

August 15, 2019

## Questions: CSA Z317.12 Cleaning and disinfection of health care facilities

1. Rita Dekleer: RE: ATP will you comment on how to do testing? Eg sample size

CSA is preparing an Annex of helpful information which would be published with the standard

2. Debbie: would the drain cleaning recommendations be applicable to the drains of bedpan washer disinfectors?

Good bedpan washers have an internal system that thermally disinfects the inside of the unit and the drain. An Annex will be published with the standard has information on washer disinfectors, bag type bedpan liners and macerators

3. Guest 6: The statement "Consider the use of ultraviolet disinfection that include the appropriate safety devices or automatic shut off when a person enters the room" is noted a few times throughout the document under details of specific different cleaning processes. What evidence is there to support this statement as PIDAC lists technology options but states there is insufficient evidence to recommend.

PIDAC did make this statement although there is considerable evidence that ultraviolet light does work very well and is a viable adjunct to regular cleaning and disinfection processes. Hospitals like Vancouver General Hospital use the portable UVC systems in patient room disinfection and wall mounted system in the bathrooms throughout the Bone Marrow Transplant unit. Their lead environmental researcher Dr. Elizabeth Bryce has been an advocate of UVC for over 5 years. As I said on the webinar CSA has published a free download EXPO6 on evaluating emerging technologies so each healthcare facility can do their own assessment of these systems.

[https://store.csagroup.org/ccrz\\_ProductDetails?sku=2424364](https://store.csagroup.org/ccrz_ProductDetails?sku=2424364)

Also, two of Canada's largest chemical companies Diversey and Clorox, both market their own UVC systems as an adjunct to regular cleaning and disinfection plus there good Canadian companies marketing excellent UVC systems. Anecdotally, Canada only has about 10 hospitals using UVC but there about 1,000 in the USA. They are more eager to use technologies like this due to significant financial penalties imposed for longer lengths of stays for patients with a HAI. Canada has no 'penalty' system but we are more polite.

The terminology used in the CSA document is "Consider", it is not a "Shall" statement using the CSA terminology. If the facility deems it a probable option after they have weighed the cost benefits with consultation of the MDT ( multi-disciplinary Team) and the Technology lead, it is an option.

- Michelle: 12.2.2 single pt rm gets single toilet brush; multiipatient rooms toilet brush is not single pt ; if pt(s) are long term - they could have the same toilet brush for a year?

Similar question from previous webinar and will be clarified by CSA committee in their September meetings

- Karen: 9.1.2 mentions an IPAC Tech Leader and it was stated that there are no recommendations on the amount of time this position should spend on this role. Would the five points listed be the crucial points the Tech Leader should focus on or are there other key points?

There are no specific courses for training of staff on Engineered Infection Prevention technologies. Suggest reading clinical journals for this information or see [www.chaircanada.org](http://www.chaircanada.org)

The decision on who should be in this role is the IPAC MDT. Possibly the healthcare facility may want to fund conferences or lectures for the appointed person

The IPAC MDT can modify their own criteria for the role of the Technology Leader

- Michelle: specialized areas - is DI IR considered a special area?

Great question. Yes, as there is only a limited amount of these facilities in Canada

- Michelle: DI IR there is considered end of day clean? or btw case such as an OR?

CSA will investigate if any healthcare facilities have established cleaning and disinfection procedures for this area.

- Ramona Rodrigues: What is DI IR?

Diagnostic Imaging Interventional Radiology (i.e. an operating room with a built in MRI)

- Guest 6: Suggestion: that the document state "Consider the use of automatic technology" instead of considering the use of UV- to not show a bias to one specific technology for cleaning soiled holding rooms, hemodialysis stations, OR terminal cleaning etc.

Will bring this suggestion back to the CSA committee