

Participant “Q and A” from the Power of Clean Environmental Cleaning Workshop for Staff Working in Utah’s Long-Term Care Facilities Fall 2023 - St. George and SLC Locations

Topic: Chemical Questions

- Question:** “What is the best sanitizer to use to disinfect!?”

Answer: For cleaning and disinfection in healthcare settings, an EPA (Environmental Protection Agency) registered hospital disinfectant is usually required. These chemicals kill *Staphylococcus aureus* and *Pseudomonas aeruginosa* in 10 minutes or less to receive this designation from the EPA and will be granted permission to include use in healthcare facilities on their labeling.
- Question:** “How do you get additional product labels for filled bottles of the cleaner (disinfectant)?”

Answer: Contact your distributor or sales representative through where you order your product. Many companies provide these free of charge upon contacting them, others may have a copy on a website that can be downloaded and printed.
- Question:** “Is ‘D’s 20’ a good cleaner?”

Answer: Please see this resource that will help you with the process of evaluating an EPA hospital registered disinfectant, including an evaluation chart that guides the process:
<https://disinfection.wpenginepowered.com/wp-content/uploads/2017/07/IdealDisinfSPICE.pdf>
- Question:** “Are Clorox wipes an acceptable disinfectant wipe for facilities?”

Answer: Clorox is the brand name but ***not a name of a specific disinfectant chemical***. The Clorox company sells a variety of disinfectant wipes that are different chemicals, some meet the EPA requirements for being a hospital registered disinfectant, others do not. To answer this question, you will need to review the label to see what the product name is, the disinfectant ingredient and EPA registration number. Then you can look at the EPA site to see if it is effective on the organisms that are needed for the use you are planning to utilize it for.
<https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants> To be considered EPA Hospital registered disinfectants, the product must be effective on *Staphylococcus aureus* as well as *Pseudomonas aeruginosa* within a 10 minute period.
- Question:** “What are the best products to use to clean a room after MDROs (Multiple Drug Resist Organisms)?”

Answer: To answer this question, you will need to review the label to see what product name is, organisms that it is effective on, and contact time required by the label for that, the disinfectant ingredient and EPA registration number. Then you can look at the EPA site to see if it is effective on the organisms that are needed for the use you are planning to utilize it for.
<https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>
- Question:** “What is the best disinfectant that you guys use?”

Answer: During the workshop, we encouraged networking between participants to share brand specific questions. Please see this resource that will help you with the process of evaluating an EPA hospital registered disinfectant, including an evaluation chart that guides the process: <https://disinfection.wpenginepowered.com/wp-content/uploads/2017/07/IdealDisinfSPICE.pdf>

7. **Question:** “What are ‘purple’ wipes used for to disinfect?”

Answer: To answer this question, you will need to review the label to see what the product name is, organisms that it is effective on, and contact time required by the label for that, the disinfectant ingredient and EPA registration number. Then you can look at the EPA site to see if it is effective on the organisms that are needed for the use you are planning to utilize it for. <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>

8. **Question:** “Glucometers-can “purple top” wipes be used on these?”

Answer: You will need to review the glucometer manufacturer’s directions for use for what disinfectant is recommended to be used. You will need to be sure that this chemical and process will meet the need for bloodborne pathogens related cleaning and disinfection.

9. **Question:** “Are there cleaning supplies that don’t break down integrity of equipment including railings?”

Answer: Cleaning is performed using a detergent based EPA cleaner usually. For a “1 step cleaning and disinfection process” for frequently touched surfaces in healthcare settings, an EPA registered hospital cleaner/disinfectant that is approved as a 1 step product should be used. There are a variety of chemicals available that meet this criterion, often those with a hydrogen peroxide base are less damaging to painted, stained or plastic surfaces compared for instance to bleach solutions or quaternary ammonium solutions.

10. **Question:** “How long should you leave bleach on surfaces?”

Answer: Disinfectant products need to be used according to the manufacturer’s directions. This includes those containing bleach. The time may vary depending on the brand and other variables.

11. **Question:** “What products are to be used to clean vital sign equipment?”

Answer: You will need to review the medical device’s manufacturer directions for use for proper technique to follow when cleaning and disinfecting the equipment. Then the process will need to be what is recommended by the infection control policy for the targeted pathogen(s) involved (i.e. bloodborne pathogen or C. diff, general resident use without a specific targeted pathogen, etc.)

12. **Question:** “How do you sanitize laundry you can’t bleach?”

Answer: Use the fabric manufacturer’s recommended laundry cycles, water temperatures and chemical detergent products. Recommendations for laundry processed in hot water temperatures is 160°F for 25 minutes. For laundry that is not hot water compatible, low temperature washing at 71 to 77°F plus chlorine or oxygen-activated bleach can reduce microbial contamination. A chlorine bleach rinse is not required for all laundry items processed in low temperature if laundry detergents are able to produce hygienically clean laundry without the presence of chlorine bleach.

13. **Question:** “Are there any good medical companies to go with (for disinfectants)?”

Answer: Choosing a distributor or disinfectant company that specializes in healthcare is helpful. Many have access to experts that are available when consultation is needed. Also, you may reach out to colleagues at other nearby hospital IC (Infection Control) departments, other facilities if yours is part of a larger system, or contact one of the IPs that are working with your Comagine SBIPP team at infectionpreventionadvisor@comagine.org

Topic: EVS Procedure Type Questions

14. **Multiple questions** on the same topic which we did not get anyone from the workshop to share a product they would recommend. These are the questions:

- a. "What is the best product for removing hard water stains, in a restroom that's not too strong of an odor?"
- b. "Is there a chemical that's better to remove stains?"
- c. "What is the best way to remove hard water and calcium build up?"

Answer: NOTE that this is NOT a product endorsement but sharing the answer to this question when it was shared with national EVS consultant Jonathan Cooper CHESP, a-IPC, who in addition to being an EVS Director in healthcare with many years experience is also an Environmental Health Specialist. "I use this product and it works miracles in minutes; literally minutes! I order directly from the HD Supply website (www.hdsupplysolutions.com). The product smells fresh and does the job even better than CLR (calcium, lime, rust remove) and is RTU (ready to use). You can buy each or to a case. I don't keep it on the team members carts; we hand it out as needed then have them return at end of shift: *Renown Phos20 1 Qt Acid Bowl Cleaner.*"

15. **Question:** "How long should a cleaner stay on the surface?"

Answer: The disinfectant product should stay on the hard surface for the time according to the manufacturer's instructions. This should be 10 minutes or less for EPA registered hospital disinfectants, according to the manufacturer's instructions.

16. **Question:** "What is best for cleaning rooms? Bucket or spraying surfaces?"

Answer: The application of a 1 step cleaner/disinfectant should be according to the manufacturer's instructions. This is typically by being applied by a cleaning cloth utilizing friction. The cloth may be from a primary pail that has folded cleaning cloths in it with disinfectant solution or maybe a cloth that is wetted from a bottle with a pour spout top. Disinfectants should not be sprayed in healthcare settings according to CDC recommendations.

17. **Question:** "Should iso rooms be "deeped" every day or just once iso precautions are over?"

Answer: According to the CDC recommendations, the daily cleaning of the rooms for special isolation precautions should be more than what you provide in non-precaution rooms, with special attention paid to the surfaces that are most often touched by staff and resident. Having a written procedure addressing how each type of room should be cleaned helps to ensure this is practiced consistently. Terminal cleaning is performed upon transfer or discharge of the resident and includes a much more intense process including bedframe, rails, mattresses, interior of drawers, etc.

18. **Question:** "How often should "deep cleaning" be performed?"

Answer: That would be in accordance with your facility policy. It is important that visible dust is removed regularly as it can contribute to the spreading of pathogens around the facility. Also, refer to question 17 above regarding special precautions for infection control purposes.

19. **Question:** “How often should we be cleaning the railings (chair rails) in common areas?”

Answer: That would be according to the facility policy and the agreed upon duty list of the environmental cleaning program. These are considered frequently touched items (i.e., high touch surfaces) so including them in a daily schedule for cleaning with an EPA registered hospital disinfectant solution is a practical approach, with increase in frequency in times of heightened prevention activities such as during flu season or increased activity during holidays, etc.

20. **Question:** “How often should door handles, rails, etc. be cleaned?” (in the common/frequently touched areas)

Answer: That would be according to the facility policy and the agreed upon duty list of the environmental cleaning program. These are considered frequently touched items (i.e. high touch surfaces) so including them in a daily schedule for cleaning with an EPA registered hospital disinfectant solution is a practical approach, with increase in frequency in times of heightened prevention activities such as during flu season or increased activity during holidays, etc.

21. **Question:** “What is the best way to disinfect carpet?”

Answer: There is no disinfectant on the market that can claim disinfection ("decontamination") of a "plush surface" because the EPA has **not** accepted a test protocol for the disinfection of carpets. The disinfectants on the market [have] EPA registered claims for "hard surfaces", not plush/carpet surfaces. The manufacturer of carpeting should have a maintenance manual available to the hospital to indicate the appropriate cleaning and disinfection procedures for the various and diverse spills that can occur on carpet surfaces. <https://www.osha.gov/laws-regs/standardinterpretations/1994-06-10>

- This link is to a great resource for an 11 minute animated video training on Norovirus management for cleaning staff that has a section at 9:00 minutes related to carpet specifics that may also be helpful for you: English
<https://www.youtube.com/watch?v=NWWa1ZlqneQ>
- Spanish
https://www.youtube.com/watch?v=FNOfc7CXVo&list=UULPr7pqPe_gn7RFb8mX_8gW_w&index=11

22. **Question:** “When removing garbage from rooms, feeding tubes, IV supplies external caths-is this EVS responsibility?”

Answer: This is a facility policy. It is important that those designated by written policy are properly trained and demonstrate their competency in how to perform the task in a safe and competent manner.

EVS Program Related Questions

23. **Question:** “Does Comagine have online training for new housekeeping Directors? Or any direction for them?”

Answer: There isn't a specific on-line training course from Comagine but there are several resources we can help you with.

- First, if you specifically need help in setting up the EVS (housekeeping) program you can email Comagine’s Infection Prevention Consultant Debbie Hurst who is certified in both Healthcare Environmental Services (CHESP) and infection control (CIC). She can help you set goals for your next steps and guide you in accessing resources available to assist you. Additionally, there are some free on-line EVS training resources you may want to look through and find specific needs you identify as well. These include the “STRIVE (States Targeting Reduction in Infections via Engagement)” program material located at: https://www.cdc.gov/infectioncontrol/training/strive.html#anchor_1564584999
- There are free videos available from Oregon Patient Safety specific for environmental cleaning training as well at: <http://bit.ly/2wctBxC>
- And another resource with various infection control related topics that are applicable to the role of environmental services can be found at CDC’s Project Firstline located at: <https://www.cdc.gov/infectioncontrol/projectfirstline/index.html>

24. **Question:** “What are cleaning protocols for *Acinetobacter baumannii*??”

Answer: Routine environmental cleaning using any of the EPA registered hospital disinfectants is considered effective for *Acinetobacter baumannii* as it is a type of bacteria that responds to low level disinfectants including quaternary ammonium products and others. If there is an outbreak situation of resistant A. baumannii, this resource from APIC (Association for Professionals in Infection Control) has special instructional information beginning on page 33 that will be helpful to the IP and EVS management team. <https://apic.org/wp-content/uploads/2019/02/APIC-AB-Guide.pdf>

25. **Question:** “What are the preferred methods to disinfect C. auris?”

Answer: Please refer to this CDC resource that has specific information for preferred methods and information on EPA-registered claims for C. auris to assist you in your environmental cleaning program selections.

26. **Question:** “What is the method to prevent transmission of C. auris in LTCF?”

Answer: Please refer to this CDC resource that has specific information including a list of the primary control measures that include hand hygiene, cleaning and disinfection information and more. <https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html>

27. **Question:** “Who should be in charge of cleaning up body fluids? CNA’s or housekeeping?”

Answer: This is a facility policy. It is important that those designated by policy are properly trained and competent on how to perform the task in a competent manner.

28. **Question:** “Why should we not refill ABHR (Alcohol Based Hand Rub) containers?”

Answer: In healthcare, is it against infection control fundamental practice to “top off” or refill partially empty/full containers because of the risk that this has for contamination and widespread dissemination of pathogens. Soap containers, alcohol-based hand rub and hand lotion should be facility approved and should not be refillable style. Instead, they should be packaged so that one container or unit is used and then completely replaced with a new product that is in a new “single use” healthcare style of container each time.

Safety Related Questions

29. **Question:** “What should be the requirements for eyewash availability when actively cleaning an area?”

Answer: For eyewash stations and **infection control purposes**, please see the document from OSHA at the link provided: <https://www.osha.gov/sites/default/files/publications/OSHA3818.pdf>
For chemical safety reasons, you should utilize the SDS (Safety Data Sheets) directions and review the chemical PPE (Personal Protective Equipment) requirements and first aid recommendations. Often there are two sets of directions or two separate SDS documents; one for concentrate solution exposure and one for diluted. Usually for disinfectant chemicals, access to an eyewash station will be indicated in the SDS for many concentrated solutions and not for the diluted product that is used for active cleaning.

30. **Question:** “Can we store the Sani wipes on Arjo Lifts, vital carts? What is best way to keep these wipes close (to where they are needed)?”

Answer: This would be according to your facility policy, accreditation requirements if applicable and health department regulations. Several different companies that produce such products have product holders designed for attaching to walls and/or equipment. Check with your vendor to see what is available and permitted for use at your facility.

General Infection Control Program Questions

31. **Question:** “What is the best way to achieve compliance with multiple use equipment”

Answer: First, be sure that the expected behavior is spelled out in your facility policy. Then be sure to train the staff to the policy and document their ability to perform key skills with “demonstrated competence” check off process. Once that is accomplished, then monitor for compliance to the specifics in the policy/training for a period of time; gather the data and analyze and provide the results of the outcome to leadership and staff. In between times when audits are being performed, coaching of staff in the expected behavior and providing positive feedback when they are meeting is a strong motivator. Those who are in non-compliance despite this approach would be reported to their direct supervisor for management process follow-up.

32. **Question:** “Where are most of the worst germs located in a SNF”

Answer: In the resident “zone” this will most likely be bedrails, overbed tables and call lights. The more items are touched, the more chance of pathogens being transferred to the surfaces. The restrooms are considered the “dirtiest” area of the resident’s room but if there is a bedside commode in use this will also be considered “dirtiest” area also. Soiled utility rooms and similar areas are on the list also. It is important that these identified areas be included in the daily cleaning and disinfection routine for the environmental cleaning staff and resident care staff to reduce the risk of infection.

33. **Question:** “How to best track hand hygiene?”

Answer: **There** are quite a few resources to accomplish this, depending on the need. We recommend that the Infection Preventionist work with the EVS Manager to learn what the process is at the facility so that the EVS program for hand hygiene tracking is part of the overall IC program. Tools for the overall development of long-term care hand hygiene programs are available from Comagine as well as CDC, AHRQ (Agency for Healthcare Research and Quality)

and others. It is recommended that those with this question contact the Comagine SBIPP team at infectionpreventionadvisor@comagine.org and let us know your specific need and let us set up a call to work with you to achieve your goal and provide an assortment of tools to help you with the process.

34. **Question:** “How often should you replace the hood for N95 testing?”

Answer: According to the manufacturer’s recommendations as well as anytime the integrity of the hood is compromised and potentially prevents proper cleaning and disinfection between each use.

35. **Question:** “Can we use reusable gowns in LTC with EBP (Enhanced Barrier Precautions) if we use them only once and then send to the laundry?”

Answer: Yes, launderable “reusable” isolation gowns are permitted but can only be used one time and then need to be placed in the dirty laundry hamper and a freshly laundered one used next time.

36. **Question:** “How to get staff to maintain infection prevention standards using a supportive approach and not sounding negative?”

Answer: This can be challenging as there is the process of providing education and training on policies and then reinforcing that policy compared to dealing with intentional non-compliance. An effective approach is a collaborative one between the Infection Preventionist and leadership team and the infection control oversight committee, typically QAPI (Quality Assurance, Performance Improvement) in long-term care. Having an infection control program with the IP leading the efforts of education, training and monitoring of compliance and reporting that back to management and QAPI for follow up action recommendations including disciplinary steps when warranted is what infection control professional recommendations are modeled on. Ownership of the IC program is a facility program, not one individual's responsibility.

37. **Question:** “What about food waste with patients on contact precautions, is this true biohazard waste?”

Answer: Standard precautions are followed for food trays and CDC does not recommend using disposable dishes or utensils for infection control purposes including those in Transmission-based isolation.

38. **Question:** “Do you need to use signs on Doors for what PPE needs to be used?”

Answer: Standard Precautions (see next question below) applies to all patients/residents, so no special signage is posted outside of the rooms where they stay. When additional precautions are needed in addition to Standard Precautions, such as Contact, Droplet, Enhanced Barrier, and other precautions, then a sign with special instructions to be followed is posted at the door entering the room.

39. **Question:** “What is the difference between Standard Precautions vs. Contact Precautions?”

Answer: Standard precautions are a set of basic infection prevention practices intended to prevent transmission of infectious diseases from one person to another. Because we do not always know if a person has an infectious disease, standard precautions are applied to every person every time to assure that transmission of disease does not occur. This includes hand hygiene, proper use of PPE, cleaning of the environment, safe injection practices, proper

handling of textiles/laundry, respiratory hygiene/cough etiquette, proper resident placement, and proper handling and cleaning of resident care equipment.