

PIDAC: Best Practices for Environmental Cleaning

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PIDAC Best Practices for Environmental Cleaning



COMING SOON!
3rd edition

Why revise the document?

- >3 years old
- New technologies
- Gaps in existing document
- Evolving trend in guideline development

Who's behind the scene?

- **PIDAC committee**
 - **IPAC experts** (acute care, LTC, community, PH)
 - **Epidemiology specialist**
 - **Ex-officio** (MOL and MOHLTC)
- **PHO**
- **External consultants** (CAEM and OHHA)

What's new?

Document layout

- Implementation tools
- Evidence strategies

Methodology

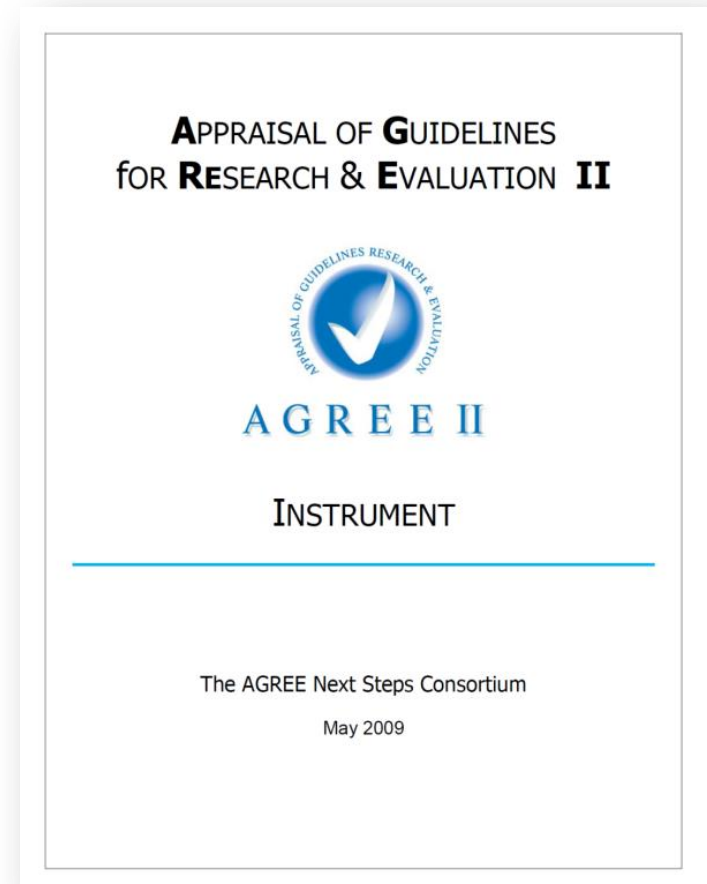
- Evidence-informed
- Stakeholder engagement: scoping & review
- Forming recommendation
- Consensus

Recommendations

Applicability

Provides Advice and/or Tools on How Recommendations Can be Put Into Practice

- Be disseminated and implemented with additional materials
 - Summary document
 - Quick reference guide
 - Educational tools
 - Results from a pilot test
 - Patient leaflets
 - Computer support



Brouwers M, et al for the AGREE Next Steps Consortium. AGREE II: advancing guideline development, reporting and evaluation in healthcare. Can Med Assoc J. 2010. Dec 2010; 182:E839-842; doi:10.1503/090449

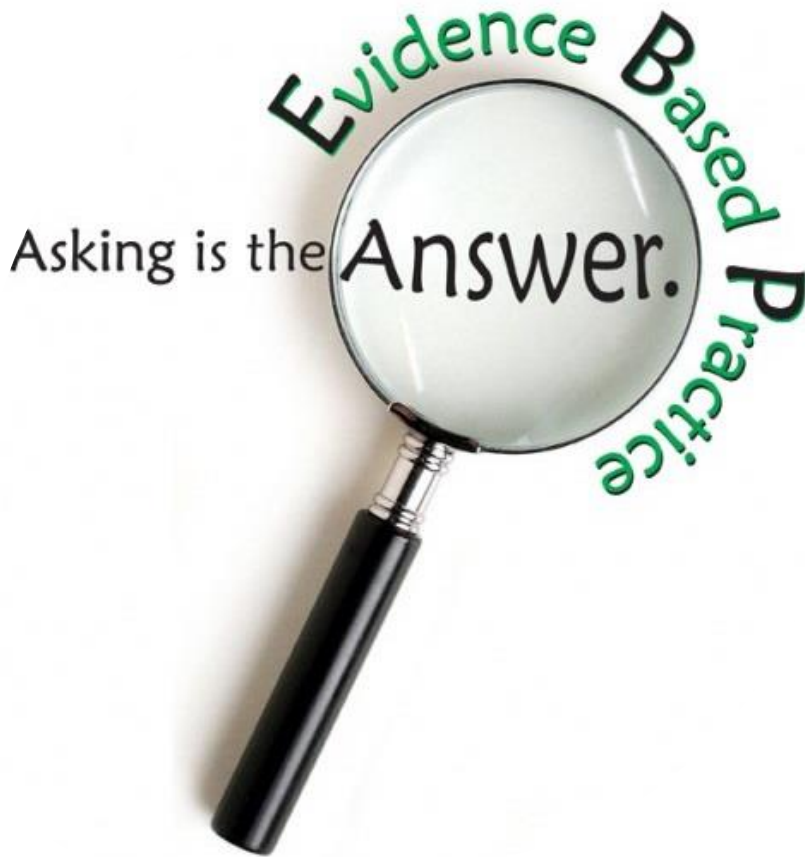
Format and Organization of Document

- Longer overall with additional recommendations
- Significant changes to sections/chapters-additions, deletions, moved around or combined
- 5 Sections:
 - Best Practices for Environmental Cleaning
 - Cleaning and Disinfection Practices
 - Summary of Recommendations
 - Implementation Tools
 - Appendices on Methodology, Evidence; Index and References

Implementation tools

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Evidence-informed



Based on the best available evidence

- All relevant evidence should be identified, synthesized and presented in a comprehensive and unbiased manner
- Based on a systematic review of the scientific literature guided by specific key questions...

World Health Organization. WHO handbook for guideline development. 2nd ed. Geneva: WHO, 2014.

Evidence

- Lit reviews done for antimicrobial surfaces and no touch disinfection systems (hydrogen peroxide vapour and UV light) to guide recommendation-summary in document
- Modified approach to ranking recommendations: consider quality of evidence and strength of recommendation
- Overall, increased evidence to demonstrate that the environment's role in transmitting infection and the importance of EC in reducing this risk

Intended audience

Those who have a role in the management of cleaning or ES for the health care setting:

- administrators, ES supervisors, IPAC professionals, CRMD project supervisors, Public Health
- those responsible for overseeing EC in clinical office setting
 - CHC, clinics, IHF, OHP, dental offices

Forming recommendations

- Quality of evidence
- Balance of benefits and harms
- Values and preferences
- Feasibility, equity and acceptability
- Resource use

Recommendations

- 21 new in 2017's
- 85 modified from 2012's
 - 57 strengthened
 - 14 elaborated
 - 14 adjusted
- 37 same as 2012's
- 21 removed from 2012's

Taking a closer look...



Content

- Increased strength of language of recommendations (should to must, should to shall)
 - Reminder: shall=legislated/mandatory, must=best practice, should=recommended, but not mandatory
- Examples:
 - Upholstered furniture and furnishings and other cloth items that cannot be cleaned shall not be used in care areas
 - Education provided to staff

Privacy curtains



Cloth privacy curtains must be removed, cleaned and disinfected immediately if they become contaminated with blood or body fluids, or are visibly soiled.

Cloth privacy curtains used for C/P/R requiring AP must be removed, cleaned and disinfected following discharge or transfer of the C/P/R and before a new C/P/R is admitted to that room/bed space.

Privacy curtains must be changed after all discharges or when visibly soiled.

Carpets

Do not carpet areas that house or serve immunocompromised patients or where there is a high likelihood of contamination with blood or body fluids.

... carpeting that remains wet after 72 hours must be removed.

Carpeting must not be used in all care areas within HCFs.

If moisture persists beyond 48 hours, carpeting in a care area must be removed and should not be replaced with carpeting.

For facilities that have not yet removed all carpeting from care areas, there should be a plan for permanent removal of carpeting.

Electronic equipment



Equipment that cannot be adequately cleaned, disinfected or covered, including EE, should not be used in the care environment.

When selecting EE, it is important that it be compatible with the cleaning and disinfecting agents used in the health care setting and that manufacturer's recommendations for cleaning are followed.

EE that cannot be cleaned and disinfected must not be purchased, installed or used in health care settings.

EE used in care areas must be cleaned and disinfected with the same frequency as non-EE.

Auditing

Audit Checklist

- Audit Satisfactory
- Nonconformances Found
- Observations Made

Results of cleaning audits should be collated and analyzed with feedback to staff, and an action plan developed to identify and correct deficiencies.

Aggregate results must be presented to relevant stakeholders, e.g., ES leadership, IPAC, and administration.

Other content change examples

- Limited number of disinfectants per site
 - Select a small number to minimize error
- Level of supervisory staff
 - Appropriate number to number of frontline workers
- More details on soiled utility and housekeeping closets
 - E.g. one closet per 650 sq. metres

Other content change examples

- Laundry:
 - Should not use laundry chutes
 - Laundry-temperatures removed, new term “hygienically clean”



Other content change examples

- Assessment of cleanliness and quality control-expanded
 - Observational assessment + one measure that directly assesses cleaning (e.g. environmental marking)
- Hand washing sinks
 - New section on the importance of cleaning these sinks
- ER bathrooms
 - clean every 4 hours and must use sporicidal product
- Cleaning rooms for CPE
 - Sinks as possible source of repeated transmission

New Technologies

- insufficient evidence to recommend for or against the use of hydrogen peroxide vapour or ultraviolet disinfection technologies for room or ward disinfection following manual cleaning and disinfection

Take home message...

- PIDAC's goal: to update the document based on advances in the field while maintaining a practical and evidence-based approach
- Mandate to produce best practice documents
- Responsible and responsive use of resource

Questions? Comments?

Thank you!

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