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ENVIRONMENTAL SERVICES QUALITY MONITORING

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“Best Practices for Environmental Cleaning for Prevention and Control of Infections in all Healthcare Settings” published by the Provincial Infectious Diseases Advisory Committee (PIDAC) December 8, 2009.

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



Environmental Services Department - Basics

1. One individual with assigned overall responsibility for the cleanliness of the physical facility
2. Written procedures for cleaning and disinfection of patient areas and equipment that include:
 - ✓ defined responsibility for specific items and areas
 - ✓ clearly defined lines of accountability
 - ✓ procedures for daily and terminal cleaning and disinfection
 - ✓ procedures for cleaning in construction/renovation areas
 - ✓ procedures for specific environmentally-hardy microorganisms
 - ✓ procedures for outbreak management
 - ✓ cleaning and disinfection standards and frequency



Environmental Services - Basics (2)

3. Adequate human resources for thorough/timely cleaning and disinfection
4. Priority for cleaning given to patient care areas
5. Provision for additional environmental cleaning capacity during outbreaks
6. Education and continuing education of cleaning staff
7. Monitoring of cleanliness -results become part of the employee's performance review; result aggregates reviewed by management
8. Supervision of cleaning staff by those who are trained and knowledgeable in cleaning standards and practices
9. Ongoing review of procedures.



Staffing – Building Factors

- ❖ Age of the Facility – older buildings are harder to clean
- ❖ Design of the Facility – e.g., amount of walking required
- ❖ Size of the Facility
- ❖ Climate
- ❖ Season
- ❖ Exposure of facility to outside dust and soil, e.g., construction site
- ❖ Type of floors and walls
- ❖ Presence of carpet and upholstered furniture



Staffing – Occupancy Factors

- ❖ Occupancy rate and volume of cases
- ❖ Patient mix/type of care in the area – Vulnerability of patient population
- ❖ Frequency of cleaning required in an area (e.g., once daily vs. after each case)
- ❖ Square meters to be cleaned in patient care areas
- ❖ Square meters to be cleaned in non-patient care areas
- ❖ Admissions/discharges by unit/area – more rapid turnover requires a shorter turnaround time for rooms and equipment
- ❖ Additional Precautions rooms – extra time required to put on and remove PPE
- ❖ Presence of outbreaks



Staffing – Equipment & Training Factors

- ❖ Type of cleaning tools/equipment available (e.g., automated floor cleaner vs. mop and bucket)
- ❖ Amount and level of training given to new staff will influence supervisory staffing levels
- ❖ Auditing activities will influence supervisory staffing levels
- ❖ Staff experience (inexperienced staff will work slower than experienced staff)



Frequencies and Probabilities

- Frequency of Contact with Surfaces
 - **High-Touch Surfaces** – frequent contact with hands
 - **Low-Touch Surfaces** – minimal contact with hands
- Contamination Risk
 - **Heavy** – Large amounts of blood /body fluids
 - **Medium** – All patient rooms/bathrooms as a minimum
 - **Light** – Non-patient care areas



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“Hotel Clean” vs. “Hospital Clean”

“Hotel Clean” – Areas not involved in Patient Care –
Lobbies, Waiting Rooms, Corridors, Elevators,
Stairwells, Service Areas

“Hospital Clean” – Patient Rooms, Procedure Rooms,
Bathrooms, Diagnostic & Treatment Areas



“Hotel Clean”

- **Floors and baseboards are free of stains, visible dust, spills and streaks**
- **Walls, ceilings and doors are free of visible dust, gross soil, streaks, spider webs and handprints**
- **All horizontal surfaces are free of visible dust or streaks (includes furniture, window ledges, overhead lights, phones, picture frames, carpets etc.)**
- **Bathroom fixtures including toilets, sinks, tubs and showers are free of streaks, soil, stains and soap scum**
- **Mirrors and windows are free of dust and streaks**
- **Dispensers are free of dust, soiling and residue and replaced/replenished when empty**
- **Appliances are free of dust, soiling and stains**
- **Waste is disposed of appropriately**
- **Items that are broken, torn, cracked or malfunctioning are replaced**



“Hospital Clean”

Hospital Clean = HOTEL CLEAN +

- High-touch surfaces in client/patient/resident care areas are cleaned and disinfected with a hospital-grade disinfectant
- Non-critical medical equipment is cleaned and disinfected between clients/patients/residents

**CLEANING PRACTICES ARE PERIODICALLY MONITORED AND
AUDITED WITH FEEDBACK AND EDUCATION**



Monitoring

Measures – Use Checklists & Audit Tools

- Visual Assessment
- Observation of Staff Performance
- Patient Satisfaction Surveys



Sample Checklist – Patient Room-Daily

- Check for Additional Precautions signs and follow the precautions indicated
- Walk through room to determine what needs to be replaced
- Ensure an adequate supply of clean cloths is available
- Prepare fresh disinfectant solution according to manufacturer's instructions
- Clean hands using Alcohol Based Hand Rub and put on gloves
- Clean doors, door handles, push plate and touched areas of frame
- Check walls for visible soiling and clean if required
- Clean light switches and thermostats
- Clean wall mounted items such as alcohol-based hand rub dispenser, glove box holder



Staff Checklist - Patient Room - Daily (2)

- Check privacy curtains for visible soiling and replace if required
- Check and remove fingerprints and soil from interior glass partitions, glass door panels, mirrors and windows with glass cleaner
- Clean all furnishings and horizontal surfaces in the room including:
 - chairs
 - window sill
 - television and cords
 - telephone
 - night table and other tables and desks
- Wipe equipment on walls such as top of suction bottle, intercom and blood pressure manometer as well as IV pole



Staff Checklist - Patient Room - Daily (3)

- Clean bedrails, bed controls and call bell, including cord
- Clean bathroom/shower
- Clean floors
- Place soiled cloths in designated container for laundering
- Check sharps container and change when $\frac{3}{4}$ full (do not dust the top of a sharps container)
- Remove soiled linen if bag is full
- Place obvious waste in receptacles
- Remove waste



Staff Checklist - Patient Room - Daily (4)

- Remove gloves and clean hands
- Replenish supplies as required (e.g., toilet paper, paper towel, soap, alcohol-based hand rub, gloves, sharps container)
- Replace privacy curtains
- Clean hands with Alcohol Base Hand Rub on leaving the room



Sample Audit Tool for Routine Daily Patient Room Cleaning

Area Monitored	Compliance			Deficiency Noted
	Yes	No	N/A	
Supplies				
There is a one-day supply of toilet paper, paper towels, soap, ABHR, gloves				
The sharps container is less than 3/4 full				
Waste has been removed				
Soiled linen has been removed				
Surface Cleaning				
Doors, door handle, frame and push plate				
Walls (visible soiling)				
Curtains (visible soiling)				
Light switches				
Thermostat				
Wall mounted items (e.g., ABHR dispenser, glove box holder)				
Glass partitions, door panels, mirrors and windows				
Chairs				
Window sill				
Television plus cords				
Telephone				
Computer keypads				
Night table, overbed table, side tables, desks				
Top of suction bottles				
Blood pressure manometer				
IV poles				
Intercom				
Bedrails, bed controls				
Call bell and cord				
Mobile equipment (e.g., walker, wheelchair)				
Linen hamper (all surfaces)				
Bathroom Cleaning				
Mirror				
All dispensers and frames				
Chrome wall attachments				
Door handle and frame				
Light switch				
Wall mounted dispensing machines				
Call bell and cord				
Support railings				
Ledges, shelves				
Sink and faucets				
Shower, including faucets, shower head, soap dish, grout				
Toilet, including attached seats, handle, underside of flush rim				
Floor Cleaning				
Floors				
Carpets				
Compliance Rate				
Total number of 'Yes'				Compliance Rate:
Total number of 'No'				
Total number of items ('Yes' and 'No', exclude 'N/A')				



Scoring System for Visual Assessment

Quantification of Visual Assessment Techniques:

Example – 25 items inspected

✓ Record a site as clean if dust, debris and soil are absent:

Clean = 20 items

✓ Record a site as dirty if dust, debris or soil are present:

Dirty = 5 items

✓ Calculate the cleaning rate as a percentage:

Cleaning Rate = 80% of items

Goal: Hospital = 100%

Hotel = 80%+



BOX 23: Sample Procedure for Cleaning an Ambulance

Routine Clean Following Each Transport:

- Place biomedical waste (e.g., dressings, bandages, contaminated sheets that are saturated with blood) in a clearly marked biohazardous waste receptacle
- Carefully dispose of sharps that are found during cleaning in appropriate sharps container
- Remove used linens/blankets for laundering
- Clean and disinfect/sterilize equipment used during the call
- Clean and disinfect the cab and patient compartment as required
- If the vehicle is heavily contaminated it will be taken out of service and deep cleaned
- Restock vehicle as required

Deep Clean as Required and When Scheduled:

Driver's Compartment

- Remove all equipment from the front of the vehicle
- Clean and vacuum floor
- Clean and disinfect all interior surfaces, including walls, doors, radio equipment, dash and windows

Patient Compartment

- Remove stretchers, clean and disinfect including mattress and belts; check for wear or damage
- Remove wall suction, clean and disinfect
- Remove contents of cupboards and shelves; clean and disinfect all surfaces
- Clean, disinfect and dry all hard surface items before returning to cupboard or shelf; inspect for damage and expiration dates; repair/replace as needed
- Sweep, vacuum, clean and disinfect floor
- Clean and disinfect chairs, bench seats, seat belts
- Clean and disinfect all interior surfaces, including ceiling and walls
- Remove scuff marks
- Check interior lighting
- Empty, clean and disinfect waste containers
- Clean interior windows

Equipment Storage Compartment

- Remove all equipment and sweep out compartment
- Clean and disinfect compartment and restock

Adapted from: Ministry of Health and Long-Term Care, Emergency Health Services Branch's *'Infection Prevention and Control Best Practices Manual for Land Ambulance Paramedics'*, Version 1.0 (March 2007); Greater Sudbury Emergency Medical Services *'Vehicle and Equipment Policy and Procedure Manual'*, Section 4 (revised August 2006); and Algoma Emergency Medical Services, Standardized Vehicle Deep Clean Procedure.



Observation of Individual Performance

Trained Observers on
a Routine Basis

Feedback and Re-
Training

Part of Employee
Performance Review



Patient Satisfaction Surveys

- Patient perceptions - *not* always accurate
- If Patient Surveys are used:
 - Need benchmarks – previous survey data
 - Standardized delivery of the survey (same time period, method for distribution, same unit, etc.)