



## **Category 4: Facilities**

### **OPTIONAL**

#### **4.8 Cleaning protocols to improve the olfactory experience for patients are in place.**

Practice must provide **at least one (1)** of the following to attain the 80 points.

- Preventing “nose blindness” effects in patients by using effective but gentle cleaning chemicals
- Improving the olfactory environment in examination rooms and treatment
- Effective sanitizing of tools and equipment
- Effective cleaning of horizontal and vertical surfaces inside and outside the hospital
- Pet waste disposal protocols
- Spot cleaning methods for patients being housed overnight, when possible

### **Equipment and Supplies**

### **MSDS May Be Required**

May include but are not limited to:

- Chemicals for cleaning and disinfecting (MSDS sheets required)
  - o Bulk chemicals
  - o Diluted chemicals
  - o Disinfecting wipes
  - o Hand sanitizing chemicals
- Handwashing sinks and sinks used for sanitizing equipment
- Dishwashers and laundry equipment
- Cleaning equipment and accessories such as hoses, sprayers, etc.
- Flushing devices for feces
- Trash receptacles, bags

### **Examples and Compliance Paths**

- Preventing “nose blindness” effects in patients by using effective but gentle cleaning chemicals
  - o Harsh or caustic chemicals can be hard on patients as well as staff members in the veterinary hospital. For one means of compliance, use an accelerated hydrogen peroxide (AHP) cleaner and disinfectant formulated for veterinary use. When used as directed, AHP is effective against pathogens while being gentler for pets, people, and the environment. AHP helps remove biofilms that create lingering odors. The hospital can demonstrate proper dilution and application of AHP.



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- Improving the olfactory environment in examination rooms and treatment
  - Using closed-lid trash receptacles in examination and treatment rooms
  - Immediately empty trash receptacle if malodorous (e.g urine, AG, feces)
- Effective sanitizing of tools and equipment
  - Demonstrating protocol for sanitizing any shared tool or equipment between patients. Not only is this good for prevention of odors, it is best practice for minimizing biological risk. For example, using an AHP disinfecting wipe on the exam table between patients.
  - Use of a sanitizing laundry detergent for hospital laundry
- Effective cleaning of horizontal and vertical surfaces inside and outside the hospital
  - Daily hose cleaning of wall and sidewalk surfaces outside the front door of the hospital
  - Protocol for weekly disinfection or replacement of surfacing of outside patient elimination areas: e.g. providing a frequently refreshed mulch bed outside
  - If using mop cleaning, using a system that allows a different mop head and clean water/disinfectant to be used in each room to avoid cross contamination between spaces
  - Protocols for regular cleaning of the following frequent offenders for negative olfactory stimulus:
    - Front entry mats
    - Scales
    - Exam room seating
- Patient waste disposal protocols
  - Frequent removal of solids and placement into:
    - Trash bags that are removed immediately to outside disposal areas
    - Flushing fixtures designed to dispose of feces (these are called clinical sinks and are used frequently in human nursing care facilities)
- Spot cleaning methods for patients being housed overnight, when possible
  - Patients benefit from being around their own odors.
  - Spot cleaning of animal enclosures is preferred unless the enclosure has become too soiled for this to be reasonable.

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### **Scoring**

Review protocols for:

- Sanitizing
- Patient elimination area
- Patient waste

Observational

### **Photo Examples**



**Example of a janitorial closet with a clinical sink for disposal of feces.**

### **Cautions**

Phenolic compounds for cleaning or hand sanitizing must not be used as they are toxic to cats.