



Clinic Cleaning and Disinfection Checklist - Monkeypox Care

Monkeypox virus can be spread via contact, droplet, and airborne route.

It requires close skin to skin contact, or contact with fomites such as linens, clothing, and items such as swabs used during specimen collection that have had close contact with the lesions.

There is a potential for monkeypox virus to be present in body fluids such as stool and urine, so care needs to be taken when emptying urinals and bedpans to avoid splash.

If the patient provides information at the check-in that they have a rash, have had close contact with someone known to have monkeypox or have other risk factors, they should go directly to the isolation exam/treatment room.

- Wear required PPE when performing cleaning and disinfection (gloves, gown, face shield, N95 respirator).
 - Shoe covers are optional and can be considered. If used, shoe covers are doffed when leaving the room.
- 1 person should perform the cleaning, while another follows the checklist to ensure all surfaces were disinfected.
- Only use hospital approved disinfectant wipes.
- Clean all visible contamination from surfaces using a hospital approved disinfectant wipe.
- When disinfecting, apply friction to facilitate the removal of bioburden.
- Don't use the hospital approved disinfectant wipes on more than one checklist item i.e., don't wipe the chair and then the countertop with the same wipe. Use only 1 wipe per item.
- Ensure the disinfectant stays wet on the surface being disinfected for the specified contact time.
- Perform "S" mopping. Mop the entire perimeter of the area first. Then begin mopping at the edge of the area next to the wall. Continue to mop in an "S" fashion in wide swaths with each pass overlapping the last until you have mopped the entire area. Keep the entire surface of mop head in contact with the floor while mopping.



Date: ___/___/___ Time __: __

Name of person performing the cleaning: _____

Name of person following the checklist: _____

Once the patient has been identified and placed in isolation: Determine the route the patient took to enter the facility and perform cleaning and disinfection on all surfaces the patient may have come in contact with. <i>Perform this in a manner that does not cause alarm to other patients i.e., don't make it obvious cleaning is occurring to only areas where the patient touched by cleaning all chairs in the waiting room etc...</i>	Check when performed
Front door handle or areas where the door may have been pushed to open it	
Sign-in area including pens if applicable	
Desk counter	
Barrier shield at desk	
Chair including arm rests, back and legs. If the chair has fabric components, wipe with a non-bleach disinfectant wipe)	
Stair rails	
Elevator buttons if applicable	
Dispose of magazines if patient used any	
Coffee/ drink station if applicable	
Vending machine buttons and tray if applicable	
Waste if the patient used it: see waste guidance below	
Toilet if used by the patient	
Screening/Vitals Room	
Door handle or areas where the patient may have pushed the door open (if opened by staff: no need to disinfect)	
Chair including arm rests, back and legs. If the chair has fabric components, wipe with a non-bleach disinfectant wipe. Consideration should be given to changing the seat to a fully cleanable one	
Blood pressure cuff. Consideration should be given to changing to disposable cuffs	
Thermometer	
The platform of the weight scale (also other areas the patient touched)	
Floor (damp mop followed by wet mop using S method, see below)	
Any other item the patient may have touched	
If the patient used the public restroom:	
Door handle, push areas on the door (inside and outside)	
Toilet seat	
Toilet (commode)	
Water tank	
Toilet flush handle	
Urinal if applicable	
Sink and faucets	
Mirror	
Paper towel holder	
Toilet paper holder	

Soap dispenser	
Waste: see waste guidance below	
Floor (damp mop followed by wet mop using S method, see below)	
Isolation Room	Check when performed
<i>Some areas to clean and disinfect in the treatment room includes areas not touched by the patient i.e., computer keyboard; this is because the care provider may inadvertently contaminate surfaces, or they can be contaminated via droplet transmission.</i>	
Door handle or areas where the patient may have pushed the door open (if opened by staff: no need to disinfect)	
Counters	
Cupboard handles	
Chair(s)	
Computer keyboard	
Computer mouse	
Exposed cords	
Entire examination table (change out paper cover if present)	
Monitoring equipment	
Other equipment used	
TV remote	
Telephone	
Floor (damp mop followed by wet mop using S method, see below)	
Call light	
Dispose of disposable items that are exposed into red biohazard bag i.e., tissue box	
Privacy curtains:	
<i>Privacy curtains are considered low risk for contamination, as they are not likely to come in contact with the patient. It is recommended to keep the curtain tucked away unless necessary. If used, follow this guidance:</i>	
If used, and they did not come into contact with the patient, they can be sprayed with hospital approved disinfectant and allowed to dry	
In the rare circumstance the curtain comes into contact with the patient it should be taken down and placed in a red biohazard bag	
Restroom	
<i>Consideration should be given to avoiding the patient using the public restrooms by providing them with a bedside commode, disposable urinal, or bedpan if needed.</i>	
Door handle, push areas on the door (inside and outside)	
Toilet seat	
Toilet (commode)	
Water tank	
Toilet flush handle	
Urinal if applicable	
Sink and faucets	
Counters	
Mirror	
Paper towel holder	
Toilet paper holder	
Soap dispenser	

Trash can: see waste guidance below	
Paper towel holder	
Floor (damp mop followed by wet mop using S method, see below)	
Bedside commode if applicable (consider placing a bed pan in the bucket for easy cleaning:	
Carefully empty contents into the public toilet by pouring slowly and close to the water line to avoid any splash (follow the guidance for cleaning the toilet without needing to clean and disinfect the entire restroom)	
Wipe the commode bucket with disposable towels till dry and clean as needed	
Disinfect the commode bucket with hospital approved disinfectant wipes	
Disinfect the frame and seat with hospital approved disinfectant wipes	
Allow to dry before reassembling and following the normal process for terminal cleaning	
Disposable urinals and bedpans:	
Carefully empty contents into the public toilet by pouring slowly and close to the water line to avoid any splash (follow the guidance for cleaning the toilet without needing to clean and disinfect the entire restroom)	
Dispose of the vessel into a red biohazard bag without cleaning first	
Waste (includes all areas where waste is generated during care of the patient)	
Bag all waste in red biohazard bags	
Close bags using the balloon knot or gooseneck method. <i>This 2-minute video demonstrates both methods:</i> https://youtu.be/fyqpSi9mg7U	
Place waste in red biohazard bins or a cardboard box designed for the purpose of transporting biohazard waste	
Close the lid to the box	
The box can be collected as per normal procedure for biohazard waste	
Vacuuming carpets	
<i>Vacuuming is considered low risk for contamination. It is recommended to use a brushless vacuum cleaner equipped with HEPA filtration</i>	
All vacuuming should be done at the end of the day	
Persons performing the vacuuming should wear respiratory protection i.e., procedure mask or N95	
Persons emptying the dust canister should do it in a way to minimize aerosolization of contents by emptying it gently and close to the container it is being emptied into and in an area free from blowing air i.e., no fans blowing towards them	