaning when condensation is present on surfaces.



# Pest Prevention

- Prevent pest infestations by:
  - Removing food
  - Properly containing biological waste
  - Keeping doors and windows closed
- If infestation persists, consult a credentialed pest control specialist.
- Perform terminal cleaning after the infestation is resolved.

Pests can spread **harmful** and drug-resistant microorganisms.



# Enhanced Environmental Cleaning

Cleaning and disinfection of surfaces that extends **beyond routine cleaning and disinfection** and is performed after the care of a patient who **is infected or colonized with a multidrug-resistant organism**.



# Nationally Recognized Guidelines and Best Practices



# Who Makes the Rules?

CDC, OSHA, AORN, APIC Guidelines	Accrediting Organizations	CMS Expectations
<ul style="list-style-type: none"><li>AORN has new Environmental Hygiene guidelines (April 2026)</li></ul>	<ul style="list-style-type: none"><li>AAAHC</li><li>JC</li><li>QUAD A</li><li>ACHC</li><li>DNV</li></ul>	<ul style="list-style-type: none"><li><b>§416.50(f) Standard:</b> Privacy and Safety. The patient has the right to – (2) Receive care in a safe setting.</li><li><b>§416.51(a) Standard:</b> Sanitary Environment. The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.</li><li><b>Exhibit 351:</b> ASC Infection Control Surveyor Worksheet</li></ul>



# Understanding MIFUs

MIFUs are ***NOT*** optional.

Surveyors expect MIFU compliance.

- Contact times
- Compatible surfaces, equipment
- Wet time requirements



# Standard Precautions and Cleaning

- PPE selection during cleaning
- Blood and body fluid cleanup
- Safe handling of waste and linens
- Hand hygiene during environmental services work
- Cross-contamination prevention



Regulated medical waste must be placed in closable, leak-proof containers or bags that are properly labeled or color coded for easy identification as potentially infectious waste.



# Best Practices for Disinfectants

- EPA-registered and hospital-grade disinfectants
- Safety Data Sheets (SDSs)
- One-step cleaner/disinfectant products
- Proper dilution and storage
- Expiration dating
- Labeling secondary containers
- Avoid spray bottles



# Survey Readiness and Documentation

*What surveyors are looking for...*

Staff competency validation

Cleaning logs and documentation

Consistency between policy and practice



# Real-Life Examples of Deficiencies

- ✗ Staff wipe surfaces dry immediately after applying disinfectant
- ✗ Expired disinfectant bottle found on anesthesia cart
- ✗ Staff could not explain required contact time
- ✗ Dirty mop stored in clean supply room
- ✗ Blood spill cleaned without proper PPE
- ✗ Unlabeled disinfectant bottles found in procedure room
- ✗ High-touch surfaces missed during turnover observation
- ✗ Staff wearing contaminated gloves while using computer
- ✗ Cleaning logs completed, but practices did not match
- ✗ Surveyor asked for MIFUs and staff could not locate them



# Proper Cleaning and Disinfection Techniques



# The Correct Cleaning Sequence



Clean  
before  
disinfecting



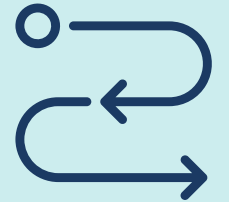
Work from  
clean to  
dirty



High to low  
cleaning  
approach



Avoid  
recontam-  
ination



Importance  
of workflow



# Proper Disinfection Technique

## Contact / Wet Time



The amount of time a disinfectant must remain visibly wet on a surface to properly kill the germs listed on the product label.

- How much disinfectant is enough?
- One wipe vs. multiple wipes
- Drying vs. wiping dry
- Surface compatibility concerns
  - Protective barriers (touchscreens, keyboards)



# Cleaning Equipment and Supplies

- Microfiber favorable vs. cotton cloths
- Mop management
- Disposable vs. reusable supplies
- Storage of cleaning equipment
- Preventing contaminated supply carts



Whole room decontamination systems may be utilized as a supplemental measure to support manual cleaning and disinfection processes



# CDC Laundry Guidance for Healthcare Settings

- Handle soiled linen as little as possible
- Do not shake contaminated linens
- Bag linen at point of use
- Use leak-resistant bags if wet
- Wear appropriate PPE when handling laundry
- Keep clean and dirty linen separated
- Protect clean linen during storage/transport
- Follow textile, detergent, and machine MIFUs
  - water temperatures of at least 160°F (71°C) for a minimum of 25 minutes
- Maintain dirty-to-clean workflow patterns
- Clean laundry carts and storage areas routinely



# Operating and Procedure Rooms

- Damp dust horizontal surfaces at the start of the day
- Clean and disinfect after each case
- Clean and disinfect the floor and walls when visibly/potentially soiled
- Terminally clean each day



# Sterile Processing Department (SPD)

- Damp dust horizontal surfaces daily
- Terminally clean each day
  - Ideally during downtime



# Preop and PACU Areas

- Clean and disinfect after each patient has left the area
  - Used items and fixed equipment
- Clean and disinfect the floor, walls, and curtains when visibly/potentially soiled
- Terminally clean each day



# PPE and Staff Safety

- Gloves and eye protection
- Exposure prevention
- Sharps and waste handling
- Chemical safety basics
- Ergonomics and injury prevention



# Hands-On Training Scenarios

- Mock OR turnover
- Blood spill response, “Spill Drill”
- Identify 10 missed high-touch surfaces in a staged room
- Practice proper disinfectant contact time using a timer
- MIFU scavenger hunt
- Cross-contamination demonstration using glow powder/lotion



# Cleaning A Spill

**1**

Apply an EPA-registered disinfectant that is effective against bloodborne pathogens (HIV, hep B) to the spill.

**2**

Soak up the spill with an absorbent material (i.e., lint-free towel, absorbent gel) and discard it.

**3**

Clean and disinfect the surface.



# Evaluation of Current Cleaning Practices and Strategy Development





# Identifying Gaps in Current Practice

- Observation-based audits
- Staff feedback
- Repeat problem areas
- Time and workflow barriers
- Communication breakdowns



# Using Audits and Monitoring Tools

- Infection Preventionist / Control Coordinator's responsibility
- Competency checklists
- Environmental rounds
- Housekeeping logs
- Trend tracking over time through QAPI



## ***Optional:***

- ATP testing overview
- Fluorescent marker monitoring



# Building a Culture of Accountability

- Shared ownership of cleanliness
- Encouraging reporting of concerns
- Leadership involvement
- Coaching vs. punishment
- Celebrating improvement successes

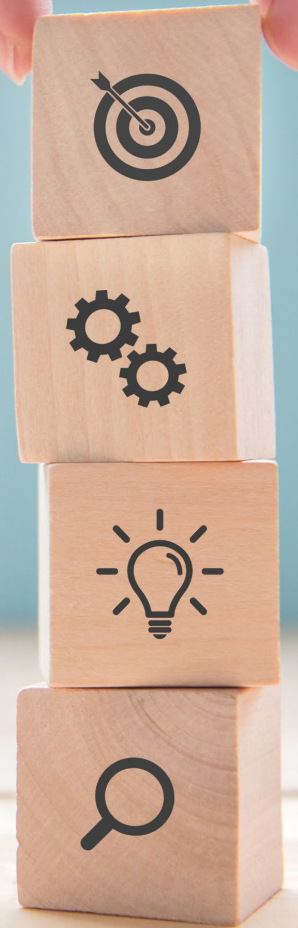
*What is one thing you're fixing today?*

*drop in the chat!*



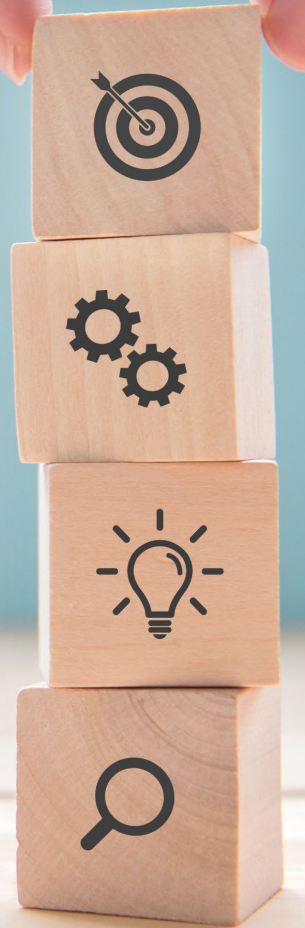
# Strategies for Improvement

- Standardized workflows, policies, and procedures
- Improved room setup and organization
- Clear role expectations and accountability
- Stronger communication between departments
- Staff education, retraining, and competency validation



# Strategies for Improvement

- Use of checklists and standardized tools
- Department-specific goals and performance expectations
- Daily focus on continuous improvement
- Creating sustainable habits and workflows
- Ongoing monitoring and follow-up plans



# Key Takeaways

- Clean does not always mean disinfected.
- Contact time matters.
- High-touch surfaces are commonly missed.
- Fast turnovers increase infection risk.
- Environmental cleaning is everyone's responsibility.



# Key Takeaways

- MIFUs must be followed every time.
- Dirty cleaning tools spread contamination.
- Surveyors watch real-time cleaning practices.
- Consistency matters more than speed.
- Infection prevention lives in the details.



# Education > My CE Courses

Available to  
eSupport  
Members

*CE Course: Housekeeping in the ASC*

*CE Course: Infection Control 1 | The Basics*

*CE Course: Infection Control 2 | In the ASC*



PROGRESSIVE SURGICAL eSupport

HOME ESUPPORT EDUCATION FORUM

Completed Enrolled Completed

Report Abuse delete

ABUSE IDENTIFICATION ADVANCE DIRECTIVES ANNUAL TRAINING

HOUSEKEEPING IN THE ASC  
CE Course

Completed Enrolled Completed

CARDIAC RHYTHM MONITORING IN THE ASC CULTURAL SENSITIVITY CUSTOMER SERVICE

INFECTION CONTROL 1 THE BASICS  
CE Course  
Infection Control

DEPARTMENT OF TRANSPORTATION

Completed Enrolled Enrolled Enrolled

INFECTION CONTROL 2 IN THE ASC  
CE Course  
Infection Control



# eSupport > Risk Assessments

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## Infection Control Risk Assessment ICRA Audit Tool



HOME ESUPPORT EDUCATION

### RISK ASSESSMENTS

Care is transitioning to being more risk assessment based. A risk assessment helps facilities look at the p areas specific to a plan/protocol/procedure/policy. When the risk areas are identified, possible effects of are determined and then priorities and strategies are put into place. Follow-up is specified to assist the managing their priorities and strategies.

### RISK ASSESSMENT REQUIREMENTS

- Equipment/Medical Equipment (JC)
- Facility Building and Category (All facilities - per 2012 NFPA Life Safety Code)
- Fire Safety (JC)
- Handling of Hazardous Materials and Waste (JC)
- Hazard Vulnerability Analysis (All facilities)
- Infection Control (All facilities)
- Operating Room "Wet" Area Risk Assessment (All facilities)
- Safety and Security for People (JC)
- Tuberculosis (All facilities)
- Utilities (JC)
- Surgical Site Fire Risk Assessment (for each patient where alcohol-based surgical prep is used)

CLICK LINKS BELOW TO DOWNLOAD

- Equipment/Medical Equipment
- Facility Building and Category
  - Policy: Determining Physical Environment Risk Category
  - Facility Building and Category EXAMPLE
- Fire Safety
- Hazardous Materials and Waste

**INFECTION CONTROL RISK ASSESSMENT RISK PRIORITY SCORE TOOL**

	Probability of Occurrence				Risk Impact			How ready are you with internal response time, staff and supplies?			Risk Priority Score		
	High	Med	Low	None	Death, Financial, Legal, Regulatory	Permanent Harm	Temp Harm	None	Poor	Fair		Good	None
Natural Disasters	3	2	1	0	3	2	1	0	3	2	1	0	3
Communicable Diseases	1	1	1	0	1	1	1	0	1	1	1	0	1
Influenza	1	1	1	0	1	1	1	0	1	1	1	0	1
COVID-19	1	1	1	0	1	1	1	0	1	1	1	0	1
Prep. Behav	1	1	1	0	1	1	1	0	1	1	1	0	1
Top 5 communicable diseases	1	1	1	0	1	1	1	0	1	1	1	0	1
Geographical Risk	1	1	1	0	1	1	1	0	1	1	1	0	1
Community Disease	1	1	1	0	1	1	1	0	1	1	1	0	1
Population Risk	1	1	1	0	1	1	1	0	1	1	1	0	1
Age >65	1	1	1	0	1	1	1	0	1	1	1	0	1
Surgical Site Infection	1	1	1	0	1	1	1	0	1	1	1	0	1
MRSA	1	1	1	0	1	1	1	0	1	1	1	0	1
C-diff	1	1	1	0	1	1	1	0	1	1	1	0	1
RASS	1	1	1	0	1	1	1	0	1	1	1	0	1
Risk of Person-to-Person	1	1	1	0	1	1	1	0	1	1	1	0	1
Incomplete implementation of CDC Hand Hygiene Guidelines	1	1	1	0	1	1	1	0	1	1	1	0	1
Appropriate cleaning and disinfection of clinical contact surfaces	1	1	1	0	1	1	1	0	1	1	1	0	1
Proper treatment (Processing)	1	1	1	0	1	1	1	0	1	1	1	0	1
Staff development	1	1	1	0	1	1	1	0	1	1	1	0	1
No Infection Control training for staff	1	1	1	0	1	1	1	0	1	1	1	0	1

**INFECTION CONTROL RISK ASSESSMENT**

Area/Issue/Topic	Current Status	Desired Status	Gap (Describe)	Action Plan & Evaluation	Priority
<b>Geographic Risks</b> Natural disasters such as insidious winter storms or earthquakes that might impact infection control activities in the ASC.	• No natural disasters required a change in operating hours or patient care needs.	• No changes	• N/A	• Ensure contingency plan is in place to include patient and staff notification of reduced or cancelled services • Ensure Backup power supply	1
<b>Communicable Disease</b> Active surveillance of ASC Department of Health Communicable Disease Reporting Exposure to Communicable diseases	• Current status shows the top five reportable diseases are: <b>Chlamydia, Gonorrhea, Syphilis, and Lyme Disease</b> based on most recent data (2015) from the public health department. Due to our scope of care, these are not of immediate concern. The ASC does not admit patients with any known communicable disease. The ASC has protocols in place of what to do if a patient presents with a suspected communicable disease.	• Ensure top 5 communicable diseases are known and precautions in place as needed. Upon hire and annually staff is educated on standard precautions.	• N/A	• Continue annual review of communicable disease reporting policy and protocols	1
<b>TB</b>	• The ASC is low-risk facility for TB as outlined in the TB Risk Assessment two-step TB test conducted upon hire.	• Conduct TB risk assessment annually and audit two-step TB test annually. Upon hire and annually staff is educated on standard precautions.	• N/A	• Continue to conduct TB risk assessment annually and adjust policies as needed.	2
<b>Influenza</b>	• Influenza vaccine offered and declination rates tracked.	• Flu vaccine compliance goal of 95%.	• Staff not aware of the value of influenza	• Staff and patients are made aware of aware	4



# eSupport > Infection Control > Environmental Sanitation

Terminal Cleaning Log - Daily  
Terminal Cleaning Log – Monthly

Available to  
eSupport  
Members



HOME ESUPPORT E INQUIRY HELP

## INFECTION CONTROL: ENVIRONMENTAL

### HOUSEKEEPING

Housekeeping policies and procedures should be developed to keep your facility clean to protect your patients. A good rule of thumb, whenever considering what must be cleaned into contact with a patient must be cleaned after each patient use. All horizontal surfaces in the Operating Room should be wiped down between each patient and a terminal clean should be performed every day of surgery. It is important to keep a log for documented proof of facility cleanliness. Environment monitoring should be done regularly to ensure proper upkeep and that your housekeeping contractor are following your policies and procedures. This monitoring should be done through your QAPI Committee to the Medical Advisory Committee and Governance Committee.

See examples of Daily Housekeeping Log and Physical Environment Checklist below.

[CDC Guidelines for Environmental Infection Control in Healthcare Facilities \(Section E\)](#)

### SCRUB LAUNDERING

AORN no longer recommends home laundering of scrubs (2010). Linen should be laundered by a commercial laundry company. As part of the company's contract documentation, the linen contractor should provide their laundry policies and procedures.

[Healthcare Laundry Accreditation Council Facilities](#)

[CDC Guidelines for Environmental Infection Control in Healthcare Facilities \(Section G\)](#)

In February, 2018, The Association of periOperative Registered Nurses (AORN) met with a task force comprised of the American College of Surgeons, American Society of Anesthesiologists, Association for Professionals in Infection Control and Epidemiology, Association of Surgical Technologists, and The Joint Commission to discuss the body of the evidence on surgical attire. Read the joint statement below.

The image shows two overlapping forms for terminal cleaning logs. The top form is a 'Terminal Cleaning Log - Daily' with a grid for tracking cleaning activities over a 31-day period. The bottom form is a 'Terminal Cleaning Log - Monthly' with a grid for tracking activities over a 12-month period. Both forms include instructions and a list of cleaning tasks to be performed.



# eSupport > Policies & Procedures > Human Resources

Job Description - Housekeeper  
Competency Assessment - Housekeeper

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Members



HOME ESUPPORT ▾ EDUCATION ACCOUNT ▾ HELP ▾

## HUMAN RESOURCES | JOB DESCRIPTIONS

- 📄 Description of Physical Demands
- 📄 JD - Administrator
- 📄 JD - Charge Nurse
- 📄 JD - Clinical Director
- 📄 JD - Housekeeper
- 📄 JD - Infection Control Coordinator
- 📄 JD - Instrument Technician
- 📄 JD - LPN, LVN
- 📄 JD - Medical Records Clerk
- 📄 JD - OR Registered Nurse
- 📄 JD - OSHA Coordinator
- 📄 JD - QAPI Risk Management Coordinator
- 📄 JD - Surgical Technologist

## HUMAN RESOURCES | COMPETENCY

- 📄 Competency Assessment - Conscious Sedation
- 📄 Competency Assessment - Housekeeping
- 📄 Competency Performance Assessment - Clinical Director
- 📄 Competency Performance Assessment - Housekeeper
- 📄 Competency Performance Assessment - LVN LPN

Position Title: Housekeeper  
Reports to: Clinical Director

**JOB DESCRIPTION**  
Page 1 of 2

Serves as support personnel to facilitate a smooth transition between surgical procedures, assisting providers and other personnel as needed, assisting nursing staff in the maintenance of a clean environment, and other collateral duties.

**MINIMUM REQUIREMENTS**  
Education/Experience/Licenses/Certification: All employees must be able to work in the United States.

**SKILLS/KNOWLEDGE/ABILITY**  
Interpersonal: Above average communication skills to assure an effective competency of practice.  
Critical Thinking: Ability to assess and solve problems.  
Knowledge: Aseptic and sterile technique.  
Machines, Equipment, Work Aids: Standard medical equipment.  
Physical Demands/Work Environment: Specific to this position.

**ESSENTIAL COMPETENCIES**  
Housekeeping  
• Demonstrates knowledge of aseptic technique.  
• Cleans ORs and sterile areas.

**COMPETENCY BASED PERFORMANCE ASSESSMENT**  
NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_  
HOUSEKEEPER

COMPETENCY	SCORE	COMMENTS
1. Demonstrates knowledge of clean vs. sterile environment and the duties required to maintain this environment.	4	Consistently fails to meet position requirements. Performance clearly below minimum requirements. Immediate improvement required.
2. Cleans ORs and sterile areas at the beginning of the workday, between cases and terminally after cases finish, according to the sanitization policy.	3	Occasionally demonstrates competent performance. Frequently meets job requirements within established standards.
3. Removes used and suction canisters, linens and gauze at the end of cases, using appropriate PPE.	4	Frequently exceeds job requirements, all planned objectives were achieved above established standards.
4. Prepares hazardous waste management by separating the hazardous waste into containers for disposal.	4	
5. Prepares hazardous waste management by separating the hazardous waste into containers for disposal.	4	
6. Prepares hazardous waste management by separating the hazardous waste into containers for disposal.	4	
7. Prepares hazardous waste management by separating the hazardous waste into containers for disposal.	4	
8. Cleans stretchers weekly according to manufacturer's and AORN guidelines.	4	
9. Cleans stretchers weekly according to manufacturer's and AORN guidelines.	4	
10. Cleans stretchers weekly according to manufacturer's and AORN guidelines.	4	
11. Cleans stretchers weekly according to manufacturer's and AORN guidelines.	4	
12. Removes malfunctioning equipment from area and reports malfunction to appropriate person.	4	
13. Cleans janitor's closet and maintains housekeeping supplies.	4	







Additional questions?  
Would you like to learn more?  
**Let's dive deeper. Contact us today!**



CONTACT US:

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# Thank you



# CE Credit

VMG Health is approved by the California Board of Registered Nurses, Provider #17841 and BASC, Provider #1016.



<b>RN</b>	1 CE Contact Hour
<b>CASC</b>	1 AEU
<b>CAIP</b>	1 IPCH



Complete Course  
Evaluation sent  
via email by  
**Friday,  
July 24**



Allow up to 2 weeks  
to process your  
certificates



Any questions  
regarding CE Credit,  
contact Customer Support

[support-asc@vmghealth.com](mailto:support-asc@vmghealth.com)





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The **leading**  
online membership for  
ASC nurse leaders who want  
to run a compliant, efficient,  
and profitable ASC **with confidence.**



less

RUNNING AN ASC CAN BE OVERWHELMING





# Join our *Private* Facebook Group

A place to **connect**, **support**,  
and **network** with other ASC  
managers all over the country.






# 2026 WEBINAR CALENDAR



# Upcoming Webinars

DATE		CE	WEBINAR TOPIC	SPEAKER
JULY 27	20		<b>AI in ASC Revenue Cycle Turning Denials and Claims Data into Automation</b>	<b>Hanes Singh</b> <i>CEO, DocVocate</i>
AUG 28	60	RN, CASC	<b>ASC Emergency Preparedness: How to Conduct Meaningful Drills &amp; Exercises</b>	<i>Dale Lyman, CFPS</i> <i>Telgian Engineering and Consulting</i>
SEP 28	20		<b>Maximizing Performance: Implementing KPI-Based Bonus Programs</b>	<b>Nancy Stephens</b> <i>VMG Health</i>
OCT 30	60	RN, CASC	<b>ASC Coding and Reimbursement Challenges</b>	<b>Kirk Mack, COMT, COE, CPC, CPMA</b> <i>VMG Health</i>