Getting the (Red) Dirt Out: A Review of BC's Environmental Cleaning Guidelines



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CME Disclosure

- Bruce Gamage is the Network Director of the Provincial Infection Control Network of BC, a program of the Provincial Health Services Authority of BC.
- His salary is supported by the Provincial Health Services Authority. He has received no other funding for information he will be presenting.









- Review the development of BC's environmental cleaning guidelines
- Discuss the roll out of the guidelines
- Discuss operational issues driving regional practice.

Background

- BC's environmental cleaning guidelines were officially released in October 2016
- Document was adapted by PICNet and the BC Environmental Cleaning Working Group with permission from Public Health Ontario and PIDAC-IPC
- Was a 4 year process!!



Scope of guidelines



- Document targeted to everyone who has a role in the cleaning and disinfection of the environment and of non-critical medical equipment
- Practices are applicable in all settings where care is provided
- Healthcare settings and programs should work towards these best practices in an effort to improve quality of care.

Provincial Policy (October 2016)

- Protects the health and safety of patients and care providers in BC by ensuring provincial consistency of environmental cleaning practices for the prevention and control of HAI.
- Policy applies to all health authority programs and facilities in BC.
- Includes private or non-profit facilities and/or providers that are supplying publicly-funded services under contract to health authorities.

Policy Cont.



- Health authorities shall implement all "Phase One" recommendations of the environmental cleaning best practices
- Health authorities are encouraged to implement "Phase Two" and "Phase Three" recommendations, as appropriate.

Recommendations

- Guidelines contain 76 recommendations
- Phase One requires implementation of 37 of those
- Ministry negotiated with the health authorities and agreed on these recommendations as "phase one"
- Documents is available at:
 https://www.picnet.ca/guidelines/environmental-cleaning/

Health authorities small implement all rhase One best fractices recommendations by January 31,4 Best Practices Recommendations: Phase One 24. All aspects of environmental cleaning should be supervised and performed by Best Practices Recommendations: Phase One 10. Non-critical medical equipment, including donated equipment and equipment provided 27. Environmental Services managers and supervisors should be trained and knowledgeable by outside agencies, should be able to be cleaned and disinfected according to in cleaning and disinfection processes, as well as infection prevention and control 13. Clean Supply rooms/areas should: 28. Environmental Services staff should be offered appropriate minimizations. 29. There shall be policies and procedures in place that include a sharps injury prevention Be readily available in each patient care area; program, post-exposure prophylaxis and follow-up, and a respiratory protection Be separate from soiled areas; program for staff who may be required to enter a room accommodating a patient with Have a door that is kept closed at all times; Protect supplies from dust and moisture, and ensure storage off the floor; tuberculosis, thus requiring airborne precautions be in place. 30. There should be appropriate attendance management policies in place that establish a Be easily available to staff clear expectation that staff do not come into work when a cutely ill with a probable Contain a work counter and a dedicated hand washing sink if used for preparing patient care items, but placed in a mariner to prevent splash onto clean supplies; 31. Aerosol or tugger sprays for cleaning chemicals should not be used. 32. There should be procedures for the evaluation of staff who, experience sensitivity or Have sinks and counters cleaned daily, other areas spot cleaned daily, and cleaned annancy to chemicals.

33. Environmental Services staff should a dhere to routine practices and additional 14. Soiled utility rooms/workrooms should: Be readily available close to point-of-care in each patient care area; 34. Environmental Services staff should follow best practices for hand hygiene. Be separate from clean supply/storage areas; Have a door which is kept closed at all times; 35. Personal protective equipment (PPE) should be: sufficient and accessible for all Environmental Services staff worn as required by routine practices, a dottional precautions and MSDS when Contain a work counter and clinical sink; Contain a dedicated hand washing sink; - Contain equipment required for the disposal of waste; removed immediately after the task for which it is wom. 37. In all healthcare settings, a regular clearing regimen should be in place. Contain personal protective equipment for staff protection during cleaning and 38. Cleaning schedules should be developed, with frequency and intensity of cleaning reflecting whether surfaces are high-touch or low-touch, the type of a civity taking place in the area, and the infection risk associated with it; the vulnerability of the patiers Be sized adequately for the tasks required; Have high-touch surfaces, including sinks and counters, cleaned daily, and room housed in the area; and the probability of contamination 39. Cleaning agents and disinfectarts shall be labeled with WHMIS information cleaned thoroughly on a regularly scheduled basis. 40. Cleaning agents and disinfectants shall be stored in a safe manner in storage rooms. 17. Selection of environmental services cleaning equipment should follow ergonomic 4]. Automated dispersing systems, which are morntored regularly for accurate calibration, 42. Disinfectants should be dispensed into clean, dry, appropriately-sized boules that are 19. Disinfectants chosen for use in health care should: District and smooth be dispensed into clean, dry, appropriately sized bodies that are clearly labeled and dated, not toppedup; and discarded after the expiry date.

The proformerfal services cleaning carts should have a clear separation between clean and Be active against the usual microorganisms encount Ideally require little or no mixing or diluting (or disp willed items, should never contain personal items, and should be thoroughly cleaned at Be active at room temperature with short contact tir Have low imitancy and allergenic characteristics; ethe day. 60. There should be a third party independent visual assessment completed arreally in Best Practices Recommendations: Phase One Be safe for the environment. romended standards for intensity and frequency. bould be well maintained in good repair and be 21. If environmental services are contracted out, the Infect 10 Spirals and residential facilities.

62. Results of cleaning audits should be collated and analyzed with feedback to ES staff, and Occupational Health and Safety policies of the contrac e laundered daily, and dried thoroughly before 64. There should be clear separation between clean and duty laundry. 23. Each healthcare setting should have policies and proc ficies and procedures dealing with spills of 64. There should be clear separation between clean and only industry.

65. There should be policies and procedures to ensure that clean laundy is packaged. takes place on a continuous and scheduled basis Inere snowa pe poncies and procedures to ensure that clean fauncry is packaged transported and stored in a manner that will ensure that cleanliness is maintained. incorporates principles of infection prevention an es and procedures for cleaning the toys. 66. There should be designated areas for storing clean linen. es and procedures for cleaning specialized areas, clearly defines cleaning responsibilities and scop Oo. Inere snoua oe designated areas for storing creatiumen.

 Waste handers shall wear personal protective equipment appropriate to their risk.

 Non-monthly and to era handage chould be a Franch appropriate Europathic E meets all statutory requirements room suites and laboratories. 05. Waste managery small wear personnal projective equipment appropriate to them

70. Non-immunized waste handers should be offered hepatitis B immunization.

73. Those shall has a treat-person allow Earth, are allowed as Alabara and allows for surge capacity during outbreaks, with 70. Non-immunized waste nanders snound be offered nepatitis to immunization 72. There shall be a system in place for the prevention of shalps injuries and the 72. There shall be a system in place for the prevention of snarps injuries and its management of sharps injuries when they occur.

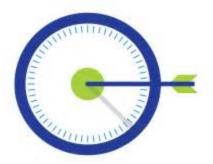
73. Healthcare settings should have a planin place to deal with the containment and a sharp of the strength cleaning and disinfection. Heating a solution and a planting place to deal with the containment and transport of construction materials, as well as clearly defined roles and expectations of Environmental Carriers and Carriers a transport of constluction materials, as well as clearly defined roles and expectations of Environmental Services and construction staff related to cleaning of the construction site

34. All healthcare settings should have a plan in place to deal with a flood

Software and Control, Environmental Services, and Occupational Health and Infection Prevention and Control, Environmental Services, and Occupational Realing Safety should be consulted be fore making any changes to cleaning and disinfection

Implementation of Recommendations

 Health authorities shall implement all 'Phase One' Best Practices recommendations by January 31, 2018



Implementation Planning

- On or before December 30, 2016, health authorities were required to provide the Ministry of Health with action plans to confirm implementation details of all Phase One recommendations.
- Action plans included accountabilities and timelines for all deliverables.



Implementation Plans

- Originally planned to collaborate between health authorities and submit a combined plan
- This was deemed undoable because of variation between health authorities and different stages of implementing recommendations



Quality Assurance (third party audits)

- Health authorities shall assess the quality of environmental cleaning services by completing standardized, independent, unannounced, third-party audits in all health care facilities on (at minimum) an annual basis.
 - Audits shall include a statistically representative sample of all rooms and risk levels within facilities and/or care settings.
 - Results of cleaning audits shall be analyzed on an ongoing basis.
 Health authorities shall work to remediate identified issues, as appropriate.

Public Reporting of Audits

- Health authorities shall promote public, patient, clinician and staff awareness of environmental cleaning service quality by posting audit results for all sites on the PICNet website.
 - At a minimum, environmental cleaning audit results shall be publicly reported once per year.
 - At a minimum, audit results shall be reported per facility.
 - Audit results and supporting information shall be provided in plain language suitable for lay audiences.
 - Health authorities should post current environmental cleaning audit results within the main entrance areas of all health care facilities.

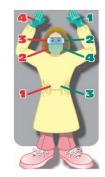
cleaning audit systems
the standard that makes the difference

 Report posted January 2017: https://www.picnet.ca/wp-content/uploads/Westech-independent-housekeeping-audit-2016.pdf

Challenges and Conundrums of Implementing Recommendations

- Clean Supply rooms/areas should:
 - Contain a work counter and a dedicated hand washing sink
 if used for preparing patient care items, but placed in a
 manner to prevent splash onto clean supplies;

 ATTENTION
- Soiled utility rooms/workrooms should:
 - Contain a dedicated hand washing sink
- If environmental services are contracted out, the Infection Prevention and Control and Occupational Health and Safety policies of the contracting services should be consistent with the facility's policies.



Cont.

- Environmental Services staff should follow best practices for hand hygiene
- Personal protective equipment (PPE) should be:
 - removed immediately after the task for which it is worn
- There should be a third party independent visual assessment completed annually in hospitals and residential facilities.

And finally...



- Infection Prevention and Control, Environmental Services, and Occupational Health and Safety should be consulted before making any changes to cleaning and disinfection procedures and technologies in the healthcare setting.
- There is still inconsistent practice and variation between health authorities and BCSS...

Questions??

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