

APRIL 2022

# Grey Bruce IPAC Hub Newsletter

101 17<sup>th</sup> Street East, Owen Sound, ON N4K 0A5

Website: [Grey Bruce IPAC Hub](#)

Phone: 519-376-9420



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## Grey Bruce IPAC Hub

Dr. Rim Zayed - IPAC Hub Lead

[ipachub@publichealthgreybruce.on.ca](mailto:ipachub@publichealthgreybruce.on.ca)

Phone: 519-376-9420

Paige Tocher, MPH, CPHI(C), ext. 1205

[p.tocher@publichealthgreybruce.on.ca](mailto:p.tocher@publichealthgreybruce.on.ca)

Adel Coulter, RPN, CIC, ext. 1466

[a.coulter@publichealthgreybruce.on.ca](mailto:a.coulter@publichealthgreybruce.on.ca)

# World Hand Hygiene Day 2022

## Unite for Safety: Clean Your Hands

The World Health Organization's annual campaign is set for May 5, 2022. We encourage facilities to start planning and looking at fun and interactive ways to promote and involve staff, clients, and visitors in hand hygiene activities. This year's theme for World Hand Hygiene Day is focused on recognizing that we can add to a facility's climate or culture of safety and quality through cleaning our hands but also that a strong quality and safety culture will encourage people to clean hands at the right times and with the right products.

Unite, talk and work together on hand hygiene for high quality safer care everywhere.

**Campaign theme:** A health care "quality and safety climate or culture" that values hand hygiene and infection prevention and control.

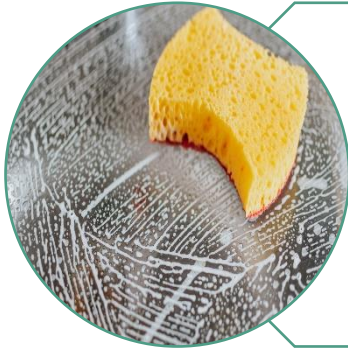
**Slogan:** Unite for safety: clean your hands.

**Campaign objectives:** To recognize that people of *all levels* should *work together* to *influence* the culture/climate through *clean hands* knowledge and behaviour, to meet the *common goal of safety and quality* in the health care organization

[World Hand Hygiene Day 2022 \(who.int\)](https://www.who.int/campaigns/world-hand-hygiene-day-2022)



## Cleaning vs. Disinfection



**Cleaning:** the physical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.



**Disinfection:** the inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place.

Resource: [PIDAC: Best Practices for Environmental Cleaning for Prevention and Control of Infections | January 2018 \(publichealthontario.ca\)](#)

## Considerations for Environmental Cleaning

### The Use of Multiple Products

- The total number of products in use should be limited as much as possible. Using multiple disinfectants in a facility increases the risk of error and inadequate disinfection. Limiting the total number of products will simplify the cleaning process, minimize training requirements and reduce the potential for error (see pg. 28 of resource at the end of this section).

### Concentration and Contact Time

- For each product being used, the appropriate contact time (surface must remain wet) and concentration based on the manufacturer's instructions should be followed to allow appropriate disinfection to occur. For ease of use, the disinfectant should have a sufficiently short contact time and should keep surfaces wet long enough to ensure that the contact time is met.

### Fabric Seating

- It is more difficult to remove microorganisms from the surfaces of upholstered furniture.
- Upholstered furniture that is used in care areas shall be covered with fabrics that are fluid-resistant, nonporous, and can withstand cleaning with hospital disinfectants.

# Considerations for Environmental Cleaning (Continued)

## Process for Cleaning

- Clean to dirty, high to low, no double dipping
- Checklist should be available outlining what needs to be cleaned and disinfected (e.g. list of high touch surfaces). Responsibility should be assigned so it is clear who is cleaning/disinfecting what.
- No personal items should be stored on cleaning carts
- For organizations that have not yet removed all carpeting from care areas, vacuuming with a HEPA-filtered vacuum cleaner is recommended. If a carpeted floor requires vacuuming in a room of a resident who is on additional precautions during a COVID-19 outbreak, use of a vacuum with a HEPA filter is recommended and the carpet should be dry before vacuuming. The individual performing the vacuuming should also wear appropriate personal protective equipment.



## Electrostatic Sprayers

- Recommendation to use this in addition to regular cleaning and disinfection. Surface must be cleaned prior to use.
- It is important to follow manufacturers' instructions for safe use of both the sprayer system and the specific disinfection solution. For example, staff applying the spray need to wear appropriate PPE as per the sprayer system and the disinfectant manufacturers' instructions. Staff need to ensure that other individuals are cleared from the area during spraying. Additional guidance from the Safety Data Sheet (SDS) need to be followed for the disinfectant.

## Microfibre Cloths

- Microfibre and ultramicrofibre cleaning products are supposed to retain the particles picked up firmly during the cleaning process.
- These cloths come in different densities, fibre combinations, and weaving patterns, which result in different texture, absorbency, durability, and performance
- Must follow manufacturers' instructions in selecting compatible cleaning and disinfecting agents because these cloths do not work with all products (e.g. QUATS)
- Must follow manufacturers' instructions for laundering – washing these cloths at high temperatures and with fabric softeners or washing with organic fibres can clog and/or damage these products



## Other

- Consider having disinfectant products on hand that are effective for GI pathogens
- If automated disinfectant dispensers are being used, there should be a process in place to complete routine checks and maintenance, including monitoring of expiration dates.
- Storage of cleaning carts when not in use should be out of reach of residents and visitors
- Garbage collection: when collecting and removing waste, full garbage bags should not be compressed to release air before tying as this can aerosolize microbes within the bag.

## Resources:

1. [PIDAC: Best Practices for Environmental Cleaning for Prevention and Control of Infections | January 2018 \(publichealthontario.ca\)](https://publichealthontario.ca)
2. [COVID-19: Electrostatic Spray Disinfection Systems \(publichealthontario.ca\)](https://publichealthontario.ca)
3. [Safety Precautions When Using Electrostatic Sprayers, Foggers, Misters, or Vaporizers for Surface Disinfection During the COVID-19 Pandemic | CDC](https://www.cdc.gov)



Resources:

[PIDAC: Best Practices for Environmental Cleaning for Prevention and Control of Infections | January 2018](#)

- Page 27: 1.3 Cleaning Agents, Disinfectants, and Cleaning Equipment
  - Page 28: 1.3.2.1 Choosing a Disinfectant
- Page 128: Appendix 1: Advantages and Disadvantages of Common Hospital Disinfectants and Sporicides for Environment Cleaning
- Page 131: Appendix 2: Cleaning and Disinfection Decision Chart for Noncritical Equipment

[PHO At a Glance: Disinfectant Tables](#)

- Three tables considering:
  - High level disinfection
  - Intermediate level disinfection
  - Low level disinfection
- Outlines approximate contact times, advantages, and disadvantages of various disinfectants

[Hard-surface disinfectants and hand sanitizers \(COVID-19\): List of disinfectants with evidence for use against COVID-19 - Canada.ca](#)

- List of available disinfection products approved by Health Canada for use against COVID-19
  - The table outlines areas where these products have been approved for use, including whether they are approved for use in food premise areas

[Environmental Cleaning Supplies and Equipment | Environmental Cleaning in RLS | HAI | CDC](#)

- Outlines best practices for environmental cleaning products
- Table 4. Advantages and disadvantages of common healthcare disinfectants (modified from reference 24)

All health care settings must have an environmental service program with:

- A single individual assigned overall responsibility for the care of the physical facility.
- A sufficient number of supervisors trained and knowledgeable in cleaning standards and practices to support all frontline environmental service workers.
- A primary focus on cleaning patient care areas, rather than administrative or public areas.
- Written policies and procedures for cleaning and disinfection of client/patient/resident areas and equipment that include:
  - Defined lines of accountability.
  - Defined responsibility for specific areas and items.
  - Procedures for routine (e.g., daily) and discharge/ transfer cleaning and disinfection.
  - Procedures for cleaning in construction/renovation areas (\*if applicable)
  - Procedures for specific environmentally-hardy microorganisms such as VRE and C. difficile.
  - Procedures for outbreak management.
  - Cleaning and disinfection standards and frequency.
- Initial and continuing education for all environmental service workers.
- Monitoring of environmental cleanliness
- Ongoing review of all policies and cleaning procedures.



All health care settings must devote sufficient resources to environmental services to ensure that:

- Environmental service workers can adhere to the health care settings policy on cleaning and disinfection frequency.
- There is sufficient staffing and resources to allow thorough and timely cleaning and disinfection.
- There is sufficient staffing and resources to allow for provision of additional environmental cleaning capacity during outbreaks that does not compromise routine cleaning of any clinical areas or client/patient/resident rooms.

These recommendations and cleaning practices apply to all health care settings regardless of whether cleaning is conducted by in-house staff, or contracted out. They are designed to be used as a standard against which in-house services can be benchmarked, as the basis for specifications if cleaning services are contracted out, and as the framework for auditing of cleaning services by cleaning supervisors and managers.

It is important to ensure that the homes IPAC lead is aware of current directives, guidance documents and ministry resources.

## Long-Term Care Homes

- Ontario Chief Medical Office Directives
  - [Directive #1](#)
  - [Directive #3](#)
  - [Directive #5](#)
- [COVID 19 Guidance Document for LTCH in ON](#)
- [Ministers Directive: LTCH COVID-19 Immunization Policy](#)
- [Ministers Directive: COVID LTCH Surveillance testing and access to homes](#)
- [LTCH Act 2007 and Ontario Regulation 79/10 \(General\)](#)
- [Guidance for the Health Sector](#)

## Retirement Homes

- Ontario Chief Medical Office Directives
  - [Directive #1](#)
  - [Directive #3](#)
  - [Directive #5](#)
- [Retirement Home Policy to Implement Directive #3 July 16<sup>th</sup> 2021](#)
- [Retirement Home Act, 2010](#)
- [Retirement Home Regulatory Authority \(RHRA\)](#)
- The RHRA has recommended that RHs have a policy on asymptomatic screening
- [MOH COVID 19 Guidance: Long Term Care Homes and Retirement Homes for Public Health Units](#)
- [COVID 19 Guidance Document for LTCH in ON](#)
- [Screening Tool for LTCH / Retirement Home](#)

## Congregate Settings

- [COVID-19 Guidance for MCCSS-funded and Licensed Congregate Living Settings | \(gov.on.ca\)](#)
- [Ministry of Municipal Affairs and Housing | Ontario.ca](#)
- [Ministry for Seniors and Accessibility | Ontario.ca](#)
- [Local Health Integration Network Home and Community Care Services - Health Services in Your Community - MOHLTC \(gov.on.ca\)](#)

Please refer to PHO's webpage for upcoming webinars: [Events](#) | [Public Health Ontario](#)

## Public Health Ontario - Best Practice Documents

### General IPAC Best Practice Documents

- Hand hygiene: [bp-hand-hygiene.pdf \(publichealthontario.ca\)](#)
- Environmental cleaning: [PIDAC: Best Practices for Environmental Cleaning for Prevention and Control of Infections | January 2018 \(publichealthontario.ca\)](#)
- Routine and additional precautions: [Routine Practices and Additional Precautions | Public Health Ontario](#)
- Infection Prevention and Control Programs: [bp-ipac-hc-settings.pdf \(publichealthontario.ca\)](#)
- Screening, Testing and Surveillance for Antibiotic-Resistant Organisms (AROs): [aros-screening-testing-surveillance.pdf \(publichealthontario.ca\)](#)
- Cleaning, disinfection and sterilization of medical equipment/devices: [bp-cleaning-disinfection-sterilization-hcs.pdf \(publichealthontario.ca\)](#)

### COVID-19 Best Practice Documents

- Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings: [Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings \(publichealthontario.ca\)](#)
- Interim Guidance for Infection Prevention and Control of SARS-CoV-2 Variants of Concern for Health Care Settings: [Interim Guidance for Infection Prevention and Control of SARS-CoV-2 Variants of Concern for Health Care Settings \(publichealthontario.ca\)](#)
- Best Practices for Prevention of Transmission of Acute Respiratory Infection: [bp-prevention-transmission-ari.pdf \(publichealthontario.ca\)](#)
- Interim Guidance on Infection Prevention and Control for Health Care Providers and Patients Vaccinated Against COVID-19 in Hospitals and Long-Term Care Settings [https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2021/06/covid-19-vaccinated-patients-hcw-hospitals.pdf?sc\\_lang=en](https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2021/06/covid-19-vaccinated-patients-hcw-hospitals.pdf?sc_lang=en)
- De-escalation of COVID-19 Outbreak Control Measures in Long Term Care and Retirement Homes [https://www.publichealthontario.ca/-/media/documents/ncov/ltcrh/2020/06/covid-19-outbreak-de-escalation-ltch.pdf?sc\\_lang=en](https://www.publichealthontario.ca/-/media/documents/ncov/ltcrh/2020/06/covid-19-outbreak-de-escalation-ltch.pdf?sc_lang=en)