

Development of a standardized cleaning education program in a healthcare organisation

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CENTRAL
GIPPSLAND
HEALTH

Existing cleaners' training model



Buddy system, with experienced staff working alongside new starters.



Staff rotated through all departments, taught by a variety of trainers



No standardised, formal referenced content for education.



No formal assessment process.

What was wrong with this system?

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Ward based cleaning trainers chosen by the Environmental Services Manager without any formal assessment.



Variable cleaning methods were being taught.



No process in place to formally assess outcomes or competence.



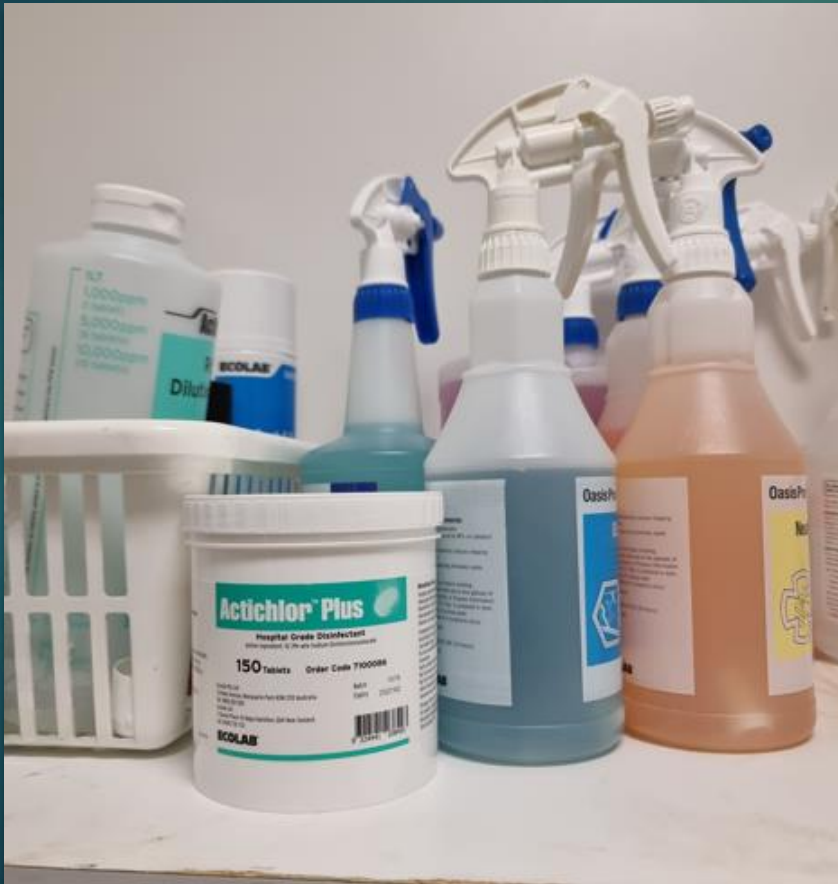
Potential for localized practices to develop

Evidence of sub-standard training

- Repeated poor cleaning audit results.
- Reports of variable cleaning practices between departments.
- Limited evidence of schedules to direct cleaning.
- Confusion amongst new starters about what was the right way to do things.

Escalation and plan for improvement

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- ▶ Escalated through Governance Committees as an issue with the potential to impact patient safety.
- ▶ Approval to develop education program.
- ▶ Action plan developed

Review current guidelines

2011 Victorian Hospital Cleaning Standards.

2021 Cleaning Standard for South Australian Healthcare facilities .

Australian Guidelines for the Prevention and Control of Infections in Health Care .

First
step

Getting support structures in place

7



Develop a new cleaning manual using best practice and incorporating local factors.

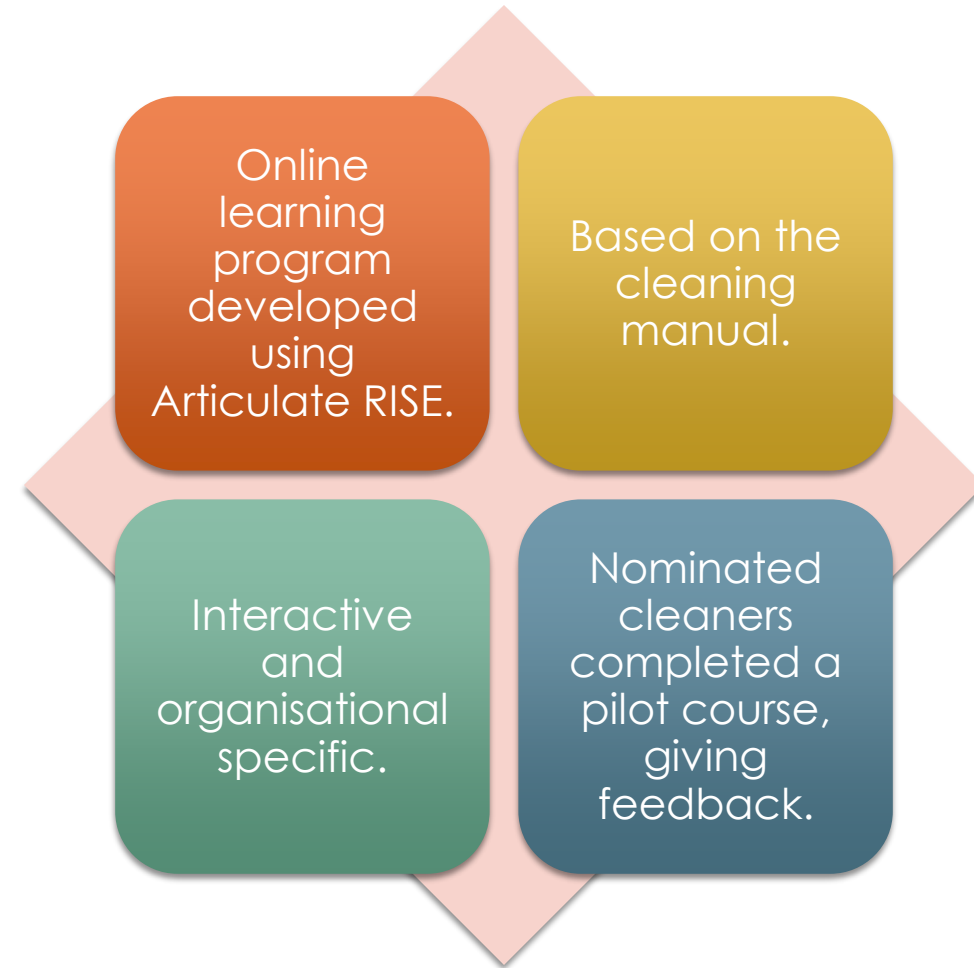


Organisational guidelines updated to reflect changes.



Redevelop ward-based cleaning schedules.

Building the online learning program



Key stakeholder Involvement



Selected cleaners reviewed the new manual, schedules and completed the online learning module.



User feedback was considered and changes made as required.



This gave ownership through involvement.



All documents were approved through governance committee-multidisciplinary team

The initial roll out

10

- New manual finalised and placed on prompt.
- Cleaning schedules endorsed and distributed.
- Schedule sign-off reinstated.
- All cleaning staff enrolled in the new online learning module.
- Cleaners informed of all developments and expectations.

Central Gippsland Health eLearning Cleaning Course

START COURSE

This eLearning course provides you with an overview of your expected responsibilities as an Environmental Services Cleaner at Central Gippsland Health.

It should take you between 30-60 minutes to complete.

Online training module was made available on LEARN -our online education platform

How to Clean Isolation Rooms

SC Sally Castle LESSON 4 OF 13



Check the sign on the door.

So, as you can see, when you are going to clean a patient room, you need to consider if you are required to do a **standard clean**, or **transmission based clean**. Most of the time you will do a standard clean. However, not all rooms have the same level of infectious risk.

Sometimes you will be required to clean a room where a patient is in isolation to prevent the transmission of a disease.

Photos used from our own organisation

FACT or FICTION?

If you wear gloves, you **DO NOT** need to perform hand hygiene.

FACT

FICTION



Correct

That's right! You must clean your hands when you take off your gloves.

Interactive questions

Orange Sign – Contact Precautions

This means anyone who enters a room with this sign has to take extra care because contact (touch surfaces) is the way infection is transmitted from one person to another.

What this means for you is:

Everyday while the patient is in the room:

- Follow the steps on the sign: perform hand hygiene, wear gloves and gown before entering
- Do a **Transmission based clean**
- Segregate waste & linen
- Clean all hard surfaces paying extra care to frequently touched points.
- When the patient has been discharged:
 - Conduct a **Transmission-based precaution discharge clean** (we'll look at this in the coming sections)

STOP VISITOR RESTRICTIONS MAY BE IN PLACE

For all staff
Contact precautions
in addition to standard precautions

Before entering room/care zone

- 1 Perform hand hygiene
- 2 Put on a gown
- 3 Wear gloves, in accordance with standard precautions

At doorway prior to leaving room/care zone

- 1 Remove and dispose of gloves if worn
- 2 Perform hand hygiene
- 3 Remove and dispose of gown
- 4 Leave the room/care zone
- 5 Perform hand hygiene

What else can you do to stop the spread of infections?

- Always change gloves and perform hand hygiene between different care activities and when gloves become soiled to prevent cross contamination of body sites
- Consider patient placement
- Minimise patient movement

Always use standard precautions

- Perform hand hygiene before and after touching a patient or their surroundings
- Use aseptic technique
- Clean and reprocess reusable patient equipment
- Use personal protective equipment (PPE)*
- Use and dispose of sharps safely
- Perform routine environmental cleaning and maintain a clean and safe healthcare environment
- Handle and dispose of waste safely
- Use respiratory hygiene and cough etiquette
- Handle and dispose of used linen safely

*When used as part of standard precautions, PPE protects against probable exposure to blood and body substances. When used as part of transmission-based precautions, PPE services as a barrier to specific means of transmission of infectious agents.

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

PPE Use images reproduced with permission of the NSW Clinical Excellence Commission.

Orange Sign – Contact Precautions

Content individualized to our organisation

Assessing the new learning program

- ▶ Cleaning audit results.
- ▶ Checking signed-off cleaning schedules.
- ▶ Competency assessment tools developed with plan to assess all staff.
- ▶ Competency assessors from different areas to prevent ward specific practices developing.

Central Gippsland Health
Environmental Services Cleaning Competency Assessment
Standard Clean



Objective: To assess staff competency in carrying out an effective Standard Clean of a patient room in a high risk area eg. Patient ward. In order to be deemed competent the employee must score a “yes” or “NA” in all criteria.

Employee Name			
Assessor Name			
Assessment Title	High Risk Standard Clean - Patient Room		
Assessment Number	1 of 3	Date of observation	

Assessment criteria			
Criteria	Satisfactory? (circle Y/N/NA)		
Part A - Work Safely			
• Performs hand hygiene in accordance with CGH protocol	Yes	No	N/A
• Wears PPE appropriate to the situation/task	Yes	No	N/A
• Uses ‘Wet Floor’ sign in accordance with Cleaning Manual	Yes	No	N/A
• Follows safe work practices in accordance with Cleaning Manual, CGH Manual Handling procedure, Waste management procedure, Material Safety Data Sheets.	Yes	No	N/A
Part B - Clean Patient Room			
• Greets patient and introduces self & role upon entering the room	Yes	No	N/A
• Damp cleans elements following cleaning strategy & cleaning schedule: - Shared equipment and common surfaces before patient and direct contact items - Clean elements before dirty elements - High areas before low areas	Yes	No	N/A
• Uses a clean cloth for each patient room	Yes	No	N/A
• Uses a clean cloth for each patient unit (if room has multiple beds)	Yes	No	N/A
• Uses the folding technique as outlined in Cleaning Manual	Yes	No	N/A
• Does not immerse used cloths in hot water detergent solution after each procedure, and instead takes a fresh cloth to keep water clean	Yes	No	N/A
• Ensures the temperature of the detergent solution in the bucket is hot	Yes	No	N/A
• Checks if bedscreens/curtains need to be replaced due to: - Soiling - Schedule	Yes	No	N/A
• Replaces bedscreens/curtains if required & write the date on disposable curtains and record date of replacement on the cleaning schedule.	Yes	No	N/A
Part C - Clean Patient Bathroom/Ensuite			
• Damp cleans elements following cleaning strategy & cleaning schedule: - High areas before low areas	Yes	No	N/A

• Uses a clean cloth for each element in the bathroom/ensuite	Yes	No	N/A
• Uses the folding technique as outlined in Cleaning Manual	Yes	No	N/A
• Does not immerse used cloths in hot water detergent solution after each procedure, and instead takes a fresh cloth to keep water clean	Yes	No	N/A
• Ensures the temperature of the detergent solution in the bucket is hot	Yes	No	N/A
• Applies crème cleanser on elements that are soiled & uses pink bathroom solution (disinfectant) for final clean.	Yes	No	N/A
• Removes shower curtain (if soiled or due for replacement) & place in the linen skip located in the Soiled Utility room	Yes	No	N/A
• Attaches clean shower curtain & document the change in the cleaning schedule	Yes	No	N/A
• Vacuums vents and wipes with dampened cotton mop	Yes	No	N/A
• Checks hand towels, toilet paper & soap and replenishes if required.	Yes	No	N/A
• Removes plastic rubbish bags in waste containers & damp wipes waste container to remove spills	Yes	No	N/A
Part D - Clean Floor			
• Vacuums Floor; including underneath bed and furniture	Yes	No	N/A
• Mops Floor starting from the farthest corner to the entrance and working back to the entrance, wringing mop every 4 metres or more frequently	Yes	No	N/A
• When mopping, ensures water temperature is as hot as possible, and water is changed when dirty or after 50 square metres	Yes	No	N/A
• Removes “Caution Wet Floor” sign after floor is completely dry	Yes	No	N/A

Assessment outcome			Satisfactory? (circle) Y N
Assessment feedback / comments			
<i>Write comments about any area for improvement or acknowledgement of what the cleaner did particularly well.</i>			
Second attempt (where applicable)			
Unsatisfactory performance is to be re-assessed according to the details below:			
Task or part of task to be re-assessed via observation	Date of reassessment	Satisfactory? (circle Y/N/NA)	
<i>Write task/criteria here</i>	<i>Write date negotiated with cleaner here</i>	Yes	No N/A
<i>Write task/criteria here</i>		Yes	No N/A
<i>Write task/criteria here</i>		Yes	No N/A

Special consideration / Reasonable adjustment (where applicable)
Describe any special consideration of reasonable adjustment that has been made for this assessment. i.e. providing support to employee during assessment, modifying or providing equipment.

Assessment feedback / comments	
Employee signature	
Assessor signature	



Challenges and barriers

- Driving and maintaining the change.
- Getting new staff to complete the training on commencement.
- Computer literacy and access.
- Achieving 100% uptake of online learning.
- Difficulty moving from ritualistic behaviours.
- Slipping back into old habits over time.



Where are we now?

- ▶ 75% of staff have completed the education.
- ▶ Cleaning audit results have improved.
- ▶ Competency assessment not yet implemented.
- ▶ Evidence of schedules not being signed off and missing from some cleaners' rooms.



07 November 2024 9:16 am

Cleaners want to do their best.
They take pride in their work

It is up to the organisation to give them
the education, structures and processes
to succeed.

References-

Australian Guidelines for the Prevention and Control of infection in Health Care 2024

Cleaning Standards for Victorian
Health Facilities (2011)
Department of Health, Melbourne,
Victoria.

Cleaning Standard For South Australian
Healthcare Facilities (2021).
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