

# Healthcare Facility Cleaning Programs and Issues



# Cleaning Programs

- In-House Programs and Managed Service Programs
  - Specific requirements, standard – regulatory compliance
- Regulations, Guidelines, Recommendations and Practices
  - Accrediting Agencies; e.g., The Joint Commission
  - Guidelines for Infection Control Guidelines (CDC) Center for Disease Control
  - Guideline for Disinfection and Sterilization in Healthcare Facilities (CDC)
  - Management of Multidrug-resistant Organisms in Healthcare Settings (CDC)

## Building the Program

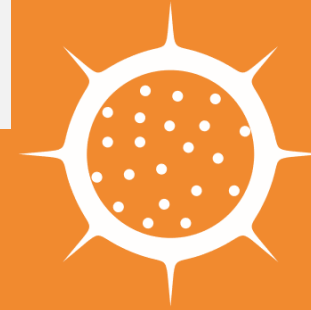
- Net Cleanable Square Feet
  - Space Types and Associated Tasks
- Two Classifications of Areas
  - Patient Care Cleaning
  - Ancillary Cleaning
- Frequency of Cleaning
  - 5-7 Days/Week and by all 3 shifts
  - Daily Patient Room Cleaning
  - Discharges, Transfers, Between Case and End of Day Terminal Cleaning

# Training, Disinfection and Quality

- Training
  - Class room teaching
  - Mechanical action + disinfectant + process = clean surfaces and reduction of Hospital Acquired Infections
  - Competencies
- Disinfectant Regulatory Approval
  - Disinfect to reduce bioburden and clean the surface
  - Efficacy of disinfectant to eliminate broad array of micro-organisms
  - Adherence to contact time – the time a surface must remain wet to “disinfect”
- Quality – Data/Metrics
  - Quality assessments
  - Testing tools that support re-training opportunities
  - **Measure and document quality**

## The most common pathogens spread via environmental surfaces include:

- Clostridium difficile
- MRSA
- VRE
- Norovirus
- Acinetobacter spp.



# Cleaning Programs - Issues

- Community Infections
- Infection transmission
  - Traffic through the rooms and carriers on the hospital staff
  - Person to person (e.g., stethoscopes, personal digital devices, clothing)
  - Airborne
  - Surface to patient
- Time constraints
  - Average time to conduct a daily clean (while patient is in the room)
    - Contact times vary between disinfectants
      - Training adheres to manufacturers label instructions
      - Depending on the location of the facility, surfaces may not remain wet long enough to effectively kill
  - Housekeepers feeling pressured and rushed because of capacity.
- Human error
  - Lack of consistency, turnover and gaps in competencies
  - Not all surfaces are wiped (focus on high touch when patients in the room)
  - Constant interruptions

# Cleaning Program Issues

- Failure to used proven interventions
  - Lack of consistent application of preventive measures (SOP) Standard Operating Procedures by healthcare workers
- Lack of structures and procedures
  - Standards for repetition and consistent reduction of microorganisms
  - Training to ensure staff can make adjustments to products, methods, dwell times in the event a new product is needed to address a change in the environmental burden
- Future research
  - Resistance of microorganisms to the action of chemical germicides?
  - If there a linkage between antibiotic resistance and resistance to disinfectants?

# Cleaning Programs Issues

- Lack of firm and applicable grasp of infection prevention and control basics
  - New and emerging pathogens
  - Superbugs; MRSA, CRE, Acinetobacter, C-Diff, Norovirus
  - Environmental hardiness of organisms is increasing
    - Acinetobacter – 75% are multidrug resistant\*
    - Pseudomonas Aeruginosa – 17% are multidrug resistant\*
    - Staphylococcus aureus – MRSA causes about 55% of HAIs

Antimicrobial-Resistant Pathogens Associated with Healthcare Associated Infections, Annual Summary of Data Reported to the NHSN at CDC, 2006-2007

\* Percent Acinetobacter baumannii and P. aeruginosa in ICUs that are multidrug-resistant, NNIS and NHSN, 2000-2008. Includes ICUs only (MICU, SICU, MSICU) and device-related infections only (CLABSI, CAUTI, VAP)