

# Best Practices for Environmental Cleaning Educational Toolkit

## What's in the Toolkit?

### ➔ Introductory Materials:

- ☆ Project background
- ☆ Needs Assessment Questionnaire
- ☆ Adult Education Support Materials
- ☆ Acknowledgments
- ☆ Presenters
- ☆ Module Objectives

### ➔ Six Educational Modules on CD:

- ☆ Module 1 – Chain of Transmission
- ☆ Module 2 – Routine Practices
- ☆ Module 3 – Cleaning Products and Tools
- ☆ Module 4 – General Cleaning
- ☆ Module 5 – Additional Precautions
- ☆ Module 6 – Audits

Each module comes with a *Leader's Guide* to assist trainers with session planning. *Module summaries* have also been provided and can be copied and shared with session participants. Each CD includes a fully narrated presentation (Plug and Play) as well as a PowerPoint presentation with speaker notes for those wishing to deliver the presentation themselves. Additional attachments on the CDs include:

- Relevant PIDAC Best Practices documents
- RICN contact information
- Glossary of terms
- Additional quiz on Chain of Transmission (Module 1)
- Instructions for putting on and removing PPE (Modules 2, 4 and 5)
- Risk Stratification Matrix/other tools to assist with cleaning frequency (Module 4)
- Visual Assessment of Cleanliness guideline (Module 6)

### ➔ DVD – Sample Procedures:

- ☆ Discharge/Vacancy Bed Changing and Cleaning
- ☆ Bathroom Cleaning – Regular Patient/Resident Bathroom
- ☆ Daily Room Cleaning – Regular Room (no precautions)
- ☆ Room Cleaning – Contact Precautions Room
- ☆ Cleaning a Blood/Body Fluid Spill
- ☆ Discharge/Vacancy Room Cleaning – Regular Patient/Resident Room or Bed Space
- ☆ Discharge/Vacancy Room Cleaning – Contact Precautions Room

### ➔ Additional Tools:

- ☆ Video scripts (May be helpful if translation in language other than English or French is required)
- ☆ Post-test with answers
- ☆ Certificate of Completion
- ☆ Attendance sheets
- ☆ Evaluation tool

# Best Practices for Environmental Cleaning Educational Toolkit

## How to use the CDs?

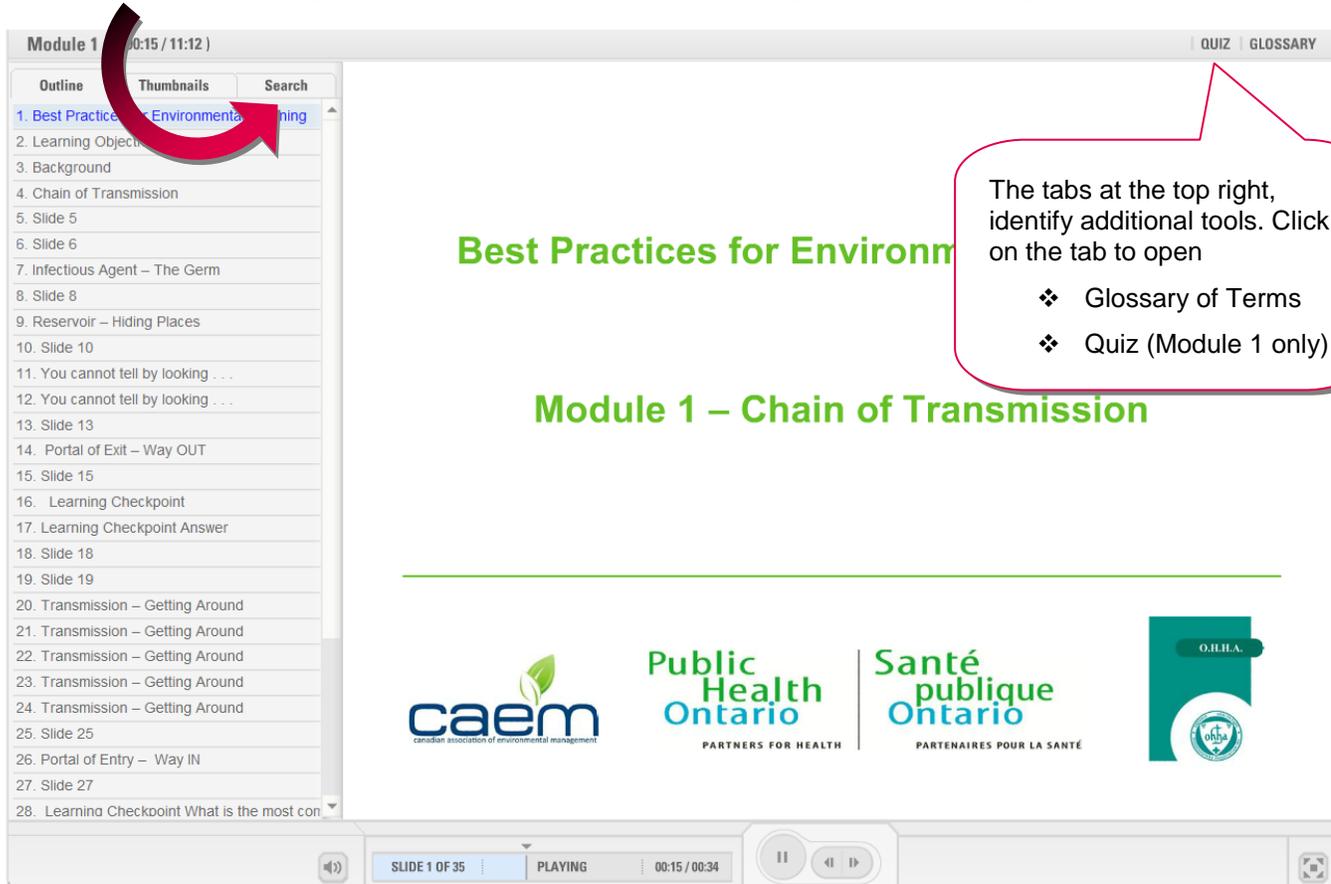


To start the narrated presentation –

- ❖ After opening the CD, click open the folder titled “Module X”. You will see 6 items in the folder as illustrated to the left here.
- ❖ Click on the  icon to launch the presentation.
- ❖ It will take a few moments to open. The narration starts automatically once the presentation is opened.
- ❖ Ensure your volume control is at the highest and not on “mute”.

The slide numbers and titles can be seen on the left side. You can stop and start the presentation at any time, or go to a specific slide by clicking on the appropriate slide tab.

Use the “Search” tab along the top left side, to search for something specific by entering a term/word.



# Best Practices for Environmental Cleaning Educational Toolkit

Welcome to the educational toolkit developed jointly by the Regional Infection Control Networks (RICNs), the Canadian Association for Environmental Management (CAEM) and the Ontario Healthcare Housekeepers Association (OHHA).

## Background

Over the last several years, the Provincial Infectious Diseases Advisory Committee (PIDAC) has developed and distributed a number of Best Practice (BP) documents addressing various aspects of infection prevention and control practice across the health care continuum. More recently, PIDAC has developed a Best Practice document on *Environmental Cleaning*. This best practice document targets an audience in health care outside of Infection Prevention and Control as it impacts the practice of Environmental Services. PIDAC has looked to the RICNs to assist with dissemination of the documents to their stakeholders. The RICNs have partnered with CAEM and OHHA to develop this educational toolkit to assist in the training of front-line Environmental Services staff through the provision of practical educational materials and tools.

Led by a facilitator, the project team held a two-day workshop in December 2009 with Environmental Services (ES) representation from hospitals, long-term care homes and other health care organizations across the province, to develop a framework for rolling-out these best practices to front-line environmental services staff.

In order to ensure that the training program reflected the current competencies and actual needs of the front-line ES staff, a survey was sent out online to OHHA and CAEM members with a turnaround time of less than 2 weeks. The survey was sent out in the month of December and 110 responses were received. The survey consisted of some broad categories of performance, soft skills, and obstacles to training and educational delivery modes for front-line ES in health care organizations.

The measurement identified in the survey was based on: “where staff should be” and “where staff actually are” in the above categories. The results collected from this survey helped inform the work of the project team and facilitator. The information was used extensively during the two day intensive workshop where the group identified the training needs and methods for front-line ES staff and started to develop the content for training modules and additional materials and tools by completing a curriculum outline for a training course. The *Needs Assessment Questionnaire* and the results are also available in this toolkit.

All Environmental Managers are encouraged to work with the Infection Prevention and Control professionals in their organization to ensure that together, they are working towards best practices for environmental cleaning. Before any training can occur successfully, staff must have the necessary tools and support to conduct their work according to best practice. We hope you find this toolkit helpful in educating your staff on these best practices which ultimately are for the protection of our patients, residents, clients, staff and visitors.

We hope you find the contents of this toolkit useful!

Environmental Cleaning Best Practices Project Team



## ENVIRONMENTAL CLEANING BEST PRACTICES PROJECT

### Training Needs Assessment Questionnaire

**Based on 110 responses. Findings in bold italics**

The Provincial Infectious Diseases Advisory Committee (PIDAC) has developed a comprehensive best practice document on environmental cleaning that should be released in early 2010. The Regional Infection Control Networks are collaborating to create a training program to support the provincial roll-out of the information, tools and resources in the document to environmental services staff in healthcare organizations across the province. A project team with environmental services representation from Ontario hospitals, long-term care homes and other healthcare agencies has been established and is meeting in mid-December to start assembling the training curriculum.

In order to ensure that the training program reflects the current competencies and actual needs of front-line environmental services staff we are asking that you complete this short on-line questionnaire. Your responses will go directly to the educational consultant assisting us with the project. Please reply by Tuesday, December 15, 2009.

- Some broad categories of performance for front-line environmental services staff in health care organizations are listed below. For each area, Column 1 asks you to rate what you feel the level of competence of these workers should be. Column 2 asks you to indicate their actual level of competence.

*Think in general terms for each item and circle the numbers that most closely correspond to your view. A five-point scale is provided where '1' is very low and '5' is very high. If you are unsure about an item, leave it blank.*

Front-line environmental services staff competence in:	They <u>should be</u> at this level		They <u>actually are</u> at this level	
	Low	High	Low	High
Following routine practices, including hand hygiene and PPE	<b>4.95</b>		<b>3.77</b>	
Following additional precautions while cleaning including contact, droplet and airborne	<b>4.94</b>		<b>3.74</b>	
Understanding how germs are transmitted	<b>4.67</b>		<b>3.29</b>	
Appreciating the risks of ineffective cleaning	<b>4.87</b>		<b>3.51</b>	
Safe use of cleaning and disinfecting supplies	<b>4.87</b>		<b>3.86</b>	
Occupational health practices that prevent transmission or acquisition of infections	<b>4.82</b>		<b>3.41</b>	
Safe handling of linens and proper laundry practices	<b>4.85</b>		<b>3.72</b>	
Safe handling of health care waste	<b>4.85</b>		<b>3.90</b>	
Cleaning and disinfecting equipment	<b>4.91</b>		<b>3.41</b>	
Use of quality improvement tools such as check lists and audits	<b>4.65</b>		<b>3.13</b>	

- What other skill areas are important for front-line environmental services staff?

**Soft skills – communication, customer service, organization, reading**  
**Other suggestions covered in list**

- A number of common obstacles to training in health care organizations appear below. Indicate the extent of the problem when training front-line environmental services staff in your organization:

	A Major Problem	Sometimes a Problem	Not a Problem
Cost of tuition, trainers, materials	<b>48</b>	<b>45</b>	<b>15</b>
Disruption due to time off work	<b>36</b>	<b>66</b>	<b>5</b>
Scheduling difficulties due to shifts and conflicting time demands	<b>38</b>	<b>60</b>	<b>8</b>
Lack of participant motivation/willingness to attend	<b>26</b>	<b>51</b>	<b>30</b>
Having to travel to other locations	<b>36</b>	<b>52</b>	<b>29</b>

**ENVIRONMENTAL CLEANING BEST PRACTICES PROJECT**  
**Training Needs Assessment Questionnaire**

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4. What other obstacles to training do you encounter?

***ESL; learning skills; confidence, educational levels; literacy skills; resistance to change***

5. Please review the following list of educational delivery modes and indicate how appropriate each one is for training environmental services staff:

	Very Appropriate	Somewhat Appropriate	Not too Appropriate	Not at all Appropriate
Courses, seminars and workshops	<b>52</b>	<b>47</b>	<b>9</b>	<b>1</b>
Print-based self-instructional modules	<b>21</b>	<b>44</b>	<b>40</b>	<b>4</b>
Computer-based self-instructional modules	<b>15</b>	<b>35</b>	<b>52</b>	<b>8</b>
One-on-one coaching	<b>78</b>	<b>24</b>	<b>5</b>	<b>3</b>
On-line (Internet) learning	<b>16</b>	<b>36</b>	<b>50</b>	<b>8</b>
DVDs plug and play (CDs)	<b>32</b>	<b>58</b>	<b>17</b>	<b>3</b>
Videoconferencing or teleconferencing	<b>21</b>	<b>48</b>	<b>28</b>	<b>12</b>

6. Please offer any other comments or suggestions about training environmental services staff, and any advice to the project team as they carry out this project.

Keep it hands-on; simple and clear; non-technical; respect and value the learners

7. Please provide the following background information:

Position / Role:		Setting:	
<b>80</b>	Environmental services manager	<b>57</b>	Hospital
<b>16</b>	Infection control practitioner	<b>47</b>	Long-term care home
<b>14</b>	Other – Please state:	<b>6</b>	Other – Please state:

**Thank You for Your Cooperation ...**

You will have a chance to edit your responses when you press "Submit".

**Remember, the deadline is Tuesday, December 15, 2009**

**SUBMIT**

Questionnaire issued December 7, 2009  
 SHERCON ASSOCIATES INC.

[www.shercon.ca](http://www.shercon.ca)

Attached: Cross Group Comparisons

**ENVIRONMENTAL CLEANING BEST PRACTICES PROJECT**  
**Training Needs Assessment Questionnaire**

**CROSS GROUP COMPARISONS**

**Gap Analysis**

	<b>Overall</b>	<b>Hospitals</b>	<b>Long-term Care</b>
Routine practices	1.18	1.07	1.28
Additional precautions	1.21	0.98	1.45
Germ transmission	1.38	1.26	1.41
Risks	1.36	1.25	1.47
Use of supplies	1.01	0.95	1.04
Occupational health practices	1.41	1.29	1.53
Linens and laundry	1.14	0.98	1.28
Health care waste	0.95	0.75	1.23
Cleaning equipment	1.50	1.37	1.60
QI tools	1.53	1.58	1.45

**Obstacles**

	<b>Overall</b>	<b>Hospitals</b>	<b>Long-term Care</b>
Cost	2.33	2.41	2.26
Disruption	2.32	2.34	2.23
Scheduling	2.31	2.25	2.36
Motivation	2.00	1.84	2.19
Travel	2.01	1.93	2.11

*Averages: 3=major problem; 2=somewhat of a problem; 1=not a problem*

**Delivery Modes**

	<b>Overall</b>	<b>Hospitals</b>	<b>Long-term Care</b>
Courses	3.38	3.25	3.53
Print based modules	2.75	2.75	2.75
Computer based modules	2.52	2.58	2.47
Coaching	3.61	3.63	3.53
On-line	2.55	2.54	2.53
CDs	3.08	3.02	3.15
Video/teleconferencing	2.74	2.72	2.76

*Averages: 4=very appropriate; 3=somewhat appropriate; 2=not too approp; 1=not at all approp*

# **ENVIRONMENTAL CLEANING BEST PRACTICES PROJECT**

## **Adult Education Support Materials**

Adult Learner Characteristics  
How Adults Learn  
Levels of Learning  
Questioning  
Maximizing Learning Transfer

August 2010

## ADULT LEARNERS

As an adult learner, you have at least some of the following characteristics:

- You have a variety of work and life experience. You define your identity in terms of your own experience and prefer to relate any new learning to that experience. If you are in a situation where you are teaching adults, the most important resource available to you is the rich experience base of the learners. If you are in the role of a learner, your best resource is your own knowledge and experience.
- You approach learning as a means to an end rather than engaging in learning for its own sake. You generally have a specific use in mind for any new skills that you are acquiring.
- You are probably highly motivated, spending your own time, energy and resources to seek out growth opportunities.
- You may be seeking out learning in response to a change that has taken place in your personal or professional life.
- Learning is not your full-time pursuit; you have lots of other things happening in your life, so you are likely to be preoccupied at times.
- You like to cover information rapidly, but are less prone to risk taking and need to understand concepts before using them.
- You appreciate respect in any learning setting. You like businesslike procedure, professionalism, evidence that your needs are being met, variety and informality.
- You view learning as a social process. Knowing your peer learners is important to you.
- You may not have been involved in formal learning for some time, and some of your previous experiences may have been negative. As a learner, you may be wary of some learning events.
- You may have some diminished physical and perceptual capabilities related to sight, hearing, feeling extremes of temperature, and sitting in one place for an extended period of time. (The good news is that your intellectual capabilities have not declined – adults can learn well into advanced old age.)

### Application to the Project

Your participants will also have these characteristics. We will need to keep this in mind when you deliver the course. Adult learners all listen to the same radio station:

WII-FM – What’s in it for me?

You will need to “position” the course so the front-line ES staff will see a direct benefit.

## HOW ADULTS LEARN

### Learning Defined

Learning is defined as a change in behaviour brought about by personal experience. The experience does not have to be profound, and can be something as simple as reading material such as this. When you learn, your behaviour can change in three different ways - known as learning “domains”.

#### 1. The Cognitive Domain (“*Head Learning*”)

If you are acquiring new information or concepts, then your cognitive (intellectual) behaviour changes. This is known as “head” learning. It involves thinking skills and is essentially abstract in nature.

## Adult Education Module

### 2. The Affective Domain (“Heart Learning”)

Your affective (emotional) behaviour changes when you learn new values and attitudes. This is the “heart” level of learning.

### 3. The Psychomotor Domain (“Hand Learning”)

Finally, your psychomotor (physical) behaviour changes when you acquire specific "hands-on" skills. Examples would include keyboarding, equipment operation or preparing dressings.

The three categories of learning are not always separate and may well occur within any one learning session. For example, learning how to operate a new piece of software involves cognitive change (understanding the functionalities of the software), affective change (overcoming any innate resistance to new technology) and psychomotor change (keyboarding skills, operating equipment).

The affective domain is the one most likely to overlap the cognitive and psychomotor spheres as feelings tend to occur concurrently with any learning activity.

## The Notion of Unlearning

Sometimes it is necessary to "unlearn" old things before learning new things. Anyone who has taken golf or skiing lessons and had to break bad habits before learning new skills is well aware of this. As change accelerates it is becoming increasingly necessary for adult learners to break out of old ways of thinking before learning new approaches.

Application to the Project
<p><u>Your content will be covering all three domains.</u></p> <p>Participants will have to “unlearn” some of their old ways of cleaning.</p>

## LEVELS OF LEARNING

A taxonomy is a classification of behavioural outcomes in terms of levels of difficulty in the learning process.

The levels on a taxonomy are cumulative and sequential. You cannot proceed to a higher level until the preceding levels have been thoroughly mastered. Learning takes place systematically, and will break down if steps in the sequence are missed.

A commonly used learning taxonomy was developed by Benjamin Bloom in 1956. Although there have been many other models (some of them “flavours of the month”) have been developed and promoted since then, a recent survey conducted by Training Magazine found that Bloom’s model and is still the taxonomy most widely used by corporate educators in North America.

Bloom defines six levels of learning:

### 1. Knowledge

The first basic level of learning is the knowing level. Here you are able to bring to mind or remember appropriate material. Behavioural tasks associated with this level tax your memory and include such activities as defining, recalling, listing, recognizing or describing.

### 2. Comprehension

The second degree of difficulty in learning is the comprehending stage. At this level you are able to understand or grasp the meaning of what is being communicated and make use of the idea without relating it to other ideas or materials and without seeing the fullest possible meaning or translation of the idea. Behavioural tasks at this level include stating concepts in your own words, giving examples, illustrating, inferring, summarizing and interpreting. These actions require content knowledge which has been acquired at the first level.

## Adult Education Module

### 3. Application

The third level of the taxonomy is the applying level. At this level you should be able to use ideas, principles and theories in new, particular and concrete situations. Behavioural tasks involve both knowing and comprehension and might include choosing appropriate procedures, applying a principle, using an approach or identifying the selection of options.

### 4. Analysis

Analyzing is the fourth level of learning described by Bloom. At this level you are able to break an entity into constituent parts in order to make the organization and significance of the whole clearer. Breaking down, discriminating, diagramming, detecting and differentiating are important behavioural tasks at this level and assume a mastery of the previous levels of knowing, comprehending and applying.

### 5. Synthesis

The fifth level of learning is synthesis. At this level you are able to put back together again the various parts of elements of a concept into a unified organization or whole. This putting together and making sense of small parts is a crucial factor in intelligence and learning. Behavioural tasks at this level include creating, writing, designing combining, composing, organizing, revising and planning. To occur, this level of learning must include the first four levels - knowing, comprehending, analyzing and applying. It is often the most intense and exciting level for both the learner and the facilitator.

### 6. Evaluation

The sixth and final level of learning described by Bloom is the evaluating phase. In this phase you are able to arrive at an overview and judge the value and relative merit of ideas or procedures by using appropriate criteria. You will be able to compare, judge, appraise, justify, criticize and contrast theories, methods, procedures and concepts. This level involves mastery of all the other levels on the taxonomy.

Bloom's educational taxonomy remains a landmark because it brings logic and order into the planning of adult learning. You can use it to teach others as well as to plan your own learning and diagnose problems. For example, if you are having difficulty mastering a new concept or skill, it could be that you have skipped a step in the taxonomy. If you are finding something to be repetitive or unchallenging, it may be time to move to a higher level in the taxonomy.

Remember that it is not always necessary to master every level on a taxonomy. This depends on the task being learned. Often being able to function at the application or analysis level will suffice.

### **Application to the Project**

Our training will cover the first four levels of the taxonomy. Participants will need to demonstrate application through group activities and discussions, and analysis through dealing with case scenarios.

## **QUESTIONING**

Questioning in an adult learning situation has three purposes:

1. It fosters learner involvement and participation.
2. It enables the facilitator to diagnose learner comprehension.
3. It provides a means for the facilitator to move learners to higher levels on the taxonomy.

The third purpose is the most significant since questioning is the major determinant of the level of cognitive activity in a learning environment. Unfortunately, some research has shown that 97 percent of all facilitators' questions test only recall.

Facilitators must plan key questions in advance for each learning session. Careful thought should be given to the type of question, the content, and especially the level on the cognitive taxonomy. Questioning has been called the

## Adult Education Module

gentle art of creating dissonance. It is possible to cause thinking to occur in ascending levels by moving up the taxonomy through progressive questioning.

### The Questioning Process

A typical questioning sequence is as follows:

1. The facilitator decides on the type, content and cognitive level and asks the question.
2. It is important to wait at least ten seconds for a learner response. There is a tendency to be uncomfortable with silence and rush to rephrase the question. Thought provoking questions will take some time for the learners to compose a response.
3. A learner volunteers or is designated to answer the question. Facilitators should designate specific learners at least part of the time to maximize participation. In these cases, the question should be asked before the learner is identified to ensure the all learners think about a response.
4. A response is received which is correct, incorrect or partially correct. Correct answers require some reinforcement. Incorrect answers should be noted as such and learners guided towards the correct response.
5. A probe may be asked and Steps 2, 3 and 4 are repeated.
6. A new questioning cycle is initiated, moving the learners to a higher level on the taxonomy.

<b>Application to the Project</b>
Use the pre-written diagnostic questions in the materials and also come up with some of your own questions. Intersperse questions throughout the presentation.

## MAXIMIZING LEARNING TRANSFER

Organizations that sponsor learning activities have a pragmatic need - they need to know if the training had any impact on learner behaviour and if the organization is better off as a result.

Numerous writers have addressed the issue, but the one of the most widely used model was proposed back in 1959 by Donald L. Kirkpatrick, a professor at the University of Wisconsin at the time. Kirkpatrick's model, which evaluated learning at four levels, is updated here and adapted to contemporary organizational settings.

### Level One - Learner Response

The first level of evaluation is learner response to the learning activities. Participant feelings about a class, workshop, seminar or demonstration can be ascertained through observation or debrief interviews, but the most common method is through a questionnaire administered at the conclusion of the session. Session evaluation questionnaires are usually short and address basic aspects of the learning activity such as content, process, the facilitator's skill level and the quality of the facilities.

Results from Level One evaluations tend to be positively biased. Most learners will experience a "halo effect" after an adequately delivered session and will usually be positive in their ratings. This is why session evaluation forms are sometimes referred to in the training industry as "happiness sheets". However, it is still important to conduct some form of evaluation at this level as worthwhile diagnostic information is often generated.

### Level Two - Attainment of Learning Objectives

This level of evaluation examines whether the learners actually achieved the learning objectives. The evaluation techniques of observation, project work, case studies, testing and diagnostic questioning are applicable here.

## Adult Education Module

### Level Three - Behavioural Change

Learning is defined as a change in behaviour, and level three evaluation attempts to determine if the behaviour change led to improved performance. Success at this level means that the learners have taken the concepts and skills learned in the session and applied them in an actual setting. For example, a supervisor may attend a session on team building and enjoy it (Level One) and demonstrate a mastery of team building concepts (Level Two), but unless that person actually applies some of the techniques back on the job, the learning has not been effective at Level Three.

Level three evaluation techniques include follow-up surveys after several months to determine if the skills learned are being applied, interviews with superiors, performance appraisals and examinations of productivity data.

### Level Four - Organizational Impact

Evaluation at Level Four addresses whether an organization has actually changed as a result of improved performance of individuals who completed the learning. In the private sector this often involves attempts to link training efforts with profitability. In the not for profit sector it involves more intangible applications, such as community awareness.

Evaluation at this stage can be difficult, and sometimes requires sophisticated evaluation techniques. However, it is worth attempting, even if it only involves an intuitive assessment of anecdotal data, since positive organizational change is the ultimate goal of organized learning.

It is not always possible or appropriate to evaluate every learning initiative at all four levels, but results from evaluation programs that consistently focus on the lower levels should be viewed with caution.

### Maximizing Learning Transfer

Techniques that have been found to foster the on-the-job application of learned concepts include the following:

- Practical learning sessions with extensive examples and case study applications related to the workplace
- Good participant handouts that serve as job aids
- Short refresher sessions held after the main event
- Encouraging participants to brief colleagues on what they learned
- Follow-up surveys
- Linkages between session learning objectives, professional development objectives and performance appraisal
- Involvement of participant's supervisors in needs assessment, session design and follow-up
- Strong backward and forward linkage
- Networking of course participants

#### Application to the Project

The application activities at the end of each module are important for facilitating learning transfer. It will also be necessary to reinforce workplace behaviours on an ongoing basis.

# Best Practices for Environmental Cleaning Educational Toolkit

## ACKNOWLEDGMENTS

### Environmental Cleaning Best Practices Project Team

- ☆ Nora Boyd – Erie St. Clair Infection Control Network (Windsor)
- ☆ Matthew Hall – Macassa Lodge (Hamilton)
- ☆ Geoffrey Holt – St. Joseph's Health Centre (London)
- ☆ Ray Iredale – Wildwood Care Centre (St. Mary's)
- ☆ Glenda Kaufmann – peopleCare (Tavistock) – President, OHHA
- ☆ Debbie Richarz – Grand River Regional Hospital (Kitchener)
- ☆ Brenda Smith – Central West Infection Control Network (Brampton)
- ☆ Keith Sopha – Homewood Health Centre (Guelph) – President, CAEM
- ☆ Liz van Horne – Ontario Agency for Health Protection and Promotion (OAHPP)
- ☆ Grace Volkening – Central Region Infection Control Network (Toronto)
- ☆ David Sheridan – Facilitator – Shercon Associates Inc.

### Workshop Participants/ Pilot Test Sites

- ☆ Lori Bowerman – Peterborough Regional Hospital
- ☆ Christine Carriere – Bruyère Continuing Care / Elisabeth Bruyère Hospital (Ottawa)
- ☆ Karen Clinker – Northwestern Ontario Infection Control Network (Dryden)
- ☆ Steve Files – Fairvern Nursing Home (Huntsville)
- ☆ Mark Heller – Vice President Environmental Services, Alberta Health Services
- ☆ John Hopkins – Leisureworld Caregiving Centre (Norfinch)
- ☆ Ingrid McKee – Trillium Health Centre (Mississauga)
- ☆ Randy Mehagan – Thunder Bay Regional Health Sciences Centre
- ☆ Melissa Nobrega – The Scarborough Hospital
- ☆ Tammy Shortt – Trillium Villa (Sarnia)
- ☆ Brian Taylor – Seven Oaks Long-Term Care Home (Toronto)
- ☆ Jean Wark – Hotel Dieu Grace Hospital (Windsor)
- ☆ Dan Young – Crown Ridge Health Care (Trenton)

### Other Contributors

- ☆ Shirley MacDonald – Consultant (Kingston)
- ☆ Kathy Torkos – Central Region Infection Control Network
- ☆ Veronica DeMelo – Central West Infection Control Network

The Project Team also wishes to thank:

- ☆ The Environmental Managers who responded to our survey call
- ☆ All RICN staff for their assistance and their ongoing support of this project

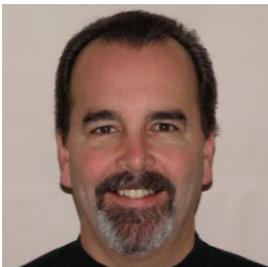
A special thanks to Mabel Lim, Infection Control Consultant, Central Region Infection Control Network, for her extraordinary assistance and technical support in the development of the toolkit.

## PRESENTER BIOGRAPHIES



### NORA BOYD

Nora is the Network Coordinator for the Erie St Clair Infection Control Network covering Windsor, Chatham and Sarnia area in Ontario. Prior to this position she was Manager of Infection Prevention and Control at Bluewater Health for 17 years. She has been certified in infection control (CIC) since 1993. In 2007, she was one of the authors for the Canadian Guideline on Community Acquired MRSA and was a member of the team who developed the MOHLTC Infection Prevention and Control Core Competency e-learning modules released in 2007. She has presented seminars and posters at regional and national conferences



### MATTHEW HALL

In 1987, Matthew was hired as a Housekeeping Supervisor at Chedoke-McMaster Hospital thus beginning his career in environmental services. His work experience has included university contract management, and school board environmental services management.

Since 1995, Matthew has been employed as the Director of Building Services at Macassa Lodge in Hamilton, a 270 bed facility owned and operated by the City of Hamilton. In this position, he is responsible for the Maintenance, Housekeeping and Laundry departments.



### GEOFFREY HOLT

Geoffrey has worked within the Housekeeping industry since 1977, and has been in facilities management since 1989. A father of 3 and happily married for 27 years, Geoffrey has served within a variety of Housekeeping contexts in Alberta, Manitoba, Nova Scotia, and more recently Ontario.

During the course of the project, Geoff was the Director of Environmental Services at SJHC London where he served since 2004.



### RAY IREDALE

Ray has been involved in the Health Care industry of Long Term Care for 15 years beginning with a contract maintenance position at Wildwood Care Centre. After the completion of the OHA Environmental Services Level II course in 2000 he was appointed to the position of Environmental Services Manager at the home. In this position he manages the disciplines of Housekeeping, Laundry, and Maintenance. Ray has for a number of years, been the secretary of Ontario HealthCare Housekeepers Association Region 5-2 and is also one of the developers of the OHHA's training program "A Course for the Front Line Staff".



### DEBBIE RICHARZ

Debbie has over 20 years' experience in healthcare managing support service departments. In 1986 she began her career as an Administrative Dietician in Nutrition Services at HHS, and over the next 12 years held various positions within that department. In 2003 she was hired as a Service Excellence Coach by the Customer Support Services Department at HHS, responsible for training and development of staff. Debbie returned to operations in 2004 and held the position of Site Manager, Customer Support Services, managing environmental services, waste, linen and logistics, until June 2010. Recently, Debbie accepted the position of Director, Food Services and Housekeeping at Grand River Hospital, Kitchener. Debbie has been a member of CAEM since 2008, and currently holds the position of Regional Manager, Central West.



### KEITH SOPHA

Keith started his Health Care Management career in 1974 managing housekeeping services at St Michael's Hospital - Toronto Ontario.

For over 30 years he has managed a diverse work force within Environmental Services which included Housekeeping, Central Laundry, Linen Distribution, Maintenance, Materials Management, Grounds, Waste and Space Management.

Keith is an accomplished speaker on topics related to health care support services management and has published several articles in Sanitation Canada Magazine.

Keith rejoined the Canadian Association of Environmental Management board of Directors in 2006 as Director of Education and accepted the President role in 2007. He actively participated in the Infection Prevention & Control Sub – committee of the Provincial Infectious Diseases Advisory Committee (PIDAC) for Environmental Cleaning Best Practices 2008

Keith is currently the Manager of Housekeeping, Linen and Space Homewood Health Centre Guelph Ontario.



### LIZ VAN HORNE

Liz is a member of the Infection Prevention and Control (IPAC) team at Public Health Ontario. She has over twenty years' experience in community and tertiary health care centres as well as public health at the regional and provincial level.

Throughout her career Liz has been actively involved in the development of best practices and educational programs in infection prevention and control at the local, provincial and national level. Liz is one of the founding faculty for the Infection Prevention & Control 1 course offered at Centennial College. This course provides education for new Infection Prevention and Control practitioners. In addition, Liz participated in the development of CHICA-Canada (Community and Hospital Infection Control Association) on-line education program. She has received CHICA-Canada 'certificate of merit' for her work in both the Centennial College course and the CHICA-Canada on-line course.

Liz is currently the Manager, Infection Prevention and Control Resources at Public Health Ontario.



### GRACE VOLKENING

Grace has over 30 years' experience in healthcare and began her career in Infection Prevention and Control in 1987 as the Manager of Infection Prevention and Control at Southlake Regional Health Centre (formerly York County Hospital). She is an active member of CHICA-Canada and the Toronto Professionals in Infection Control (TPIC) and has held positions of TPIC President (1994) and Membership Director/ Secretary for CHICA-Canada (1999-2001). Grace was also an original member of the Advisory Committee for the CHICA-Canada/Centennial Infection Control course since its inception in 1994 and was a course instructor for many years. She is currently a course instructor for the Regional Infection Control Networks' Non-Acute Care Infection Prevention and Control training course. Grace started her role as Network Coordinator for the Central Region Infection Control Network on October 23, 2006.

# **MODULE OBJECTIVES**

## **Module One: Chain of Transmission**

1. Explain the importance of environmental cleaning
2. Describe the general principles of transmission of infectious agents
3. Suggest some strategies to break the chain of transmission

## **Module Two: Routine Practices**

1. Explain why safety controls are necessary
2. Provide examples of the different safety control measures
3. Demonstrate the appropriate and effective use of PPE in different situations

## **Module Three: Cleaning Products and Tools**

1. Define and describe cleaning and disinfection
2. Explain the difference between detergents and disinfectants and demonstrate their appropriate use
3. Describe the importance of proper chemical dilutions.
4. Explain the need for dedicated equipment/space and care of equipment
5. Have an increased awareness of new technologies

## **Module Four: General Cleaning**

1. Identify factors that determine frequency of cleaning
2. Correctly sequence tasks for cleaning
3. Demonstrate proper procedures for different cleaning applications

## **Module Five: Additional Precautions**

1. Describe and demonstrate appropriate procedures for cleaning of rooms with patients/residents/clients on additional precautions
2. Describe and demonstrate appropriate procedures for specialized cleaning

## **Module Six: Audits**

1. Explain the purpose and function of an audit
2. Describe the audit process
3. Apply identified tools in a practice setting

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