



Healthcare Facilities

Cleaning Standards for Clinics, Dental & Healthcare Spaces

IPAC-aligned cleaning protocols for medical clinics, dental offices, and allied health facilities in Ontario.

IPAC-~~Aligned~~ Risk ~~Levels~~ ~~Ontario~~ Bay & Sudbur

Ontario cleaning protocols

low, medium, high

Binx service area

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SECTION 01

Why Healthcare Cleaning Is Different



Healthcare cleaning protects both patients and staff from healthcare-associated infections.

Healthcare environments carry a different cleaning mandate than any other building type. Cleaning in a medical or dental facility is not cosmetic — it is an infection prevention and control (IPAC) measure that directly affects patient safety and staff health.

Key Distinctions from Commercial Cleaning

- Pathogen burden: Healthcare spaces are occupied by patients with active infections. Surfaces in exam rooms, waiting areas, and washrooms carry a higher pathogen burden than equivalent surfaces in office buildings.
- IPAC compliance: Ontario's IPAC standards (Public Health Ontario guidelines) define minimum cleaning frequencies, product requirements, and documentation protocols for regulated healthcare settings.
- Product requirements: Hospital-grade disinfectants with Health Canada Drug Identification Numbers (DINs) are required for clinical areas — not commercial-grade multi-surface cleaners.
- Cleaning sequence matters: Cleaning clinical areas in the wrong sequence (e.g., cleaning a contaminated surface then a clean one without changing tools) is an infection risk.
- Staff training: Cleaning staff in healthcare environments require specific training in IPAC principles, correct product use, and personal protective equipment.

SECTION 02

Ontario IPAC Framework Overview



Ontario's IPAC framework provides the regulatory foundation for healthcare cleaning standards.

Public Health Ontario (PHO) publishes IPAC (Infection Prevention and Control) guidelines that apply to regulated healthcare settings in Ontario. While detailed IPAC implementation is the responsibility of each clinic's IPAC lead, cleaning service providers must understand and work within this framework.

Key IPAC Principles Affecting Cleaning

- Standard precautions: All patients are treated as potentially infectious. Cleaning protocols do not differentiate based on known patient diagnosis.
- Routine cleaning vs. enhanced cleaning: Routine cleaning maintains baseline safety. Enhanced cleaning (terminal cleaning) is required after a known infectious patient has occupied a space.
- Contact precautions: Some patients require isolation precautions. Cleaning staff must be informed and follow contact precaution room-cleaning protocols before entering these rooms.
- Product efficacy spectrum: Disinfectants are rated by efficacy level — low, intermediate, and high. Healthcare areas require intermediate or high-level disinfectants for patient-contact surfaces.

Public Health Ontario Resources

The PHO website (publichealthontario.ca) provides current IPAC guidance documents for community health settings. Clinics should ensure their cleaning contractor is familiar with the most current PHO IPAC guidance for their facility type.

SECTION 03

Risk Zone Classification



Risk zone classification determines cleaning frequency and product selection for each area of the facility.

Not all areas of a healthcare facility carry the same infection risk. Zone classification allows cleaning resources to be allocated appropriately – with the highest standards applied to the highest-risk areas.

Zone Classification Matrix

Clean Frequency

After every patient

2× daily minimum

Daily

Minimum 2× daily

Waiting Room Reclassification

During outbreak or elevated respiratory illness season, many Ontario clinics temporarily reclassify their waiting room from Zone 2 to Zone 1 and increase cleaning frequency. Your cleaning contractor should be able to scale up without significant notice.

SECTION 04

High-Touch Surface Protocols



High-touch surfaces are cleaned and disinfected more frequently than general surfaces in all healthcare zones.

High-touch surfaces are the primary vector for contact transmission of healthcare-associated infections. They must be cleaned and disinfected more frequently than general environmental surfaces, and with an appropriate disinfectant product.

High-Touch Surface Inventory

- Door handles and push plates — all exterior and interior
- Light switches
- Reception counter surface — patient-side and staff-side
- Payment terminal and keyboard
- Exam table and chair surfaces — after every patient
- Dental chair and headrest — after every patient
- Treatment tray and instrument stand surfaces
- Handrails in all corridors
- Washroom fixtures — faucet, flush handle, door hardware

Touch Point Maps

A touch point map documents every high-touch surface in the facility, its cleaning frequency, and the product used. Public Health Ontario recommends healthcare facilities maintain a touch point map as part of their IPAC program documentation.

SECTION 05

Clinical Area Cleaning Standards



Exam room terminal cleaning after each patient is the cornerstone of IPAC-compliant healthcare cleaning.

Clinical areas — exam rooms, procedure rooms, and treatment areas — require terminal cleaning after each patient encounter. This is distinct from the end-of-day clean and addresses each surface that may have been contaminated during the patient visit.

Between-Patient Exam Room Cleaning Protocol

- 1 Don PPE**
Don appropriate PPE: gloves minimum; mask if respiratory illness present.
- 2 Remove Single-Use Items**
Remove all single-use items and dispose of in appropriate waste stream.
- 3 Disinfect Patient Surfaces**
Wipe all patient-contact surfaces with intermediate-level disinfectant: exam table, armrests, pillow cover.
- 4 Disinfect High-Touch Points**
Wipe all high-touch points in the room: light switch, door handle, counter surfaces.

5

Replace Table Paper

Replace paper roll on exam table.

6

Hand Hygiene

Remove gloves, perform hand hygiene.

7

Reset Room

Set up room for next patient — fresh supplies, clean equipment.

End-of-Day Exam Room Clean

- ☐ All surfaces wiped with disinfectant — full room including walls at patient contact height
- ☐ Floor mopped with appropriate disinfectant
- ☐ Waste emptied and bag replaced
- ☐ Supply restocking documented

SECTION 06

Dental Office Specific Requirements



Dental operatories require operatory-specific IPAC protocols due to aerosol and blood-borne pathogen exposure.

Dental offices have specific IPAC requirements beyond general clinical standards. Dental procedures generate aerosols (water, saliva, blood) that contaminate operatory surfaces. RCDSO (Royal College of Dental Surgeons of Ontario) standards govern environmental cleaning in Ontario dental offices.

Dental Operatory Cleaning Protocol

1 Between-Patient Wipe-Down

Between patients: wipe all contaminated surfaces with RCDSO-approved disinfectant wipe – dental chair, headrest, armrests, delivery unit, light handles, bracket table.

2 Replace Surface Barriers

Replace all surface barriers (plastic wrap) on surfaces that were covered – light handle, computer mouse, x-ray sensor.

3 Flush Suction System

Suction system: flush with appropriate suction cleaner after each patient.

4

End-of-Day Disinfection

End of day: remove all barriers, perform full surface disinfection on all operatory surfaces.

5

Clean Dental Chair

Clean and disinfect dental chair with appropriate product — do not use bleach on chair upholstery unless confirmed compatible.

6

Mop Operatory Floor

Floor: mop with disinfectant solution.

RCDSO Compliance

Ontario dental offices are regulated by the RCDSO (Royal College of Dental Surgeons of Ontario). Cleaning contractors working in dental offices should be familiar with RCDSO infection control standards. Request a copy of the clinic's IPAC manual and follow it.

SECTION 07

Washroom and Handwashing Station Care



Healthcare washrooms require full intermediate-level disinfection — not just cleaning.

Washrooms in healthcare facilities serve both patients (some of whom are actively infectious) and staff. They require a higher standard of cleaning and disinfection than commercial washrooms, with minimum twice-daily full disinfection.

Healthcare Washroom Cleaning Protocol

- Don gloves and appropriate PPE before entering
- Toilet: apply intermediate disinfectant under rim, allow to dwell — wipe seat, lid, exterior, and base
- Flush handle: disinfect
- Sink: scrub basin with disinfectant cleaner, polish faucet
- Soap dispenser: refill and wipe exterior
- Paper towel dispenser: refill and wipe
- Mirror: streak-free clean
- Counter and shelf: disinfect all surfaces
- Door handle: disinfect inside and outside
- Floor: mop with disinfectant — pay attention to floor around toilet base

 Remove gloves and perform hand hygiene

SECTION 08

Waste Handling and Sharps Safety



Regulated medical waste and sharps require specific handling procedures that cleaning staff must understand.

Healthcare facilities generate regulated medical waste (RMW) and sharps that require specific handling. Cleaning staff must understand which waste streams they can handle and which they cannot.

Waste Stream Summary

Cleaning Staff Role

Remove and replace — normal protocol

Do NOT handle — clinical staff responsibility

Do NOT remove — report when full to clinical staff

Do NOT handle — clinical staff only

Remove and replace — normal protocol

Needlestick Protocol

If a cleaning staff member suffers a needlestick injury, they must immediately: wash the wound under running water for 15 minutes, report to the facility's IPAC lead or supervisor, seek medical attention. Post-exposure prophylaxis may be required depending on the circumstance.

SECTION 09

Product Selection and Dilution Protocols



Correct product selection and dilution are as important as cleaning technique in healthcare settings.

In healthcare cleaning, using the wrong product — or the right product at the wrong dilution — can leave surfaces incompletely disinfected or damage the surface material. Healthcare cleaning products must carry a Health Canada Drug Identification Number (DIN).

Product Selection Principles

- **DIN requirement:** All disinfectants used in healthcare settings in Ontario must have a Health Canada DIN. Products without a DIN are not regulated for efficacy and are not IPAC-compliant.
- **Contact time (dwell time):** Disinfectants require a minimum contact time on the surface to achieve their rated kill claim. Wiping dry immediately after application negates disinfection — the surface must remain visibly wet for the specified dwell time.
- **Dilution accuracy:** Over-dilution reduces efficacy. Under-dilution does not increase efficacy and can damage surfaces and is wasteful. Use measuring devices — do not estimate.
- **Compatibility:** Some disinfectants are incompatible with specific surface materials — dental chair upholstery, exam table vinyl, touchscreen interfaces. Confirm compatibility before use.

Never Mix Products

Mixing disinfectants or cleaning products in healthcare settings can create toxic chlorine gas (bleach + acid) or inactivate the disinfectant (bleach + quaternary ammonium). Use products as directed, in separate applications.

SECTION 10

Documentation and Audit Compliance

Healthcare facilities in Ontario are subject to audit by Public Health Ontario and other regulatory bodies. Cleaning documentation — what was cleaned, when, by whom, and with what product — is a key component of IPAC audit compliance.

Required Documentation

- Daily cleaning log — signed by cleaning staff, countersigned by supervisor
- Product inventory and DIN record — what products are in use
- Dilution records for bulk-diluted products
- Staff training records — IPAC training dates and content
- Enhanced cleaning records — when performed, reason (outbreak, positive patient), staff involved
- Touch point map — updated when facility layout changes

Audit Preparation

- Maintain a dedicated binder or digital folder with all cleaning documentation
- Review logs weekly — address gaps immediately
- Conduct quarterly internal audits using a standardized audit tool
- Ensure cleaning staff can explain protocols verbally — inspectors ask staff directly

Binx Healthcare Cleaning

Binx Professional Cleaning provides IPAC-aligned cleaning services for medical clinics, dental offices, and allied health facilities in North Bay and Sudbury. Our healthcare cleaning staff receive IPAC training and work with your clinic's protocols. Call (705) 845-0998 or visit binx.ca.

ABOUT BINX

Why Clients Trust Binx Professional Cleaning

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