



Welcome!

Virtual Infection Prevention Train-the-Trainer Workshops for Skilled Nursing Facility Educators

Register for future workshops and office hours; access workshop resources:
<https://www.hsag.com/ip-train-the-trainer>



Infection Prevention and Control Training for Environmental Service (EVS) Staff Office Hours for Skilled Nursing Facility Educators

September 1, 2023

Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health



Housekeeping Reminders



This session is being recorded.



This is open space for sharing and idea exchange!



Type questions or comments in the chat or unmute during discussion.



We will compile and share a Q&A document.

Agenda

Panel Discussion with EVS Teams!

- Alejandro Martinez, River Bend Nursing Center
- Tracy Hansen, Madison Grove
- Kelly Dykstra, English Oaks Nursing and Rehabilitation

Case Scenarios and Toolkit Activity Review

Questions

Next Steps

The Role of the Educator

- Understand IPC prevention concepts specific to EVS staff
- Assess and reassess staff IPC training needs
- Be familiar with available IPC training materials and tools for EVS staff
- Provide IPC prevention training to EVS staff

IPC Training for EVS Staff Train-the-Trainer Summary

- EVS staff have an essential role in preventing infection and protecting residents in SNF
- Educators can:
 - Use the EVS staff IPC curriculum, training methods, and sample hands-on activities to train EVS staff
 - Assess and reassess staff IPC training needs (e.g., pre/post tests)
- Navigate the EVS Toolkit and Implementation Guide to support strong EVS IPC practices in your SNF

PANEL DISCUSSION

Panelists

River Bend Nursing Center

- Alejandro Martinez, EVS Manager

Madison Grove

- Tracy Hansen, Infection Preventionist

English Oaks Nursing and Rehabilitation

- Kelly Dykstra, Environmental Director & Central Supply Director

How did you *develop* your IPC training program for EVS staff?

How do you *prepare* your EVS staff to implement evidence-based IPC practices in your facility?

Describe how you *engage* your EVS staff in ensuring IPC practices are implemented at your facility.

What are your plans to *sustain* your EVS staff adherence to IPC practices in your facility?



CASE SCENARIOS



Case Scenario #1

While conducting your daily rounds you observe EVS staff cleaning the multi-bed occupancy room. You observe staff move from one resident bedspace to the cart to get more cleaning supplies without removing their gloves and performing hand hygiene.

What's wrong with this situation?

What should the EVS staff have done instead?

What are your next steps as the manager/educator?

- Stop the staff
- Just in time training
- Conduct an in-service using materials from Module 1 of the EVS Toolkit (Hand Hygiene)
- Provide feedback to improve adherence
- Evaluate if the staff has access to the tools needed to perform IPC practices (e.g., ABHR, gloves)
- Other?



Case Scenario #2

The EVS staff was assigned to clean the room which is occupied by a very uncooperative resident who insists on keeping the fan running while the EVS staff is cleaning the room. The resident has their belongings spread out in the area the EVS staff needs to clean. The EVS staff is able to move their items after asking the resident, but the resident continues to insist that the fan stays on. The EVS staff is concerned about proper cleaning and disinfection of the room. The staff proceeds to contact you to share their concerns around not being able to maintain required contact time for the disinfectant.



Case Scenario #2 - Continued

Your staff contacts you to share their concerns around not being able to maintain required contact time for the disinfectant.

What are your next steps as a manager/educator?

- Acknowledge and thank EVS staff for bringing their concern to your attention
- Contact your facility IP to help provide education to the resident and their family on proper room cleaning
- Evaluate the current disinfectant for the required contact time to kill germs
- Ensure the cleaning and disinfection policy includes language on maintaining the correct contact/wet time (e.g., fans should not be in use)
- Other?



Chat Discussion

What are some situations where your staff could not maintain contact/wet time and how did you handle the situation?





EVS TOOLKIT ACTIVITIES



Module 1

Activity

Card

Pen Pals

Purpose: Assess hand-to-hand transmission of germs. Staff will discover how easily germs can spread.

*This activity is best suited for a staff meeting or training with a sign-in sheet.

Time:

Varies;
reserve
5-10 minutes
at the end of
your meeting
to review and
discuss results

Materials and equipment list:

- Bioluminescent product (e.g., GloGerm, Germ Tracker)
- UV/black light
- Pens
- Sign-in sheet
- Hand wipes or access to handwash station or sink

Instructions:

1. Before the session or staff meeting, dip or rub a small amount of bioluminescent product on community-used pens. Do not inform your staff of product placement.
2. Instruct staff to sign the sign-in sheet before the session.
3. At the end of the session, pause and reveal to your staff that 'germs are among us.' Explain that bioluminescent product was placed on the sign-in pens to demonstrate how easily germs can spread.
4. Hold the UV/black light over staff so they can see where the 'germs' went. *Did the germs spread beyond your hands?* Often, staff will see the bioluminescent product on their face, clothing, or belongings.
5. Reiterate how hand hygiene is essential to stopping the spread of germs from person-to-person. Suggested script: *This time, we're lucky it's just bioluminescent product on our hands (notebooks, tables, etc.), but imagine if this were a multidrug-resistant organism. Touching the pen is like touching the IV pole or bedside table in a resident room. You can pick up germs on your hands or gloves and spread them to yourself, other residents, and other surfaces.*

Module 2 Activity Card Worksheets

What's on the Label?

Read the entire label. Identify key elements on a product label.

Note: This is an example of information that can be found on a disinfectant label.

1. ACTIVE INGREDIENTS
2. OTHER INGREDIENTS
3. EPA REG NO.
4. CAUTION
5. DIRECTIONS FOR USE
6. PRECAUTIONARY STATEMENTS
7. INSTRUCTIONS FOR USE
8. FOR DISINFECTION OF HEALTHCARE ORGANISMS
9. TO DISINFECT HARD, NONPOROUS SURFACES
10. FIRST AID IF IN EYES
11. FIRST AID IF ON SKIN OR CLOTHING

Picture This: What to look for in an Environmental Services (EVS) closet

Can you find the six items in the closet that can be improved?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

What Would You Do?: Contact/Wet Time

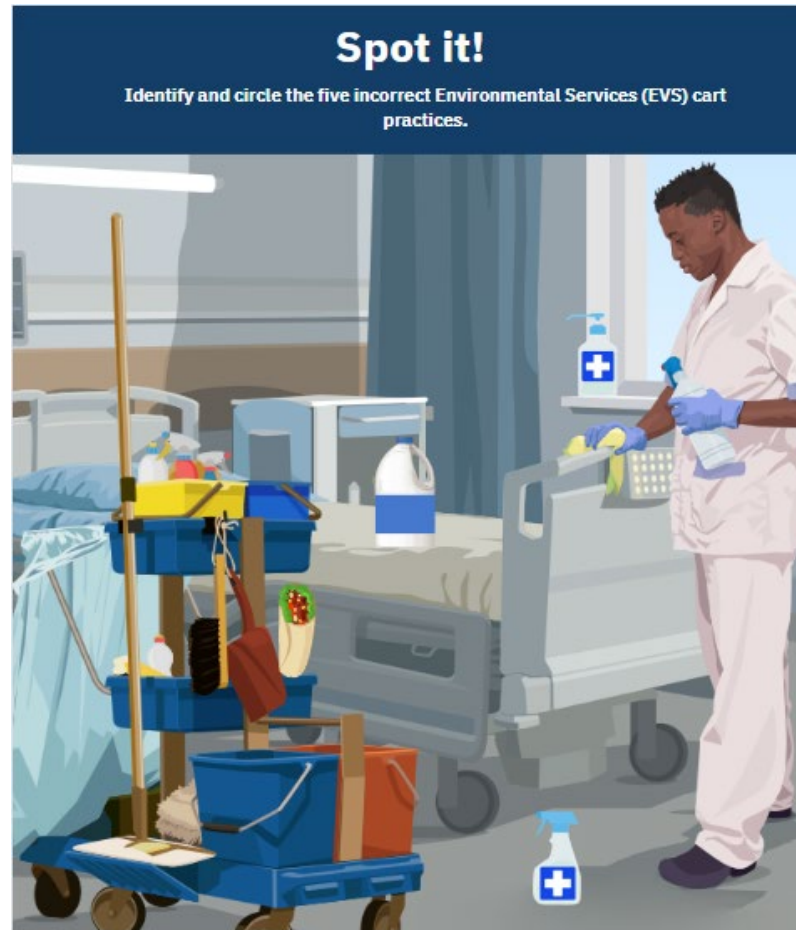
Read each case scenario and provide the best response.

Case Scenario 1

You have a new resident coming in. The nursing staff is putting pressure on EVS staff to clean the room faster and to have it ready soon. The contact/wet time for the product you use is 5 minutes, but nursing staff is asking you to 'speed it up'.

1. How do you proceed with cleaning and disinfecting? Select all that apply.
 - A. Let it dry quickly
 - B. Wait the 5 minutes and allow it to dry
 - C. Wipe it off so it dries faster
 - D. Ignore the nursing staff
 - E. Other (Share your response)
2. How would you respond to the situation? What could you do if you're being pressured to clean a room faster than you are able to?
 - A. Contact EVS supervisor, let them know what's going on
 - B. Inform the nursing staff of the products contact/wet time to make the room/surface safe for the next resident
 - C. Ask EVS supervisor for assistance (maybe they can get extra EVS staff to help)
 - D. Open lines of communication between nursing staff and EVS to ensure each other's deadlines and limitations
 - E. Involve facility's Infection Preventionist and let them know this is an (ongoing) situation
 - F. All of the above

Module 3 Activity Card Worksheets



Pin it!

Pin the equipment in the Environmental Services (EVS) cart.
Draw arrows connecting the equipment to the correct area it should be placed in the cart.
Place an "X" on the image if it does not belong!



Microfiber Cloths



Disinfection Wipes



Alcohol-Based Hand Rub (ABHR)



Spray Bottle



Drink



Bleach



Mops & Wet Floor Sign

Module 4 Activities

What Would You Do?: Understanding proper infection prevention and control practices

Mark if you would or would not perform each of the cleaning and disinfecting practices prompts. Explain why you would or would not perform each practice.



#	Question	Yes/No	Response
1	Would you clean from clean areas to dirty?		
2	Would you clean from high surfaces to low and top to bottom?		
3	Would you change the curtains in a resident's room daily?		
4	Would you store soiled equipment on the inside of the EVS cart?		

Proper Cleaning and Disinfection Order

Place the cleaning and disinfection steps in order.

Pull trash & linen

High & low dust

Damp-mop the floor

Clean high touch surfaces

Perform hand hygiene

Dust-mop the floor

Perform hand hygiene

Clean bathroom

Make bed, use cleaning supplies, & inspect

High-Touch Surfaces: Identifying Who Cleans What

Circle the high-touch surfaces in your facility. Who cleans each surface?



- ABHR dispenser _____
- Bathroom _____
- Bedrail _____
- Call button _____
- Charting area _____
- Feeding pump _____
- Floor _____
- Glucometer _____
- IV pole _____
- IV pump _____
- Light switch _____
- Medication cart _____
- Oxygen tank _____
- Patient bed scale _____
- Patient lift _____
- Patient linen _____
- Pill crusher _____
- PPE container _____

- Privacy curtains _____
- Room door handle _____
- Room/toilet sink _____
- Side table _____
- Tray table _____
- TV remote _____
- Ventilator _____
- Vitals machine _____
- Wound care cart _____

List other high-touch surfaces and responsible staff:

Pin it!
 Pin the equipment in the Environmental Services (EVS) Cart.

Which items do not belong?



Microfiber Cloths



Disinfection Wipes



Alcohol-Based Hand Rub



Spray Bottle



Drink



Bleach



Mops & Wet Floor Sign

Answer in the chat!

Pin it!

Pin the equipment in the Environmental Services (EVS) Cart.

Where would you place each item? (1, 3, 5)

Answer in the chat!



Identify Who Cleans What

What are the high-touch surfaces in your facility that are cleaned by EVS staff?
Put 2-3 in the chat.



ABHR dispenser _____

Bathroom _____

Bedrail _____

Call button _____

Charting area _____

Feeding pump _____

Floor _____

Glucometer _____

IV pole _____

IV pump _____

Light switch _____

Medication cart _____

Oxygen tank _____

Patient bed scale _____

Patient lift _____

Patient linen _____

Pill crusher _____

PPE container _____

Privacy curtains _____

Room door handle _____

Room/toilet sink _____

Side table _____

Tray table _____

TV remote _____

Ventilator _____

Vitals machine _____

Wound care cart _____

List other high-touch surfaces
and responsible staff:

Identify Who Cleans What

Who cleans each surface?



1. Nurse



2. EVS Staff



3. Respiratory Therapist



4. Volunteer

- ABHR dispenser _____
- Bathroom** _____
- Bedrail** _____
- Call button _____
- Charting area _____
- Feeding pump _____
- Floor** _____
- Glucometer _____
- IV pole _____
- IV pump** _____
- Light switch _____
- Medication cart _____
- Oxygen tank _____
- Patient bed scale _____
- Patient lift _____
- Patient linen _____
- Pill crusher _____
- PPE container _____

- Privacy curtains** _____
- Room door handle _____
- Room/toilet sink _____
- Side table _____
- Tray table _____
- TV remote _____
- Ventilator _____
- Vitals machine _____
- Wound care cart _____

- List other high-touch surfaces and responsible staff:
- _____
- _____
- _____
- _____



DISCUSSION QUESTIONS

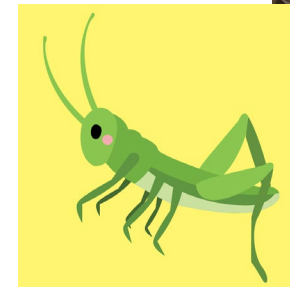
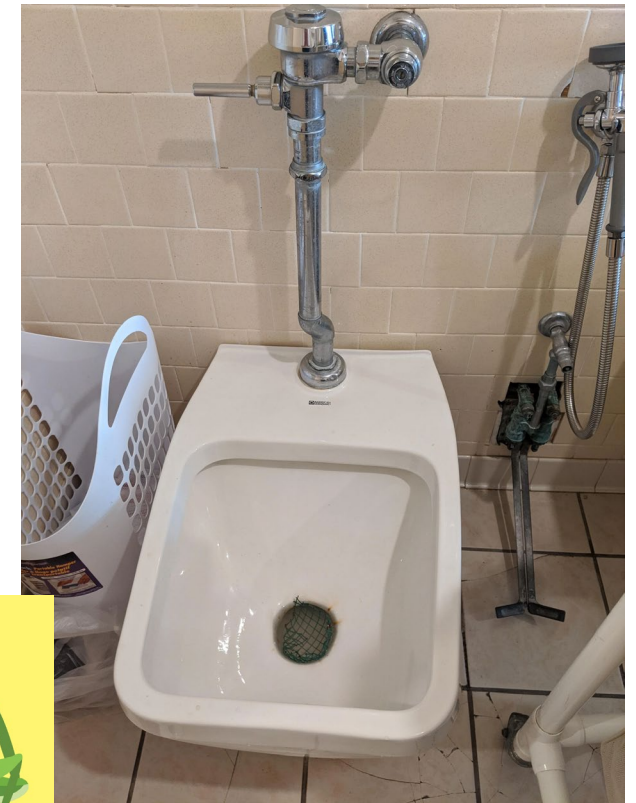


We have carpet in our rooms. What is the best practice for terminal cleaning? Do we have an EPA-registered product for *C. difficile* that will not destroy the carpet?

- Carpet is harder to keep clean, especially after spills of blood and body substances. Facilities should develop a process to remove or replace the carpet when there is a gross contamination due to blood or body fluids. Carpet cannot be fully decontaminated.
- If there is less contamination, sanitize the carpet using carpet cleaning detergent.
- There is no EPA-approved disinfectant product to use it on carpet.

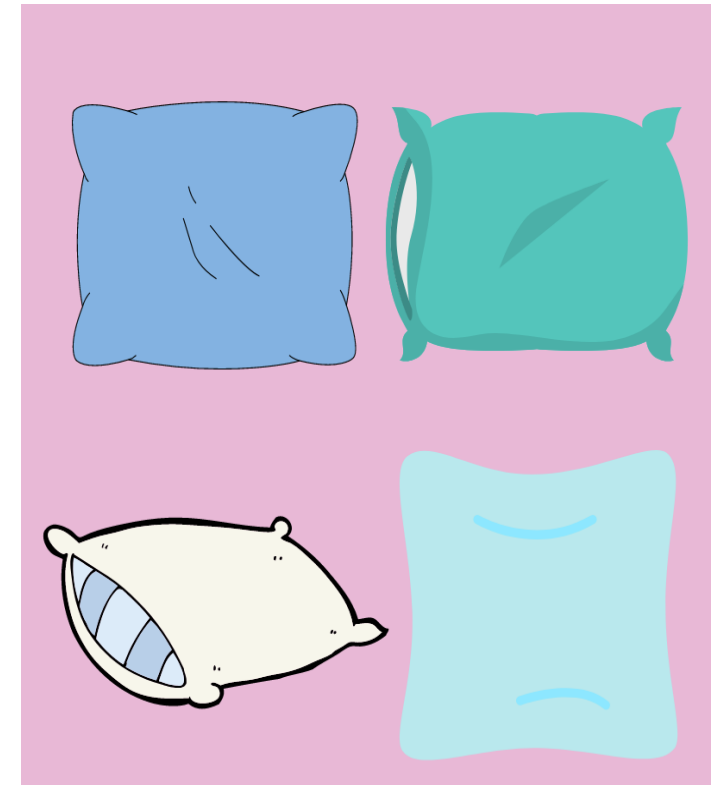
We use hoppers for cleaning soiled linen in facilities, particularly after cleaning extra feces off the bed pads or peri wash before placing it in the laundry. Do you have any guidance for hopper use?

Facilities should train staff to on removing large volumes of stool from the cloth prior to placing in the laundry system. This should be done in a manner that prevents splashes or splatters. The hopper sprayer uses high pressure and is not suitable for this task.



For a discharged resident's room, we send pillowcases to the laundry. What is the proper way to clean those pillows?

- The facility should have a policy based on manufacturer's guidelines.
- Use hospital-grade disinfectant for soft surfaces to clean and disinfect reusable pillows.
- Discard pillows if there is any damage or if they are visibly soiled.
- If the pillows are not wipeable, designate the pillow to the resident and discard during terminal or discharge cleaning.



Can we keep toilet brushes in the resident bathroom? If not, how should they be stored on the cleaning cart?

- Yes. You can keep the toilet brush in the resident bathroom after evaluating the safety risk for the resident.
- Toilet brushes should be cleaned thoroughly after each use and stored in the toilet brush holder to air dry completely.
- Establish a protocol to change or dispose the toilet brush to prevent contamination. Consider number of uses or when the toilet brush is visibly soiled.
- If you are unable to dedicate the toilet brush, consider using disposable toilet brush heads, especially for an isolation room.





QUESTIONS?



Next Steps

- Plan and implement EVS staff IPC training in your facility!
- Look for EVS Toolkit launch announcement!
- Access resources** on our webpage:
<https://www.hsag.com/ip-train-the-trainer>
- Project email nursinghomes@hsag.com
- Reminder: Redeem CE certificates for the train-the-trainer workshops by September 30, 2023. Send additional CE questions to Debra Price dprice@hsag.com.