



Minnesota Hospital Association

Cleaning Protocol for Environmental Services



2014 - 2016

Adapted from Allina Hospitals and Clinics
Environmental Services Cleaning Education for the
“Controlling CDI” LEAPT project, by representatives of:

United Hospital, part of Allina Health
University of Minnesota Medical Center, Fairview
Park Nicollet Methodist Hospital
Windom Area Hospital
Minnesota Valley Health Center
CentraCare Health - Melrose
Grand Itasca Clinic and Hospital
Minnesota Hospital Association
Stratis Health
Minnesota Department of Health

Overview

- Environmental Services staff contribute to a positive experience for our patients and their families
- Environmental Services contribute to reduce hospital acquired infections

Objectives

- Recognize Environmental Services contribution to the control of hospital acquired infections like *C.difficile*
- Identify the role of infection control in environmental service work
- Demonstrate the standardized process for cleaning an occupied and a discharged room
- Recognize how to contribute to a positive customer service experience and patient satisfaction
- Incorporate AIDET™ into your daily interactions

Background

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
 - Standardized patient satisfaction survey impacting reimbursement
 - During your hospital stay how often were your room and bathroom kept clean?
 - Your hospital may add other questions.

Background

Value of a Standardized Cleaning Protocol

Studies have indicated that:

- Contamination of surfaces and equipment in the patient room contribute to transmission of hospital acquired pathogens
- The process of cleaning and disinfection can vary from person to person, or even between rooms with the same person.

Background

Value of Standardized Cleaning Protocol

Studies have indicated that:

- Taking the "randomness" out by standardizing our cleaning processes will help assure that surfaces are consistently cleaned well and exposed to adequate amounts of disinfectants.
- Reducing the number of organisms in the patients environment reduces the opportunity for transmission of hospital acquired pathogens and infections, thus increasing patient safety.

Minnesota Wide Education Plan

- Presentation
- Post Tests
- Demonstration
- Ongoing Education Plan
 - New Employee Initial Orientation and Certification
 - Yearly Training and Recertification

Post Education Measurement

- Return Demonstration
- Evidence Based Monitoring- UV Testing
- Patient Satisfaction scores
- Infection Rates for hospital acquired C Diff

Quality Control Guidelines

- Ultraviolet (UV) Gel Testing
- Direct Observation
- Quality Standards



Basic Infection Control Concepts in Cleaning

Hospital acquired infections

- Increase hospital costs \$\$\$
- Increase length of stay
- Decrease patient satisfaction
- Can change their life forever...
- Often preventable

Clostridium difficile Infection

- *Clostridium difficile* infection (CDI) is becoming more prevalent as a health care associated infection, causing diarrhea that can lead to colitis, colon perforation, sepsis, and, according to the Center for Disease Control and Prevention (CD), is fatal in approximately 14,000 Americans annually.
- CDC guidelines have been in place nationally for at least five years, targeting antimicrobial stewardship, early identification and treatment, and the prevention of health care facility transmission.

Hospital acquired CDI

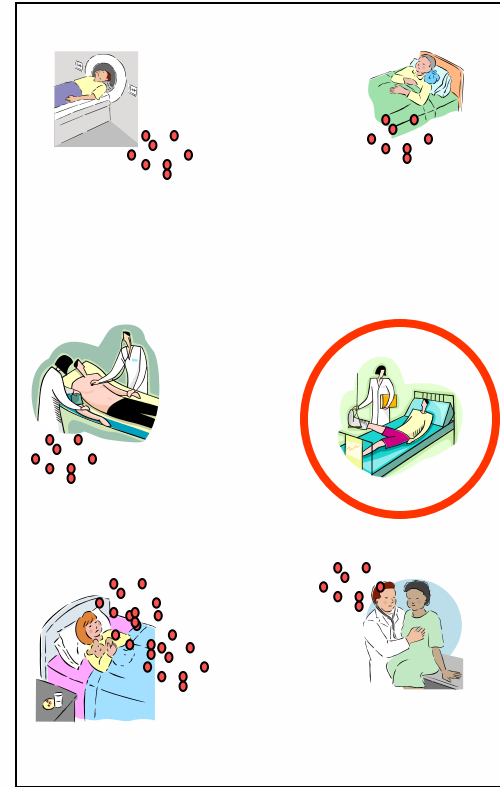
- Insert a graph of your hospital CDI rates over time if available

Why is Environmental Cleaning important?



Unit A

**Fewer spores
=lower risk of acquiring CDI**



Unit B

**More spores
=higher risk of acquiring CDI**

One Patient's Story



Cost of CDI:

- Lost his colon
- 9 readmissions
- 143 days in the hospital
- OVER 1.2 MILL in healthcare costs

CDI Prevention

- Early isolation when a patient has symptoms
- Excellent hand hygiene (soap and water)
- Enteric Precautions
 - Gown and Glove on room entry (past the door swing)
 - BLEACH or other sporicidal disinfection of surfaces and equipment

High Touch Surfaces

X represents culture positive sites



~ Contaminated surfaces increase cross-transmission ~

Disinfection

Detergent

- Contains surfactants that clean and remove “soil” from surface

Disinfectants

- Hospital approved chemicals that kill bacteria and fungus

Disinfection

- Adequate amount
 - Enough chemical to keep surface wet for required contact time
- Adequate contact time
 - Amount of kill time required
 - Determined by testing by the U.S. EPA
- Friction
 - Wiping the surface removes bugs
- Saturation
 - Having enough disinfectant on a cloth to ensure that enough chemical gets to the surface for the right amount of time.

Room Cleaning Summary

- Daily and terminal cleaning important in removing germs from the patient's environment
- Use the right tools
- Use the right chemical
- Use the right amount of chemical for the right amount of time

Infection Control and Cleaning

Video

“From Top to Bottom: The Front Line Of Infection Control”



Personal Protective Equipment (PPE)

- Eye protection
- Gloves
- Isolation Gown
- Mask
- N95 Respirator
- Papr

Donning and Doffing Practice

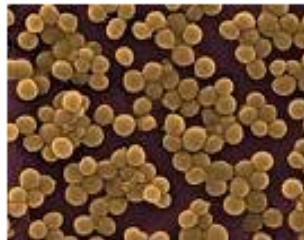
Multi Drug Resistant Organisms

MDROs

What are Multi-Drug Resistant Organisms (MDROs)?

MDROs are bacteria that are resistant to one or more classes of antimicrobial agents and usually are resistant to all but one or two commercially available antimicrobial agents (e.g., MRSA, VRE, extended spectrum beta-lactamase [ESBL]-producing gram-negative bacilli). This discussion focuses on MRSA, VRE and ESBL.

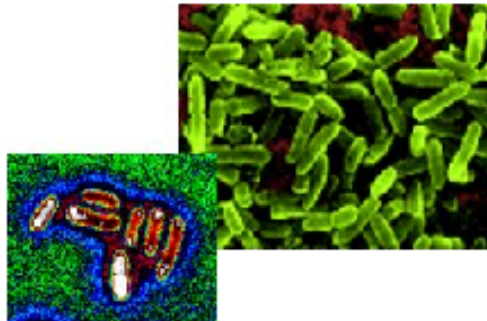
Methicillin Resistant
Staph Aureus (MRSA)



Vancomycin Resistant
Enterococcus (VRE)



Extended-Spectrum Beta-
Lactamases (ESBLs) [Gram
Negative Bacilli]



C.difficile Infection
(CDI)



Multi Drug Resistant Organisms MDROs

- Gowning and gloving are required any time you enter the room of a patient in contact precautions whether or not you touch, or plan to touch, the patient or anything in the patient's room.
- Patients should be educated on why contact precautions are being used and the role of good hand and respiratory hygiene (cover your cough) in preventing infections.
- Only Infection Prevention and Control is allowed to discontinue Contact Precautions for MDRO.
- If you have questions about what you need to do when you have a patient with MDRO, talk to your supervisor.

Isolation Cleaning Procedures

- Airborne Precautions
- Contact Precautions
- Droplet Precautions
- Enteric Precautions
- Strict Contact Precautions
- Neutropenic



AIRBORNE PRECAUTIONS

(In addition to Standard Precautions)

Add Contact Precautions for Varicella or disseminated Herpes Zoster.

Negative pressure ventilation required: Nursing staff contact Maintenance dept. to verify negative airflow prior to patient admission.

STAFF and PHYSICIANS



Mask

Always – **RESPIRATOR REQUIRED**

- Wear N-95 if fit tested, PAPR if not fit tested
- Perform N-95 fit-check



Door

Keep closed



Equipment

Disinfect with disinfectant wipes between patients



Transport

For essential purposes only

Patient: Snug fitting surgical mask

Staff: No barriers if patient masked.
Respirator if patient cannot mask.

VISITORS, STAFF and PHYSICIANS



VISITORS: CHECK WITH NURSING FOR MASK INSTRUCTIONS.



When you enter and each time you leave the room, either: Use waterless foam

1. Apply foam. Spread thoroughly over hands.
2. Rub until dry.



OR Wash hands.



1. Apply soap to wet hands. Wash 15-20 seconds. Rinse completely.



2. Dry hands with paper towel. Use a towel to turn off water.



CONTACT PRECAUTIONS

(In addition to Standard Precautions)

STAFF and PHYSICIANS



Gloves

Always

- Hand hygiene before donning



Gown

Always



Equipment

Dedicate equipment

Disinfect with disinfectant wipes between patients



Transport

For essential purposes only

Patient:

- Clean gown
- Hand hygiene

Staff: Clean gloves only if patient transported in own bed or contact with blood or body fluids expected

VISITORS, STAFF and PHYSICIANS



When you enter and each time you leave the room, either: Use waterless foam



1. Apply foam. Spread thoroughly over hands.



2. Rub until dry.

OR Wash hands.



1. Apply soap to wet hands. Wash 15-20 seconds. Rinse completely.



2. Dry hands with paper towel. Use a towel to turn off water.



DROPLET PRECAUTIONS

(In addition to Standard Precautions)

STAFF and PHYSICIANS



Mask

Always



Door

May be open



Equipment

Disinfect with disinfectant
wipes between patients



Transport

For essential purposes only

Patient: Snug fitting surgical mask

Staff: No barriers

VISITORS, STAFF and PHYSICIANS



MASK FOR ALL ROOM ENTRY.
VISITORS CHECK WITH NURSING FOR MASK
INSTRUCTIONS.



When you enter and each time you leave
the room, either: Use waterless foam



1. Apply foam. Spread thoroughly over hands.



2. Rub until dry.

OR Wash hands.



1. Apply soap to wet hands. Wash 15-20
seconds. Rinse completely.



2. Dry hands with paper
towel. Use a towel to
turn off water.



ENTERIC PRECAUTIONS

(In addition to Standard Precautions)

To be used only at direction of Infection Control.

STAFF and PHYSICIANS

	Gloves	Always • Hand hygiene before donning
	Gown	Always
	Mask	When patient is vomiting
	Equipment	Disinfect with bleach wipes between patients
	Transport	For essential purposes only Patient: • Clean gown • Wash hands to elbows Staff: Clean gloves only if patient transported in own bed or contact with blood or body fluids expected
	Environment	Terminal clean room with bleach

VISITORS, STAFF and PHYSICIANS

Each time you enter the room: Wash hands with soap and water or use waterless foam.

**Wash your hands
with soap and water each time
you leave the room.**



1. Apply soap to wet hands. Wash 15-20 seconds. Rinse completely.



2. Dry hands with paper towel. Use a towel to turn off water.

STOP

VISITORS RESTRICTED
CHECK WITH NURSE
BEFORE ENTERING

STRICT CONTACT PRECAUTIONS

Strict adherence to hand hygiene and personal protection equipment requirements.

Anyone observing non-compliance with personal protection equipment or hand hygiene requirements must enforce compliance immediately.

STAFF and PHYSICIANS



Gloves

Always on room admit



Gown

Always on room admit



Equipment

Dedicate equipment to patient

Disinfect with disinfectant wipes
between patients



Transport

For essential purposes only

Patient:

- Clean gown
- Hand hygiene

Staff: Clean gown & gloves only if patient
transported in own bed or contact with
blood or body fluids expected

VISITORS, STAFF and PHYSICIANS



When you enter and each time you leave
the room, either: Use waterless foam



1. Apply foam. Spread thoroughly over hands.



2. Rub until dry.

OR Wash hands.



1. Apply soap to wet hands. Wash 15-20
seconds. Rinse completely.



2. Dry hands with paper
towel. Use a towel to
turn off water.



NEUTROPENIC PRECAUTIONS

(In addition to Standard Precautions)

Staff/visitors with respiratory, gastrointestinal or skin infection should not enter room.

Remove overcoat and leave outside room.

STAFF and PHYSICIANS



Environment

- No plants or flowers
- Damp dust only
- No room maintenance



Door

- Keep closed



Equipment

- Must be dust free
- Disinfect with disinfectant wipes between patients



Transport

- For essential purposes only
- Patient: N95 respirator if severely immunosuppressed
- Staff: No barriers

VISITORS, STAFF and PHYSICIANS



MASK FOR ALL ROOM ENTRY IF RECOVERING FROM RESPIRATORY ILLNESS.

VISITORS CHECK WITH NURSING FOR MASK INSTRUCTIONS.

When you enter and each time you leave the room, either: Use waterless foam



1. Apply foam. Spread thoroughly over hands.



2. Rub until dry.

OR Wash hands.



1. Apply soap to wet hands. Wash 15-20 seconds. Rinse completely.

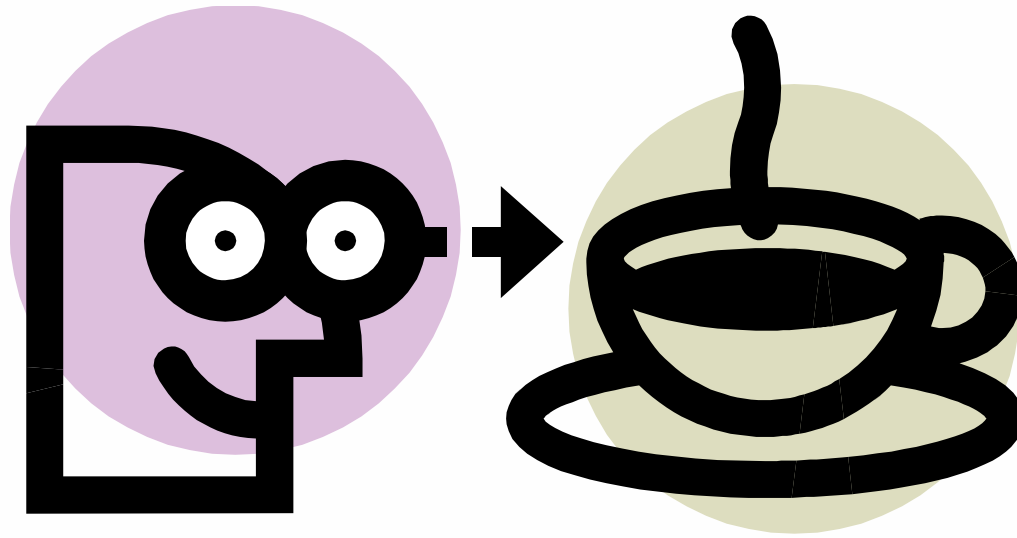


2. Dry hands with papertowel. Use a towel to turn off water.

Please complete The Front Line of Infection Control Post Test



Break Time



Core Cleaning Concepts

Video

“From Top to Bottom: Cleaning The Occupied/Discharged Patient Room”



High Touch Areas (Patient Room)



Focus on High Touch Areas

■ High Touch Areas

- High-touch surfaces are those that have frequent contact with hands. High-touch surfaces in care areas require more frequent cleaning and disinfection than minimal contact surfaces.
- Cleaning and disinfection is usually done at least daily and more frequently if the risk of environmental contamination is higher (e.g., intensive care units).

#1- Bed Rails



#2 - Bedside Table



#3 - Patient Phone



#4 - Nurse Call Box



#5 - Overbed or Tray Table



#6 - Patient Chair



#7 - Door Handles Inside and outside of room



#8 – Computer Keyboards

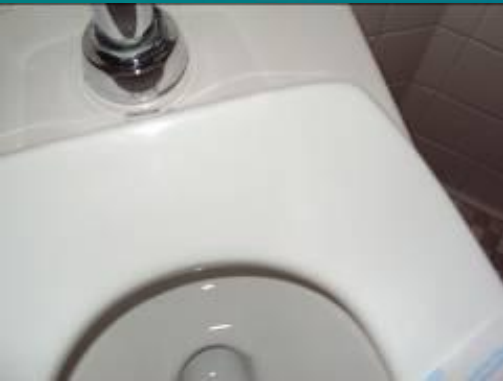
#9 – Light Switches



10 In room sinks



High Touch Areas (Patient Restroom)





#11- Toilet Seat

#12 - Toilet Handle





#13 - Toilet Hand Rails

#14 - Bathroom Sink





**#15 – Bathroom
Light Switch**

**#16 – Bathroom Door
Handle**

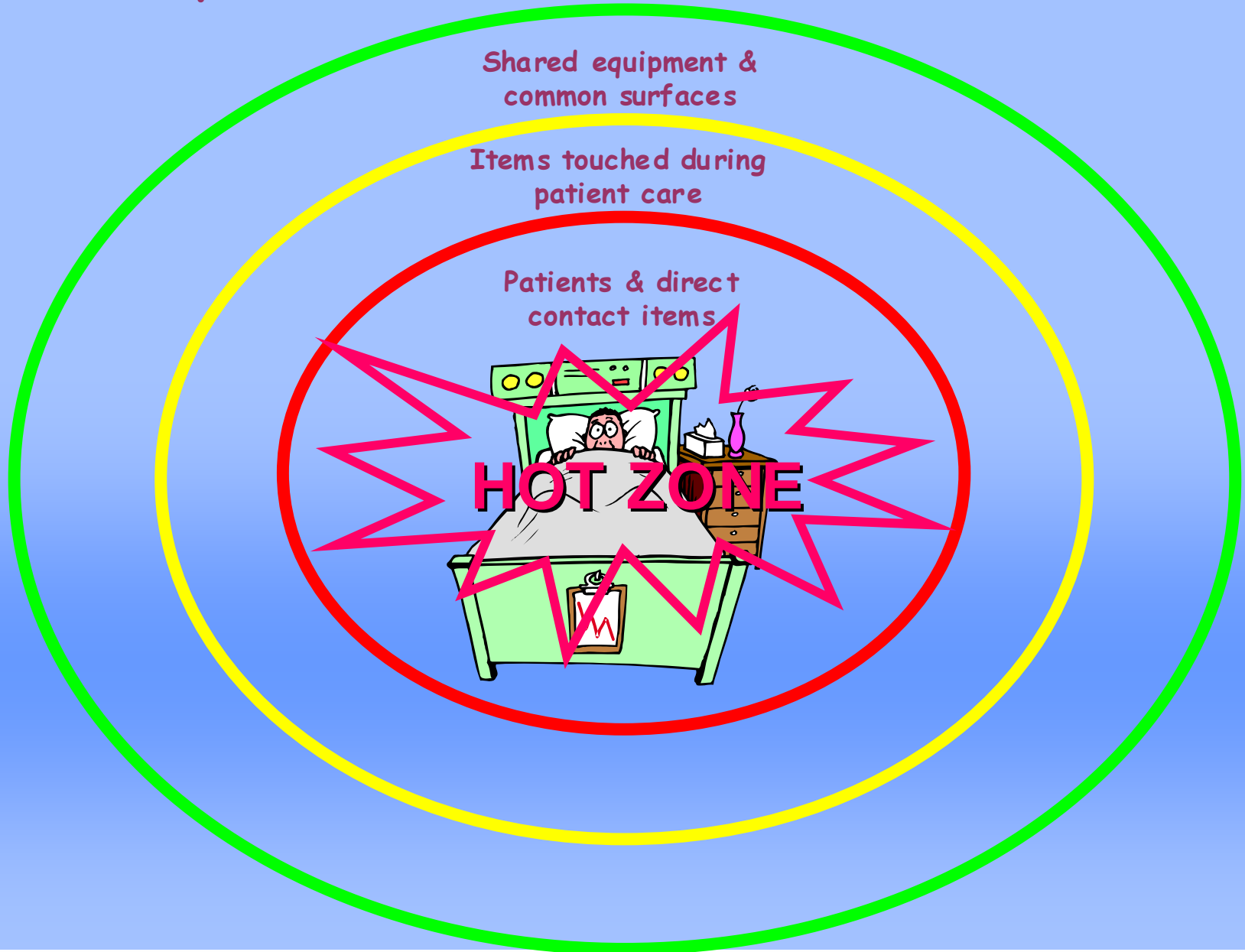


Room Zoning

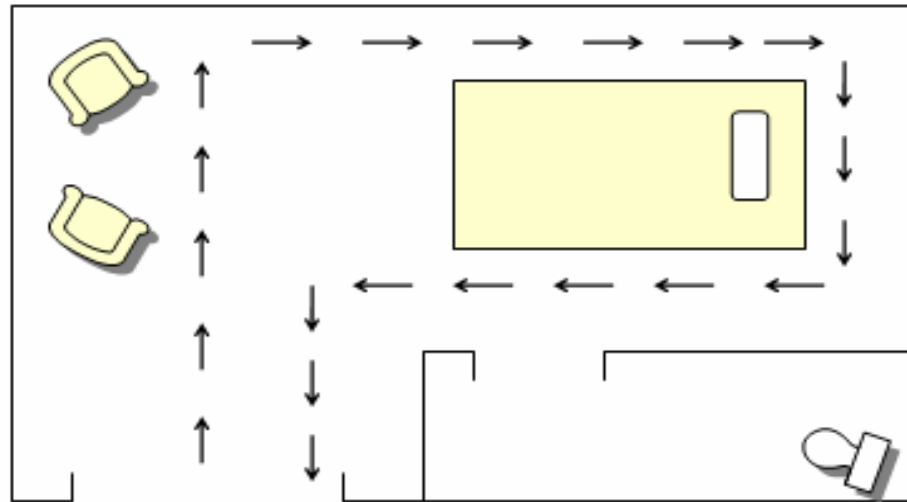
Hot Zone Cleaning

- The equipment and areas closest to the patient are the most contaminated and considered the "**Hot Zone**".
- As you move further from the patient, surfaces are less contaminated. Starting with the bed will allow adequate contact time with the disinfectant.
- Once the Hot Zone has been cleaned and disinfected, take a fresh cleaning rag and work clockwise from cleaner to dirtier (green to yellow ring on the diagram).

Concentric circles around patient signify levels of potential environmental contamination



Room Cleaning Path



Occupied Room Cleaning Process Checklist

- See page 10 of Environmental Services Cleaning Guidebook

Terminal Room Cleaning Process Checklist

- See page 12 of Environmental Services Cleaning Guidebook

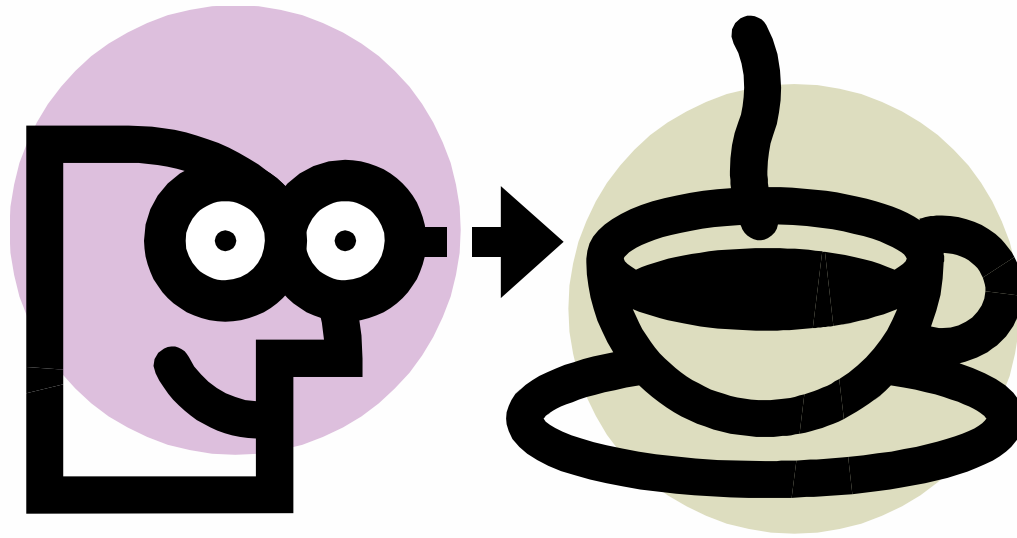
Special Cleaning Procedures

- Bedbugs
- Lice/Scabies
- Chicken Pox/Shingles
- Large Blood Spills
- Privacy Curtains

Please complete the Cleaning
Occupied and Discharged Patient
Rooms Post Test



Break Time



AIDET™

Five Steps to Achieving Satisfaction

- Basic AIDET™ Concept
- Core Customer Services
- Examples



**“Someone calling themselves
a customer says they want
something called service.”**

AIDET™ – Customer Service In Action

A = Acknowledge

I = Introduction

D = Duration

E = Explanation/Interaction

T = Thank You

A = Acknowledge

- Acknowledge the patient by knocking on door and announcing yourself. Ask for the patient's permission to enter the room

(Knock) *“Housekeeping may I enter your room?”*

I = Introduction

- Introduce yourself with your Name, Department, and make sure this is an ok time to clean for the patient

“My name is Nick from Housekeeping and I am here to clean your room today. Is this a good time for you?”

D = Duration

- Explain to the patient how long the cleaning process will take

“It will take me between 10 and 15 minutes to clean your room today.”

E = Explanation / Interaction

- Explain to the patient what you are doing in the room today. Make sure to interact with the patient during your cleaning process.

“ While I am in your room today I will be cleaning some key areas in your room such as the trash, floors, restroom, and you can expect to see me once a day. I want to make sure I am meeting your needs so please tell me if you have any specific cleanliness needs at any time.”

E = Explanation / Interaction

- During this time you want to make the patient the center of your work by always asking the following questions:

“Is everything working correctly in your room today?”

T = Thank You

- Thank the patient for their time and choosing your hospital
 - Make sure to remind the patient about the wet floors and drying time
 - Always make sure to ask if you can do anything else for the patient.
 - Always thank the patient for their patience and for coming to your facility for their care.

T = Thank You

“I have finished cleaning your room today. I have mopped your floor and it will take 5 to 10 minutes to dry to please be careful during that time. Is there anything else I can do for you today before I go?”

****If the patient asks for something you cannot do refer to the patient's nurse otherwise if you can meet the patients request do so immediately.**

“Thank you for your patience today and thank you for coming to (your hospital) for your care.”

How to Provide Great Customer Service

■ Core Customer Service Values:

- Eye Contact
- Listen
- Interact
- Courtesy and Respect
- Positive Body Language
- Smile
- Eager to Help
- Compassion

Standardized Room Cleaning Demonstration

Resources



Next Steps

- Your manager will observe a return demonstration after initial training is complete
- UV gel assessment will be done

What Questions Do You Have?



THANK
YOU

A 3D graphic of the words 'THANK YOU' in a bold, blue, sans-serif font. The letters are rendered with a thick blue outline and a lighter blue fill, giving them a three-dimensional appearance. They are set against a dark blue background that features a white horizontal line. The text is slightly tilted, with 'THANK' on the top line and 'YOU' on the bottom line. The 'Y' in 'YOU' is particularly stylized, with a long, thin tail that extends downwards. The overall design is clean and modern.