

# Standardized Training for Environmental Cleaning in Healthcare

Grace Volkening, Nora Boyd, Brenda Smith, Regional Infection Control Networks, Ontario, Canada  
Teleclass Sponsored by Virox Technologies Inc. ([www.virox.com](http://www.virox.com))


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Hosted by Paul Webber  
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Ontario  
Ministry of Health  
Ministère de la Santé  
www.webbertraining.com April 5, 2012

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## Objectives

- Describe the role of environmental cleaning in relation to health care associated infections
- Describe some key principles of environmental cleaning best practices from the PIDAC Best Practice guidelines
- Summarize the process used to develop the toolkit and its components
- Provide brief overview of the toolkit evaluation

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## Sentinel event in 2003



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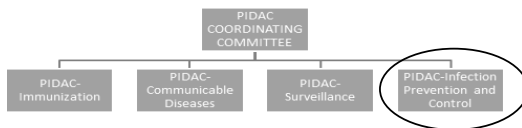
## Provincial Infectious Diseases Advisory Committee (PIDAC)

- PIDAC was originally established in 2004 in response to the recommendation by the Expert Panel on SARS and Infectious Disease Control (Walker Panel) to provide a standing source of expert advice on infectious diseases in Ontario
- <http://www.oahpp.ca/services/pidac/index.html>

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## PIDAC committees



- IP&C committee advises Public Health Ontario on the prevention and control of health care associated infections
- Produces evidence based "best practice" knowledge products

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## PIDAC IP&C Best Practice Guidelines

- Routine Practices and Additional Precautions
  - Annex A – Screening, Testing and Surveillance for ARO
  - Annex B – Prevention of Transmission of Acute Resp Infection
  - Annex C – Testing, Surveillance & Mgmt of Clostridium Difficile
- Cleaning, Disinfection and Sterilization
- Infection Prevention and Control Programs
- Hand Hygiene
- Surveillance of Health Care Associated Infections
- Sexually Transmitted Infections – Case Mgmt & Contact Tracing
- Environmental Cleaning for Prevention & Control of Infections**

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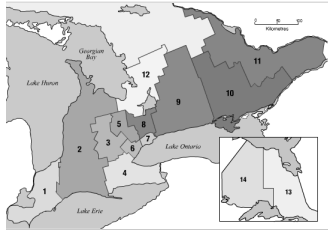
## Ontario, Canada



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## Regional Infection Control Networks (RICN)



- 1 Erie St. Clair
- 2 South Western Ontario
- 3 Waterloo Wellington
- 4 Central South
- 5 Central West
- 6 Mississauga Halton
- 7 Toronto Central
- 8 Central Region
- 9 Central East
- 10 South Eastern Ontario
- 11 Champlain
- 12 North Simcoe Muskoka
- 13 Northwestern Ontario
- 14 Northwestern Ontario

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## Regional Infection Control Networks (RICN)

- Mandate to enhance capacity by standardizing approach to **infection prevention and control best practices** across the province and across the health care spectrum
- Activities include development of IPAC resources, education and training, consultation, support and mentorship
- [www.ricn.on.ca](http://www.ricn.on.ca)

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## Why Network?

- Improve Infection Control capacity
- Combine resources and skills across the healthcare continuum
- Investment at the front-line where outbreaks occur
- Empower the frontline workers to implement best practices
- Provide a formal mechanism for sharing of expertise on a regional basis

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## Healthcare – Associated Infections (HAIs)

- Healthcare-Associated Infections (HAIs) occur as a result of healthcare interventions in any healthcare setting
- HAIs cause significant morbidity and mortality
- In Canada, it has been estimated that 220,000 incidents of HAI occur each year, resulting in more than 8,000 deaths (Zoutman et al, AJIC Aug 2003)
- HAIs are the 4<sup>th</sup> leading cause of death in Canada

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## Background on Environmental Cleaning

- Environment around the client/patient/resident (C/P/R) influences the incidence of infection
- Goal of cleaning: Keep environment safe for C/P/R, staff and visitors
- Overcrowding, understaffing and pressures to move more patients through the healthcare system can challenge the quality of environmental cleaning

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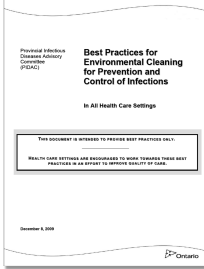
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## Best Practice for Environmental Cleaning



<http://www.oahpp.ca/resources/pidacknowledge/best-practice-manuals/environmental-cleaning-for-prevention-and-control-of-infections.html>

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## Key Concepts

- Routine Practices
- PPE
- Additional Precautions
- Frequency of routine cleaning
- Non-critical equipment and devices

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## Key Concepts

- Patients shed microorganisms into the healthcare environment
- Bacteria and viruses survive on surfaces for days to months
- The area around the patient is touched by the HCW during care
- Many surfaces and non-critical patient care equipment items have been shown to be contaminated
- Cleaning disrupts the transfer of microorganisms to HCW hands and other patients
- **“High touch”** surfaces require particular attention

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## Appendices

- Risk stratification matrix for frequency of cleaning
- Visual assessment of cleanliness
- Sample checklists and audit tools
- Advantages/disadvantages of hospital-grade disinfectants and sporicides

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## Key Concepts

- Type of surface and finish impact the ability to clean and/or disinfect



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## Hotel Clean & Hospital Clean

**Hotel Clean:**

- is a measure of cleanliness based on visual appearance that includes dust and dirt removal, waste disposal and cleaning of windows and surfaces.

**Hospital Clean** is a hotel clean PLUS:

- High touch surfaces in C/P/R care areas are cleaned and disinfected with hospital grade disinfectant
- Non-critical medical equipment is cleaned and disinfected between C/P/R AND
- Cleaning practices are periodically monitored and audited with feedback and education

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Focus on . . . Routine Cleaning

Frequency of Routine Cleaning depends on:

- frequency of contact: high touch vs low touch surfaces
- type of activity in the area
- vulnerability of the patients in the area
- probability of body substance contamination in the area

- Each area should be evaluated to determine the appropriate routine cleaning
  - Appendix B: Risk Stratification Matrix to Determine Frequency of Cleaning

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The Matrix

Risk Stratification Matrix to Determine Frequency of Cleaning

Probability of Contamination with Pathogens	High-Touch Surfaces (score = 3) Those that have frequent contact with hands. Examples: elevators, telephones, call bells, workbooks, eye washes, and areas around the neck, chest or groin surfaces.		Low-Touch Surfaces (score = 1) Those that have minimal contact with hands. Examples: walls, ceilings, mirrors & windows.	
	More Susceptible Populations (score = 2)	Less Susceptible Populations (score = 1)	More Susceptible Populations (score = 2)	Less Susceptible Populations (score = 1)
<b>Heavy</b> (score = 3) Surfaces/equipment routinely exposed to exposure amounts or fresh blood or body fluids. Examples: bedding suite, subway seats, cardiac catheterization lab, hemodialysis station, Emergency room, resuscitation/ resuscitation or resuscitation.	<b>High Risk</b> Clean after each patient encounter/clean "one" at least once per day. Clean additionally as required.	<b>Moderate Risk</b> Clean at least once daily. Clean additionally as required (e.g., gown soiled).	<b>High Risk</b> Clean after each patient encounter/clean "one" at least once per day. Clean additionally as required.	<b>Moderate Risk</b> Clean at least once daily. Clean additionally as required (e.g., gown soiled).
<b>Moderate</b> (score = 2) Surfaces/equipment not routinely (but may) become contaminated with blood or body fluids, and/or contact and direct contamination are contained or removed. Examples: use stairs, consider all client patient/resident rooms & bathrooms consistently contaminated at all times.	<b>Moderate Risk</b> Clean at least once daily. Clean additionally as required (e.g., gown soiled).	<b>Moderate Risk</b> Clean at least once daily. Clean additionally as required (e.g., gown soiled).	<b>Low Risk</b> Clean according to a fixed schedule. Clean additionally as required (e.g., gown soiled).	<b>Low Risk</b> Clean according to a fixed schedule. Clean additionally as required (e.g., gown soiled).
<b>Low</b> (score = 1) Surfaces not exposed to blood, body fluids or items that have come into contact with blood or body fluids. Examples: lounges, libraries, offices.	<b>Moderate Risk</b> Clean at least once daily. Clean additionally as required (e.g., gown soiled).	<b>Moderate Risk</b> Clean at least once daily. Clean additionally as required (e.g., gown soiled).	<b>Low Risk</b> Clean according to a fixed schedule. Clean additionally as required (e.g., gown soiled).	<b>Low Risk</b> Clean according to a fixed schedule. Clean additionally as required (e.g., gown soiled).

\* More Susceptible Populations are those who are susceptible to infection due to their medical condition or lack of immunity. Examples include oncology, transplant and chemotherapy units, neonatal (level 2 & 3) nurseries, and those who have severe burns.  
\* Less Susceptible Populations include all other individuals and areas.

Excerpt from PHAC Best Practices for Environmental Cleaning for Infection Prevention & Control in All Health Care Settings (Dec 2009), pp. 115-16

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Focus on . . . Routine Cleaning

Focus on frequently touched surfaces

- Often referred to as "high touch" items and surfaces
- More prone to contamination
- Examples: call bells, bedrails, door handles, telephones, bedside tables, ABHR dispensers

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Focus on . . . Equipment Cleaning

Shared client equipment

- Who is responsible for cleaning shared equipment between uses?
- How do you know if it is clean or dirty?
- Where is it stored?
- How do you communicate which items are shared and which are dedicated to a specific client?

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Focus on . . . Auditing

Why audit?

- Objective measurement that can be used as a quality indicator
- If it can't be measured it can't be improved (Carling)
- Transparent process/Feedback of results will occur
- Highlights areas of good performance – identifies a job 'well done'
- Identifies opportunities for improvement
- Identifies deficiencies in building/equipment
- Ensures consistency between staff and areas

- Just because it looks clean, doesn't mean it is clean -

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You cannot tell by looking . . .

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### Toolkit project

Partnership between:

- Regional Infection Control Networks
- Ontario Healthcare Housekeepers Association (OHHA)
- Canadian Association of Environmental Management (CAEM).



Regional Infection Control Networks / RÉSEAUX RÉGIONAUX DE CONTRÔLE DES INFECTIONS

caem  
CANADIAN ASSOCIATION OF ENVIRONMENTAL MANAGEMENT

*Giving Health a Helping Hand*

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### Project Deliverables

- Create standardized training program for front-line cleaning staff
- Provide other resource materials
- Identify barriers to success
- Evaluate the toolkit

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### The Journey, collaborating with stakeholders

- Hired project consultant
- Online survey issued to 300 CAEM and OHHA members in Dec 2009
- Workshop Dec 2009 with environmental services reps
- Jan to July 2010 developed toolkit content, video scripts, additional tools
- Piloted modules 1, 2 and 4 with front line ES staff
- July 2010 video production
- Aug/Sept mass production of CDs, DVDs and print materials
- French translation

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### The Launch

- Assembly and mass distribution to healthcare facilities and public health units in September 2010
- Official launch at CAEM/RICN 'Doing it Right' conference
- Held videoconferences in Oct and Nov



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### What's in the Toolkit?

Six Educational Modules on CDs:

- Module 1 – Chain of Transmission
- Module 2 – Routine Practices
- Module 3 – Cleaning products and Tools
- Module 4 – General Cleaning
- Module 5 – Additional Precautions
- Module 6 – Audits

Seven cleaning demo video clips on DVD

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### Additional Tools included

- Project Background
- Needs Assessment Questionnaire from Dec 2009
- Adult Education Support Materials
- Module Objectives
- Video scripts
- Post test questions and answers
- Certificate of completion
- Attendance sheets

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### Module content

Module One: Chain of Transmission

- Importance of Environmental Cleaning in preventing healthcare associated infections (HAI)
- Principles of transmission of infectious agents and strategies for breaking the chain of transmission

Module Two: Routine Practices

- Focus on staff safety
- Proper use of personal protective equipment (PPE)
- Other safety control measures e.g. sharps safety

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### Module content

Module Three: Cleaning Products and Tools

- Difference between cleaning and disinfection
- Appropriate use of detergents and disinfectants including proper dilution
- Housekeeping space and equipment
- New technologies e.g. microfibre

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### Module content

Module Four: General Cleaning

- Cleaning principles including frequency
- Correct sequencing of tasks for cleaning
- Specific cleaning procedures e.g. bathroom cleaning, floor mopping
- Other considerations in environmental management e.g. waste handling, sharps safety, biological spill cleaning

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### Module content

Module Five: Additional Precautions

- Appropriate procedures for specialized cleaning including cleaning for additional precautions

Module Six: Audits

- Purpose and function of an audit
- Audit process

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### Learning Checkpoint

The screenshot shows a software interface for a learning checkpoint. On the left, there is a table of contents with the following items:
 

- 1. Cleaning Principles for Environmental Quality
- 2. Cleaning Principles
- 3. Chain of Transmission
- 4. Staff Safety
- 5. Staff Safety
- 6. Routine Practices - The Basics
- 7. Routine Practices - Staff Safety
- 8. Staff Safety
- 9. Routine Practices - PPE
- 10. Routine Practices - Sharps Safety
- 11. Routine Practices - Spill Cleaning
- 12. Routine Practices - Waste Handling
- 13. Routine Practices - Other Considerations
- 14. Learning Checkpoint
- 15. Learning Checkpoint
- 16. Learning Checkpoint
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- 100. Learning Checkpoint

 The main area of the screen displays a large, 3D black checkmark, indicating a successful completion of the learning checkpoint. The interface also includes a search bar, a 'Home' button, and a 'Logout' button.

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## Application Activity

When you return to your job, what will you do differently as a result of this session?

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## Formats

Included are:

- Modules on CDs are narrated presentations
- PowerPoint presentations with speaker notes
- 7 sample procedures on DVD
- Video scripts

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## Demonstration DVD

- 7 video clips:
  - Discharge bed changing and cleaning (2min 40sec)
  - Bathroom cleaning (9min 45sec)
  - Daily room cleaning – Regular (15min 50sec)
  - Daily room cleaning – Contact precautions (15min)
  - Cleaning a blood/body fluid spill (3min)
  - Discharge room cleaning – Regular (15min 10sec)
  - Discharge room cleaning – Contact precautions (15min 35sec)
- Includes written scripts

<http://ricn.on.ca/environmentalcleaningtoolkit5102.php?dir=767>

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## Beyond the Toolkit – Sample Procedures

1. Patient/Resident Room: Daily Room Cleaning
2. Contact Precautions Room: Daily Cleaning
3. Patient/Resident Room: Discharge/ Terminal Cleaning
4. Contact Precautions Room: Discharge/ Terminal Cleaning
5. Bathroom Cleaning
6. Management of Waste
7. Management of Linen and Laundry
8. Management of a Biological Spill

Found on RICN website in Resources -> Manuals and Toolkits

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## Beyond the Toolkit – Discussion Forum

- Sharing stories and experiences with others who share a common goal can motivate us to reach our goal
- Discussion forum at [www.ricn.on.ca](http://www.ricn.on.ca)

Over 48,000 hits from more than 132 countries!

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## Evaluation approach

- Project Team engaged assistance of evaluation expert \*
- Short-term outcome objectives
  - Toolkit is received by intended users
  - Toolkit is used by intended users and supported by partners
  - Toolkit is considered to be useful and user-friendly
- Long-term outcome objectives
  - ES staff have improved knowledge of safety and adopt best practices
  - Hospitals and LTC facilities are using standardized cleaning and auditing program based on PIDAC best practices for environmental cleaning

\*Excerpt from *A Blueprint for Public Health Management: A Program Evaluation Toolkit*, Public Health Research, Education and Development Program, Ottawa-Carleton Health Department, 1997

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## Toolkit Evaluation – Dec 2011

- Using a Fluid Survey tool, **1,917** e-mail invitations were sent out across Ontario to ES and IPAC contacts in hospitals, LTC homes and public health units. Surveys were also distributed to a number of vendors
- **713** responses received – response rate = **39.3%**
- **64%** of the respondents came from LTC, followed by **18%** from community hospitals
- **40%** of the respondents worked in environmental services and **30%** were from IPAC

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## One year later – what did you tell us?


- **76%** of the respondents have used the toolkit
- **80+%** found the toolkit useful to very useful
- **80+%** found the toolkit easy or very easy to use

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## Most Used

- Survey revealed that most frequently used content was Module 2 (Routine Practices) followed by Module One (Chain of Transmission)
- Module summaries and the PPT slides with speakers notes were the most used components



“We started receiving positive feedback immediately”  
“We realized that a number of our staff didn’t actually understand why they were doing what they were doing and why they were doing it the way they were”

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## Positive feedback

- “Since the launch of the toolkit and after I conducted training and inservice with staff, I have seen dramatic improvement in the cleanliness and sanitation of our home. We have had positive feedback from the residents and compliance and regulatory bodies.”
- I have found the toolkit to be terrific. I have trained 80% of the 102 staff members. I liked the ability to pause the program to add my own visual and verbal comments
- Wonderful to have this tool in our hands, prepared and ready to go
- This Environmental Cleaning Toolkit sat around for a year until I realized this toolkit is our answer

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## Room for improvement?

- Absolutely!
- Collaboration is critical
- PIDAC document is evergreen – Revision Spring/Summer 2012
- Continuous improvement

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# Standardized Training for Environmental Cleaning in Healthcare

Grace Volkening, Nora Boyd, Brenda Smith, Regional Infection Control Networks, Ontario, Canada  
Teleclass Sponsored by Virox Technologies Inc. ([www.virox.com](http://www.virox.com))

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### In Summary

- Environmental cleaning plays an important role in the transmission of health care associated infections
- We reviewed:
  - some key principles of environmental cleaning best practices
  - the process used to develop the toolkit and its components
  - the toolkit components and additional tools provided
- We provided:
  - preliminary results from the toolkit evaluation
  - <http://ricn.on.ca/homes1.php>

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### Acknowledgements

- Public Health Ontario
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### Questions?

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- Brenda Smith, Central West – [brenda.smith@oahpp.ca](mailto:brenda.smith@oahpp.ca)
- Grace Volkening, Central Region – [grace.volkening@oahpp.ca](mailto:grace.volkening@oahpp.ca)



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**Coming Soon**

- 12 April (FREE - A.D. Russell Memorial Teleclass) Innate Resistance to Sporicides and Potential Failure to Decontaminate  
Speaker: Prof. Jean-Yves Maillard, Cardiff University, Wales
- 17 April (FREE WHO Teleclass – North America) Implementing Change: The Technical & Socio-Adaptive Aspects of Preventing Catheter-Associated Urinary Tract Infection  
Speaker: Prof. Sanjay Saint, University of Michigan  
Sponsor: World Health Organization First Global Patient Safety Challenge
- 18 April Central Line Associated Infection in the ICU  
Speaker: Prof. M. L. McLaws, University of New South Wales, Australia
- 24 April Managing Urinary Catheters and CAUTIs  
Speaker: Sharon Eustice, ARC Health Care Management Consultants, UK
- 26 April Clostridium difficile Infection: Lessons From the Quebec Experience

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