



# Core Strategies of Environmental Cleaning and Disinfection in Hospitals

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# Presentation Outline

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



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)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

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.

