Terminal Cleaning in Healthcare: When, Which Disinfectant, Who Signs Off

THE DIRECT ANSWER

Terminal cleaning is full-room cleaning and disinfection after the space is empty—discharge, transfer, or discontinuation of isolation—not the occupied-room daily clean. Run it after every inpatient discharge or transfer; switch to sporicidal chemistry (EPA List K or equivalent IP-approved product) after Clostridioides difficile , Candida auris , or other spore or contact-precaution protocols your IP team defines. EVS completes the checklist; nursing and infection prevention release the room for occupancy.

TERMINAL CLEANING VS DAILY CLEANING

- A “quick flip” is not terminal cleaning. Daily cleaning maintains occupied rooms: damp dusting, high-touch wipes, floors, and bathrooms on a set schedule. Terminal cleaning adds removal of linen and trash, cleaning then disinfecting the full room—including bathroom, bed deck, equipment surfaces.

EVERY DISCHARGE AND TRANSFER

- After every inpatient discharge or transfer from a patient room, procedural area, or isolation suite—no exceptions for “looks clean.” Same expectation when a patient moves from ED to floor or OR to PACU if your policy treats those as terminal events.

FIELD QUESTION

When is terminal cleaning required instead of a daily clean?

Terminal cleaning is required when the patient leaves the room—discharge, transfer, or discontinuation of isolation—or when IP orders enhanced cleaning after contamination or construction barrier removal. Daily cleaning maintains occupied rooms; it does not replace terminal cleaning on turnover.

From Healthcare Facility Hub - free, like everything on the site. The full article is at the link below.

Caution: codes, editions, and targets vary by facility and authority having jurisdiction (AHJ). Figures marked as common practice are facility targets, not code requirements. Confirm against your AHJ and the current code text before acting.