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Population Health

Utah Infection Prevention Solutions

Infection Prevention Learning Collaborative

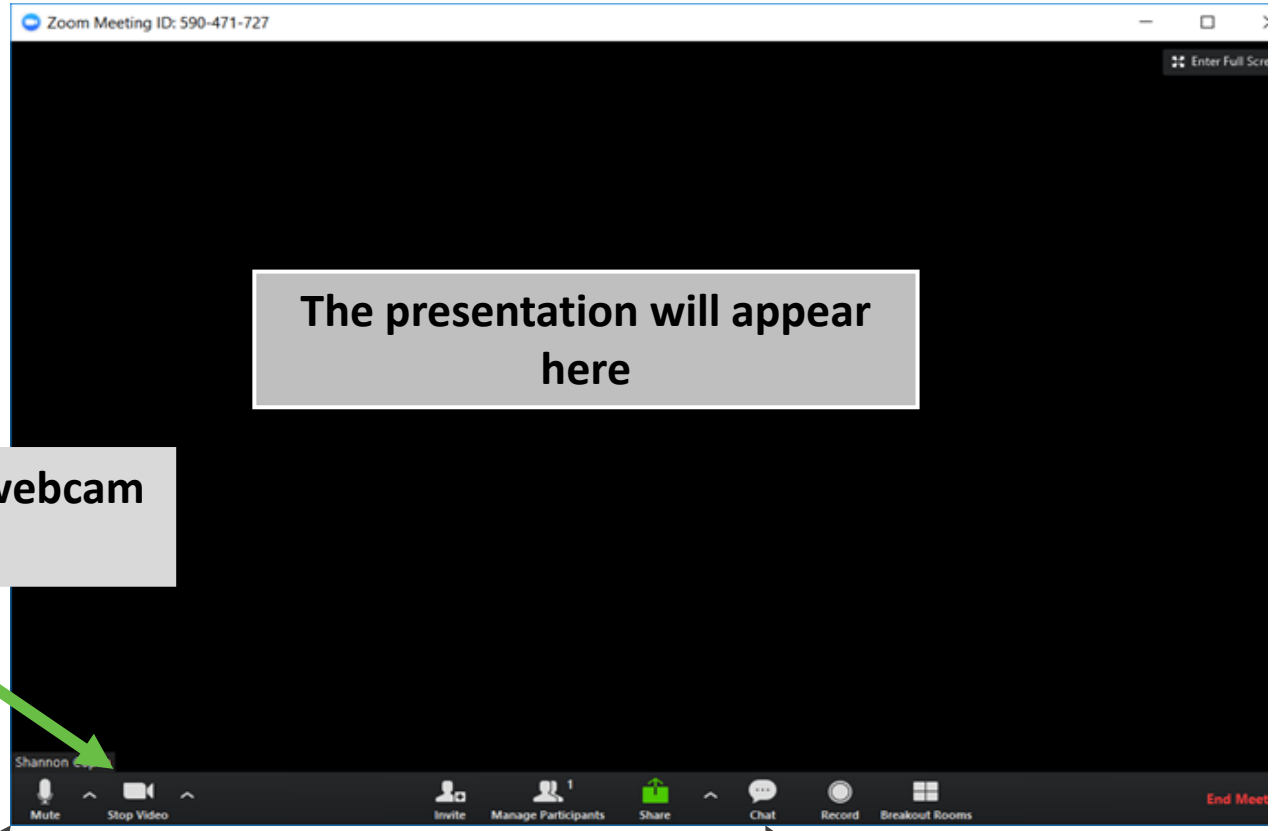
Cycle 1 – Session 11

Keeping Everything Clean: How to control the environment to reduce infections

Presented on Wednesday, November 1, 2023, by:
Debbie Hurst RN, BSN, CHESP, CIC, FAPIC; Infection Prevention Consultant
Violet Brown, BS, CHES; Improvement Advisor
Kaylie Pickup; Associate Improvement Advisor

Project ECHO®

Zoom Attendee Controls



Please turn on your webcam if accessible

Mute here when not speaking

For comments or questions, use chat or raise your hand

For phone participants:
*6 to mute/un-mute

1. Click “Join Audio”
2. Identify Participant ID
3. On the phone keypad, dial: #[*Participant ID*]#

   Example: #49#

Please download the latest Zoom update

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UT ECHO Resource Sharing via Padlet

- What is Padlet?
  - A virtual post-it wall for sharing resources and building community
- UT Infection Prevention Padlet
  - ECHO Infection Prevention resources will be shared bi-monthly
  - Access roundtable case submission form
  - No log-in required!

Scan here to access UT Infection Prevention Learning Collaborative - ECHO Padlet

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Introductions

Name, pronouns, location, role

How many beverages do you have with you?

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Extension for Community Health Care Outcomes (ECHO®)

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Project ECHO®

Agenda

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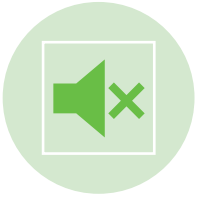
Creating the Culture

ECHO is an all-teach, all-learn platform. Your ideas, questions and answers matter!

If accessible, please turn on your cameras



Remain on mute unless speaking

It is okay to disagree, but please do so respectfully

Do not disclose protected health information (PHI) or personally identifiable information (PII)

Love, respect, kindness, empathy and *fun*!

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Flash Talk

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Purpose of Flash Talk

Short 10-15 min presentations

Provide real-life insight, ideas, resources and tools

Summarize and/or simplify current recommendations

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Utah Infection Prevention Learning Collaborative (ECHO) 2023 Curriculum

Strengthening Your Foundation	Building Community	Taking on Infection Prevention	Surveillance; What and How	Using QAPI to your advantage
Putting it into Practice	Hand Hygiene	Standard and Transmission Based Precautions	Enhance Barrier Precautions - Simplified	Injection Safety and POC Testing
Collaborating for Success	Tuberculosis	Antibiotic Stewardship	Environment of Care	Water Management

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Learning Objectives

Upon completion of this session, participants will be able to:

Describe the basic concepts and expected outcomes of effective healthcare environmental cleaning and disinfection

Identify the environmental aspects of the infection prevention and control (IPC) program

Utilize basic tools available to infection preventionists for an effective surveillance program

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It Takes a Team to Keep it Clean

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Content sourced with permission from CDC/APIC/AHE's STRIVE Program:
https://apic.org/resources/topic-specific-infection-prevention/environmental-services/

Basic Cleaning and Disinfecting in Health Care

Who is responsible?

Who should receive specialized training?

Who should be supervising and training?

How does it differ from hospitality cleaning or janitorial?

What are the main techniques to understand?

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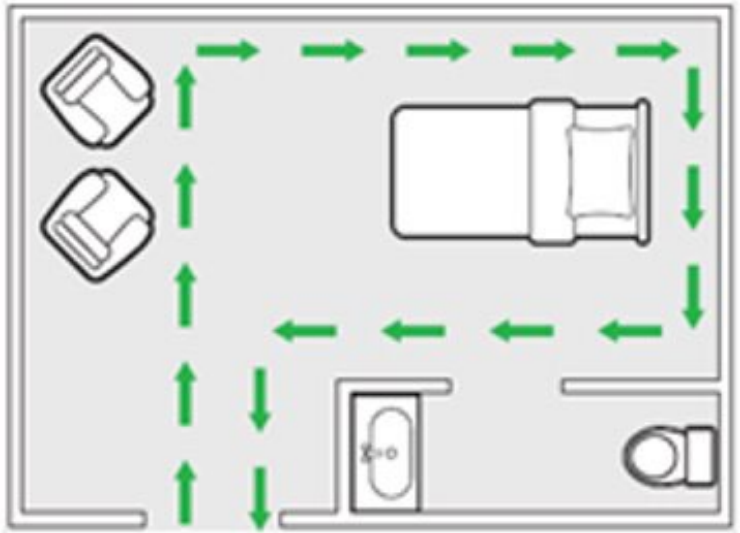
Main Techniques: Health Care Environmental Cleaning

- "High to low, clean to dirty, one direction around the room"
- Use "damp dusting", not dry when in patient and resident care areas
- Remember: "Dust IS NOT our friend!"
- Fold, refold cleaning cloth and change frequently
- Microfiber preferred for efficacy purposes in health care settings
- Never dip used textiles into a pail or bucket of disinfectant cleaner



Source: https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html

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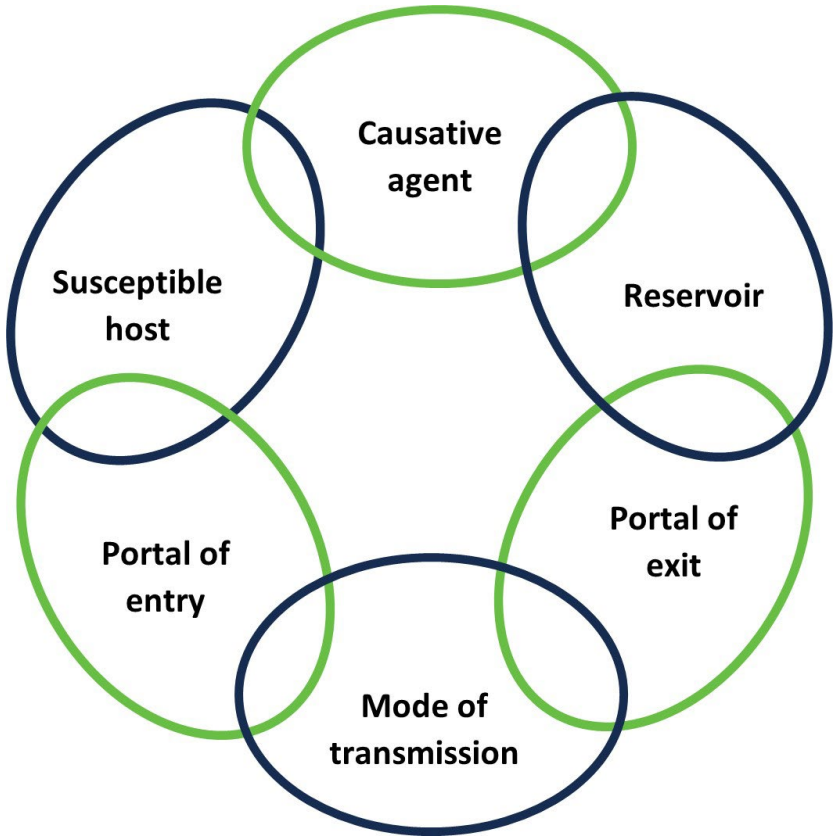
Example: Terminal Resident Room Cleaning



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Environmental Aspects of the IPC Program

How Long Pathogens Last in the Environment

Pathogen (Germ)	Survival Time on Dry Surfaces
Acinetobacter spp. (ACBA)	3 days – 5 months
Bloodborne pathogen (Hepatitis B)	> 1 week
Clostridioides difficile (spore form)	5 months
Escherichia coli	1.5 hours – 16 months
Enterococcus (VRE and VSE)	5 days – 4 months
Klebsiella spp	2 hours - > 30 months
Mycobacterium tuberculosis (TB)	1 day – 4 months
Pseudomonas aeruginosa	6 hours – 16 months
Serratia marcescens	3 days – 2 months
Staphylococcus aureus (including MRSA)	7 days – 7 months
Group A Streptococcus pyogenes (GAS)	3 days – 6.5 months

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Source: Kramer, A., Schwebke, I. & Kampf, G. How long do nosocomial pathogens persist on inanimate surfaces? A systematic review. BMC Infect Dis 6, 130 (2006).

Cleaning Efficacy Surveillance

- What is "cleaning efficacy" in health care?
- Are there guiding recommendations for monitoring cleaning efficacy?
- Is there an "easy way" to get started with adding this to our IPC program?

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Evaluating Cleanliness

Direct observation (Inspections)

- Completed by Supervisor when terminal cleaning is completed

Fluorescent Markers (FM)

- Mark room (discretely) before terminal cleaning is initiated
- Supervisor returns with UV light after cleaning

Adenosine triphosphate (ATP)

- Supervisor checks with ATP after terminal room cleaning is completed

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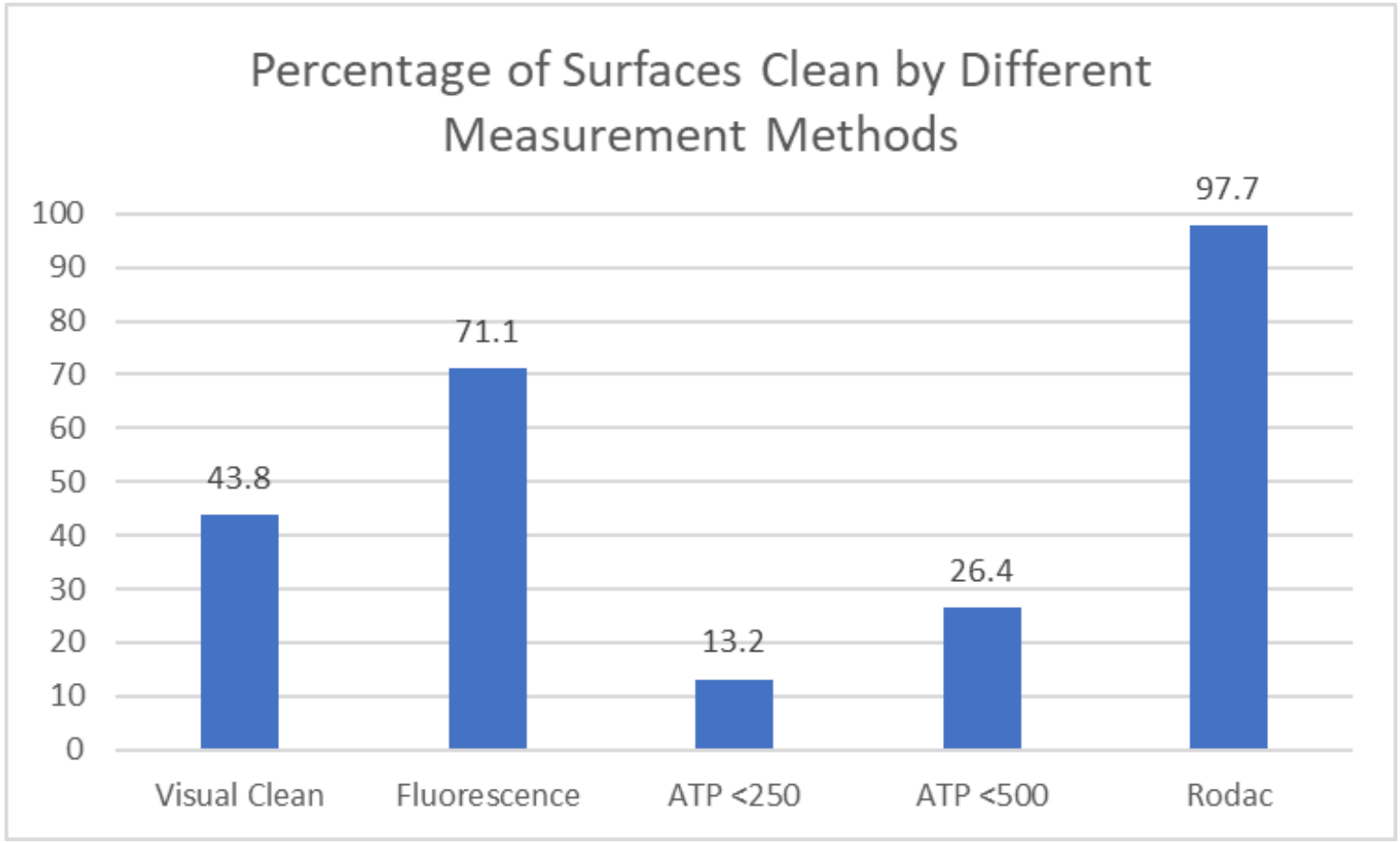
Monitoring Environmental Cleaning Practices



"Comparative Analysis of Four Major Hospital Cleaning Validation Methods" by William Rutala, BS, MS, MPH, PhD. et al, June 2017

Simple Start:

Surface Cleaning and Disinfection Procedures and Techniques in Environmental Services (EVS)

UV LIGHT INSPECTION: QUICK CHECK FOR CLEANING

Mark at least 10 items below with UV marker before room is cleaned.

Date Completed_____
Completed by_____
Unit_____

PATIENT ROOM#_____	Marked with UV Marker (Check at least 10)	Mark Y if mark seen under UV light Mark N if not seen	Comments
1. Bed rails			
2. Bed rail controls			
3. Overbed table			
4. Underside of overbed table			
5. TV remote control			
6. Telephone			
7. Nurse call light			
8. Bedside stand			
9. Light switch room			
10. Light switch bathroom			
11. Sleeper couch/chair			
12. Room chair			
13. Doorknob room			
14. Doorknob bathroom			
15. Toilet seat			
16. Toilet flush handles			
17. Hot/cold handles room sink			
18. Hot/cold handles bathroom sink			

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Summary

- Environmental cleaning programs are a multidisciplinary team process in health care facilities.
- There are foundational differences between health care and other types of cleaning and disinfection processes to prevent cross-contamination and provide the best efficacy for the process.
- Setting up a cleaning efficacy surveillance process for your facility will include the infection preventionist, the leader for the environmental service program, nursing leadership and other disciplines involved in cleaning processes at the facility.

Knowledge Check

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Roundtable Discussion

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Round Table Discussion Format

SHARE BACKGROUND

SHARE SPECIFIC QUESTION

ASK CLARIFYING QUESTIONS

GROUP DISCUSSION

SUMMARY OF RECOMMENDATIONS

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Case Presentation

Background:

Our facility has had an increase in admissions with c diff gene positive but negative for toxin.
One resident was having diarrhea multiple times a day but continuously tested negative for toxin.
They were placed on contact precautions due to the diarrhea and gene positive result but there was a lot of debate as to whether or not resident should be on isolation or not.

Question:

Are precautions necessary? If so, which ones are appropriate?

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Roundtable Discussion

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Wrap-Up

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Nursing Continuing Education (CE) Credits

To receive CEs:	What you'll receive:	When you'll receive it:
• Complete the session evaluation survey • Provide your name and license number	• 1 credit hour, per session you meet the listed criteria • Credit is awarded by the NV Board of Nursing	• In your post session email

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Connecting to APIC

What you receive:

- APIC National and local UT chapter membership ($230 value)
- APIC Infection Prevention Guide to Long-Term Care, 2nd edition ($119 value)

Active participation: What does it mean?

- Attended a minimum of 3 out of 12 sessions
- Interact during sessions
- Fill out session evaluations
- Share your information to be enrolled

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Coaching and Consultations

- Virtual and on-site 1:1 consultation
- Tailored to your needs and setting
- Sign up by emailing: InfectionPreventionAdvisor@comagine.org

Core components include:

Introduction and program assessment	• Assess current IPC capacity, prioritize needs, set calendar for visitation
Environmental assessment and walkthrough	• Evaluate IPC infrastructure, identify resources and supply needs
Performance Improvement Plans	• Provide recommendations, PIP templates, and support
Monitoring, follow up and performance improvement	• Assess progress, provide support on continued PIP implementation
Quality assurance	• Assess uptake and sustainability of recommendations

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Next Steps

1

Join us for our next session

- Session 12; November 15: Managing Water Management

2

Reach out to Comagine Health staff for any questions or assistance

3

Check out the Learning Collaborative Padlet page

4

Submit more Roundtable cases

5

Fill out this session's evaluation survey

- Provide your name and license number for CEs

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Contact Us

For more information on Comagine Health's Infection Prevention Solutions for LTC facilities in Utah, please contact:

- Email: infectionpreventionadvisor@comagine.org
- Jen Roeder: jroeder@comagine.org
- Violet Brown: (801) 892-6651, vbrown@comagine.org
- Kaylie Pickup: kpickup@comagine.org

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Utah Infection Prevention Solutions for skilled nursing facilities, assisted living communities and intermediate care facilities is funded by a grant through the Utah Department of Health and Human Services' Healthcare-Associated Infections Program.