

**California Department of Public Health
Healthcare-Associated Infections Advisory Committee**

Environmental Cleaning In Healthcare Subcommittee

Tuesday, March 15, 2016

1000-1100

Teleconference

Members Present

Carole Moss (Chair), Deborah Wiechman, Alicia Cole

Absent: All members present

Members of the Public

Andrew Armenta, Karen Hoffman

California Department of Public Health

Lanette Corona

Agenda Item/ Discussion
<p>Call to Order</p> <p>C. Moss called the meeting to order at 10:04am</p>
<p>Welcome, Introductions and Roll Call</p> <ul style="list-style-type: none">Chair of the Subcommittee, C. Moss welcome all members and members of the public to the meeting of the CDPH HAI-AC -Environmental Cleaning in Healthcare Subcommittee. Members of the subcommittee shared their professional background in the areas healthcare-associated infections (HAI) prevention and insightful interests in the area of environmental cleaning, to help eliminate infections acquire in California hospitals. <p style="padding-left: 40px;">Karen Hoffman – Over the last five years, Hoffman has been serving as a consultant for Center for Medicare/Medicaid in the Central Office in Baltimore, in the survey and certification group. Hoffman is responsible for answering questions that come in from providers or surveyors or review offices, including government agencies. In addition, Hoffman has also been responsible for developing educational programs primarily on webinars and online training in the areas of prevention for multiple divisions.</p>
<p>Mission</p> <ul style="list-style-type: none">Members of the subcommittee discussed and developed a Mission of this subcommittee. <p style="padding-left: 40px;">“The Mission of the Environmental Cleaning Healthcare Subcommittee is to protect the public from Healthcare Associated Infections by establishing best practices specifically in the area of environmental cleaning in California healthcare facilities.”</p>
<p>Set Actions items</p> <p>Today's goal - To establish at least a first type of program that we can test and implement before August 11, 2016. We need a couple of solutions that we think we can make great strides in eliminating HAIs as result of unclean surfaces, unclean devices, and linens and outsource in cleaning. All of these suggestions come from our subcommittee meeting discussions.</p>

The goal for today's discussion is to identify best first steps to ensure a team solution approach and ensure that everyone becomes part of the solution, and that the decisions are communicated to the top level of the organization.

The subcommittee has identified the following four areas for solutions:

Areas for solutions:

1. Daily cleaning - conducted by environmental services
 - a. vital sign equipment going into multiple rooms (hourly)
2. Equipment Cleaning (endoscopes, surgical instruments, blood pressure machines)
3. Terminal cleaning
 - a. It will include curtains, privacy drapes, and walls in the rooms
4. Laundry Services (*vendors)
 - a. Performance Improvement and evaluation on the services provided
 - *If a healthcare setting is using a vendor –healthcare settings should monitor the accuracy of disinfected laundry and equipment coming back into the healthcare facility.

Review action items developed by subcommittee members (03/1/15)

- *Outsourcing and Business Decisions - We want to establish standard base practice for health care facilities using vendors for environmental cleaning services. So that we can make the recommendations to health care facilities in California and work with organizations at the national level as well.
- The detection of adenosine triphosphate (ATP) is a very basic way of measuring bio waste. To help determine if surfaces and reusable medical equipment are truly clean. The test takes approximately fifteen seconds to conduct. Couple of years ago, the equipment cost about \$2,000, plus the cost of cartridges.
- Some health care facilities are using florescent dot pens instead of ATP simply because of cost of equipment, cartridges and reliability interventions. In some health care settings, housekeeping have incorporated random but frequent ten dots testing on high touch surfaces, to asses behavioral cleaning results on high touch surfaces.
- We need to focus on solutions that are possible and doable. We need a standard for monitoring the cleanliness of equipment, devices and facilities and we need to be watching it within our organizations, and watching it at the state level, and then at the national level it needs to fit within those requirements.
- California health care facilities need to have a system in place, for sampling cleanliness of endoscopes and methods for cleaning endoscopes and the type of equipment is utilized to clean them, to determine the success of the interventions.
- Discussion on florescent light system –two dots, ten dots, or twelve dots at different places in a room.
- To be effective in these interventions, you need to be able to comeback after the rooms are clean, document the findings and create a feedback loop, to help quickly correct the

process and standardize areas of improvement.

Future Subcommittee Meetings

- May 9, 2016 @ 9am

Future HAI –Advisory Committee (HAI-AC) Meetings

- The HAI-AC meets quarterly and the results of these discussions will be presented at the May 12 meeting in Oakland, CA
- Future advisory meeting will be held on:
August 11 - Sacramento
November 10 – Oakland

Adjourn

- Meeting was adjourned at 11:00a.m.