

## Webinar Questions: Expanded responses for certain questions

**Question:** Slide 52 was very interesting that after 6.5 hours there was a higher rebound recontamination in a private versus semi room... any thoughts on why that was? Likely not statistically significant, but that finding is different than what I would have thought.

**Response:** During the webinar, I misinterpreted this question to ask if I was surprised at the rate of recontamination of the private and semi-private occupancies. To that question, other studies have suggested a rapid rebound in bioburden following cleaning; e.g., Attaway HH et al. *Am J Infect Control* 2012;40:907-912; Bogusz A et al. *Healthcare Infection* 2013;18:3-9; Aldeyab MA et al. *Infect Control Hosp Epidemiol.* 2009 30(3):304-6.

With respect to the specific question regarding the level of recontamination at 6.5 hours in the private versus semi-private occupancy, there was no significant statistical difference between the private and semi-private levels of contamination over time, as the question stated. That result may be related to the fact that the study occurred at the introduction of a Patient Care Sink Management Initiative providing a standard process for sink practices through maintenance of the proper sink environment and usage. Future studies regarding the recontamination rates of sinks following the subsequent standardization of sink practices may show longer times to rebound to precleaning levels, particularly for private occupancies.

**Question:** Can ATP be used on cloth e.g. bed curtains?

**Response:** At this time ATP monitoring has been developed and used for hard surfaces. Objective monitoring of high touch fabric surfaces like privacy curtains has not been well defined.

**Question:** Can you expand on how the task lists were created for cleaning accountability? i.e who were the stakeholders involved? Is it ongoing? Did you use any specific tools?

**Response:** Task lists were developed by the following stakeholders and resources based on a shared definition of facility expectations and best practice standards. The task lists are changed in conjunction with any related facility changes and/or Infection Control best practice recommendations.

### Stakeholders:

- Environmental Services leadership (including supervisors and front line workers)
- Infection Control Professional/Practitioner
- Clinical leadership associated with specific areas

### Resources and Tools:

#### Infection Control Resources

PIDAC: Best Practices for Environmental Cleaning

- Cleaning and disinfection practices/procedures; frequency and level of cleaning reflective of risk

PHO (Public Health Ontario)/ RICN (Regional Infection Control Network)

- Environmental Services
- Best Practices for Environmental Cleaning Education Toolkit

CDC:

Guidelines for Environmental Infection Control in Healthcare facilities (2003, updated Feb 2017)

- Environmental Services
- Recommendations- Environmental Services

Evaluating Environmental Cleaning toolkit

- Hospital environmental cleaning checklists

*Environmental Services Resources*

CAEM (Canadian Association of Environmental Management)

Ontario Healthcare Housekeepers Association

External Independent Healthcare Cleaning Companies: recommendations, quality assurance, reports, audits