12-15-25 Weekly Clinical Update

With this celebratory season, always comes a spike in viruses and infections…everything from norovirus to COVID outbreaks (which is already occurring), influenza and the increase in the number of MDROs, either actual or potential requiring Enhanced Barrier Precautions (EBP). In one of the entries this week in the LTC National Infection Prevention Forum, there was a discussion of "terminal cleaning". Uh oh! It's different from day-to-day cleaning? Yep! Terminal cleaning—also known as discharge cleaning or deep cleaning—refers to the thorough disinfection and preparation of a resident's room after they have been removed from isolation procedures including EBP, discharged, transferred, or passed away. This process goes beyond routine daily cleaning to eliminate pathogens, reduce the risk of cross-contamination, and create a welcoming, safe environment for the next occupant.

Terminal cleaning is not just a best practice; it's a regulatory requirement under guidelines from bodies like CMS and CDC. It plays a critical role in preventing healthcare-associated infections (HAIs), such as those caused by Clostridium difficile (C. diff), MRSA, COVID or norovirus. There are five main reasons terminal cleaning is essential:

- Infection prevention related to elimination of pathogens that routine cleaning might miss
- Resident safety by reducing allergens, dust, and hazards that lead to respiratory issues
- Operational efficiency by preparing rooms as quickly as possible for re-admission in an efficient manner
- Regulatory compliance by aligning Appendix PP into the facility's processes
- Risk management to avoid negligence claims in lawsuits for negligence, neglect or wrongful death

Terminal cleaning should be methodical, using only EPA-registered disinfectants and following a structured protocol and it absolutely includes appropriate training and competency testing to ensure all appropriate staff have not only the supplies, but the knowledge to perform the task appropriately and safely.

Terminal cleaning should be performed by trained staff wearing appropriate PPE, including gloves, gowns, masks, and eye protection. Use an intermediate-level disinfectant, like a ready-to-use sporicidal bleach solution, which is effective against tough pathogens like C. diff spores. Work in a systematic manner. For example, clockwise or counterclockwise around the room to avoid missing spots. Clean from high to low (ceiling to floor) and from clean to dirty areas to prevent cross-contamination.

One suggestion would be to review/revise (if necessary) your policy/procedure and your return-demonstration competency testing tool to ensure it is current with evidence-based best practices including:

1. **Preparation for Procedure**
    a. Gather Equipment and remember, any equipment/products taken into room must not be returned to use.
    b. Review Protocol and any/all checklists available
    c. Check all sanitizing labels to ensure they meet all requirements
        i. If mixing solutions, ensure appropriate, approved mixing processes are followed
        ii. Ensure all "wet contact time" is followed with all cleaning processes
    d. Perform hand hygiene and don PPE per protocol prior to entering room, each time you leave the room and prior to re-entering room and upon completion of the terminal cleaning protocol
2. **Prepare the Room and Remove Waste:**
    a. Remove and discard any remaining nursing supplies in the room even if the supplies are unopened, so avoid "over-stocking" rooms.
    b. Remove all waste and soiled linens, bagging them securely for disposal or laundering according to facility protocols.
3. **Handle Curtains and Supplies:**
    a. Remove and replace privacy and shower curtains, to avoid harboring bacteria/pathogens.
    b. Clean all blinds with sanitizing solution and replace any broken, torn or damaged blinds
    c. Replace the glove box to ensure fresh, uncontaminated supplies.
4. **High Dusting:**

    a. Complete high (damp with sanitizing solution) dusting of ceilings, light fixtures, vents, and other elevated surfaces to remove accumulated dust and debris.
5. **Methodical Cleaning and Disinfection:**
    a. Clean and disinfect the room systematically (clockwise or counterclockwise) to ensure nothing is missed.
    b. Focus on doors, walls, baseboards, and ceilings.
    c. Clean and disinfect all items on walls, such as resident's personal items in room, shelves, artwork, or medical equipment mounts.
    d. Wipe down all furniture and surfaces, including window sills, tabletops, and chairs.
    e. Clean windows inside and out to remove smudges and potential contaminants.
6. **Bed and High-Touch Areas:**
    a. Clean and disinfect the bed and surrounding area, including the headboard, footboard, frame, and mattress (if applicable).
        i. If mattress has tears or weakened areas, replace mattress
    b. Pay special attention to high-touch items like call lights, light switches, remote controls, door handles, and bed rails. Don't forget to disinfect any cords, which can easily transfer germs.
7. **Restroom Cleaning:**
    a. Thoroughly clean and disinfect the restroom, including the toilet, sink, shower/tub, mirrors, floors, and grab bars. Use the disinfectant liberally on all surfaces and allow adequate "wet contact" time as per product instructions.
    b. Always work from cleaner to dirtier areas
8. **Final Steps Before Replenishing:**
    a. Remove PPE and perform hand hygiene to avoid spreading contaminants.
9. **Replenish and Reset the Room:**
    a. Replenish supplies such as soap, paper towels, hand sanitizer, gloves, and toiletries.
    b. Make up the bed with clean linens.
    c. Hang new or freshly cleaned privacy and shower curtains.
10. **Floor Cleaning:**
    a. Remove soiled PPE, perform hand hygiene, don clean PPE prior to cleaning floor
    b. Dust mop the floor to remove loose debris, then wet mop corner-to-corner using a disinfectant solution, following manufacturer "wet contact" time.
    c. Allow the floor to dry completely before reoccupancy.
11. **Quality Assurance:**
    a. Consider using ATP (adenosine triphosphate) testing to verify cleanliness. This bioluminescence-based tool measures organic residue on surfaces, providing objective data on disinfection efficacy. If levels are high, reclean the area.
12. **Documentation:**
    a. Document cleaning in facility log noting date, time, staff involved and any issues encountered

Throughout the process, follow "wet contact" times specified on the manufacturer's label for the disinfectant (typically 5-10 minutes for bleach-based products) to ensure pathogens are fully neutralized.

Evidence-based best practices and considerations include:

- Training and Protocols:
    - Staff should receive regular training on terminal cleaning procedures followed by return-demonstration competency testing and including proper use of hand hygiene, proper PPE use and chemical handling
    - The Infection Control Committee, facilitated by the Infection Prevention and Medical Director should develop a comprehensive checklist to standardize the process based on solid infection prevention and control standards and product manufacturer recommendations.
- Frequency and triggers:
    - Staff should perform terminal cleaning immediately after a resident vacates the room or EBP or isolation protocols are terminated.

- Special cases:
    - For rooms occupied by resident with highly contagious infections including but not limited to COVID-19, C-diff or norovirus, consider using enhanced protocols such as UV light disinfection or fogging as adjuncts.
- Team Coordination:
    - Involve the Infection Preventionist, environmental services, and nursing to ensure interdisciplinary knowledge and cooperation and seamless execution.
- Audits and Feedback:
    - Regular post-cleaning audits should be completed by the Infection Preventionist, and the Director of Environmental Services for feedback to staff to improve processes but remember, these processes should be for education purposes, not "fault-finding" purposes. ATP testing, as mentioned previously, may be a valuable tool for ongoing quality assurance and performance improvement.

Resources:

https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.80 (Current as of December 2025).

https://www.law.cornell.edu/cfr/text/42/483.80.

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

https://www.ahcancal.org/News-and-Communications/Blog/Pages/CMS-Posts-Updated-Appendix-PP.aspx

https://cmscompliancegroup.com/nursing-homes-skilled-nursing/som-appendix-pp-4-25-2025/

https://www.cms.gov/files/document/revised-long-term-care-ltc-surveyor-guidance-significant-revisions-enhance-quality-and-oversight-ltc.pdf?

https://www.hhs.gov/guidance/document/revisions-state-operations-manual-som-appendix-pp-2

https://www.cdc.gov/infection-control/hcp/environmental-control/index.html

https://www.cdc.gov/infection-control/media/pdfs/guideline-environmental-h.pdf