MINISTRY OF HEALTH

POLICY COMMUNIQUÉ

COMMUNIQUÉ

TO:	All Health Authorities
TRANSMITTAL DATE:	October 28, 2016
COMMUNIQUÉ NUMBER:	2016-04
CLIFF NUMBER:	1053904
SUBJECT:	Environmental Cleaning Best Practices
DETAILS:	See attached
EFFECTIVE DATE:	Immediately
MINISTRY CONTACT:	Executive Director, Public Health Services Branch & Office of Aboriginal Health, Population and Public Health Division

Stephen Brown
Deputy Minister
Ministry of Health

MINISTRY OF HEALTH POLICY
ENVIRONMENTAL CLEANING BEST PRACTICES

Policy Objective

- This policy protects the health and safety of patients and care providers in British Columbia by ensuring provincial consistency of environmental cleaning practices for the prevention and control of health care associated infections.

Scope

- This policy applies to all health authority[1] programs and facilities in British Columbia. This includes private or non-profit facilities and/or providers that are supplying publicly-funded services under contract to health authorities.

Definitions

- **Shall:** Indicates a mandatory requirement based on Ministry of Health directive.
- **Should:** Indicates a recommended best practice for implementation at the discretion of each health authority.

Policy

- **Best Practices –** Health authorities shall implement all Phase One recommendations of the environmental cleaning best practices outlined in the document *British Columbia Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Healthcare Settings and Programs* (the Best Practices). Health authorities are encouraged to implement Phase Two and Phase Three recommendations, as appropriate. A copy of the Best Practices is attached as Appendix A. Phase One items are detailed below.

- **Implementation Planning – On or before December 30, 2016**, health authorities shall provide the Ministry of Health with action plans to confirm implementation details of all the Best Practices Phase One recommendations. Action plans shall include accountabilities and timelines for all deliverables.

- **Quality Assurance –** Health authorities shall assess the quality of environmental cleaning services by completing standardized, independent, unannounced, third-party audits in all health care facilities on (at minimum) an annual basis.
    - Audits shall include a statistically representative sample of all rooms and risk levels within facilities and/or care settings.
    - Results of cleaning audits shall be analyzed on an ongoing basis. Health authorities shall work to remediate identified issues, as appropriate.

- **Public Reporting –** Health authorities shall promote public, patient, clinician and staff awareness of environmental cleaning service quality by posting audit results for all sites on the Provincial Infection Control Network's (PICNet) public website.
    - At a minimum, environmental cleaning audit results shall be publicly reported once per year.
    - At a minimum, audit results shall be reported per facility.
    - Audit results and supporting information shall be provided in plain language suitable for lay audiences.
    - Health authorities should post current environmental cleaning audit results within the main entrance areas of all health care facilities.

- **Engagement –** Health authorities shall actively engage clinicians, care providers, staff and patients when implementing environmental cleaning best practices, where possible and appropriate.

[1] Providence Health Care, St. Joseph's General Hospital and other denominational or "affiliated" sites are included within the definition of "health authority".

Accountability

- Health authorities shall ensure that organizational policies and practices comply with the requirements outlined in this Communiqué, including the attached Best Practices.
- The Ministry of Health will monitor compliance with this Communiqué through existing mechanisms.

Implementation of Environmental Cleaning Best Practices Recommendations

- Health authorities shall implement all 'Phase One' Best Practices recommendations **by January 31, 2018**:

Best Practices Recommendations: Phase One
10. Non-critical medical equipment, including donated equipment and equipment provided by outside agencies, should be able to be cleaned and disinfected according to recommended standards.
13. Clean Supply rooms/areas should: - Be readily available in each patient care area; - Be separate from soiled areas; - Have a door that is kept closed at all times; - Protect supplies from dust and moisture, and ensure storage off the floor; - Be easily available to staff; - Contain a work counter and a dedicated hand washing sink if used for preparing patient care items, but placed in a manner to prevent splash onto clean supplies; - Have sinks and counters cleaned daily, other areas spot cleaned daily, and cleaned thoroughly on a regular basis.
14. Soiled utility rooms/workrooms should: - Be readily available close to point-of-care in each patient care area; - Be separate from clean supply/storage areas; - Have a door which is kept closed at all times; - Contain a work counter and clinical sink; - Contain a dedicated hand washing sink; - Contain equipment required for the disposal of waste; - Contain personal protective equipment for staff protection during cleaning and disinfection procedures; - Be sized adequately for the tasks required; - Have high-touch surfaces, including sinks and counters, cleaned daily, and room cleaned thoroughly on a regularly scheduled basis.
17. Selection of environmental services cleaning equipment should follow ergonomic principles.
19. Disinfectants chosen for use in health care should: - Be active against the usual microorganisms encountered in a health care setting; - Ideally require little or no mixing or diluting (or dispensed with automatic dispenser); - Be active at room temperature with short contact time; - Have low irritancy and allergenic characteristics; - Be safe for the environment.
21. If environmental services are contracted out, the Infection Prevention and Control and Occupational Health and Safety policies of the contracting services should be consistent with the facility's policies.
23. Each healthcare setting should have policies and procedures to ensure that cleaning: - takes place on a continuous and scheduled basis - incorporates principles of infection prevention and control - clearly defines cleaning responsibilities and scope - meets all statutory requirements - allows for surge capacity during outbreaks, without compromise to other routine cleaning and disinfection.

Best Practices Recommendations: Phase One
24. All aspects of environmental cleaning should be supervised and performed by knowledgeable, trained staff.
27. Environmental Services managers and supervisors should be trained and knowledgeable in cleaning and disinfection processes, as well as infection prevention and control principles.
28. Environmental Services staff should be offered appropriate immunizations.
29. There shall be policies and procedures in place that include a sharps injury prevention program; post- exposure prophylaxis and follow-up; and a respiratory protection program for staff who may be required to enter a room accommodating a patient with tuberculosis, thus requiring airborne precautions be in place.
30. There should be appropriate attendance management policies in place that establish a clear expectation that staff do not come into work when acutely ill with a probable infection or symptoms of an infection.
31. Aerosol or trigger sprays for cleaning chemicals should not be used.
32. There should be procedures for the evaluation of staff who experience sensitivity or irritancy to chemicals.
33. Environmental Services staff should adhere to routine practices and additional precautions when cleaning.
34. Environmental Services staff should follow best practices for hand hygiene.
35. Personal protective equipment (PPE) should be: - sufficient and accessible for all Environmental Services staff - worn as required by routine practices, additional precautions and MSDS when handling chemicals - removed immediately after the task for which it is worn.
37. In all healthcare settings, a regular cleaning regimen should be in place.
38. Cleaning schedules should be developed, with frequency and intensity of cleaning reflecting whether surfaces are high-touch or low-touch, the type of activity taking place in the area, and the infection risk associated with it; the vulnerability of the patients housed in the area; and the probability of contamination.
39. Cleaning agents and disinfectants shall be labeled with WHMIS information.
40. Cleaning agents and disinfectants shall be stored in a safe manner in storage rooms.
41. Automated dispensing systems, which are monitored regularly for accurate calibration, are preferred over manual dilution and mixing.
42. Disinfectants should be dispensed into clean, dry, appropriately-sized bottles that are clearly labeled and dated; not topped up; and discarded after the expiry date.
47. Environmental services cleaning carts should have a clear separation between clean and soiled items, should never contain personal items, and should be thoroughly cleaned at the end of the day.
48. Equipment that is used for cleaning and disinfecting should itself be cleaned and disinfected according to recommended standards for intensity and frequency.
49. Cleaning and disinfection equipment should be well maintained, in good repair and be cleaned and dried between uses.
50. Mop heads and microfiber cloths should be laundered daily, and dried thoroughly before storage.
51. Healthcare settings shall have written policies and procedures dealing with spills of blood and other body fluids.
54. Areas that have toys should have policies and procedures for cleaning the toys.
56. Healthcare settings should have policies and procedures for cleaning specialized areas, such as hemodialysis units, operating room suites and laboratories.

Best Practices Recommendations: Phase One
60. There should be a third party independent visual assessment completed annually in hospitals and residential facilities.
62. Results of cleaning audits should be collated and analyzed with feedback to ES staff, and an action plan developed to identify and correct deficiencies.
64. There should be clear separation between clean and dirty laundry.
65. There should be policies and procedures to ensure that clean laundry is packaged, transported, and stored in a manner that will ensure that cleanliness is maintained.
66. There should be designated areas for storing clean linen.
69. Waste handlers shall wear personal protective equipment appropriate to their risk.
70. Non-immunized waste handlers should be offered hepatitis B immunization.
72. There shall be a system in place for the prevention of sharps injuries and the management of sharps injuries when they occur.
73. Healthcare settings should have a plan in place to deal with the containment and transport of construction materials, as well as clearly defined roles and expectations of Environmental Services and construction staff related to cleaning of the construction site and areas adjacent to the site.
74. All healthcare settings should have a plan in place to deal with a flood.
75. Infection Prevention and Control, Environmental Services, and Occupational Health and Safety should be consulted before making any changes to cleaning and disinfection procedures and technologies in the healthcare setting.