

Environmental Hygiene Terminal (Quarterly/Discharge/Transfer) Skills Checklist

Date Observed: _____ Observer: _____

Employee Observed: _____

Process Measures Terminal Environmental Hygiene Tasks	Compliance	Comments/Actions Taken
Detergent/disinfectant solution mixed according to manufacturer's instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Solution in wet contact with surfaces according to manufacturer's instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clean, saturated cloth used in each room (do not use spray bottles)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Solution in bucket changed every 3 rd room and when debris is visible in bucket	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities of EVS personnel (e.g., bed, bed rails, furniture) and nursing (infusion pumps, respiratory therapy equipment, etc.) delineated and understood	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Isolation instruction signage (gowns, gloves, and/or masks) followed, when applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tasks Performed		
Vent covers (high and low)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ceiling/Wall light fixtures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Television front/back, cables, vent, cabinet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wall mounted monitors, cables, vent, cabinet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ledges, blinds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Privacy curtains changed; rods dusted	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bed frame, bed rails, head/foot boards, springs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mattress (top/bottom/sides)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Television control, nurse call control, bed controls	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Night stand (inside and outside)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Locker (inside and outside), shelves	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Over bed table (inside and outside)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bed and other furniture moved	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Baseboards behind bed and night stand	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical outlet panel, oxygen/suction valves	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bathroom (shower, toilet, sink, grab bars, mirror, spot walls, nurse call control)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Floors damp dust and mop	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vacuums HEPA filtered; bags changed when 2/3 full	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other equipment/furniture cleaned/disinfected	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Broken, torn or malfunctioning equipment reported	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Equipment cleaned, maintained and stored appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Carpet/upholstered furniture (according to policy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Waste Receptacles emptied, cleaned, relined	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Needle box replace, if 2/3 full	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nursing cleans/disinfects critical equipment (infusion pumps, monitors, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Adapted from Guide to the Elimination of Methicillin-Resistant *Staphylococcus aureus* (MRSA) in Long-Term Care Facility, 2009; published by the Association for Professionals in Infection Control and Epidemiology, Inc.