**COMPETENCY VALIDATION TOOL**

**Competency: Patient Room: Discharge Cleaning**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SERVICE: \_\_\_\_EMS\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: Environmental Technician**

 **Evaluator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  ***ASSESSMENT METHOD*** **D**=***Direct Observation* V**=***Verbalization*** **O=*Other: Manufacturer/Subject Matter Expert/ In-Service Training*** **W**=***Work Results/Skills Demonstration*** |

  **Method Comments Initials**

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| --- | --- | --- | --- |
| **1**. Perform proper hand hygiene. Check isolation placard. Don Proper PPE.  |  |  |  |
| **2.** Do a general inspection; turn in any property (medications, valuables, patient belongings) to nursing staff immediately. Check clip board for PII/PHI: if present give to HUC. Ensure the IV pole is stripped of any medications, if not request nursing staff to strip. Place loose trash and linen in the proper receptacles. |  |  |  |
| 3. Scan room for items to be thrown away: blue tourniquet bands, white (soft)blood pressure cuffs, misc. one time use items, anything missed by nursing staff. Remove trash (do not replace with a liner yet). |  |  |  |
| 4.Check sharps container; remove and replace if over half full. |  |  |  |
| 5. Remove room and bathroom curtains (if isolation room, visibly soiled, or room being prepped as a transplant clean) |  |  |  |
| **6.** High Dust (Vents, lifts/railings, sprinklers, backs of TV’s, tops of shelves) |  |  |  |
| **7.** Create a clean space to put things as you go: either the window ledge, the bedside table or both. |  |  |  |
| 8. Bed**:** Useappropriate EPA approved solution; disinfect head and footboards. Clean top, sides, bottom of mattress, bed carriage- top side and back side, side rails, frame, lower parts of bed frame, pedals, casters. |  |  |  |
| 9. Clean and disinfect all furniture and equipment. (Chairs, bedside tables, IV pumps, garbage receptacles, linen hampers, etc.) |  |  |  |
| **10.** Begin at room entrance, work from top to bottom and in either a clockwise or counterclockwise direction, clean and disinfect the entire “perimeter” of the room: (door handles, call buttons, lanyards, televisions, lights, switch plates, doors, corner plates, closets, drawers, soap/purell dispensers, mirrors, blinds, waste receptacles, dedicated equipment, sinks, etc.). |  |  |  |
| **11.** Bathroom: Working from high to low, cleanest to dirtiest, disinfect entire sink apparatus, mirror, soap and paper dispensers, walls, handrails, pull cords, shower fixtures and walls, equipment, toilet, and entire flushing apparatus (handle, neck, bedpan cleaner, waste receptacles)  |  |  |  |
| **12.** Remove PPE and perform hand hygiene. Then: Place liners in trash cans, and a clean linen bag in the hamper. Restock paper and soap products.  |  |  |  |
| **13.** Make bed according to Ward/Area protocol. |  |  |  |
| **14.** Hang new privacy and shower curtains (if needed). |  |  |  |
| **15.** Dust mop the room, starting at the furthest point from the door and working your way out. |  |  |  |
| **16.** Place wet floor signs at the door; Starting at the furthest point from the door, begin mopping floor, using an “S” or figure 8 method and moving in the direction of the floor grain. Move bed over the half-way point of the room, then back when ready to do the other side of the room; ensuring the entire floor is mopped. Re-charge mop and mop bathroom floor. |  |  |  |
| 17. Stage all furniture/equipment in proper places. |  |  |  |
| **18.** Notify nursing staff of room completion, per area protocol. |  |  |  |

***Comments:***

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Environmental Technician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Signature Title Date

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**\*** Validator Signature Title Date

**Re-Training (If Required)**

Re-education Method Used (check) Demonstration\_\_\_\_\_ Procedure Review\_\_\_\_\_ Policy Review\_\_\_\_\_

 Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revalidation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Revalidation Rating \_\_\_\_\_\_\_

Environmental Technician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Competency Validator Signature: Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_