

Room Turnover

Definition: Cleaning and disinfection to be performed after a patient leaves the exam room to ensure the room does not pose a risk for spreading infectious disease to the next patient and specify the scope of practice expected from policy [1201.09-worksite-cleanliness-for-infection-prevention-and-control.pdf](#)

★ Procedure for cleaning:

- Staff and clinicians will use hospital-approved disinfectant wipes for cleaning
- Oxivir instructions for use requires wet (contact) time of **at least 1 minute (meaning the surface must stay wet for 1 minute)**, or per manufacturer recommendations if other products used.
- Allow to air dry, do not wipe the product off.

★ Routine Cleaning for sick visits: Outpatient Settings

- After each patient visit, Medical Assistant aka MA (or assigned delegate) will wipe down exam table, patient contact surfaces of exam chairs, provider chair, provider desk, computer, keyboard and mouse, door knobs, and sink's hot and cold knob/handles.
- MA (or assigned delegate) will wipe down any additional horizontal surface (e.g. window ledges), if present at least once each shift, or after departure of a patient requiring contact and droplet or airborne and contact precautions.
- Any visibly soiled surfaces will be cleaned immediately by MA or other assigned delegate following appropriate precautions for potential exposure to blood or other body fluids.

★ Equipment Cleaning

- MA (or assigned delegate) will wipe down any in-room equipment for patient use that is not removable including, but not limited to, otoscope, ophthalmoscope, box and cords, thermometer, standing scales, exterior of sharps container, hearing screening devices, and vision screening devices/material
- MA (or assigned delegate) will wipe down portable patient equipment prior to storing the equipment again (e.g. oximeter, nebulizer, blood pressure cuffs, hearing screening devices, vision screening devices/material).
- MA (or assigned delegate) will wipe down any shared corridor equipment for patient use (e.g. infant scale, standing scale, hearing screening devices, vision screening devices/material) between patient uses, or at least once per shift.
- Clinicians will wipe down any personal, in-room equipment for patient use that is portable (e.g. stethoscope, handheld otoscope/ophthalmoscope, laptop computer) in accordance with the equipment's IFU after each use.