Review of Acute Care Cleaning Frequencies
ROOTS Project

Summary

A review was conducted by Environmental Services (ES) and Infection Prevention and Control (IPC) to evaluate whether inpatient room cleaning frequencies in rural acute care facilities could be reduced to redirect resources to other essential cleaning tasks currently completed by non-environmental services staff. This review was conducted as part of a larger pilot initiative (Review of our Teams Strategies (ROOTS)) which seeks to identify efficiencies and opportunities that assist staff to work to full scope within a team environment and better serve patients and families.

An interdisciplinary IPC-ES team conducted a comprehensive review of national standards, AHS policy, and frontline practice. The assessment confirmed that current daily inpatient cleaning frequencies are essential to mitigate infection risks, meet accreditation standards, and support public confidence — and must remain a shared responsibility. Notably, cleaning protocols are determined by patient population rather than facility location, meaning that acute care units delivering the same clinical service are held to equivalent standards across both rural and urban settings.

Assessment: Inpatient Room Cleaning Frequencies

Evidence review

The current body of evidence informing the AHS IPC Principles for Environmental Cleaning and Disinfection (2023) is aligned in emphasizing the necessity of daily cleaning for high-touch and patient care areas:

- **Public Health Agency of Canada (2013) Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings sets out national guidelines for infection prevention and control**
- **Public Health Ontario Provincial Infectious Disease Advisory Committee (PIDAC) (2018) Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition**
- **Canadian Standards Agency 2020, Z317.20 Cleaning and Disinfection of Healthcare Facilities.**

All references identify the importance of environmental cleaning as a critical element of Routine Practices, reducing microorganisms on surfaces and preventing them from becoming reservoirs for transmission of potentially infectious microbes. Surfaces that are likely to be touched and/or used often, accrue a higher degree of bioburden and need to be cleaned and disinfected on a more frequent schedule. Frequency of cleaning is also dependent on the vulnerability of the patient population to infection and the potential for exposure. CSA Z317.20 specifies that occupied patient areas shall be cleaned and disinfected at least daily and between patients.

PIDAC provides a risk stratification matrix that determines cleaning frequency of clinical areas based on a probability of contamination, patient population and potential for exposure. Areas with aggregate scores of 4-6 ***require minimum once daily cleaning.*** The PIDAC risk matrix identifies all acute inpatient rooms as being 5 or 6, dependent on the susceptibility of the patient population.

Accreditation Canada Requirements

The **2024 QMENTUM Infection Prevention and Control Standards** require:

Sites to categorize areas in the physical environment based on the risk of infection to determine the necessary frequency of cleaning. This can be accomplished using a risk stratification matrix as outlined by PIDAC.

Scope and Operational Context

This review focused on acute care patient spaces, including those designated as Alternate Level of Care (ALC). It was limited to evaluating the frequency of inpatient room cleaning and did not extend to detailed area-specific cleaning protocols, which are reviewed through other scheduled processes. Cleaning standards and frequencies are determined by patient population rather than facility size or location—meaning ALC and medical patient units are subject to the same protocols across both rural and urban care settings.

Environmental and equipment cleaning is a core component of Routine Practices and a shared responsibility between ES and non-ES staff. While role-specific responsibilities were not examined in this review, shared accountability is vital to maintaining safe and sanitary conditions. With ES teams spread across large facilities, they cannot always

respond immediately. Without collaborative support, cleaning tasks may be delayed, creating unacceptable risks for patients, families, and staff.

Risks

Several risks were identified that inform the recommendation to maintain existing cleaning frequencies:

- Differentiating high- vs. low-touch areas adds workflow complexity, risk of error and ignores the broader risk of contamination from staff care activities and movement.
- High-touch surfaces and bathrooms are often contaminated even when not visibly soiled.
- ES staff are not always informed of patient susceptibility.
- Real-time coordination of post-use shower/tub cleaning is impractical.
- Outbreaks or surge scenarios increase cleaning demand and limit baseline ES response capacity.

A clean environment is foundational to infection prevention, patient trust, and staff morale. Reducing cleaning frequency would erode patient safety, undermine public confidence and jeopardize accreditation status.

Recommendation

Maintain current AHS IPC cleaning protocols, which require inpatient rooms — including bathrooms — to be cleaned at least daily, upon discharge or transfer, and when visibly soiled. Most inpatient areas are designated Risk Level 2, aligning with PIDAC standards that support this frequency to protect patient safety. These cleaning practices are integral to infection prevention, accreditation, and public trust. To ensure timely and consistent environmental hygiene, cleaning must remain a shared responsibility between ES and non-ES staff. Continued investment in a collaborative, high-quality cleaning program is essential for safe and effective healthcare delivery

References

1. Accreditation Canada. (2025). *QMENTUM Global Standards for Infection Prevention and Control*. Retrieved from Insite>Accreditation> infection-prevention-and-control-may-2024.pdf
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3. Public Health Agency of Canada. (2017). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings*. Retrieved from https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html
4. Public Health Ontario. (2018). *Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings (3rd ed.)*. Retrieved from https://www.publichealthontario.ca/-/media/documents/B/2018/bp-environmental-cleaning.pdf