

vSNF Workgroup | Workshop #12

Environmental Cleaning and Disinfection Strategies for EVS Managers – Part 2: Training and Evaluating EVS Staff

March 8, 2023

Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health



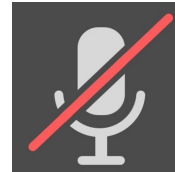
Housekeeping Reminders



This session is
being recorded



If your name does
not show up,
please “right click”
to rename



Please stay muted
if you are not
speaking



Type comments in
the Chat or
unmute

Agenda

12-12:05PM	Welcome
12:05-12:30PM	EVS for EVS Managers: Training and Evaluating EVS Practices
12:30-1PM	Implementing a Training and Evaluation Program in Your Facility
1-1:25PM	Group Discussion
1:25-1:30PM	Next Steps

Implicit Bias

- Describes how our unconscious attitudes or judgements can influence our thoughts, decisions, or actions
- Includes involuntary, unintentional perceptions made without awareness
- Occurs as our brains sort information and perceive data to understand our world
- Affects our decisions, contributing to societal disparities
 - Self awareness about implicit bias can promote healthcare diversity and equality
- Learn more about your own implicit bias at [Project Implicit](https://implicit.harvard.edu/implicit/) (implicit.harvard.edu/implicit/)



Poll Question 1: Who provides EVS training to staff? *Select all that apply.*

- EVS Manager
- Infection Preventionist
- Director of Staff Development
- Corporate Educator (e.g., Infection Preventionist, EVS)
- EVS Contract Company Educator
- Product Vendor
- Other (Describe in chat)
- Unsure

Poll Question 2: How often do you provide training for your EVS staff? *Select all that apply.*

- Just-in-time
- Weekly
- Monthly
- At staff meetings
- When new products are introduced
- Other (Describe in chat)

Poll Question 3: What (formal) training has your EVS Manager completed? *Select all that apply.*

- CHEST certification
- CDC trainings
- Corporate trainings
- Outside company trainings
- Other (Describe in chat)

Poll Question 4: Do you have an outside contractor managing your EVS services?

- Yes
- No
- Unsure

Poll Question 5: Are your EVS staff facility employees or contract staff?

- Facility employees
 - Contracted staff
 - A mixture of facility employees and contracted staff
 - Unsure
-
-



EVS TRAINING RESOURCES



HEALTHCARE-ASSOCIATED INFECTIONS (HAI) PROGRAM

HAI Program EVS Materials

Environmental Cleaning

Welcome to the California Department of Public Health (CDPH) Healthcare-Associated Infections (HAI) Program environmental cleaning in healthcare facilities web page. The purpose of this page is to answer questions and provide information on maintaining a clean and sanitary environment in healthcare facilities for patients, visitors and staff. Reducing bioburden in the environment decreases potential for transmission of harmful organisms. Information is presented as frequently asked questions (FAQ) with references and links to additional information. The initial content on this page will emphasize the importance of environmental cleaning for stopping the spread of *C. difficile* diarrheal infections (CDI).

Additional content will be added in the coming months. For questions, suggestions, or more information, please email HAIProgram@cdph.ca.gov.



Role of Environmental Surfaces in Disease Transmission



Effective Cleaning Strategies



Monitoring Cleaning



Emerging Technologies

[HAI Program Environmental Cleaning](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/EnvironmentalCleaning.aspx)

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/EnvironmentalCleaning.aspx)



vSNF Workgroup Materials

Staff Training and Education (presentations and videos)

Use the following materials to train and educate staff on core infection prevention practices of hand hygiene, environmental cleaning and disinfection, and use of personal protective equipment (PPE).

Presentations

- [Front Line Staff Training Slides \(PDF\)](#) and [Front Line Staff Training Slides Spanish \(PDF\)](#), locked - open as "Read Only"): Staff education for hand hygiene, environmental cleaning and disinfection, and use of PPE. Use individually or all three in one training.
- [Pre/post test \(PDF\)](#) and [Pre/post test Spanish \(PDF\)](#): Use the pre/post tests to evaluate staff knowledge before and after staff education with the above Training Slides.
- Flipcharts: Flipchart materials correspond with the above Training Slides and are a resource for 'on the go' training. Flipcharts will be distributed in person during your onsite assessment. Alternatively, you can print them in-house. We recommend printing on ledger sized (11" x 17") paper, double-sided.
 - [Hand Hygiene Frontline Staff Training Flipchart \(PDF\)](#)
 - [Hand Hygiene Frontline Staff Training Flipchart Spanish \(PDF\)](#)
 - [Environmental cleaning and Disinfection Frontline Staff Training Flipchart \(PDF\)](#)
 - [Environmental cleaning and Disinfection Frontline Staff Training Flipchart Spanish \(PDF\)](#)
 - [Personal Protective Equipment and Precautions Frontline Staff Training Flipchart \(PDF\)](#)
 - [Personal Protective Equipment and Precautions Frontline Staff Training Flipchart Spanish \(PDF\)](#)
- [C. auris Cleaning and Management Training](#)
- [Handwashing Video](#)

[HAI Program vSNF webpage](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx)

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx)

On-the-Spot / Stand-Up Meeting Training

Flipcharts

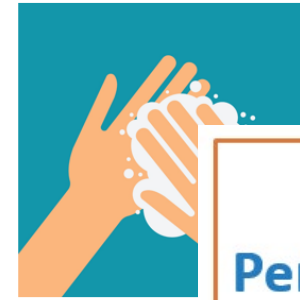
- Include script for trainer
- Come with corresponding slideset if prefer full presentation
- Available in English and Spanish

[HAI Program vSNF webpage](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx)

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx)



HAND HYGIENE



Personal Protective Equipment and Precautions Staff Training



EVS Frontline Training*

Module	Course Topics	Description
1	Hand Hygiene	This course reviews the role of hand hygiene during environmental cleaning and disinfection. Participants will discuss proper hand hygiene technique and moments for hand hygiene.
2	Understanding Disinfectants	This course reviews the difference between cleaning and disinfection, disinfectant types, and the role of proper disinfectant dilution.
3	Cleaning Cart Set-Up	This course discusses high-touch surfaces; how to appropriately identify cleaning supplies and equipment; and how to organize, set up, and maintain a cleaning cart.
4	Cleaning and Disinfection of Resident Rooms	This course discusses high-touch surfaces; daily, deep, and terminal cleaning processes; and an environmental cleaning checklist.

*ETA Release Date: June 2023

Module 1:

Hand Hygiene for EVS Staff

Objectives:

- Discuss the importance of hand hygiene during environmental cleaning and disinfection
- Describe how hand hygiene helps stop the spread of germs
- Review proper hand hygiene practices for environmental services (EVS) staff

HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM

Hand Hygiene for Environmental Services Staff

Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health

HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM

Objectives

- Discuss the importance of hand hygiene during environmental cleaning and disinfection
- Describe how hand hygiene helps stop the spread of germs
- Review proper hand hygiene practices for environmental services (EVS) staff

HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM

Chain of Infection



```

graph LR
    Reservoir[Reservoir] --> Transmission[Transmission]
    Transmission --> Host[Host]
  
```

1

HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM

HAND HYGIENE

2

HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM

EVS Staff Members Touch Many Surfaces



- Door handles
- Toilets
- Showers
- Between Bedspaces
- Bedrails
- Beds
- Chairs
- Bed side table
- Floors
- Light switches
- Sinks
- Clean supplies in the room

3

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Importance of Hand Hygiene

- Hands are the most common mode for transmission of germs
- Perform hand hygiene for at least 20 seconds to keep your hands clean and stop the spread of infections. Clean hands save lives.



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Module 2: Understanding Disinfectants


Objectives:

- Review the difference between cleaning and disinfection
- Review disinfectant types
- Discuss factors to consider when selecting a disinfectant
- Discuss the role of properly diluting disinfectants

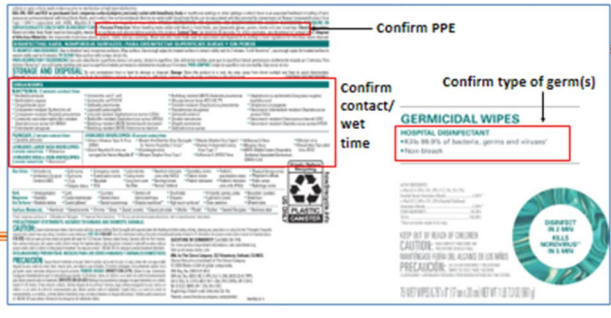
HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM 9

How to Read a Disinfectant Label

- Identify the germs it kills (e.g., bacteria, viruses, fungi)
- Use recommended amount for the correct duration (contact/wet time)
- Check expiration date
- Confirm required PPE




HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM 10



HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM 11

Dilute Disinfectant Per Manufacturer's Instructions


- Examples:
 - **Automated dispenser:** Automatically dispenses disinfectant mixed with water
 - **Manual dispenser:** Requires manual mixing of concentrated disinfectant with water
- Always use disinfectant in correct dilution and never mix different disinfectants together



HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM 12

Mixing Bleach


- **Premixed bleach:** Follow manufacturer's instructions
- **Concentrated bleach:** Use 1:10 dilution (1 part bleach and 9 parts water)
- **Never mix bleach with other cleaners or disinfectants**



HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM 13

Best Practices: Dos and Don'ts of Disinfectant Use


- Follow contact/wet time
- Ensure the disinfectant



HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM 14

Best Practices: Dos and Don'ts of Disinfectant Use

- Follow contact/wet time



Module 3: Cleaning Cart Set-Up


Objectives:

- Review list of high-touch surfaces and list of cleaning and disinfecting products
- Identify appropriate cleaning supplies and equipment
- Discuss how to organize and set up the cleaning cart
- Review how to properly clean and disinfect equipment after use

Considerations for Setting Up a Cart

Ask yourself the following:

- What cleaning and disinfectant products do you need?
- Which resident area, bedspace and zone is to be cleaned?
- What is the room set up?




3

High-Touch Surfaces

High touch surfaces are surfaces and equipment that can reasonably be expected to be contaminated by germs.

High-touch surfaces include but are not limited to:

- Bedrail
- Call bell
- Light switch
- IV pump
- IV poles
- Bedside table
- Telephone
- Respiratory equipment
- Chairs
- Other bedside equipment




Print out and place on your cart for reference!

4

Preparing Environmental Cleaning Products

- Prepare cleaning products according to manufacturer's instructions, if required
 - Solutions should be premixed, mixed in an automatic mixing station, or mixed using instructions and accurate measuring tools
 - Never estimate the mix of disinfectant to water in a cleaning solution
- Prepare solutions in designated environmental cleaning services areas
- Wear appropriate PPE when prepping solutions, if required


Gown/Apron Facemask Gloves Face shield/Goggles



5

Preparing Environmental Cleaning Products

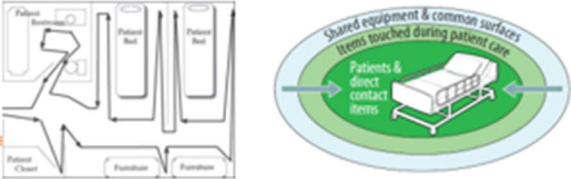
- Confirm correct concentrations of solutions using test strips
- Transfer all prepared batches to portable containers for daily cleaning
- Use standardized containers that are clearly labeled with date it is mixed on
- Choose the appropriate disinfectant when disinfecting for certain germs



6

Cleaning Order Review

Environmental services (EVS) personnel should stock carts in a way that follows a standard process for cleaning



7

Gathering Supplies and Cart Setup

Top of Cart


- ABHR and soap refills
- Required PPE
- Paper products
- Hand Sanitizer

Inside Cart

- Solution containers and disinfectants
- Microfiber cleaning cloths
- Bags or bins for soiled materials

Front Deck

- Mops/cleaning squeegees with floor cloth
- Buckets
- Wet floor/caution signs
- Soiled linen bag
- Trash bag



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Module 4: Cleaning and Disinfection of Resident Rooms

Objectives:

- Review cleaning versus disinfection
- Review the role of environmental cleaning and disinfection
- Describe high-touch surfaces and provide examples
- Discuss daily and terminal cleaning processes
- Provide examples of an environmental cleaning checklist

Visual Site Assessment

9

Standard Cleaning Process

10

Prepare to Clean!

- ✓ Coordinate with nursing staff which rooms you are planning to clean
- ✓ Confirm supplies are in the housekeeping cart
 - ✓ Prepare the needed number of microfiber cleaning cloths
 - ✓ Stock cart at once to follow the standard cleaning process
- ✓ Check isolation signage and required PPE required before entering the room
- ✓ Perform hand hygiene and don (put on) required PPE based on the isolation signage

11

Daily Room Cleaning Steps

- ✓ Remove trash and other items
- ✓ Follow the standard cleaning process
- ✓ Remove gloves and perform hand hygiene when going from a dirty to clean task
- ✓ Change microfiber cleaning cloths between each zone
- ✓ Use at least two mops per room, one for the room and one for the bathroom
- ✓ Clean and disinfect shared supplies before placing them back on the cart

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Terminal Room Cleaning

In addition to all steps in a daily room cleaning:

- ✓ Work with CNA to remove the resident's belongings before cleaning the room
- ✓ Remove any papers and tape on walls or equipment
- ✓ Discard resident's bedpan/urinal
- ✓ Clean the walls, blinds or window curtains
- ✓ For isolation room: Discard any open supplies and replace the privacy curtain

13

Use an Environmental Cleaning Checklist to Ensure all Surfaces are Cleaned

CDC Environmental Checklist for Monitoring Terminal Cleaning
<https://www.cdc.gov/naip/pdfs/tools/terminal-environmental-cleaning-checklist-10-06-2010.pdf>

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Module 5: Policies and Procedures (for EVS Managers)

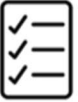

Objectives:

- Describe an EVS policy and procedure (P&P) manual
- Identify facility personnel responsible for P&P development, implementation, and management
- Discuss core P&P components

HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM 3

What is an EVS Policy and Procedure (P&P) Manual?


- **Policy:** A document that outlines a set of guidelines developed specifically for the facility or organization
- **Procedure:** Provides instructions to the staff on how to carry out tasks
- **Benefits**
 - Helps standardize procedures
 - Outlines who is responsible for what
 - Helps involve all staff in the implementation process
 - Provides clear guidance on staff education and training

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Who is Responsible for Developing an EVS P&P?

- EVS manager is responsible for the development, implementation, and management the P&P
- **Who else do you involve?**
 - Facility Administrator and corporate leadership
 - Infection Preventionist (IP)
 - Director of Staff Development (DSD)
 - Director of Nursing (DON)
 - Physical Therapist (PT)
 - Respiratory Therapist (RT)




HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM 5

Core EVS P&P Components



1. Hand hygiene (HH)
2. Personal protective equipment (PPE)
3. Product selection and use
4. Cleaning and disinfection of resident care equipment
5. Preparation before room cleaning
 - Cart set up
 - Visual room assessment
6. Cleaning and disinfection of a resident room
 - Daily, deep and terminal cleaning
7. Linen and trash management
8. Bloodborne pathogens (BBP) and worker safety
9. Staff education and training
10. Adherence monitoring and feedback



HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM 6

1. Hand Hygiene


- List all required supplies to perform hand hygiene:
 - Soap, water, alcohol-based hand rub (ABHR) etc.
- List what HH moment to use for

Soap and water ABHR

- **Ensure this policy guidance is consistent with your facility's HH policy**

Hand Hygiene Checklist. Center for Disease Control and Prevention. <https://www.cdc.gov/infectioncontrol/faq/hand-hygiene-checklist.pdf>



HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM 7

2. Personal Protective Equipment (PPE)


- Include all the PPE required to perform cleaning and disinfection






Gloves Gown/Apron Facemask Eye protection


- **Ensure the PPE guidance is consistent with your facility's Standard and Transmission-Based Precautions policy**



HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM 8

3. Product Selection and Use

- **Considerations when selecting the product**
 - Environmental Protection Agency (EPA)-registered disinfectant labeled as a "hospital-grade disinfectant"
 - Consult facility IP for any other specific label claims, for e.g., *C. difficile*
- **How to use the product per manufacturer's instructions**
 - Kill claim
 - Dilution requirement
 - PPE requirement
 - Required contact/wet time
- **Product validation**
 - Describe the process and frequency to validate the product dilution
 - Designate EVS personnel responsible for conducting the validation

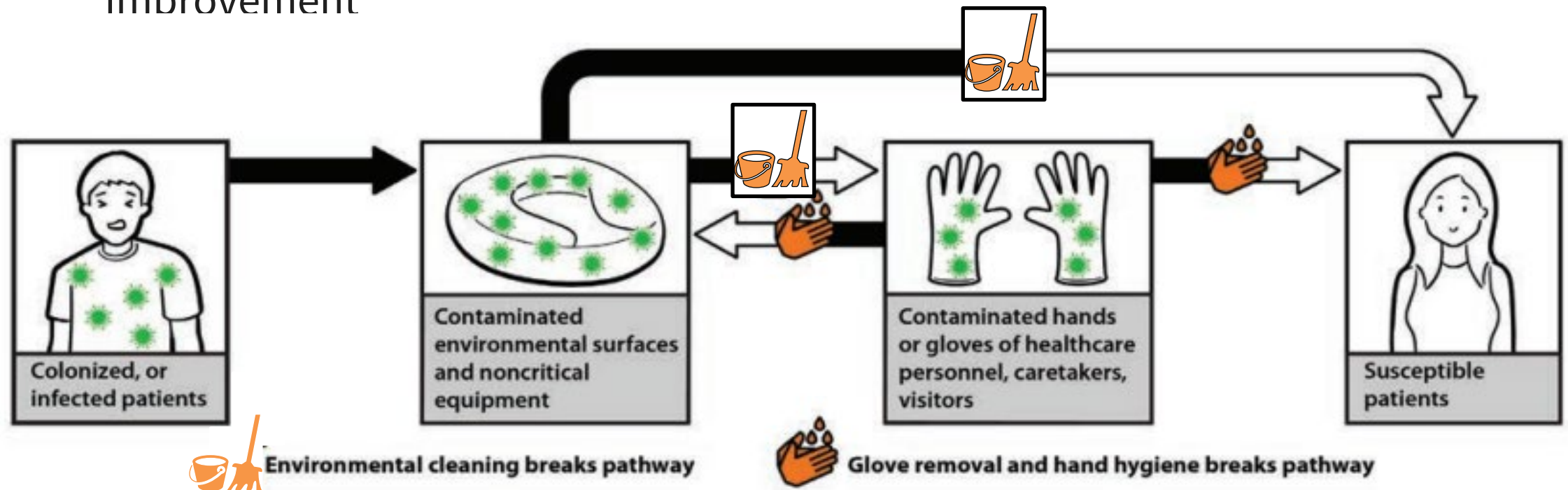
How to Implement EVS Trainings: Examples

- Ensure EVS leadership is trained and are experts in EVS processes!
 - Assess your audience (e.g., language, reading level, time constraints)
 - Integration into current training programs for staff onboarding and (yearly) renewal training
 - Provide education and training as part of facility in-services
 - Use available pre/post test to gauge the knowledge gain
 - Involve staff in hands-on demonstrations
 - Engage in 'just in time' training to respond to uncontrolled transmission of targeted AR pathogens
 - Emphasize EVS staff's critical role in keeping residents safe!
 - *Share your examples of implementation in the chat.*
-
-

EVALUATING EVS PRACTICES

Why should we assess the adequacy of environmental cleaning and disinfection?

- A properly cleaned care environment is essential to prevent or contain HAIs
- To know what is being done properly, where gaps are, to identify areas for improvement



Adherence Monitoring Tools

Evaluation and Feedback (Adherence Monitoring)

Regular monitoring with feedback of results to staff can maintain or improve adherence to hand hygiene, environmental cleaning and education, and contact precautions practices. Use the following tools to identify gaps and opportunities for improvement.

- Adherence Monitoring Tools: Use the adherence monitoring tools to track progress over time. Monitoring may be performed in any type of patient care location.
 - Hand hygiene (PDF)
 - Hand Hygiene for EVS Staff (PDF)
 - Environmental Cleaning and Disinfection (PDF)
 - Fluorescent Marker Assessment Tool (PDF): Use in conjunction with the Environmental Cleaning and Disinfection adherence monitoring tool.
 - Environmental Cleaning and Disinfection Responsibility Assessment Tool (PDF)
 - Who Cleans What Reminder Template (Word): Use in conjunction with Environmental Cleaning and Disinfection Responsibility Assessment Tool. Customize the template to correspond to your facility policy.
 - Contact Precautions (PDF)
 - Ventilator Associated Pneumonia (PDF)
- Adherence Monitoring Feedback Tool and Instructions (Tool): Use the feedback tools to share adherence monitoring data with staff and leadership.
 - Hand Hygiene (Word)
 - Environmental Cleaning and Disinfection (Word)
 - Fluorescent Marker Tool (Word)
 - Contact Precautions (Word)
 - Ventilator Associated Pneumonia (Word)

[vSNF Workgroup webpage](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx) (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx)

[LHD Resources webpage](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/LHD_Resources_and_Trainings.aspx) (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/LHD_Resources_and_Trainings.aspx)

Environmental Cleaning and Disinfection Practices - Adherence Monitoring Tool



Healthcare-Associated Infections Program Adherence Monitoring Environmental Cleaning and Disinfection

Facility Name:	
Facility ID:	
Assessment completed by:	
Date:	
Unit:	

Regular monitoring with feedback of results to staff can maintain or improve adherence to environmental cleaning practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

Instructions: Observe at least two (2) different environmental services (EVS) staff members. Observe each practice and check a box if adherent ("Yes") or not adherent ("No"). In the right column, record the total number of "Yes" responses for adherent practices observed and the total number of observations ("Yes" + "No"). Click "x" in rows ES1 through ES9 to clear selection of "Yes" and "No" responses.

	Environmental Cleaning Practices	EVS Staff 1	EVS Staff 2	EVS Staff 3	Adherence by Task	
					# Yes	# Observed
ES1.	Detergent/disinfectant solution is mixed and stored according to manufacturer's instructions. x	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	0	
ES2.	Solution remains in wet contact with surfaces according to manufacturer's instructions. x	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES3.	Cleaning process avoids contamination of solutions and cleaning tools; a clean cloth is used in each patient area, and the cloth is changed when visibly soiled.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES4.	Standard cleaning protocol is followed to avoid cross-contamination (e.g. from top to bottom, patient room to bathroom, and clean to dirty)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES5.	Environmental Services staff use appropriate personal protective equipment (e.g. Gowns and gloves are used for patients/residents on contact precautions upon entry to the Contact precautions room.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES6.	Hand hygiene is performed throughout the cleaning process as needed, including before and after glove use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES7.	High-touch surfaces* are thoroughly cleaned and disinfected after each patient. Mark "Yes" if Fluorescent Marker Assessment Tool result is 100%; mark "No" if <100%.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES8.	There are no visible tears or damage on environmental surfaces or equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES9.	The room is clean, dust free, and uncluttered.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

*Examples of high touch surfaces:

Bed rail	Chair	Room light switch	TV remote	Bathroom door knob/handle	Bathroom sink
Tray table	In-room medical cart	IV pole ("grab area")	Room inner door knob/handle	Bathroom handrail	Bathroom faucet
Side table	Room sink	Call button	In-room cabinet	Bathroom light switch	Toilet flush handle
Side table handle	Room sink faucet	PPE container	In-room computer/keyboard	Toilet seat	Toilet/bedpan cleaner

# of Correct Practice Observed ("# Yes"): _____	Total # Environmental Services Observations ("# Observed"): _____ (Up to 27 Total)	Adherence: _____ % (Total "# Yes" ÷ Total "# Observed" x 100)
<i>If practice could not be observed (i.e. cell is blank), do not count in total # Observe</i>		



Facility Name:	
Facility ID:	
Assessment completed by:	
Date:	

Fluorescent Marker / High-Touch Surfaces - Adherence Monitoring Tool

Regular monitoring with feedback of results to staff can maintain or improve adherence to environmental cleaning practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location. Use this tool in addition to the Environmental Cleaning and Disinfection adherence monitoring tool.

Instructions: Discreetly place fluorescent marker on multiple high touch surfaces/equipment to be cleaned. Use additional forms as needed.
Note: Apply small amount of fluorescent marker with Q-tip on the surfaces. Do not apply it to porous surfaces and the electrical outlets and switches.
 Check fluorescently marked high touch surfaces for each room below. After the room has been cleaned, use a black light to view marked areas. Circle "Yes" if the fluorescent marker was removed completely and "No" if any amount of fluorescent marker appears under the black light.

Room #:		Bed #:	Unit:	<input type="checkbox"/> Isolation Room	Time marked with fluorescent marker (hh:mm am/pm):				Time to return (hh:mm am/pm):				Adherence by Task		
													# Yes	# Marked Areas	
<input type="checkbox"/>	Room light switch:		Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Room sink:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Tray table:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Bathroom handrail:	Y <input type="radio"/> N <input type="radio"/>			
<input type="checkbox"/>	Room inner door knob/handle:		Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Room sink faucet:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Tray table handle:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Bathroom sink:	Y <input type="radio"/> N <input type="radio"/>			
<input type="checkbox"/>	PPE Container:		Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Chair:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Call button/TV Remote:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Bathroom faucet:	Y <input type="radio"/> N <input type="radio"/>			
<input type="checkbox"/>	In-room cabinet:		Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Side table:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	IV pole, not in use:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Toilet seat:	Y <input type="radio"/> N <input type="radio"/>			
<input type="checkbox"/>	In-room computer/keyboard:		Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Side table handle:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Bathroom door knob/handle:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Toilet flush handle:	Y <input type="radio"/> N <input type="radio"/>			
<input type="checkbox"/>	Telephone:		Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Bed rail:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Bathroom light switch:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Toilet / bedpan cleaner:	Y <input type="radio"/> N <input type="radio"/>			
<input type="checkbox"/>	Feeding pump:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	IV pump face:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	IV pole, in use:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Ventilator:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Vitals machine:	Y <input type="radio"/> N <input type="radio"/>	
<input type="checkbox"/>	Pill crusher:	Y <input type="radio"/> N <input type="radio"/> (hallway or patient room)													
In hallway (assess after patient use):															
<input type="checkbox"/>	Medication cart:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Wound care cart:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Patient lift:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Patient bed scale:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Portable x-ray machine:	Y <input type="radio"/> N <input type="radio"/>	
<input type="checkbox"/>	Room light switch:		Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Room sink:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Tray table:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Overhead light switch:	Y <input type="radio"/> N <input type="radio"/>			
<input type="checkbox"/>	Room inner door knob/handle:		Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Room sink faucet:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Tray table handle:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Bathroom sink:	Y <input type="radio"/> N <input type="radio"/>			
<input type="checkbox"/>	PPE Container:		Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	bed rail foam:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Bed Remote:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Bathroom faucet:	Y <input type="radio"/> N <input type="radio"/>			
<input type="checkbox"/>	In-room cabinet:		Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Side table:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	IV pole, not in use:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Toilet seat:	Y <input type="radio"/> N <input type="radio"/>			
<input type="checkbox"/>	In-room computer/keyboard:		Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Side table handle:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Bathroom door knob/handle:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Toilet flush handle:	Y <input type="radio"/> N <input type="radio"/>			
<input type="checkbox"/>	Telephone:		Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Bed rail:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Bathroom back door handle:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Toilet / bedpan cleaner:	Y <input type="radio"/> N <input type="radio"/>			
<input type="checkbox"/>	Feeding pump:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	IV pump face:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	IV pole, in use:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Ventilator:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Vitals machine:	Y <input type="radio"/> N <input type="radio"/>	
<input type="checkbox"/>	Pill crusher:	Y <input type="radio"/> N <input type="radio"/> (hallway or patient room)													
In hallway (assess after patient use):															
<input type="checkbox"/>	Medication cart:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Wound care cart:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Patient lift:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Patient bed scale:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/>	Portable x-ray machine:	Y <input type="radio"/> N <input type="radio"/>	
	# of Correct Practice Observed ("# Yes")														
	Total # Marked Areas														
	Adherence (Total "# Yes" ÷ "Total # Marked Areas" x 100)														
EVS	0														
Clinical Staff	0														
Hallway	0														
TOTAL	0														

Hand Hygiene for EVS Staff - Adherence Monitoring Tool



Healthcare-Associated Infections Program Adherence Monitoring Hand Hygiene for EVS Staff

Assessment completed by: _____
Date: _____
Unit: _____

Regular monitoring with feedback of results to staff can improve hand hygiene adherence. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

Instructions: Use a single tool to observe 10 hand hygiene (HH) opportunities for an individual staff member. Check the type of hand hygiene opportunity you are observing. Indicate if HH was performed. Record the total number of successful HH opportunities and calculate adherence.

HH Opportunity	What type of HH opportunity was observed? (select/☑ 1 per line)	Was HH performed for opportunity observed? ✓ or ∅
<i>Example</i>	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input checked="" type="checkbox"/> upon leaving room Remember: Hand hygiene should be performed before <u>and</u> after glove use	✓
HH1.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	
HH2.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	
HH3.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	
HH4.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	
HH5.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	
HH6.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	
HH7.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	
HH8.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	
HH9.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	
HH10.	<input type="checkbox"/> before entering room <input type="checkbox"/> between tasks <input type="checkbox"/> between patients' bedspace <input type="checkbox"/> before accessing clean items on cart <input type="checkbox"/> upon leaving room	
For HH1-HH10:		
Total # HH Successful ("# ✓ "): _____	Total # HH Opportunities Observed: _____	Adherence: _____% (Total # HH Successful ÷ Total # HH Opportunities Observed x 100)

Who Does What Checklist - Adherence Monitoring Tool



Healthcare-Associated Infections Program Environmental Cleaning and Disinfection – Who Cleans What?

Everyone is responsible for cleaning and disinfection of the healthcare environment. Keep an updated list of *who cleans what* in your policy. Customize the below template to correspond to your facility policy (e.g., add/delete roles in the top row, add/delete items in the left column). Mark the appropriate columns below with an “X” to designate responsibility, and denote frequency of cleaning (e.g., daily) or when to clean (e.g., before use). Revisit the list on a regular basis to ensure accuracy. Keep this list on cleaning carts, etc., for quick reference.

Date Last Verified:

Who is responsible for cleaning/disinfection of:	Housekeeping	CNA	LVN	RN	RT	PT/OT	Other
ABHR dispenser							
Bathroom							
Bedrail							
Blood pressure machine							
Call button							
Charting area							
Feeding pump							
Floor							
Floor, with large spill							
Glucometer							
In-room computer/keyboard							
IV pole							

How to Share Feedback with Staff or Leadership

- Use template reporting and feedback tools on vSNF webpage
 - Include creative ways to improve adherence – e.g., competition between units
 - Share during rounds/huddles
 - Send out regular emails/newsletters to staff
 - Post progress and gaps in breakrooms
 - Share during leadership and staff meetings
 - On-the-spot training (1:1 coaching)
 - Celebrate successes!
 - *Share your examples of sharing feedback in the chat.*
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-



IMPLEMENTING AN EVS TRAINING AND EVALUATION PROGRAM



Introducing

Alejandro Martinez
EVS Manager
Riverbend Nursing Center

Introducing

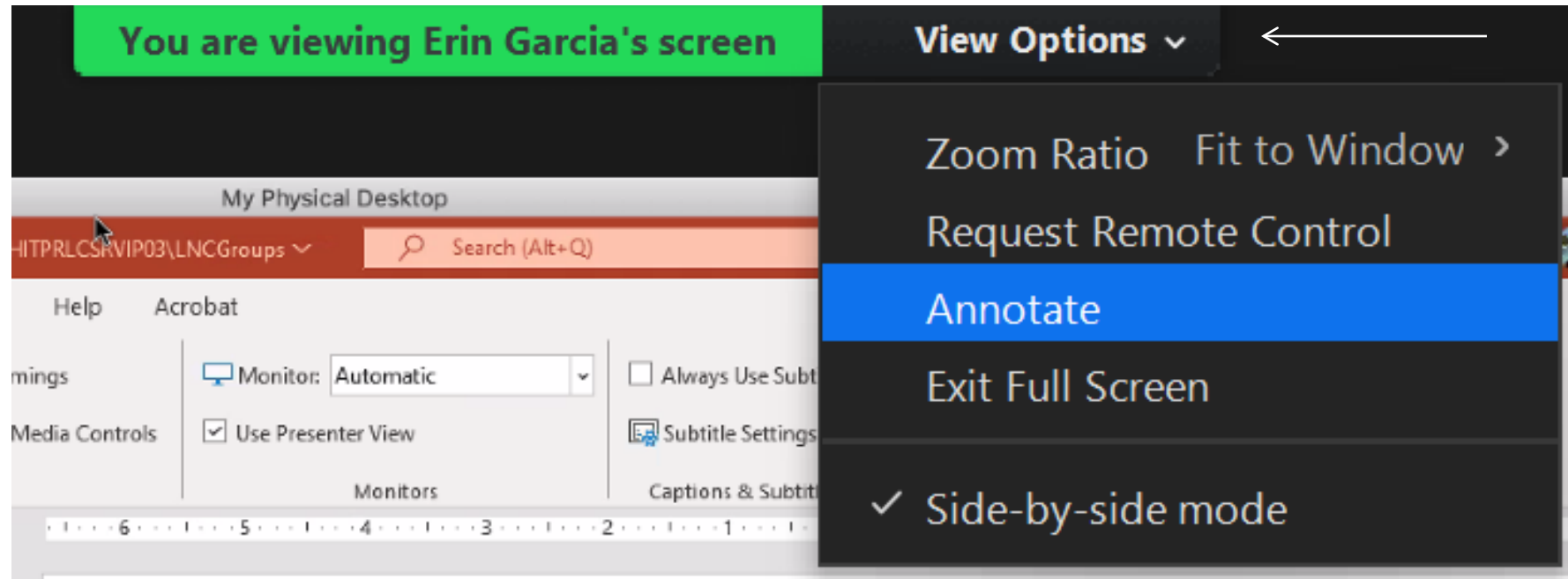
Israel Sanchez, BSN, RN a-IPC
Director Nursing
Poway Healthcare Center
israel.sanchez@powaycare.com



GROUP DISCUSSION



Zoom Annotation Feature



Annotation Practice: Say Hello to Your Colleagues in Any Language



Question 1

What EVS tools and trainings do you use at your facility? *For those who selected an EVS focus for your QI project, what EVS tools and trainings have you implemented at your facility since the start of the vSNF Workgroup?*

Question 2

How do you engage your EVS staff in trainings? (e.g., return demonstration, peer-to-peer learning)

Question 3

How do decide what EVS topics to train on? *Do you use adherence monitoring results to customize training for your staff?*

Question 4

What are *barriers* you experience in providing EVS training?



Question 5

What has been *successful* in providing EVS training to your staff? *How have you worked through those barriers?*

Question 6

What is one thing you learned today that you can take back to your facility? (e.g., share an 'aha moment')





NEXT STEPS



Timeline

- **May 10:** Quality Improvement Project Updates – Part 2
- **June 14:** Antimicrobial Prescribing and Transitions of Care Communication
- **August-September:** Final onsite infection prevention assessments
- **September 13:** Quality Improvement Project Updates – Part 3
- **October 11:** Closing Session / Wrap Up

Next Steps

- Fill out the **course evaluation** (required for CEU)
 - Continue to **check in monthly** with your HAI Program IP
 - Continue **planning and implementing your QI project**
 - Join us for our **next vSNF workshop on Wednesday, May 10 , 12-1:30PM:**
Quality Improvement Project Updates – Part 2

 - Access resources** on [vSNF webpage](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx)
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx)
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Questions?

Contact Erin Garcia at Erin.Garcia@cdph.ca.gov