

ROOM 6 CLEANING PROCEDURE - UPDATED 8.19.2020

Purpose: To provide a clean treatment room for patients, clients and staff.

Materials:

- Disposable gloves
- Prepared disinfectant (clorox spray / Preempt RTU cleaner)
- Clean bucket / mop with floor cleaner
- Glass Cleaner
- Cleaning cloths

Cleaning Procedure & Steps:

- 1. Do a risk assessment of room**
 - a. Determine risk of exposure to germs and the Personal Protective Equipment (PPE) required for the task.
 - b. Wear the correct PPE to safely do the job (if needed)

- 2. Remove dirty items from room**
 - a. Put any litter into garbage
 - b. remove used garbage bag for patients items/clothes
 - c. Roll up linens from the room (sheets, face cradle cover, pillow cover, towels) and take to the dedicated space for dirty laundry.
 - d. Change shirt, wash hands

- 3. Bring cleaning supplies back to room**
 - a. Spray massage table, stool, chair, face cradle holder, face cradle, vinyl pillows with Spirit disinfectant.
 - b. Commence cleaning checklist and wipe down everything on list with clorox wipes/spray disinfectant.

- 4. Finish up cleaning room**
 - a. Spot clean around head of table, patient's chair, therapists desk
 - b. Spot Clean Mirror behind chair

- 5. Resetting Room**
 - a. Take cleaning supplies to back room, Wipe down handles of cleaning supplies
 - b. Wash hands thoroughly
 - c. Take clean sheets and reset the room.
 - d. Complete checklist for time period.

- 6. End of Day Set up - Last Treatment for day**
 - a. Perform thorough cleaning of table base, chair legs, hepa filters, hot caddy
 - b. Mop floors

ROOM 6 DISINFECTING PROCEDURE - UPDATED 8.19.2020

I am currently using **PREEMPT RTU cleaner** and **CLOROX DISINFECTANT** between appointments in Room 6. **PREEMPT RTU** disinfectant is required to remain wet on surfaces for 30 seconds before wiping, **CLOROX** spray cleaner needs 30 seconds of contact on surfaces.

Patient Use Area:

- Chair (incl legs)
- Bin for patient belongings
- Coat hooks on wall
- Cell charging tray
- Tray for patient's items

Therapist's High-touch Surfaces:

- Laptop, tablet, phone, square payment device
- Hepa Filters (2)
- Hot Cabby - Outside
- Hot Cabby - Inside (if used)
- Aroma Diffuser
- Oil bottle(s)

Massage Table Area:

- Massage table
- Massage table headrest
- Table legs near headrest
- Face cradle
- Stool (incl. handle and legs)
- Floor around head of table (spot clean)

Miscellaneous Surfaces

- Edges of sliding door & handle
- Cervical pillows, full-size pillows
- Cabinet Handles
- Sink & faucet
- Counter & Items (misc bottles & tray)
- Light switch, Lamp base and switch
- Any other surfaces touched by the RMT or the patient during the preceding treatment

Deep Cleaning at End of Day

- Floor moped (moped at start of day)
- Wipe tops of Cabinet, edges of shelves
- Wipe mirrors

ROOM 6 DAILY CLEANING CHECKLIST - UPDATED 8.19.2020

DATE: _____

First Treatment Time: _____

NAME: _____

Last Treatment Time: _____

COVID-19 SELF CHECK

	RMT	PT1	PT2	PT3	PT4	PT5	PT6
<input type="checkbox"/> Day of Appt. COVID-19 pre-screen complete							
<input type="checkbox"/> 24 hr prior COVID-19 pre-screen complete	-----						
<input type="checkbox"/> Patient Wore Mask While Supine	-----						
<input type="checkbox"/> Patient Wore Mask While Prone (or cloth barrier)	-----						
<input type="checkbox"/> Therapist Wore Mask during Treatment							
<input type="checkbox"/> COVID-19 Digital Consent form Complete	-----						

ROOM 6 CLEANING CHECKLIST - TO BE COMPLETED BETWEEN PATIENTS

	TX1	TX2	TX3	TX4	TX5	TX6
<input type="checkbox"/> Time of Cleaning Post Treatment	__:__	__:__	__:__	__:__	__:__	__:__
<input type="checkbox"/> Patient Use Area						
<input type="checkbox"/> Massage Table Area						
<input type="checkbox"/> Therapist High Touch Areas						
<input type="checkbox"/> Misc. High Touch Surfaces						
<input type="checkbox"/> HEPA Filters on high to clear air b/w tx						
<input type="checkbox"/> Mask and Shirt Changed post tx						

END OF DAY DEEP CLEANING CHECKLIST

NOTES FOR THE DAY:

<input type="checkbox"/> WIPE DOWN ELECTRONICS/EQUIPMENT		
<input type="checkbox"/> MOP ENTIRE FLOOR		
<input type="checkbox"/> WIPE LEGS OF STOOL & CHAIR		
<input type="checkbox"/> WIPE DOWN ALL LEGS OF MASSAGE TABLE AND DOORS		
<input type="checkbox"/> WIPE TOPS OF CABINETS		
<input type="checkbox"/> WIPE MIRRORS, HARD SURFACES		
<input type="checkbox"/> WIPE DOWN SINK AREA		