

The Centers for Disease Control and Prevention (CDC) has encouraged hospitals to develop an environmental cleaning and monitoring program to optimize the cleaning of high touch surfaces at terminal cleaning, as well as ensure quality control and improvement.<sup>1,2,3</sup>

# How to go from standards and guidelines to implementation of a routine quality control program?

There are five key components that go into the successful design and implementation of a routine cleaning monitoring program for environmental surfaces using the Clean-Trace ATP Monitoring System:

- 1. Design a test plan and determine test points.
- 2. Identify Pass/Fail thresholds.
- 3. Determine frequency of testing.
- 4. Establish meaningful metrics.
- 5. Track, trend and regularly review test result data.

#### 1. Design a Test Plan and Determine Test Points

Test Points are identified as the specific item(s) to be tested. The list of test points make up the Test Plan.

Environmental monitoring test plans fall into three general categories:

- Routine audit of terminally cleaned patient rooms
- Surfaces in operating rooms and high-risk areas
- Surfaces on mobile patient care equipment

#### **Neogen Test Plan Recommendations:**

- Focus on those surfaces most at risk for cross-contamination.
- Take into consideration specialized patient populations who are more susceptible to risk of infection.
   Additional test point recommendations are listed in the Appendix.

### Routine Audit of Terminally Cleaned Patient Rooms

A minimum of five (5) test points should be audited. Additional test points may be added based on facility considerations.

• Tray table

- Toilet flush handle
- Call box/button
- Bed rails/controls
- Room inner door knob

#### **Routine Audit of Operating Room**

A minimum of ten (10) test points should be audited. Additional test points may be added based on facility considerations.

- Telephone
- Overhead light
- Main OR light switch
- Main OR door push plate
- OR table surface
- Bed control

- Nurse computer keyboard
- Storage cabinet handles/knobs
- Anesthesia cart
   O<sub>2</sub>/suction knobs
- IV pump control

Clean-Trace (an ATP Monitoring System) is not intended to mitigate or prevent diseases. It is the responsibility of each health care facility to develop and implement policies and procedures that support its unique needs and comply with all applicable laws, rules, regulations, standards and industry recommended practices.

Neogen is providing this sampling guide as a resource. You are responsible for determining whether the recommendations contained herein are appropriate for your setting and whether they will enable you to comply with any governmental or facility requirements, and your facility's policies and protocols.

# **Environmental Surfaces Implementation Guide for Routine Cleaning Monitoring**

Neogen® Clean-Trace® ATP Monitoring System

#### **High Touch Areas and Equipment**

A minimum of ten (10) test points should be audited. Additional test points may be added based on facility considerations.

- Tray table
- Bed rails/controls
- Call box/button
- Room inner door knob
- Telephone
- Toilet flush handle
- Bathroom handrails by toilet
- Toilet seat
- IV pump control
- Mobile blood pressure cuff

#### 2. Pass/Fail Threshold

Each facility should determine Pass/Fail thresholds for all test points. Please see your Neogen representative for any questions.

#### 3. Frequency of Testing

In order to obtain statistically valid feedback, sufficient data must be collected on a routine basis. Areas chosen for audit should represent day-to-day variation in cleaning procedures as well as include the cleaning efforts of all Environmental Services (EVS) staff members.

## Routine Audit of Terminally Cleaned Patient Rooms and Operating Rooms

Every day, monitor 5% of terminally cleaned rooms (1 per every 20 discharges). Although some facilities do not consider the OR a high-risk area, it is recommended that surfaces in each OR be monitored after every terminal cleaning.

#### Routine Audit of High Risk Areas and Mobile Equipment

Neogen recommends that every high-risk area, room and surfaces on designated mobile equipment and surfaces on mobile patient care equipment should be monitored after each terminal cleaning.

#### 4. Establishing Metrics

The target metrics for the facility should reflect the cleaning monitoring program objectives and may evolve and change over time.

- % Pass/Fail of combined data for an overall view of cleaning effectiveness.
- % Pass/Fail by room number provides a means to target problem areas and surfaces.
- % Pass/Fail of high-risk areas, rooms and surfaces on mobile equipment allows early identification of developing problems.
- % Pass/Fail by staff highlights training successes as well as identifies those needing to increase competency levels.

#### 5. Track and Trend Test Result Data

To obtain actionable feedback, sufficient data sets must be collected if a true understanding of cleaning efficacy is to be achieved. The Neogen® Quality Control Data Manager provides an intuitive dashboard for quick, visual snapshots of cleaning performance and powerful reporting options to manage and communicate results.

Environmental surfaces should be monitored at the recommended frequency of testing so that any adverse trends can be detected in a timely manner. Neogen recommends that data be reviewed, at a minimum, once per week and preferably each day the system is used.

# Using Monitoring Data to Improve Routine Cleaning of Environmental Surfaces

Monitoring data is typically used in two ways:

**Quality Control:** Monitoring results provide real-time feedback on cleaning efficacy.

**Process Improvement:** The collection of monitoring results over time offers the opportunity to gather statistically-valid data sets that can be used to improve environmental cleaning practices.

- Identify aging, damaged surfaces that are difficult to clean.
- Identify when cleaning processes are not being performed according to established procedures.
- Assess effectiveness of training and competency protocols by highlighting both successes and improvement opportunities.

#### References

- 1. Sehulster LM, Chinn RYW, Arduino MJ, Carpenter J, Donlan R, Ashford D, Besser R, Fields B, McNeil MM, Whitney C, Wong S, Juranek D, Cleveland J. Guidelines for environmental infection control in health-care facilities. Recommendations from CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). Chicago IL; American Society for Healthcare Engineering/American Hospital Association; 2004.
- 2. Siegel JD, Rhinehart E, Jackson M, Chiarello L. Healthcare Infection Control Practices Advisory Committee.

  Management of multi-drug-resistant organisms in healthcare settings. 2006. http://www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf.
- 3. Guh, A., Carling, P.C. and Environmental Evaluation Workgroup. December 2010. Options for Evaluating Environmental Cleaning. http://www.cdc.gov/HAI/toolkits/Evaluating-Environmental-Cleaning.html.
- 4. Boyce et al. Monitoring the Effectiveness of Hospital Cleaning Practices by Use of an Adenosine Triphosphate Bioluminescence Assay Infection Control and Hospital Epidemiology July 2009. 30: 678-684.
- 5. Lewis et al. A modified ATP benchmark for evaluation of the cleaning efficacy of some hospital environmental surfaces. Journal of Hospital Infection. Journal of Hospital Infection 2008. Volume 69, p.156-163.
- 6. Sitzlar B, Deshpande A, Fertelli D, et al. An environmental disinfection odyssey: Evaluation of sequential interventions to improve disinfection of Clostridium difficile isolation rooms. The role of the environment in Infection Prevention May 2013. Infection Control and Hospital Epidemiology 34(4):459-465.

#### Appendix: Test Point, Surfaces on Mobile Equipment and High-Risk Area Recommendations

These are not exhaustive lists, but serve as a starting point for developing sample plans.

Test Points: Direct or close points of patient contact		
	Bed rails/controls*	
	Call box/button*	
	Tray table*	
	Bedside table handle*	
	Telephone*	
	Patient T.V. remote	
	Patient hoists	
	IV pole (grab area)*	
	Bedside chair	
	Bedside cabinet/locker	
	Room sink*	
	Room light switch*	
	Room inner door knob*	
	Bathroom inner door knob/ plate*	
	Bathroom light switch*	
	Bathroom handrails by toilet*	
	Bathroom sink*	
	Toilet seat*	
	Toilet flush handle*	
	Toilet top surface	
	Toilet underside surface	
	Toilet bedpan cleaner*	
	Mattresses	

<sup>\*</sup> Test point recommendations from the CDC Environmental Checklist for Monitoring Terminal Cleaning, a part of the CDC Options for Evaluating Environmental Cleaning Toolkit.

Tes	t Points: Equipment
	IV pump control*
	IV drip stand shafts
П	On-Off buttons syringe drivers
	On-Off buttons feed pumps
	On-Off buttons infusion pumps
	On-Off buttons suction pumps
	Multi-module monitor controls*
	Multi-module monitor touch
	screen*
	Multi-module monitor cabinets*
	PC keyboard
	Ventilator control panel*
	Ventilator mute buttons
	Blood pressure cuffs
	Pulse oxymeter
	Procedural equipment trays
Tes	t Points: General Environmental
	Patient and bathroom door knobs
	Bathroom floors
	l
	Trash lids
	Drug fridge handles
_	Drug fridge handles Floor areas near patient bed
	Drug fridge handles Floor areas near patient bed Floor areas under furniture
	Drug fridge handles Floor areas near patient bed Floor areas under furniture Floor areas under patient bed
	Drug fridge handles Floor areas near patient bed Floor areas under furniture Floor areas under patient bed Flush handle staff toilets
	Drug fridge handles Floor areas near patient bed Floor areas under furniture Floor areas under patient bed
	Drug fridge handles Floor areas near patient bed Floor areas under furniture Floor areas under patient bed Flush handle staff toilets Internal and external door
	Drug fridge handles Floor areas near patient bed Floor areas under furniture Floor areas under patient bed Flush handle staff toilets Internal and external door handles to side wards Internal and external door
	Drug fridge handles Floor areas near patient bed Floor areas under furniture Floor areas under patient bed Flush handle staff toilets Internal and external door handles to side wards Internal and external door handles to staff rooms Internal and external door plates to side wards Patient bed curtains—must be
	Drug fridge handles Floor areas near patient bed Floor areas under furniture Floor areas under patient bed Flush handle staff toilets Internal and external door handles to side wards Internal and external door handles to staff rooms Internal and external door plates to side wards
	Drug fridge handles Floor areas near patient bed Floor areas under furniture Floor areas under patient bed Flush handle staff toilets Internal and external door handles to side wards Internal and external door handles to staff rooms Internal and external door plates to side wards Patient bed curtains—must be non-porous material Nurses station work surface
	Drug fridge handles Floor areas near patient bed Floor areas under furniture Floor areas under patient bed Flush handle staff toilets Internal and external door handles to side wards Internal and external door handles to staff rooms Internal and external door plates to side wards Patient bed curtains — must be non-porous material Nurses station work surface Staff tap handles wash basins
	Drug fridge handles Floor areas near patient bed Floor areas under furniture Floor areas under patient bed Flush handle staff toilets Internal and external door handles to side wards Internal and external door handles to staff rooms Internal and external door plates to side wards Patient bed curtains—must be non-porous material Nurses station work surface

Hig	High Risk Areas	
	Intensive care units	
	Transplant units	
	Contact isolation rooms	
	Hemodialysis	
Мо	bile Equipment	
	Mobile IV stands	
	Mobile blood pressure units	
	Cardiac arrest/crash carts	
	Mobile medical imaging	
	Drug cart	
	Warming cabinets	
	Anesthesia cart	
	Case carts	
	MRI equipment	
	Medication carts	
	Isolation carts	

Medical computer carts



Kitchen work surface