REACH

RESEARCHING EFFECTIVE APPROACHES TO CLEANING IN HOSPITALS

An NHMRC Partnership Grant led by
Queensland University of Technology (QUT) and Wesley Medical Research (WMR)

Welcome.

This training session outline is based on the training pack that was provided to participating hospitals as part of the Researching Effective Approaches to Cleaning in Hospitals (REACH) project 2014-2018. This pack can be adapted to support delivery of training activities to environmental services staff and to reflect local cleaning processes, local context and specific training requirements.

This pack contains:

Session plan - This describes the learning objectives, the standard format for the training session, and the key talking points to accompany the PowerPoint presentation.

PowerPoint presentation - This accompanies the session plan and provides visual cues for staff

Additional materials required
Activity One: Frequent Touch Point Posters – generic layout. Please provide pens or highlighters for this activity.
Activity Two: Q&A game question sheets
Activity Three: Requires UV markers and a UV torch. Please use your hospital's standard cloths, chemicals, and PPE for this exercise.
Activity Four: Communication scenario cards

REACH TRAINING SESSION PLAN

Introduction (1-3 min):		
Purpose of this section		
- Introduce the training to staff - Introduce the cleaning bundle		
Learning Objectives	**Key points**	**Materials**

Staff to identify the purpose of the training	- Introduce the cleaning bundle –a set of key practices to be implemented together
	- Aims to reduce healthcare associated infections or HAIs
	- Five core components in the bundle – targeted training, product use, cleaning techniques, enhanced auditing and better communication.
	- Training includes things you already know, plus new information specific to the trial.
	- Training content:
	  - Core components of the bundle
	  - HAI and the environment - importance
	  - Expectations of staff as part of the trial including any practice changes
	  - Tools and support
	  - Activities including hands-on practice
		PowerPoint slides 1-2

Section One (2-3 min): General HAI knowledge/ role of the environment		
Purpose of this section		
- Provide staff with general knowledge about HAI, the role of the environment, the role of cleaning in breaking the chain of infection. - Emphasise the importance of their role		
Learning Objectives	**Key points**	**Materials**
Staff to: - Describe the role of the environment in the transmission of infections. - Identify reasons for thorough and	- HAIs very serious – cause illness, even death and are expensive - 200,000 cases and close to 2million bed days per year in Australia - Hospitals have already very sick patients (open wounds, low immunity) - Organisms are becoming resistant to common treatment options/drugs.	**PowerPoint slides 3-6**

effective cleaning in hospital	- Some of the worst organisms (superbugs) are in hospitals - As we run out of treatment options, prevention is more and more important - There are lots of interactions with different people and the environment during a shift - We all touch the environment and our nose/eyes/mouth multiple times an hour - Hand hygiene is always important, but compliance is rarely 100%. - Many organisms are hardy and can live for a long time on hospital surfaces - They must be removed by regular cleaning - The FTPs need at least daily cleaning to stop the build-up of germs - Discharge cleaning is very important – example: I have an infection, then I leave hospital, then you stay in this same room, you are up to 40% more likely to get the same infection. - There's a link between the environment and infections. - Great cleaning can help prevent infections – your role is vital for preventing infections	

Section Two (1min talk + 5-10min activity): Technique

Purpose of this section

- Define what will is expected in terms of cleaning technique
- Highlight any practice change that is part of the bundle and the reasons for the change
- Reinforce to staff that this change starts today.

Learning Objectives	Key points	Materials
Staff to: - Identify the FTP in the bathroom and patient/bed area - Discuss technique requirements and expectations - Discuss any 'who cleans what/when' issues	- Frequent touch points are the greater risk items – should be a focus/priority - Thoroughness over speed – not always easy with time pressures, but the bit you miss could be where an organism is waiting/hiding - Remember to use adequate pressure to actually get the dirt and organisms off the surface - Clean entire surface, corners, edges, as well as an s pattern on the flat surface to make sure you don't miss anything - Physical process/practice is highly important - The process itself is what removes the dirt and germs - Avoid cross contamination with good hand hygiene, changing your PPE, always using a fresh	**PowerPoint slides 7-9**

	surface on your cloth or changing it for a new one - Know what is expected – especially who cleans what (and when) *Add specific local responsibilities/ expectations.*	
Activity 1: FTP pictures - Staff to identify the FTP in the images of the patient and bathroom areas (mark with highlighter or pen) - Can be done in small groups if it is easier - Report FTP back to group and write on whiteboard		**FTP print outs A4/A3** **Highlighters/ pens** **Whiteboard markers and whiteboard (if available)**

Section Three (2min talk + 10min activity): Product

Purpose of this section

- Define what will is expected in terms of cleaning product
- Highlight any practice change that is part of the bundle and the reasons for the change
- Staff to be made aware that this change starts today.

Learning Objectives	Key points	Materials
Staff to: - Distinguish between detergent and disinfectant – purpose and use - Identify the differences in product use between types of clean (daily normal/ daily high risk/ discharge) - Identify the product requirements for disinfectant use - Articulate the dilution and contact time requirements and the reasons for these requirements	- Detergent is for removing dirt and organisms - Disinfectant is for killing germs - Many of the products you use are 2-in-1 products with both detergent and disinfectant - Disinfectant is only for what's left behind on a surface – physical thoroughness is the key - *Specific to the local product e.g.:* - *Daily – general patients: Neutral Detergent* - *Discharge - General patients: Disinfectant 1* - *Daily - transmission based precautions: Disinfectant 2* - *Discharge - transmission based precautions: Disinfectant 2* - *Correct dilution and contact time matters*	**PowerPoint slides 10-13**

	- *The disinfectant used needs to be visibly wet for at least 1min at a minimum* - *Standard dilutions for Disinfectant 1 are* - *Standard dilutions for Disinfectant 2 are* - *Needs to be strong enough to work, but not be over-doing it* - *Replace x every 24hrs – it degrades over time, by 24hrs it is starting to get too low to be effective*	
Activity 2: Q&A - Provide questions sheet - Get staff to discuss in small groups or as one large group. Process correct answers.		**Question sheets** **Answer sheets – multiple choice**

Section Four (1min talk + 10min activity): Auditing

Purpose of this section

- Explain the use of the UV marker audits, the reasons for the change, and how the process works.
- Explain the feedback process. It should be made clear to staff that this auditing is for educational purposes only, not punitive.

Learning Objectives	Key points	Materials
Staff to: - Appreciate the role of auditing in ensuring high standards of cleaning performance - Discuss the inclusion of the UV marker audits and how individual feedback will work - Apply technique and audit knowledge gained by demonstrating the correct physical process of wiping down a surface and see how this relates to removal (or not) of UV marks	- Auditing is not only a requirement, but it also allows us to see how we are going. - Dirt or dust is visible to the naked eye but organisms are not - By adding UV marker audits we can see how our own individual technique is going - UV marker is invisible to the naked eye – visible under UV (black) light - Process is put the dots out on the FTP on day, come back 24hr later (approx.), shine the light and see if they are there. - Once dried - removing the UV marks requires about the same technique/pressure/time as removing organisms *(when wet)* - You will get direct one on one feedback - This is about improving your own technique, and keeping patient safe, not punishing people. - This is an educational tool only.	**PowerPoint slides 14-15**

	- Sharing the aggregated results ensures cleaning stays a priority area for infection control	
Activity 3: Hands on Make sure you have pre-dotted the surfaces/equipment in the room that you will get the staff to practice on Allocate staff to a section of the surface/piece of equipment Staff will need to don gloves, then use the appropriate product/s to undertake cleaning Staff to practice their technique. Go round afterwards with the UV light. Provide positive feedback. Let them know how they can improve where dots are missed, smudged or partially removed. Re-iterate the key points from the other sections such as thoroughness or contact time for disinfectant (enough product to be wet)		**UV markers** **UV light** **Equipment to practice on** **Gloves** **Cloths** **Product or wipes** **Stop watch (optional)**

Section Five (1min talk + 10min activity): Communication

Purpose of this section

- Define what will is expected in terms of communication e.g. highlight daily communication requirements
- Give staff an opportunity to discuss current communication needs/issues
- Outline additional communication within the hospital that is part of the trial such as promotion, involvement in committees, and engagement of other HCW
- Staff to be made aware that this change starts today.

Learning Objectives	Key points	Materials
- Staff to: - Describe the value of good communication and what possible improvements could be made - Identify the types of communication required, and with whom - Construct appropriate responses to scenarios and recommend actions related to communication	- You (staff) are part of a team – environmental/patient support services, your ward, and your hospital - Better communication starts with each person here – be proactive – start a daily communication with the NUM/shift nurse/ ward clerk discharges, precautions rooms, patient flow and timing - The more regular this interaction, the better the communication, the better we can all do our jobs - Other staff in the hospital will be communicated with about the trial. Nursing staff are aware of the changes being introduced - Promotion of a team approach – shared responsibility - importance of hospital hygiene - Trial will endeavour to raise the profile of cleaning within the hospital so all staff understand the value of cleaning in breaking the chain of infection	**PowerPoint slides 16-17**

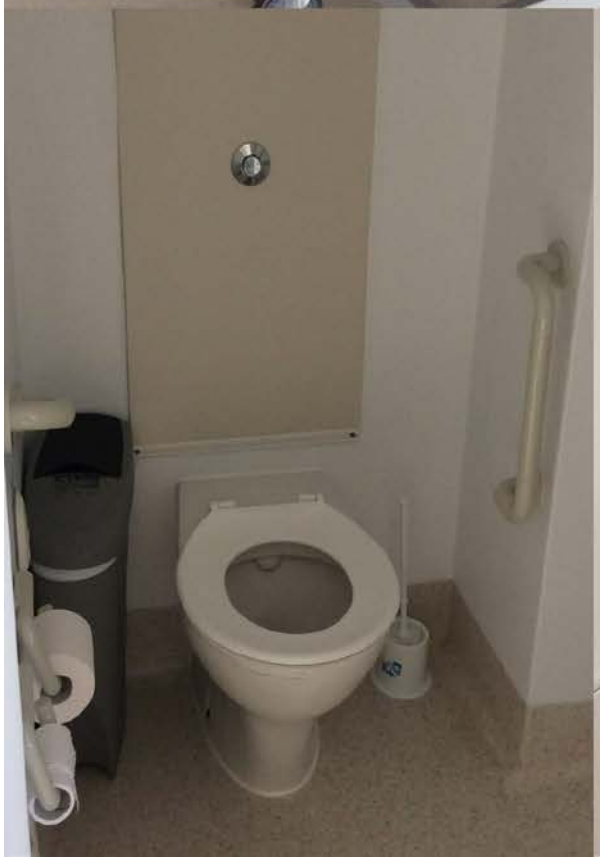
Activity: Scenarios There are 3 different options for the scenarios – one based on nurse communication, one based on patient communication, and one based on communicating with nurses and other PSA/cleaner roles. Focus on key messages and local expectations Can be done in small groups and fed back to large group OR as one large group		**Communication scenario sheets**

Tools and key messages/bundle items (1-2min)

Purpose of this section	
- Reiterate key messages from the training session	
Key points	**Materials**
From today: - Add daily communication on the ward - Focus on frequent touch points every day and on discharge - Be thorough – whole surface and enough pressure - Specific product requirements for the site - All disinfectant wet for at least (insert time). Allow to air dry. - UV audits with individual feedback	PowerPoint slide 18

ACTIVITY 1: Frequent touch point activity


A
DIABETIC
DIET



ACTIVITY 2: Question and answer activity

ACTIVITY 2: Question and answer activity

1. Hospitals are the perfect place for getting an infection because there are

A. Not enough medications
B. A lot of doctors and nurses
C. Healthy people and resistant organisms
D. Sick patients and resistant organisms

2. Organisms can survive on hospital surfaces

A. Only if the surface is wet
B. Months, even years on dry surfaces
C. Only in operating theatres
D. 1hour maximum

3. Frequent touch points - which of these is <u>not</u> a frequent touch point

A. The patient call bell
B. The floor in the patient area
C. Toilet flush button
D. Patient bedside locker

4. A thorough clean means

A. Cleaning the whole surface with enough pressure
B. Quickly wiping the whole surface
C. Making sure things are shiny
D. Cleaning with enough pressure

5. In a multi-person room, I should change my gloves

A. After lunch
B. Only if they are dirty
C. Only at the end of the day
D. Between cleaning the patient area and bathroom

6. All frequent touch points should be cleaned

A. Just on discharge

B. Only when they look dirty

C. When you have time

D. Every day and on discharge

7. For all discharge cleaning, use enough (insert name of disinfectant used at your hospital here) to

A. Stay wet on the surface for 5mins only

B. Stay wet on the surface for 10 mins

C. Just cover the surface

D. Stay wet on the surface for 1 hour

8. For daily cleans of all transmission based-precautions rooms, I should always use

A. (name of disinfectant) on the frequent touch points

B. (name of disinfectant) on the floor only

C. Just microfiber cloths and water

D. Neutral detergent on the frequent touch points

9. UV marker audits are used to

A. Help with planning cleaning activities

B. Assess new staff to see if they can stay

C. Catch people out for bad work

D. Promote learning and improve performance

10. Good communication means

A. Daily chat with ward leader, your supervisor, those on your team, and greeting patients

B. Following nurses instructions

C. Being nice to the patients

D. Daily chat with ward leader and supervisor

ACTIVITY 4: Communication scenario activity

Activity 4: Communication Scenarios

Scenario 1:

So you've had a pretty busy day and it's only an hour left of your shift. You still have a few things left to do:

- Project cleaning (weekly/monthly items)
- A final round of linen and rubbish
- Need to tell stores that you are running low on toilet paper for the next shift/day

But one of the nurses comes over and tells you:

- There's a big coffee spill in the corridor
- Someone has just urinated all over the bathroom in the 4 bed bay
- An infectious room has just been discharged and they want it ASAP

What are your priorities?

Do you need to communicate to anyone?

What happens to the things you don't get time for?

Scenario 2:

You enter a single room to do your daily cleaning and you notice:

- Personal items are spread all over the bedside locker and over-bed table
- Your patient is not very mobile, but awake
- It has a clinical cart with equipment that is partially used/ waste on trolley and a what appears to be a small amount of body fluid on the ground

What are your priorities?

Do you need to communicate with anyone?

What is important to remember in this situation?

Scenario 3:

Three discharges need to be cleaned ASAP. Two were planned and reported on the discharge board, and one was not.

- One is an infectious room, but has had the bed stripped; towels removed, and is ready for cleaning
- The other bed has not been stripped, the dirty towels remain, and the patient's medication is still sitting on the patient locker/bedside table
- The third one has a clinical cart with equipment that is partially used/ waste on trolley and a what appears to be a small amount of body fluid on the ground

What are your priorities?

Who do you need to communicate with?

How could this situation have been avoided/ managed better?