

Aug. 8, 2019

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

1. Rohit Garg: I tried opening the draft for public review but it won't open (even after creating account):

Log In Link: <https://publicreview.csa.ca/Home/Details/3487>

If having issues with logging onto Public Review draft, email Cathryn Cortissoz at Cathryn.cortissoz@csagroup.org

2. Pat Bleackley: HH before and after glove donning & doffing is very important (Slide 24)

Agree. Will double check wording in draft with committee

3. Rohit Garg: why "shall consider"?

In the Technology section Rohit is asking about the use of the active word. "Shall" is a requirement and "should" is a recommendation but the use of "should consider" or "shall consider" is deemed to be nearly equivalent. Will double check wording in draft with committee
Slide 24

4. Jennifer Happe: Does food include water bottles? I often get this question

Will double check wording in draft with committee

But the food industry is regulated by provincial and federal authorities and is excluded from the CSA C&D standard

5. Eva Skiba: Could you please share a list of facilities or links to where the ES staff could take the courses:

The following is a short list of known schools, whether this list will appear on the CSA standards as an Annex will need to be discussed with the committee.

Lester B. Pearson - Sanitation in Healthcare Institutions Quebec info – This Hygiene and Sanitation in Health Care Institutions program prepares you to perform cleaning and disinfection in hospitals and in medical clinics.

<http://ecole-metiers-meuble.csdm.ca/programmes/hygiene-et-salubrite/> or

<http://www.lbpce.ca/Career-Programs/Health-Care-Safety-Support/Hygiene-and-Sanitation-in-Health-Care-Institutions>

OHHA (Ontario Healthcare Housekeepers Association) – The course addresses all aspects of the healthcare cleaning profession, in particular, the importance of proper techniques and practices to reduce the risk of infection. <https://learn.ohha.org>

Centennial College's Healthcare Environmental Services Management program was designed to meet the demand for qualified environmental services managers with the ability to develop systems and processes to protect workers, clients and patients from environmental hazards present in the health care setting and operate buildings that are safe.

<https://www.centennialcollege.ca/programs-courses/full-time/healthcare-environmental-services-management/>

CleanLearning- Developed in collaboration with the Canadian Association of Environmental Management (CAEM). The program offers training and certification to ES leaders and is used as a tool to train and certify frontline staff based on best practice cleaning and disinfection.

www.caenvironmentalmanagement.com or www.cleanlearning.org

Lester B. Pearson and CleanLearning programs are available in French and English

6. Elizabeth Potter: Will the PowerPoint presentation be available for our reference?

IPAC Canada will make presentation available within 7 days on original presentation date along with the Questions from the audience and responses from the presenters

7. Josee Villeneuve: I would like to know if the presentation will be available

As above in #6

8. Josee Villeneuve: Could you please share a list of facilities or links to where the ES staff could take the courses

As above in #5

9. Eva Skiba: At the beginning of the presentation you have alluded to the fact that this document was designed for both acute care and LTC sector, however statements such as patient feel very much acute care. Is it possible to change to patient/resident so it is more applicable to both sectors?

Committee will definitely make this change and ensure consistency throughout the document.

10. Melanie Fidyk: Where should body fluids/IV fluids, etc. be disposed of? Is not patient area sufficient (for example - dirty service room)?

See Sections 15.5.1.1, 16.5.1.2 and 16.5.1.3. plus, Annex K

What about eye flush systems on taps - where should they be installed?

Not applicable for this standard but will discuss the cleaning and maintenance of these systems with the committee.

Also, from CSA Z8000 Healthcare Facilities Planning, Design and Construction of Healthcare Facilities:

7.6.2.4 Eyewash stations shall be installed in areas where there is a risk of exposure to a biological splash (e.g. blood or body fluids). Eyewash stations shall not be attached to hand hygiene sinks. Note: This includes patient care areas, ORs, emergency services, ER, clinics, etc.

I would add an ES room where chemicals are poured into smaller containers or diluted with water

11. Eva Skiba: will these standards be readily available free of charge?

The standard was developed under the financial sponsorship of Teck Resources so the committee will attempt to influence CSA Management if this standard can be offered at no or nominal cost

12. Danielle: will you be clarifying how to make/build a process challenge device for testing a sterilizer

This is found in the CSA Z314.0 MDR standard

13. Melissa: What kind of training or which department should down the IPAC Technology Leader? What training or education should be necessary?

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

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

14. jacqueline Hlagi: are there specifications for the floor cleaning machines in the document? Specific for rooms on precautions?

Will bring this back to the committee as the use of a floor cleaning machine should not be used while a patient is in a "precautions" room due to aerosolization of water and/or chemicals

15. Jennifer Happe: Thank you - hydration is important, but so is safety

Safety is always the first priority

If you are asking about keeping patients hydrated, that is a clinical responsibility
But so is the relative humidity of patient care areas which is recommended at 50%

The C&D Committee has made the recommendation to the CSA HVAC Committee to also change the humidity range from 30 to 60% to a narrower one of 40 to 60 % with the specific set point at 50% with building automation systems alarms in the humidity goes beyond the range. Bacteria can thrive more easily above 60% and below 40%

16. Noreen Grange: Hi can we get some info on the training you offer housekeeping staff

See item #5

17. Josee Villeneuve: is there a French session?

See IPAC Canada web site for French version on October 1st Merci Beaucoup

18. Josee Villeneuve: I agree with that as we have correctional facilities therefore, we have inmates

All of CSA standards pertain to facilities where patient care is provided, and the standard will have list of types of facilities in an annex section. Will double check about correctional facilities.

19. Aurora Wilson: what if there are no manufacturer's recommendations for cleaning of certain electronic devices, e.g. cell phones and tablets, monitors, what should be the standard for cleaning for these?

The IPAC MDT then should establish a procedure for these products. Consider small item disinfection using UVC devices that are small and becoming more popular.

See section 4.4.2.2.

Example: <https://cleanslateuv.com/>

20. Judy Rivers: What if you change patient/resident to "client" to cover all areas?

Will be doing this in the final draft

21. Brittany: Will there be information on tips or recommendations on how to properly choose a disinfection/cleaning product or method?

See section 7 and future Annex J

22. Melissa: If a technology is new what level or type of data should you look for in choosing a technology? 3rd party test? Success in other countries?

Read through Section 9 Technologies and download CSA EXP06 Evaluating Emerging Technologies (free download) https://store.csagroup.org/ccrz_ProductDetails?sku=2424364

plus read through section 7 and future Annex J

23. Aurora Wilson: To prevent aerosols, e.g. norovirus while flushing toilets, is there a recommendation that all toilets should have covers?

The CSA Plumbing committee will discuss this issue for their next version. Currently covers are not recommended as it is another surface to clean and another set of hinges to also clean and maintain. Most of the flushing occurs while the patient is sitting on the toilet. Toilets are a major source of bacteria aerosolized from the flushing process. I have worked with Vancouver General Hospital in testing UVC systems for bathrooms. Great success. Published article at <https://www.ncbi.nlm.nih.gov/pubmed/27575773>

Greatest risk is in high risk areas like ICU's and Bone Marrow Transplant units where infections like C Diff causes continual diarrhea, which is aerosolized by the toilet flush, air currents carry the fecal cloud into the patient's room and other air currents carry it to other patients' rooms. Bacteria is also carried from room to room by those who do not hand wash properly or via poor glove wearing processes.

24. jacqueline Hlagi: wondering if where healthcare is provided would cover the scope of the document, for areas like outpatient type clinics in different area types, mental health and sustenance use type areas.

We have tried to cover this in the Section 11 Specialized Areas but there are so many. Will bring your examples of additional back to committee

25. Hôpital Montfort: for disinfection of electronic devices, there is new technology that uses UVC. You indicate that LLD is required. Would you accept UVC as LLD?

See response in item #19

26. Maureen BC: Richard, could you please share your email address again?

DixonConsulting@gmail.com or cell 604-619-1768

27. Josee Villeneuve: any comments on electrostatic machine or ozone machine?

Ozone generating machines are widely used the restoration business post fires as the ozone does a great job of getting rid of the smell but ozone is harmful to people so it has to be used with extreme caution of removing patients from the room, sealing HVAC supply and return ducts in the room, thoroughly wiping off the residue and doing a thorough terminal clean. This takes a long time so is seldom used in healthcare facilities.

Electrostatic machines and those that combine the electrostatic charge with UVC are gaining popularity Example: <https://sanuvox.com/product/p900-gx/>