Core Strategies of Environmental Cleaning and Disinfection in Hospitals

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Presentation Outline

- Purpose
- Scope
- Audience
- Core Strategies
- Next steps
Purpose

- Maintaining a clean hospital environment and minimizing the presence of pathogens is important to keeping patients safe.

- The “Core Strategies” provide facilities with a framework that facilitates continued improvement to sustain a clean, safe healthcare environment.
Scope

- Intended for acute care hospitals
  - Can be applied to all healthcare facilities, including long-term care facilities and outpatient settings
  - Special considerations may be needed to extend these strategies to other healthcare settings
- Noncritical environmental surfaces
  - Surfaces that come in contact with intact skin but not mucous membranes
  - Environmental surfaces, patient care items, and equipment
- Semi-critical and critical surfaces are not in the scope of this document
Audience

The intended audience includes:

- Hospital executive leadership
- Environmental services (EVS) managers and supervisors
- Infection prevention and control (IPC) personnel
- Quality leaders
- Facilities engineering
Who cleans and disinfects in hospitals?

- EVS technicians
  - Personnel directly employed by the healthcare facility
  - Contract staff
  - Staff employed under other management structures
- Additional healthcare personnel are responsible for cleaning and disinfection of equipment and surfaces in patient care areas
  - Nurses
  - Technicians
  - Others
Core Strategies of Cleaning and Disinfection Programs

Integrate EVS
Educate and Train
Select Technologies
Standardize Protocols
Monitor Performance
Provide Feedback

Improved patient safety through cleaner patient care areas
Core Strategies

1. **Integrate** environmental services into the hospital’s safety culture.
2. **Educate and train** all HCP responsible for cleaning and disinfecting patient care areas.
3. **Select** appropriate cleaning and disinfection technologies and products.
4. **Standardize** setting-specific cleaning and disinfection protocols.
5. **Monitor** effectiveness and adherence to cleaning and disinfection protocols.
6. **Provide feedback** on adequacy and effectiveness of cleaning and disinfection to all responsible HCP as well as relevant stakeholders.
Integrate EVS into the Hospital’s Safety Culture

- Establish hospital cleaning and disinfection program
  - Multidisciplinary participation and oversight
  - Define program responsibilities
- Clear reporting and accountability structure
- Develop a performance evaluation and career advancement structure
- Incorporate considerations for effective cleaning and disinfection into the design, structure, and layout of patient care area
- Consult hospital program before acquisition of non-critical items
Educate and train

- Provide training upon hire, annually, and when new equipment/protocols are introduced.
- Competency-based trainings should account for:
  - staff turnover rates
  - education level
  - language and cultural barriers
  - learning styles
- Ensure competency and maintain documentation.
- Contractors should have comparable training program and documentation.
- Update staff on trends in facility infection rates and prevention priorities.
Select appropriate technologies and products

- Use a systematic process to select technologies and products
- Incorporate facility cleaning program, EVS management, IPC, Materials Management, and others in decision-making
- Consider aspects such as:
  - Compatibility with manufacturer’s instructions for use
  - Contact time
  - Health risks and acceptability to HCP and patients
  - Effectiveness of product in decontaminating a surface
  - Impact on overall cleaning efficiency
  - Expertise and training of staff responsible for product use
  - Effect on surfaces of repeated exposure to a product
Standardize protocols

- Develop standardized cleaning procedures
  - For each major patient care room type or area
  - Routine and discharge/transfer
  - Include appropriate PPE, specific pathogens, patient-level factors
- Account for differences in room layout, equipment, patient risk, and high-priority surfaces and equipment
- Clearly define responsibilities for noncritical equipment, medical equipment, and other electronics
- Develop policies that address storage of patient/visitor personal items
- Establish minimum cleaning times
Monitor effectiveness and adherence

- Develop monitoring strategy and protocols for assessing adherence and effectiveness that include
  - How the monitoring will be done
  - Who will perform monitoring
  - How frequently to monitor
- Perform routine audits of adherence to cleaning and disinfection
- Additional methods to monitor adherence and effectiveness (i.e., fluorescent markers, ATP assays)
Provide feedback

- Use monitoring data to improve cleaning and disinfection policies and procedures and patient safety
- Present data on adherence to EVS technicians in a non-punitive manner
- Present data to the facility cleaning and disinfection program and facility leadership
  - Identify active issues and strategies to mitigate them
  - Validate the effectiveness of the overall cleaning strategy
Next Steps

- Promotion
  - Post on revamped DHQP environmental infection control webpage
- Develop implementation tools
- Considerations for other healthcare settings
Thank you!

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.