

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

**Environmental Cleaning In Healthcare Subcommittee**

Monday, May 25, 2016

10:00am-11:00am

**Teleconference**

**Members Present**

Carole Moss (Chair), Alicia Cole, Deborah Wiechman, Jeff Silvers, Karen Anderson

**Standards Research Advisor(s)**

Andrew Amenta, BioMedical Engineering, Biomedical Engineering  
Council on Infection Control

**Members of the Public**

Christel Henderson

**California Department of Public Health**

Jorge Palacios

<b>Agenda Item/ Discussion</b>
<b>Call to Order</b> C. Moss called the meeting to order at 10:01am
<b>Welcome, Introductions and Roll Call</b> <ul style="list-style-type: none"><li>• Chair, C. Moss, welcomed all subcommittee members and members of the public</li></ul>
<b>Approval of the May 9, 2016 Summary Meeting Minutes</b> Motion to approve summary meeting minutes including two changes: change <i>survivors</i> to <i>surveyors</i> , and delete the last sentence on the first paragraph under the Action Item(s). <ul style="list-style-type: none"><li>• Motion: A. Cole</li><li>• Second: D. Wiechman</li></ul>
<b>Mission</b> Chair reviewed the mission and process of this subcommittee. "The mission of the Environmental Cleaning in Healthcare Subcommittee is to protect the public from healthcare-associated infections by establishing best practices in the area of environmental cleaning in California healthcare facilities."
<b>Update to the HAI-Advisory Committee</b> The Subcommittee discussed recommendations made by HAI-AC to treat air and water filtration as important issues in the prevention of HAIs. Subcommittee members agreed to include these issues under Phase Two of their current work. Subcommittee members will review information and empirical research findings on these two new areas and bring their recommendations to

future subcommittee meetings.

### **Discussion and Review**

The Chair posed a question about the immediate actions that take place in a hospital when a patient has an infectious disease. Responses included: The infection control unit is informed of pending and confirmed lab infections. The patient is immediately placed in transmission based contact precaution and a sign goes up. Housekeeping is immediately informed if it is an MDRO or C.difficile infection. The investigation begins, including room mapping. Many patients arrive with infections; the goal is to prevent passing the infection to other patients. Occupational and physical therapy settings were discussed, including frequency of cleaning and disinfecting equipment and handrails.

Discussed the possibility of recommending an assessment of equipment cleaning and disinfection policies. Agreed that a critical issue is ensuring housekeeping staff have sufficient time to clean patient rooms. Noted that in some facilities EVS people are given 10 or 15 minutes per room.

Discussed addressing policies for patients that are colonized, treated, and transported within the facility.

Discussed the use of ATP. Recommended need to review ATP findings to check for missed areas in hospitals. Suggested ATP monitoring should include equipment used during PT and OT sessions. Discussed that ATP testing is helpful but dependent on the type of ATP method used. Some hospitals use ATP testing in partnership with EVS; EVS staff are present when ATP tests are conducted so they can see the results. Discussed importance of reporting ATP findings to both EVS and radiology staff. The goal is to increase the competency of the people cleaning rooms and equipment.

It was suggested that hospitals create and review a logbook to verify what is clean and who cleaned it; include the disinfectant agent used.

Discussed limitations of trying to develop an all-inclusive list of equipment. Different facilities have different equipment; the list will change based on facility type. Discussed need to have a requirement that facilities assess and verify cleaning of all high touch areas. Discussed use of a minimum equipment list provided by CDC that could be added to by each facility. Discussed validating equipment cleanliness using ATP.

Discussed UCSF software called *Ready List* Software that provides a list and information about every item in the room. *Ready List* generates a list of items that the EVS staff person needs to maintain, provides step-by-step instructions, and includes pictures of the equipment. The EVS supervisor has a module to help assess EVS staff work. Reports track the time it takes to clean each room.

Clarified that recommendations that result from this subcommittee are not just for L&C. Objective is to provide guidance to facilities on how to set up a process to clean rooms properly and to validate that they are doing it.

It was suggested that the subcommittee consider the approach from the Antimicrobial Stewardship Subcommittee who created a three-level approach - basic, intermediate, advanced - for antimicrobial stewardship programs in hospitals. For environmental cleaning, the Basic Model

could be the minimum that every hospital needs to do to provide appropriate cleaning and validation. Could include presenting real-time reports to heads of EVS and appropriate safety and infection control committees. The Intermediate Model needs more discussion. The Advanced Model could add the use of software and special phones to rapidly communicate with people responsible for specific tasks

### **Action Items**

Recommended subcommittee members review the following webpage and provide comments  
<http://www.cdph.ca.gov/programs/hai/Pages/EnvironmentalCleaning2016.aspx>

D. Wiechman and K. Anderson will attend the APIC conference and identify any new recommendations on air filters and water filters.

A. Amenta suggested adding to the equipment list a list of areas that are often missed when cleaning outside of patients room, including keyboards.

### **Future Subcommittee Meetings (meetings will be held at 11am)**

- June 6 and 20
- July 11 and 25
- August 1 and 15
- September 5 and 19
- October 3 and 17
- November 7 and 21
- December 5 and 19

### **Future HAI –Advisory Committee Meetings**

The HAI-AC meets quarterly. Future Advisory Committee meetings will be held:  
August 11 – Sacramento  
November 10 – Oakland

### **Adjourn**

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