



Non-hospital Medical and Surgical
Facilities Accreditation Program

ACCREDITATION STANDARDS

Environmental Cleaning
Program and Non-Clinical
Areas

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Introduction

A comprehensive and effective environmental cleaning program is essential to providing and maintaining a safe, clean and hygienic environment for patients and staff.

The environmental cleaning expectations of non-hospital facilities are set out in the following four accreditation standards:

- *Environmental Cleaning Program and Non-Clinical Areas*
- *Environmental Cleaning of Operating/Procedure Rooms and Sterile Core*
- *Environmental Cleaning of Pre- and Post-anesthesia Care Areas*
- *Environmental Cleaning of the Medical Device Reprocessing Department*

These standards reflect provincial and national standards, guidelines, and best practices for environmental cleaning of healthcare settings and were developed in consultation with a qualified infection prevention and control (IPAC) professional and epidemiologist. The cleaning schedules specified in this standard set the minimum requirements for all non-hospital facilities and reflect standards, guidelines and best practice for environmental cleaning of health-care settings and/or the expertise of a qualified IPAC professional utilizing the risk stratification matrix premised on typical non-hospital operations and a less susceptible (i.e. healthy) patient population.

As these standards outline all the steps and considerations for a comprehensive and effective environmental cleaning program, non-hospital facilities should find these standards useful in developing and updating their environmental cleaning program including their policies, procedures and checklists.

Non-hospital facilities are required to be in conformance with all four of the environmental cleaning standards.

Environmental cleaning program and non-clinical areas

No.	Description	Reference	Risk	Change	Asmt.
EVS1.0	ENVIRONMENTAL CLEANING PROGRAM AND NON-CLINICAL AREASS				
EVS1.1	<p>Infection prevention and control (IPAC) activities are supported through an established environmental cleaning program.</p> <p>Guidance: Optimal environmental and equipment cleaning practices are supported through trained staff and the development of a comprehensive cleaning program which covers who is cleaning (roles and responsibilities), what needs to be cleaned (rooms, equipment), how to clean and disinfect (products to use, methods), when to clean and disinfect (frequency), and resources to track cleaning (checklists, log with name/date). Evaluation of the environmental cleaning program to ensure effective cleaning and currency in practice is also an integral component of an optimal cleaning program.</p>				
EVS1.1.1	<p>M There is a regulated health professional responsible for overseeing the environmental cleaning services (EVS) program.</p> <p>Guidance: The person responsible for overseeing the program will depend on the size, scope and complexity of the facility. This role/responsibility is identified on the organizational chart. In facilities where the only regulated health professional is the medical director, then the medical director is responsible.</p>	4, 5	M	NEW	P, F
EVS1.1.2	<p>B The regulated health professional EVS program lead is qualified through education, training and experience.</p> <p>Guidance: The level of IPAC training and education required by the EVS program lead depends on the size, scope and complexity of the facility. In multi-service facilities, the EVS lead should have formal training and education in EVS and/or they should be supported by a qualified IPAC professional (i.e. a certified IPAC professional is on retainer).</p>	4, 5	B	NEW	F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.1.3	<p>M The EVS program has is a written environmental cleaning plan for each non-clinical and clinical area/room of the facility.</p> <p>Guidance: The environmental cleaning plan outlines the who, what, when, where and how to clean and disinfect each distinct area of the facility and the non-critical medical equipment within each of these areas. This plan should be developed by a trained and certified health-care environmental services individual in collaboration with the facility's EVS lead and other clinical leads such the IPAC lead, the OHS lead, surgical services and/or MDRD leads. As the cleaning methods and frequency vary by area (i.e. OR, PACU, MDRD, Reception, Examination rooms) and the probability of contamination (which is affected by such things as: the number of people who flow through the space, vulnerability of individuals, activities that take place, and the type of equipment being used), the cleaning plan, and education/training should be tailored to meet needs for each area.</p>	2	H	NEW	P, F
EVS1.1.4	<p>M The EVS program outlines the education, training and competency monitoring requirements for all staff involved in environmental cleaning.</p>	2	H	NEW	P, F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.1.5	<p>M The EVS program outlines the cleaning products, tools and equipment selection process.</p> <p>Guidance: Effective cleaning and disinfection requires the correct cleaning equipment/tools paired with a compatible chemical solution. A standardized process to select the most effective, safe, environmentally friendly and cost-effective product combinations promotes optimal cleaning. Equipment and supplies designed for residential use are not used. Cleaning equipment, including microfiber cloths and mop heads, are designed for professional, health-care use and sourced through a health-care vendor. If reusable environmental textiles are used, a colour-coded system is recommended (e.g. red microfiber cloth for washrooms) The selection process should involve an interdisciplinary group (e.g. environmental cleaning supervisor, EEC lead, IPAC lead and OHS lead). Every effort should be made to limit the number of products in use. Using a single hospital disinfectant that meets all of the facility's cleaning and disinfection needs is preferred. Using multiple disinfectants in a facility increases the risk of error and inadequate disinfection.</p>	2, 4, 5	H	NEW	P, F
EVS1.1.6	<p>M The EVS program outlines the quality control and auditing process.</p> <p>Guidance: Quality control checks (i.e. daily, weekly or monthly focused observations) ensure all areas of the facility are visibly clean. Clinical staff and/or leads may be used to conduct quality control checks. In addition, bi-annual environmental cleaning audits are conducted to evaluate the program's effectiveness and identify any shortcomings by monitoring performance against benchmarks for acceptable cleaning performance and other key performance indicators such as transmission and exposures. Any identified deficiencies should be documented and all improvements to correct these recorded.</p>	2	M	NEW	P, F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.1.7	<p>M The EVS program includes discussion and reporting of quality control and auditing data.</p> <p>Guidance: Environmental cleaning program audits are conducted, and results reviewed at the occupational health and safety committee meetings and/or at staff meetings by the environmental services lead. Quarterly reviews of the audit reports and corrective actions are recorded in the minutes of the Occupational Health and Safety Committee meetings and formally acknowledged by the environmental services lead (i.e. report signed and dated), or recorded in staff meeting minutes.</p>	2	M	NEW	F
EVS1.1.8	<p>M The EVS program is reviewed and evaluated annually, at a minimum, and areas for improvement are identified.</p> <p>Guidance: Assessing the EVS program identifies risks, trends and quality improvement needs and ensures environmental cleaning best practices and standards are being maintained. Key performance indicators may include such measures as health-care infection rates (staff and patients), number of exposures to hazards (such as blood and body fluids), results of cleaning quality assurance audits and staff environmental cleaning competency and practice audit rates. Evaluation also includes annual review of EVS program policies, procedures and checklists.</p>	2, 4	M	NEW	F
EVS1.1.9	<p>M The EVS program review and evaluation is documented.</p>		L	NEW	F
EVS1.1.10	<p>M The EVS program includes discussion and reporting of matters through the facility's Infection Prevention and Control program.</p> <p>Guidance: The facility's IPAC program includes discussion and reporting of IPAC matters at staff meetings and through the facility's Occupational Health and Safety Program. See the NHMSFAP's Infection Prevention and Control Program accreditation standard.</p>	2, 9	M	NEW	F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.1.11	<p>M The EVS program completes an evaluation of any new, evolving or no-touch cleaning and disinfection technology before its implementation.</p> <p>Guidance: New and evolving technology is technology which, while used by some, is not in general use or a 'generally accepted' technology for use in health care and/or medical-surgical facilities. This currently includes various types of no-touch disinfection such as vapor, mist or ultraviolet systems. Before any new, evolving or non-touch cleaning and disinfection technology is implemented, it must be evaluated by a certified IPAC professional and there must be written sign-off/approval from the certified IPAC professional that the new technology is appropriate for use at the facility and the areas of the facility where it is appropriate to use the new technology. Relying on a Health Canada medical device licence and/or vendor opinion does not satisfy this requirement.</p>	2, 4, 5, 11	H	NEW	F
EVS1.2	Staff with environmental cleaning duties are provided with appropriate supervision and support.				
EVS1.2.1	<p>B EVS staff are supervised by a person who is certified in health-care environmental cleaning management.</p> <p>Guidance: The supervisor should have completed a formal training program, hold a current certification, and have demonstrated knowledge and competence in environmental cleaning and health-care cleaning standards for the areas they are supervising (i.e. non-critical, semi-critical, critical and medical device reprocessing). Organizations which provide courses and certification in environmental cleaning and management in health care include the Canadian Association of Environmental Management, the Ontario Health-Care Housekeepers' Association and Clean Learning®.</p>	2, 4, 5	B	NEW	F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.2.2	<p>M There are sufficient staff to perform effective cleaning.</p> <p>Guidance: EVS staffing levels must be sufficient for personnel to effectively clean and disinfect the areas they are responsible for and at the required frequencies. Some factors to consider when determining EVS staffing levels include whether personnel have other responsibilities in addition to cleaning (e.g. medical device reprocessing, stocking), case volume, the age, design and size of the facility (i.e. larger and/or older facilities take more time to effectively clean), personnel training and experience and product and equipment factors (i.e. ready-to-use products vs. products that require dilution). In larger facilities and/or facilities with frequent case turnover, a model where there are dedicated environmental cleaning staff is preferred.</p>	4, 5	H	NEW	F
EVS1.3	<p>Staff have the necessary training, experience and competency to effectively clean.</p> <p>Guidance: Environmental cleaning in health-care training may be developed and provided by the facility; although, formal training through a recognized third-party provider is preferred.</p>				

No.	Description	Reference	Risk	Change	Asmt.
EVS1.3.1	<p>M Environmental cleaning staff have completed formal training in health-care cleaning.</p> <p>Guidance: The Canadian Hospital Environmental Services Study (CHES) published in the American Journal of Infection Control demonstrates that training of environmental cleaning personnel is a critical prerequisite to effective cleaning. The training may be developed and provided by the facility although a recognized training program, such as the online national certification course through the Canadian Association of Environmental Management (CAEM) is preferred. Staff who are responsible for cleaning and disinfecting the facility including clinical staff who are responsible for turn-over, discharge and terminal cleaning are required to have completed a formal training program. Clinical staff who perform cleaning and disinfecting of non-critical equipment only are not required to complete a formal training program. Evidence of completion of formal training in health-care cleaning is maintained in the individual’s human resources file.</p>	2, 4, 5	H	REVISED	P, F
EVS1.3.2	<p>M The formal training program in health-care cleaning has a standardized curriculum.</p> <p>Guidance: The curriculum of any in-house training program needs to include handling of mops, cloths, cleaning equipment, cleaning and disinfection of public spaces, clinical care areas, specialized areas (e.g. ORs, MDRD), floor care and washroom care, appropriate workflow, cleaning and disinfection of blood and body fluids, handing and application of cleaning agents and disinfectants, waste handling, techniques for cleaning and/or disinfection of surfaces and items in the health-care environment, proper use and care of personal protective equipment and WHMIS training relating to the use of cleaning agents and disinfectants. If formal training is provided in- house, a copy of the training curriculum is on file. A standardized curriculum is assumed if the training program is provided by a recognized organization such as the Canadian Association of Environmental Management (CAEM).</p>	2, 5	M	NEW	P, F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.3.3	<p>M The formal training program in health-care cleaning assesses competency to validate learning.</p> <p>Guidance: The in-house training program assesses each learner's competency following training completion. The competency assessment utilizes standardized assessment tools. Documentation of competency is maintained in the individual's human resources file. Competency assessment following training is assumed if the training program is provided by a recognized organization such as the Canadian Association of Environmental Management (CAEM).</p>	2	M	NEW	P, F
EVS1.3.4	<p>M Competency assessments of all staff with environmental cleaning duties are conducted upon hire, as part of orientation.</p>	2, 4	H	NEW	P, F
EVS1.3.5	<p>M Competency assessments of all staff with environmental cleaning duties are conducted annually at a minimum and as needed.</p>	2, 4	H	NEW	F
EVS1.3.6	<p>M Competency assessments use standardized assessment tools and mirror the conditions of the working environment.</p> <p>Guidance: Competency assessments are to include observation of individual performance during actual "in real-time" cleaning duties.</p>	4, 5	L	NEW	P, F
EVS1.3.7	<p>M Individuals with the appropriate education, qualifications and experience conduct the competency assessments.</p> <p>Guidance: The medical director, in collaboration with the EVS in-house lead, is responsible for defining the education, experience and qualifications of the individuals performing competency assessments and practice audits. The assessor should have demonstrated competence in the knowledge and skills that are subject to the competency assessment (i.e. Lead or consultant in the practice area).</p>	4, 5	M	NEW	P, F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.3.8	<p>M Competency assessments are documented, and the results shared with staff.</p> <p>Guidance: Competency assessments are shared with the staff member and maintained in the individual's human resource file along with any corrective action plans and follow-up assessment(s) verifying competency following education and training.</p>	4	L	NEW	P, F
EVS1.4	<p>External providers of environmental cleaning services are in conformance with current standards and best practices for health-care environmental cleaning.</p> <p>Guidance: Facilities that use contracted environmental cleaning services are accountable for ensuring that the contractor complies with health-care environmental cleaning standards. Utilizing in-house environmental cleaning personnel keeps facilities in better control over the quality of the cleaning and is preferred.</p>				
EVS1.4.1	<p>M The medical director is responsible for ensuring any contracted environmental cleaning services are in conformance with current standards and best practices for health-care environmental cleaning.</p> <p>Guidance: Consultation with a certified IPAC professional is recommended in the decision-making process about using and/or continuing to use external providers of environmental cleaning services.</p>		M	NEW	P, F
EVS1.4.2	<p>M The environmental cleaning contract requires that the contracted staff have completed formal training in health-care cleaning.</p> <p>Guidance: The training may be developed and provided by the facility although a recognized training program, such as the online national certification course through the Canadian Association of Environmental Management (CAEM) is preferred.</p>	4, 5	H	NEW	P, F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.4.3	<p>M The environmental cleaning contract includes and requires strict adherence to the facility’s environmental cleaning plan.</p> <p>Guidance: The facility’s environmental cleaning plan outlines the who, what, when, where and how to clean and disinfect each distinct area of the non-hospital facility and the non-critical medical equipment within each of these areas.</p>	4, 5	H	Change	P, F
EVS1.5	<p>Environmental cleaning program audits assess facility cleanliness and ensure cleaning practices are effective and meet current best practices and standards.</p> <p>Guidance: Cleaning effectiveness measured by various types of audits is an essential component of a cleaning program to ensure the cleaning program is meeting its goal. Auditing is essential for ensuring hospital-clean standards are maintained and practices are in conformance with current best practices and standards.</p>				
EVS1.5.1	<p>M Environmental cleaning program audits are performed at least twice a year and as needed.</p> <p>Guidance: Additional audits may be needed to monitor practice improvement initiatives, following reports of infection, following changes in cleaning methods, and to manage performance of environmental cleaning staff and external cleaning contracts.</p>	2, 4, 5	M		F
EVS1.5.2	<p>M Environmental cleaning audits are performed by the EVS program lead, the IPAC program lead and/or a qualified IPAC professional.</p> <p>Guidance: Consideration should be given to having audits performed by an external auditor periodically.</p>	2, 4, 5	M	NEW	F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.5.3	<p>M Visual inspection is used to audit the quality of environmental cleaning practices.</p> <p>Guidance: Environmental cleaning audits include visual inspection plus one other audit methods. Audits are objective, regular, documented and focused on cleanliness of the environment. Audits are conducted immediately following cleaning to evaluate the environmental cleaning that was just performed.</p>	2, 4, 5	M		F
EVS1.5.4	<p>M Marker removal, ATP level or surveying is also used to audit the quality of environmental cleaning practices.</p> <p>Guidance: Environmental cleaning audits include visual inspection plus one other audit methods. Fluorescent marker auditing assesses cleaning and disinfection thoroughness, but not residual contamination. ATP auditing assesses the presence of residual contamination following cleaning and disinfection. Surveying assesses patient satisfaction with the cleanliness of the facility but does not evaluate residual contamination. Marker removal and ATP audits are conducted immediately following cleaning to evaluate the environmental cleaning that was just performed.</p>	2, 4, 5	M	NEW	F
EVS1.5.5	<p>M Environmental cleaning audits use standardized audit tools.</p> <p>Guidance: Auditing processes and tools are developed by the EVS program lead, the IPAC program lead and/or a qualified IPAC professional in collaboration with other clinical leads such as the clinical leaders for surgical services and MDRD, the EVS lead, the IPAC lead and the OHS lead.</p>	2, 4, 5	L	NEW	F
EVS1.5.6	<p>M Environmental cleaning audit tools include the cleaning and disinfection of mobile shared equipment.</p> <p>Guidance: Mobile shared non-critical medical equipment is cleaned and disinfected between each patient use. Cleaning and disinfection products are readily available in areas where mobile shared equipment is used.</p>	2, 4, 5	M	NEW	F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.5.7	<p>M Environmental cleaning audits are documented, and the results shared with staff.</p> <p>Guidance: Environmental cleaning audits are conducted using standardized audit tools, are documented and results shared with staff (e.g. communication log, staff meeting minutes). See the NHMSFAP IPAC program standard.</p>	4, 5	L		F
EVS1.5.8	<p>M Unclean areas or unclean equipment identified during quality control checks are reported and documented.</p> <p>Guidance: "Spot-reports" of unclean areas and/or unclean equipment are logged and corrective action taken.</p>	2	L	NEW	F
EVS1.5.9	<p>M Corrective action is taken to address any issues identified through the environmental cleaning audits.</p> <p>Guidance: Environmental cleaning audit findings and corrective action(s) are documented. Corrective action(s) are monitored.</p>	4, 5	M		F
EVS1.6	The housekeeping closet provides a safe, functional and visibly clean area to support the EVS program.				
EVS1.6.1	<p>M There is a housekeeping closet exclusive to the use of the procedures area.</p> <p>Guidance: Specialized areas such as the operating/procedure rooms and MDRD should each have dedicated housekeeping equipment.</p>	2, 3, 4	M		P, F
EVS1.6.2	<p>M The housekeeping closet is large enough to store at least one housekeeping cart.</p> <p>Guidance: The housekeeping closet needs to be adequately sized for the number of materials, equipment and chemicals stored in the closet and to allow for proper ergonomic movement. CSA Z8000-18 specifies a minimum net area of 7.0 m² (75 ft²) for a housekeeping closet.</p>	2, 3, 4, 5	M		P, F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.6.3	M The housekeeping closet is visibly clean.	4, 5	H		P, F
EVS1.6.4	M The housekeeping closet is free from clutter. Guidance: Clutter impedes proper ergonomic movement within the closet and effective cleaning of the closet.	4, 5	H		P, F
EVS1.6.5	M The housekeeping closet is dedicated to the storage of cleaning equipment and supplies. Guidance: The housekeeping closet is not used for other purposes (i.e. storage of extra, unused equipment).	1, 2, 4, 5	M		P, F
EVS1.6.6	M The housekeeping closet does not contain any personal belongings, food or beverages. Guidance: Personal items, foods and beverages should not be kept in the housekeeping room to mitigate the risk of exposure and cross-contamination.	2, 4, 5	M		P, F
EVS1.6.7	M The housekeeping closet has a means for hand hygiene. Guidance: At a minimum, there is an alcohol-based hand rub dispenser located at the entrance to the housekeeping closet. Facilities in conformance with CSA Z8000 will have a hand hygiene sink in the housekeeping closet.	2, 3, 4, 5	M		P, F
EVS1.6.8	M The housekeeping closet has shelving to ensure all chemicals and electric chargers are off the floor.	2	M		P, F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.6.9	<p>M All cleaning solutions in the housekeeping closet are appropriately contained and stored.</p> <p>Guidance: Containers are to be in good condition to securely contain the substance and are stored below eye level and in a manner that ensures they will not readily fall, become dislodged, suffer damage etc. Use of an automated dispensing system or ready-to-use products is preferred. See the NHMSFAP’s Occupational Health and Safety accreditation.</p>	2, 4, 5, 10	M		P, F
EVS1.6.10	<p>M All cleaning solutions in the housekeeping closet are appropriately labelled.</p> <p>Guidance: See the NHMSFAP’s Occupational Health and Safety accreditation standard.</p>	2, 4, 5, 10	H		P, F
EVS1.7	<p>Surfaces, fixtures, fittings, furnishings, and equipment within the housekeeping closet are easy to clean and moisture impervious.</p> <p>Guidance: Effective cleaning in a health-care setting requires the use of health-care grade cleaning products and Health Canada approved disinfectants. An essential factor in meeting best practices for environmental cleaning, is the selection of fixtures, fittings, furnishings and equipment that can be cleaned with health-care grade products.</p>				
EVS1.7.1	<p>M Doors and door frames are constructed of smooth, non-porous material.</p>	3	M		P, F
EVS1.7.2	<p>M All conduits, piping, duct work and open construction systems are covered by a finished ceiling.</p>	3	M		P, F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.7.3	<p>M The ceiling is monolithic, as appropriate.</p> <p>Guidance The housekeeping closet should be located within the semi-restricted area. If the housekeeping room is located within the semi-restricted area, then a monolithic ceiling is required. If the housekeeping room is located outside the semi-restricted area, a ceiling using “lay-in” panels (i.e. not monolithic) is acceptable. A monolithic ceiling is a single large surface that is solid, unbroken or seamless, non-porous, washable and not removable. Porous, particulate or fiber-shedding tiles or materials are not acceptable. An integrated pre-engineered ceiling system can be used within areas of monolithic ceiling such as a heavy-duty tee grid system with framed openings for diffusers, lights, equipment mounting panels, clipped down access panels and continuous gasketing. The monolithic ceiling must also be sealed.</p>	3	M		P, F
EVS1.7.4	<p>M The walls are smooth, free of fissures, open joints or crevices.</p> <p>Guidance: Walls are painted with an appropriate interior paint for health-care facilities such as an epoxy coating in semi- or high-gloss finish. Flat finish paint is not appropriate as it may retain dirt on its surface. Wall tile (any type) is not appropriate.</p>	3, 4, 5	M		P, F
EVS1.7.5	<p>M Wall protection material is non-porous, smooth and free from seams.</p> <p>Guidance: Wall including corner protection, if provided, must be moisture impervious, non-cellulose, smooth, seamless and durable. The walls are protected against damage from carts using materials such as rub railings, wall guards and corner guards.</p>	3, 4, 5	M		P, F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.7.6	<p>M Floors are monolithic.</p> <p>Guidance: The flooring is a single large surface that is unbroken and free of fissures, cracks, or crevices. Poured-in place flooring applications such as fluid applied epoxy and poured epoxy are monolithic. Sheet vinyl and linoleum flooring with heat-welded or chemically bonded seams are also considered monolithic. Tile flooring is not monolithic. No floor drains or electrical receptacles are placed in the floor.</p>	3	M		P, F
EVS1.7.7	<p>M Flooring extends up providing an integral coved base at all walls.</p> <p>Guidance: Integral coving is the extension of the monolithic flooring up the wall forming a wall base. It is to extend 230 mm (nine inches) up the wall. The back of the floor covering where the floor meets the wall is supported (i.e. constructed without a gap behind, cove stick or support used) to prevent distortion or slipping of the flooring material. The integral coved base is tightly sealed against, or finished flush with, the wall.</p>	3	M		P, F
EVS1.7.8	<p>M Shelving is constructed of smooth, non-porous material.</p> <p>Guidance: The housekeeping room has provisions for the storage of cleaning products and supplies. Wire racks should be used.</p>	4, 5	M		P, F
EVS1.8	Effective cleaning begins with having clean and appropriate equipment.				
EVS1.8.1	<p>M Cleaning carts have a clear separation between clean and soiled items.</p> <p>Guidance: A clear separation of at least one foot at all times is required to prevent cross-contamination. Items and tools should be clearly labelled as clean or soiled/dirty. Soiled reusable items are placed in a cleanable container with a lid that is clearly labelled as soiled.</p>	2, 4, 5	H		F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.8.2	<p>M The cleaning cart does not contain any personal belongings, food or beverages.</p> <p>Guidance: Personal belongings pose a risk of self-contamination as these items can easily become contaminated on a cleaning cart and pathogens can be transferred to the staff member when they drink or eat.</p>	2, 4, 5	M		F
EVS1.8.3	<p>M Cleaning tools, equipment and supplies are clean, maintained and in good repair.</p> <p>Guidance: Tools, equipment and supplies are not to be used when damaged, broken, torn, dirty or worn.</p>	1, 2, 4, 5	M		F
EVS1.8.4	<p>M Cleaning tools, equipment and supplies are cleaned and disinfected after each use.</p> <p>Guidance: Buckets, cloths, mop-handles and mop-heads are cleaned and disinfected after each use and before being used in another room or bed space.</p>	2	H		F
EVS1.8.5	<p>M Reusable cloths and mop-heads are laundered after each use and thoroughly dried before storing.</p> <p>Guidance: Reusable textiles used for environmental cleaning are appropriately laundered, including separate wash loads, cycles and temperatures.</p>	2, 5	H		F
EVS1.8.6	<p>M Cleaning carts are stored in the housekeeping closet when not in use.</p>	2, 4, 5	L		P, F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.9	<p>Weekly and monthly cleaning augments daily cleaning in ensuring a clean housekeeping closet.</p> <p>Guidance: The frequency of cleaning specified in this standard has been established in consultation with a qualified IPAC professional and sets the minimum requirements for all facilities. In addition, facilities are required to use the PIDAC risk stratification matrix to determine whether or not more frequent cleaning and disinfection is necessary at their facility.</p>				
EVS1.9.1	<p>M Daily/weekly/monthly cleaning cards and/or checklists list all the things in the housekeeping closet to be cleaned.</p> <p>Guidance: Cleaning cards and/or checklists can either be carried on the cleaning cart and/or posted in each room/area. The cards/checklists are laminated.</p>	1	H		P, F
EVS1.9.2	<p>M Shelves in the housekeeping closet are cleaned and disinfected every three months and when visibly soiled.</p>	1	M	NEW	F
EVS1.9.3	<p>M Cabinets in the housekeeping closet are cleaned and disinfected every three months and when visibly soiled.</p>	1	M	NEW	F
EVS1.9.4	<p>M Walls in the housekeeping closet are cleaned and disinfected every six months and when visibly soiled.</p>	1	M	NEW	F
EVS1.9.5	<p>M Light fixtures in the housekeeping closet are cleaned and disinfected every six months and when visibly soiled.</p>	1	M	NEW	F
EVS1.9.6	<p>M Sprinkler heads in the housekeeping closet are cleaned and disinfected every six months and when visibly soiled.</p> <p>Guidance: A professional fire sprinkler service provider should be consulted on how to clean the sprinkler heads to prevent their damage or accidentally triggering them.</p>	1	M	NEW	F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.9.7	M Vents in the housekeeping closed are cleaned and disinfected every six months and when visibly soiled.	1	M	NEW	F
EVS1.9.8	M Ceilings in the housekeeping closed are cleaned and disinfected every six months and when visibly soiled.	1	M	NEW	F
EVS1.9.9	M Cleaning carts are cleaned and disinfected at the end of each procedural/surgical day.	2, 4, 5	H	NEW	F
EVS1.9.10	M The floor of the housekeeping closet is cleaned and disinfected at the end of each procedural/surgical day.	1	M	NEW	F
EVS1.9.11	M The daily cleaning schedule is followed.	1, 2	M	NEW	F
EVS1.9.12	M Daily cleaning is documented.	1, 2	L	NEW	F
EVS1.9.13	M The monthly cleaning schedule is followed. Guidance: Monthly cleaning (i.e. monthly, every three months, every six months) is performed as outlined in facility policy and procedures and documented in a log.	1, 2	M	NEW	F
EVS1.9.14	M Monthly cleaning is documented.	1, 2	L	NEW	F
EVS1.10	Public areas provide a safe, functional and visibly clean environment.				
EVS1.10.1	M The waiting room is visibly clean. Guidance: The area is free of visible dust, gross soil, stains, spills, cobwebs and handprints. This includes but is not limited to all furniture, wall hangings and décor, windows and sills, walls, ceiling, baseboards and flooring.	4, 5	H		P, F
EVS1.10.2	M The waiting room is free to clutter.	4, 5	H	NEW	P, F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.10.3	<p>M Waiting room cleaning follows a specific documented process.</p> <p>Guidance: A standardized approach ensures all surfaces are optimally cleaned and disinfected.</p>	4, 5	M		P, F
EVS1.10.4	<p>M Waiting room cleaning cards and/or checklists list all the things in the bay/room to be cleaned.</p> <p>Guidance: Cleaning cards and/or checklists can either be carried on the cleaning cart and/or posted in each room/area. The cards/checklists are laminated.</p>	2, 5	M		P, F
EVS1.10.5	<p>M Upholstered furniture is constructed of fluid-resistant, nonporous fabrics.</p>	2, 4, 5	M		P, F
EVS1.10.6	<p>M High-touch furnishings, fixtures and surfaces in the waiting room are cleaned and disinfected daily.</p> <p>Guidance: High-touch furnishings, fixtures and surfaces include but are not limited to chairs including armrests, doorknobs, light switches, end-tables and the reception desk counter.</p>	2, 5	M		F
EVS1.10.7	<p>M Low-touch furnishings, fixtures and surface in the waiting room area are cleaned and disinfected weekly.</p> <p>Guidance: Low-touch furnishings, fixtures and surfaces include but are not limited to walls, ceilings, mirrors and windowsills.</p>	2, 5	M		F
EVS1.10.8	<p>M Floor is cleaned daily and when visibly soiled</p>	4, 5	M		F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.10.9	<p>M Carpet, if present, is vacuumed daily.</p> <p>Guidance: The vacuum used must have HEPA filtered exhaust, even if the only carpet in the facility is located in the waiting room. Carpet is not permitted in any patient care area or in any clinical support areas (e.g. storage, housekeeping). Carpet in non-clinical areas is discouraged. There should be a plan for permanent removal of carpeting with immediate adjacency to a semi-restricted corridor.</p>	2, 4, 5	M		F
EVS1.10.10	<p>M Carpet, if present, is shampooed or tiles replaced when visibly soiled.</p>	4, 5	M		F
EVS1.10.11	<p>M Public washrooms are cleaned and disinfected daily.</p>	2, 4, 5	H	NEW	F
EVS1.10.12	<p>M Walls are cleaned every six months and when visibly soiled</p>	4, 5	L	NEW	F
EVS1.10.13	<p>M Ceilings are cleaned every six months and when visibly soiled</p>	4, 5	L	NEW	F
EVS1.10.14	<p>M The cleaning scheduled is followed.</p> <p>Guidance: Daily, weekly and monthly cleaning is performed as outlined in facility policy and procedures and documented in a log.</p>	2	M		F
EVS1.10.15	<p>M Cleaning is documented.</p>	2	L		F
EVS1.11	Non-clinical areas for patients and staff provide a safe, functional and visibly clean environment.				
EVS1.11.1	<p>M Patient changing areas are visibly clean.</p> <p>Guidance: The area is free of visible dust, gross soil, stains, spills, cobwebs and handprints. This includes but is not limited to all furniture, windows and sills, walls, ceiling and flooring.</p>	4, 5	H		P, F
EVS1.11.2	<p>M Patient changing areas are free of clutter.</p>	4, 5	H	NEW	P, F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.11.3	<p>M Patient changing area cleaning follows a specific documented process.</p> <p>Guidance: A standardized approach ensures all surfaces are optimally cleaned and disinfected.</p>	4, 5	M	NEW	P, F
EVS1.11.4	<p>M Patient changing area cleaning cards and/or checklists list all the things in the bay/room to be cleaned.</p> <p>Guidance: Cleaning cards and/or checklists can either be carried on the cleaning cart and/or posted in each room/area. The cards/checklists are laminated.</p>	2, 5	M	NEW	P, F
EVS1.11.5	<p>M Upholstered furniture is constructed of fluid-resistant, nonporous fabrics.</p>	2, 4, 5	M		P, F
EVS1.11.6	<p>M High-touch furnishings, fixtures and surfaces in the patient changing area are cleaned and disinfected daily.</p> <p>Guidance: High-touch furnishings, fixtures and surfaces include but are not limited to lockers, chairs including armrests, doorknobs, light switches tables and counters.</p>	2, 5	M	NEW	F
EVS1.11.7	<p>M Low-touch furnishings, fixtures and surfaces in the patient changing area are cleaned and disinfected weekly.</p> <p>Guidance: Low-touch furnishings, fixtures and surfaces include but are not limited to walls, ceilings, mirrors and windowsills.</p>	2, 5	M	NEW	F
EVS1.11.8	<p>M Floor is cleaned daily and when visibly soiled</p>	2, 5	M	NEW	F
STAFF CHANGING AREAS					
EVS1.11.9	<p>M Staff changing areas are visibly clean.</p>	4, 5	H		P, F
EVS1.11.10	<p>M Staff changing areas are free of clutter.</p>	4, 5	H	NEW	P, F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.11.11	M Staff changing area cleaning follows a specific documented process. Guidance: A standardized approach ensures all surfaces are optimally cleaned and disinfected.	4, 5	M	NEW	P, F
EVS1.11.12	M Staff changing area cleaning cards and/or checklists list all the things in the bay/room to be cleaned. Guidance: Cleaning cards and/or checklists can either be carried on the cleaning cart and/or posted in each room/area. The cards/checklists are laminated.	2, 5	M	NEW	P, F
EVS1.11.13	M Upholstered furniture is constructed of fluid-resistant, nonporous fabrics.	2, 4, 5	M		P, F
EVS1.11.14	M High-touch furnishings, fixtures and surfaces in the staff changing area are cleaned and disinfected daily. Guidance: High-touch furnishings, fixtures and surfaces include but are not limited to lockers, chairs including armrests, doorknobs, light switches, tables and counters.	2, 5	M	NEW	F
EVS1.11.15	M Low-touch furnishings, fixtures and surface in the staff changing area are cleaned and disinfected weekly Guidance: Low-touch furnishings, fixtures and surfaces include but are not limited to walls, ceilings, mirrors and windowsills.	2, 5	M	NEW	F
EVS1.11.16	M Staff washrooms are cleaned and disinfected daily.	4, 5	H	NEW	F
EVS1.11.17	M Floor is cleaned daily and when visibly soiled	4, 5	M	NEW	F
EVS1.11.18	M Shelves and cabinets are cleaned and disinfected every three months and when visibly soiled.	4, 5	M	NEW	F
EVS1.11.19	M Storage containers are cleaned and disinfected every three and when visibly soiled.	4, 5	M	NEW	F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.11.20	M Walls are cleaned every six months and when visibly soiled	4, 5	M	NEW	F
EVS1.11.21	M Ceilings are cleaned six months and when visibly soiled	4, 5	M	NEW	F
EVS1.11.22	M The cleaning schedule for patient and staff changing areas is followed. Guidance: Daily, weekly and monthly cleaning is performed as outlined in facility policy and procedures and documented in a log.	2	M	NEW	F
EVS1.11.23	M Cleaning is documented.	2	L	NEW	F
EVS1.12	Policies and procedures contain all the information necessary for the safety of patients, staff and visitors. Guidance: Policies and procedures ensure that activities/procedures are performed consistently and accurately by all personnel within the non-hospital facility. They are reviewed regularly and updated when needed to maintain current best practice standards.				
EVS1.12.1	M There is policy and procedures in place for the environmental cleaning of non-clinical areas. Guidance: The policy and procedures include defined responsibility for specific areas and items (i.e. blood pressure cuff cleaned and disinfected by nurse following patient use), routine (e.g. daily) cleaning and disinfection, discharge/transfer cleaning and disinfection, turn-over and terminal cleaning and disinfection of the operating and procedure rooms, cleaning and disinfecting areas under additional precautions (i.e. enhanced disinfection requirements), cleaning standards and frequency and are understandable to frontline environmental cleaning personnel cleaning procedures outline cleaning standards, frequency and accountability for cleaning (i.e. who cleans, what do they clean and when do they clean it); cleaning schedules, procedures, checklists and other tools to ensure that no area or item is missed from routine cleaning.	2, 4	M		P, F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.12.2	<p>M There is policy and procedures in place for the environmental cleaning of the operating/procedure rooms and sterile core.</p> <p>Guidance: The facility's policy and procedures outline the who, what when, where and how, as well as that tasks to be completed (i.e. includes the cleaning checklist), cleaning and disinfecting process and frequency, products and equipment used.</p>	4	H		P, F
EVS1.12.3	<p>M There is policy and procedures in place for the environmental cleaning of the pre- and post-anesthesia care areas.</p> <p>Guidance: The facility's policy and procedures outline the who, what when, where and how, as well as that tasks to be completed (i.e. includes the cleaning checklist), cleaning and disinfecting process and frequency, products and equipment used.</p>	4	H		P, F
EVS1.12.4	<p>M There is policy and procedures in place for the environmental cleaning of the medical device reprocessing department including clean and sterile storage.</p> <p>Guidance: The facility's policy and procedures outline the who, what when, where and how, as well as that tasks to be completed (i.e. includes the cleaning checklist), cleaning and disinfecting process and frequency, products and equipment used.</p>	4	H		P, F
EVS1.12.5	<p>M There is policy and procedures in place for the environmental cleaning of the laboratory, as appropriate.</p> <p>Guidance: This applies to andrology, embryology and Mohs micrographic surgery pathology laboratories. The facility's policy and procedures outline the who, what when, where and how, as well as that tasks to be completed (i.e. includes the cleaning checklist), cleaning and disinfecting process and frequency, products and equipment used.</p>	4	H		P, F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.12.6	<p>M There is policy and procedures in place for the cleaning of mobile medical equipment and other items.</p> <p>Guidance: The policy and procedures outline the appropriate cleaning of non-critical medical equipment including cleaning frequency, level of cleaning and responsibility for cleaning.</p>	4	H		P, F
EVS1.12.7	<p>M There is policy and procedures in place for the cleaning and disinfection of central communication stations, medication and equipment areas.</p> <p>Guidance: This may include the nursing station, dictation rooms, medication preparation areas and equipment and linen storage areas.</p>	4	M		P, F
EVS1.12.8	<p>M There is policy and procedures in place for pest surveillance and management.</p> <p>Guidance: Pests include but are not limited to insects, mites, fungi and rodents. The policy and procedures include processes for preventing pests (e.g. food storage, waste management, replacing weather stripping around windows and doors), monitoring potential entry points to the facility (e.g. windows, entrances, waste storage areas, building loading docks), identifying and responding to pest problems including working with a third-party pest control company to deal with pests.</p>	4	L	NEW	P, F
EVS1.12.9	<p>M There is policy and procedures in place for the immediate cleaning and disinfection following blood or body fluid spills or contamination.</p> <p>Guidance: (i.e. vomitus in elevator, blood spill).</p>	4	H		P, F

No.	Description	Reference	Risk	Change	Asmt.
EVS1.12.10	<p>M There is policy and procedures in place for the cleaning and disinfection of food preparation and food storage areas.</p> <p>Guidance: The facility's policy and procedures outline the who, what when, where and how, as well as that tasks to be completed (i.e. includes the cleaning checklist), cleaning and disinfecting process and frequency, products and equipment used.</p>	4, 13	M	NEW	P, F
EVS1.12.11	<p>M There is policy and procedures for the cleaning and disinfection of children's toys, as appropriate.</p> <p>Guidance: The policy and procedures outline the required frequency and method(s) of cleaning toys, who is responsible for cleaning and disinfecting the toys and the required training for the effective cleaning and disinfection of toys. If there is not an adequate process in place for the daily inspection (i.e. damage), cleaning and disinfection of toys, then toys should be removed from the facility.</p>	4, 5	H		P, F
EVS1.12.12	<p>M There is policy and procedures for the cleaning and disinfection of environmental cleaning tools and equipment.</p>	2	H		P, F
EVS1.12.13	<p>M There is policy and procedures for enhanced cleaning/additional precautions.</p> <p>Guidance: Facility policy and procedures outline when in addition to routine cleaning, additional or enhanced cleaning practices may be necessary (e.g. cluster of infections, micro-organisms of special environmental significance, respiratory-illness season)</p>	2	H	NEW	P, F
EVS1.12.14	<p>M There is policy and procedures for cleaning and disinfection following a facility closure.</p> <p>Guidance: Facility policy and procedures outline the environmental cleaning plan (i.e. who, what, where, when and how) following a temporary shut-down of the facility (i.e. spring or winter break).</p>	4, 5	H	NEW	P, F

References

1. CSA Group, Standards Council of Canada. Canadian medical device reprocessing in all health care settings [Internet]. Toronto (ON): CSA Group; 2023 [cited 2023 Aug 28]. Standard number: CSA Z314:23.
2. CSA Group, Standards Council of Canada. Cleaning and disinfection of health care facilities [Internet]. Toronto (ON): CSA Group; 2020 [cited 2023 Aug 28]. Standard number: CSA Z317.12:20.
3. CSA Group, Standards Council of Canada. Canadian health care facilities [Internet]. Toronto (ON): CSA Group; 2018 [cited 2023 Aug 28]. Standard number: CSA Z8000-18.
4. Provincial Infection Control Network of British Columbia. British Columbia best practices for environmental cleaning for prevention and control of infections in all healthcare settings and programs [Internet]. Vancouver (BC): Provincial Infection Control Network of British Columbia (PICNet); 2016 [cited 2023 Aug 28]. 158p.
5. Ontario Agency for Health Protection and Promotion (Public Health Ontario) Provincial Infectious Diseases Advisory Committee. Best practices for environmental cleaning for prevention and control of infections in all health care settings [Internet]. 3rd ed. Toronto (ON): Queen's Printer for Ontario; 2018 [cited 2023 Aug 28]. 250p.
6. Operating Room Nurses Association of Canada. The ORNAC standards, guidelines, and position statements for perioperative registered nurses [Internet]. Bath (ON): Operating Room Nurses Association of Canada; 2023 [cited 2023 Aug 28].
7. AORN. 2023 guidelines for perioperative practice. 2023 ed. Denver (CO): AORN; 2023.
8. Non-Hospital Medical and Surgical Accreditation Program; College of Physicians and Surgeons of British Columbia. Accreditation standards: intraoperative care [Internet]. Vancouver: College of Physicians and Surgeons of British Columbia; 2023 [cited 2023 Aug 28]. 21p.
9. Non-Hospital Medical and Surgical Accreditation Program; College of Physicians and Surgeons of British Columbia. Accreditation standards: infection prevention and control (IPAC) program [Internet]. Vancouver: College of Physicians and Surgeons of British Columbia; 2023 [cited 2023 Aug 28]. 14p.
10. Non-Hospital Medical and Surgical Accreditation Program; College of Physicians and Surgeons of British Columbia. Accreditation standards: occupational health and safety [Internet]. Vancouver: College of Physicians and Surgeons of British Columbia; 2023 [cited 2023 Aug 28]. 14p.
11. Non-Hospital Medical and Surgical Accreditation Program; College of Physicians and Surgeons of British Columbia. Accreditation standards: equipment management [Internet]. Vancouver: College of Physicians and Surgeons of British Columbia; 2023 [cited 2023 Aug 28]. 8p.

12. BC Ministry of Health. Best practices for hand hygiene in all healthcare settings [Internet]. Victoria: BC Ministry of Health; 2012 [cited 2023 Aug 28]. 71p.
13. Government of British Columbia. Public health act: food premises regulation [Internet]. Victoria: Queen's Printer; 2022 [cited 2023 Aug 28].

Revision history

Date	Revisions
September 8, 2016	<ul style="list-style-type: none"> NHMSFAP Environmental Cleaning standard approved (version 1.0)
November 30, 2023	<ul style="list-style-type: none"> Substantial content revisions to reflect environmental cleaning best practices (version 2.0) (published March 1, 2024) Environmental cleaning expectations separated into four standard (program and non-clinical areas, operating/procedure room(s) and sterile core, pre- and post-anesthesia care and medical device reprocessing department) New standards template
April 1, 2026	<ul style="list-style-type: none"> Transcribed to new template (no content changes) (version 2.2)