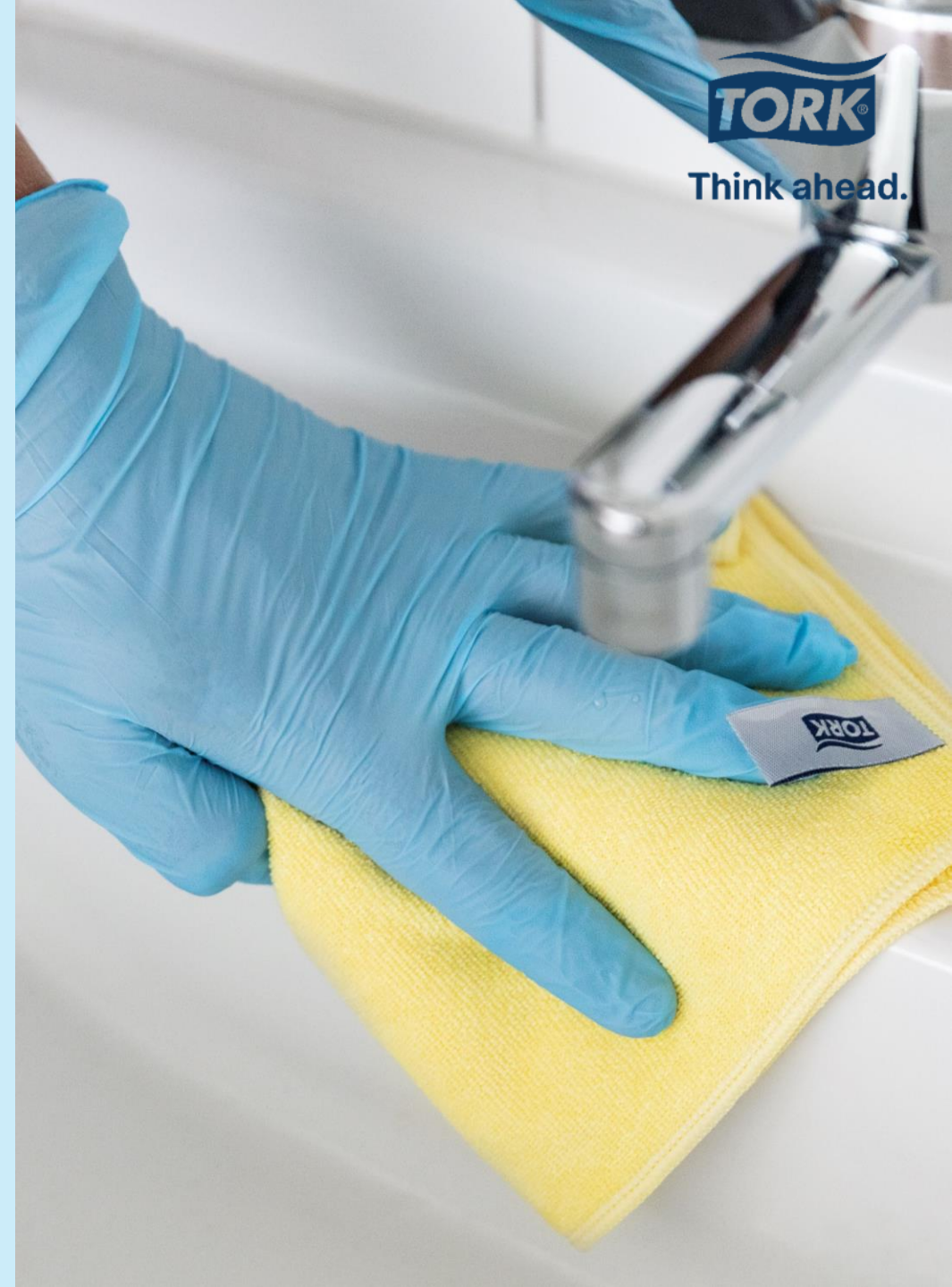


Train-the-trainer

Long Term Care

- Mini-microbiology school
- How to train your team with Tork Cleaning Training for Care Homes



Welcome



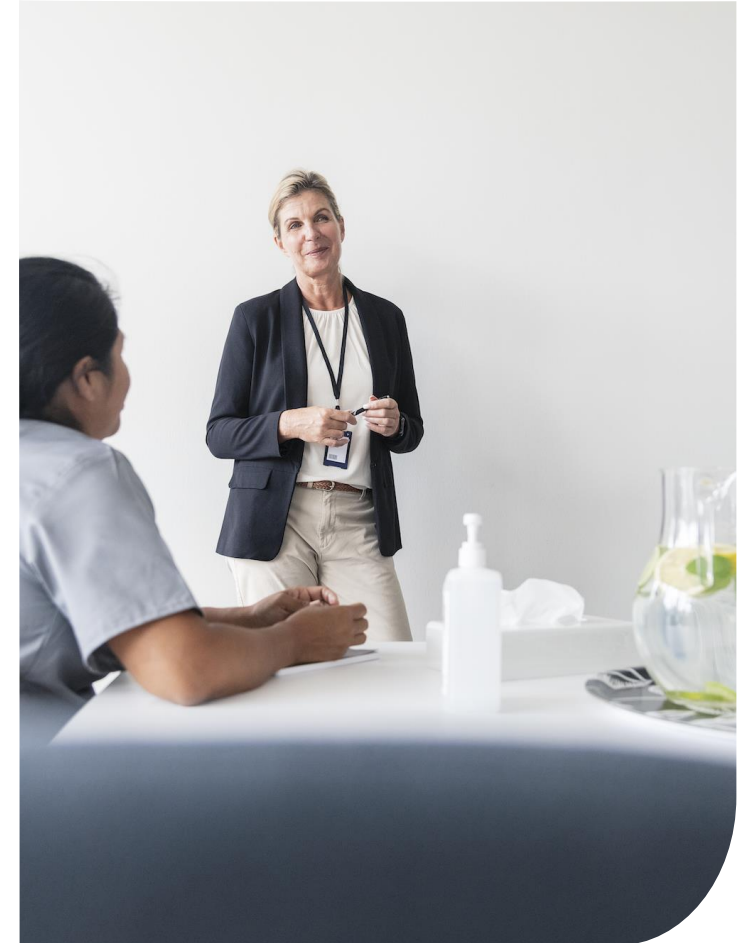
Think ahead.

In this training material we have gathered all the know-how you need in order to establish proper cleaning routines to promote a safer care environment in care homes.

It also shows you how to successfully train your cleaning team using our interactive training Tork Cleaning Training for Care Homes – a visual and engaging way to make staff understand how important their work is for resident safety.

The completion time is approximately 45-60 minutes.

Let's go!









Content



Think ahead.



Surface hygiene and cleaning

-  The importance of surface hygiene [Slide 4](#)
-  Cleaning strategies [Slide 10](#)
-  High-touch surfaces [Slide 16](#)
-  Cleaning processes [Slide 18](#)
-  Surface cleaning [Slide 24](#)
-  Mini microbiology school [Slide 30](#)

How to train your cleaning team

-  [Tork Cleaning Training for Care Homes](#) [Slide 48](#)

Appendix

-  Additional cleaning process resources [Slide 53](#)
-  Contact info [Slide 55](#)

The importance of surface hygiene





The importance of surface hygiene



Think ahead.

- It is widely accepted that environmental contamination plays an important role in the transmission of certain pathogens in the care home environment.
- The transmission of microorganisms from (and to) environmental surfaces to residents occurs largely via hand contact with the surface. Contamination of surfaces can also result from droplet transmission (coughing, sneezing, talking).
- Although hand hygiene is important to minimize the impact of this transfer, cleaning and disinfecting environmental surfaces is fundamental in reducing their contribution to the incidence of healthcare associated infections (HAIs).

**Cleaning forms
the foundation for
the environmental
hygiene**



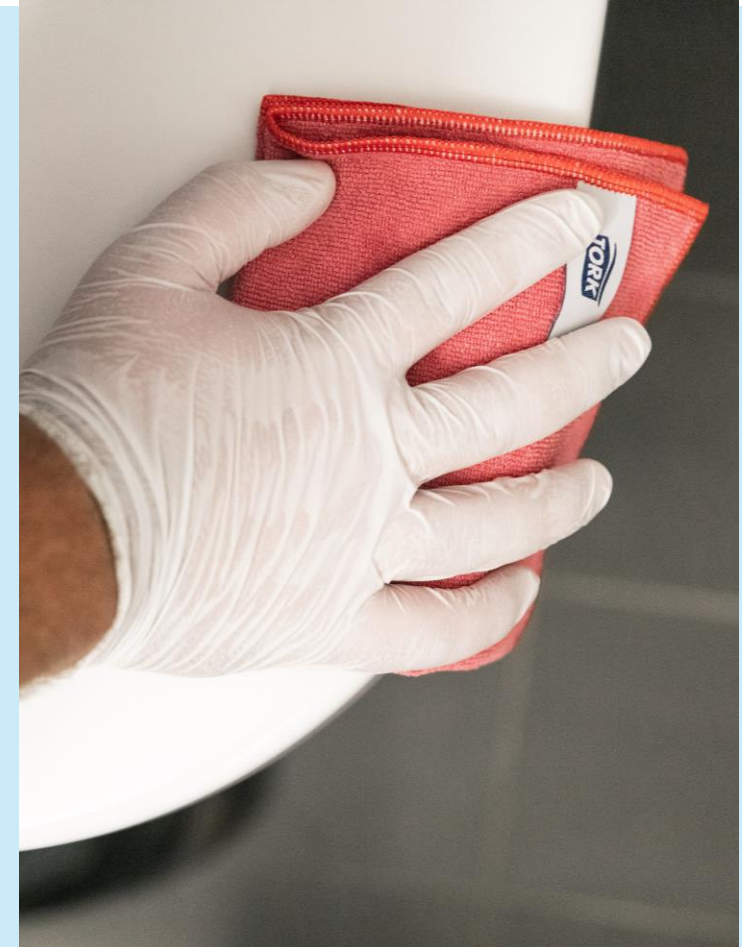
Surfaces in care homes



Think ahead.

Care home surfaces can be divided into two groups:

1. those with minimal hand-contact (e.g., floors, and ceilings)
 2. those with frequent hand-contact (“high-touch surfaces”)
- The methods, thoroughness, and frequency of cleaning and the products used are determined by the care home facility policy.
 - However, high-touch housekeeping surfaces in resident-care areas (e.g., doorknobs, bedrails, light switches, wall areas around the toilet in the resident’s room, and the edges of privacy curtains) should be cleaned and/or disinfected more frequently than surfaces with minimal hand contact.





Recent evidence of transmission



Think ahead.

- Daily disinfection reduces acquisition of pathogens on hands (vs. cleaned when soiled).
- All touchable surfaces are equally contaminated (high vs. low touch).
- Pathogens can be disseminated from the floor (socks/shoes) to the hands and surfaces.
- Portable equipment can spread microorganisms throughout the care home.
- Sink traps can be a breeding ground for microorganisms that are spread into the room with splashes.





HAIs

Healthcare Associated Infections



Think ahead.

What is an HAI?

- A Healthcare Associated Infection, usually referring to a microbial pathogen

Where do you get it?

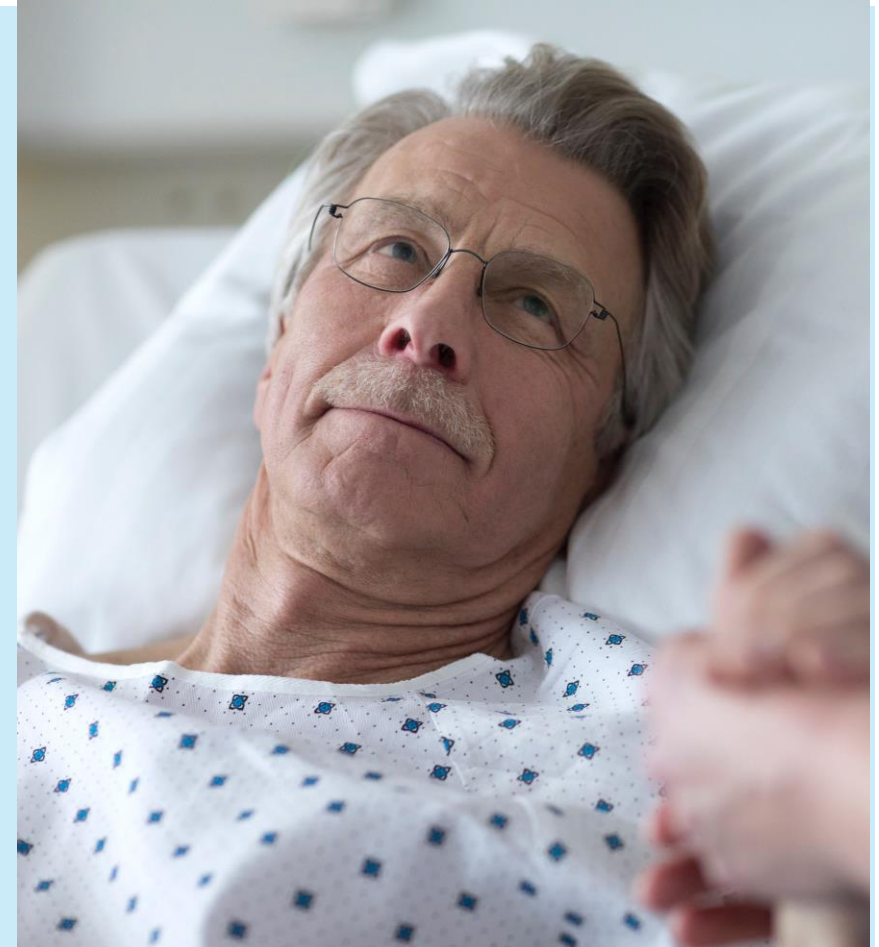
- Hospitals, outpatient surgery centers, nursing homes, rehab facilities or wound care services

How do you get it?

- Inoculated through a wound, via hands of caregiver, a device (like catheter) or mucus membrane (nose, mouth),

What are the sources?

- Endogenous (from internal microorganisms) – 40-60%
- Exogenous (from external microorganisms) – 20-40%
- Other (environment) – 20%





Why are HAIs important?



Think ahead.

- HAIs are the primary cause of death for 136,000 patients per year in Europe and North America
(99 000 USA / 37 000 EU)
- HAIs cost €13 billion in direct cost alone
- HAIs affect 5-10% of all hospital patients
- In the US, 2 million patients are affected by HAIs annually. The incidence of HAIs has increased by 36% in the last 20 years.
- HAIs cause 16 million extra days of hospital stays in Europe annually
- In long-term care facilities, the risk of transmission of health care-associated microorganisms by hands is considered significant because many contacts with residents occur.



Cleaning strategies

The 3 step approach





Before you start to clean



Think ahead.

It is important to conduct a **visual preliminary site assessment** to determine if:

- Resident status could pose a challenge to safe cleaning
- There is any need for additional PPE or supplies (e.g., if there are any spills of blood/body fluids or if the resident is on transmission-based precautions)
- There are any obstacles (e.g., clutter) or issues that could pose a challenge to safe cleaning
- There is any damaged or broken furniture or surfaces to be reported to supervisor/management





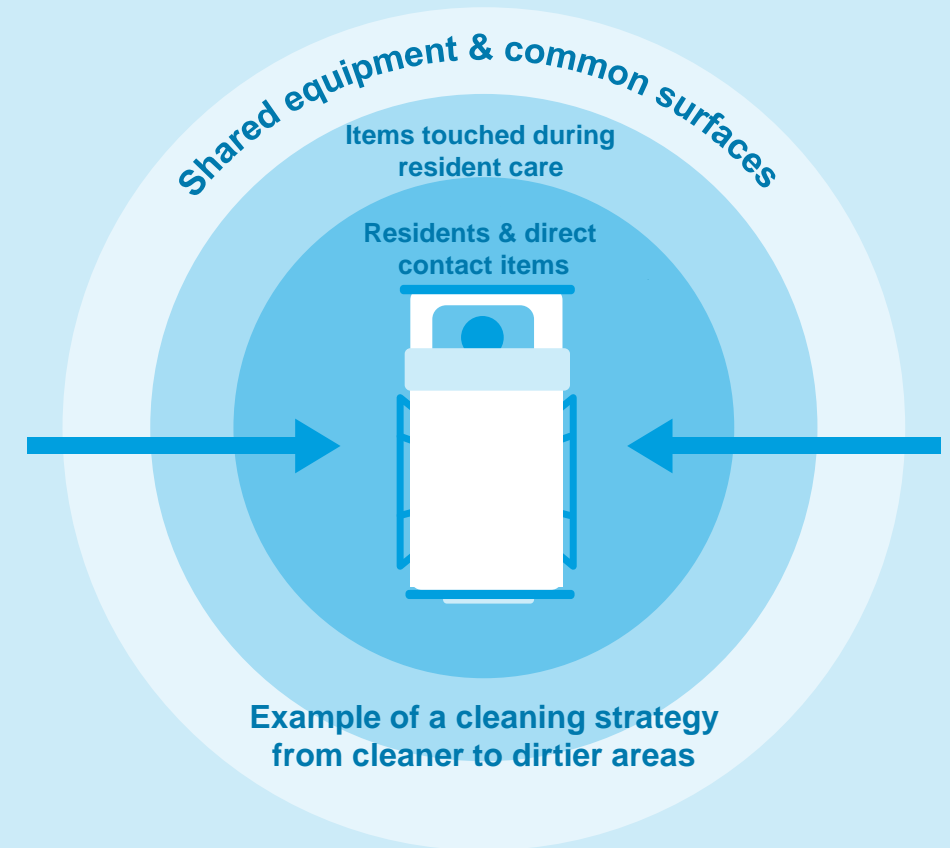
1. From cleaner to dirtier



Think ahead.

Proceed **from cleaner to dirtier** areas to avoid spreading dirt and microorganisms. Examples include:

- During terminal cleaning, clean low-touch surfaces before high-touch surfaces.
- Clean resident areas (e.g., resident zones) before resident restrooms.
- Within a specified resident room, terminal cleaning should start with **shared equipment and common surfaces**, then proceed **to surfaces and items touched during resident care** that are outside of the resident zone, and finally to **surfaces and items directly touched by the resident** inside the resident zone. In other words, high-touch surfaces outside the resident zone should be cleaned before the high-touch surfaces inside the resident zone.
- Clean general resident areas not under transmission-based precautions before those areas under transmission-based precautions.



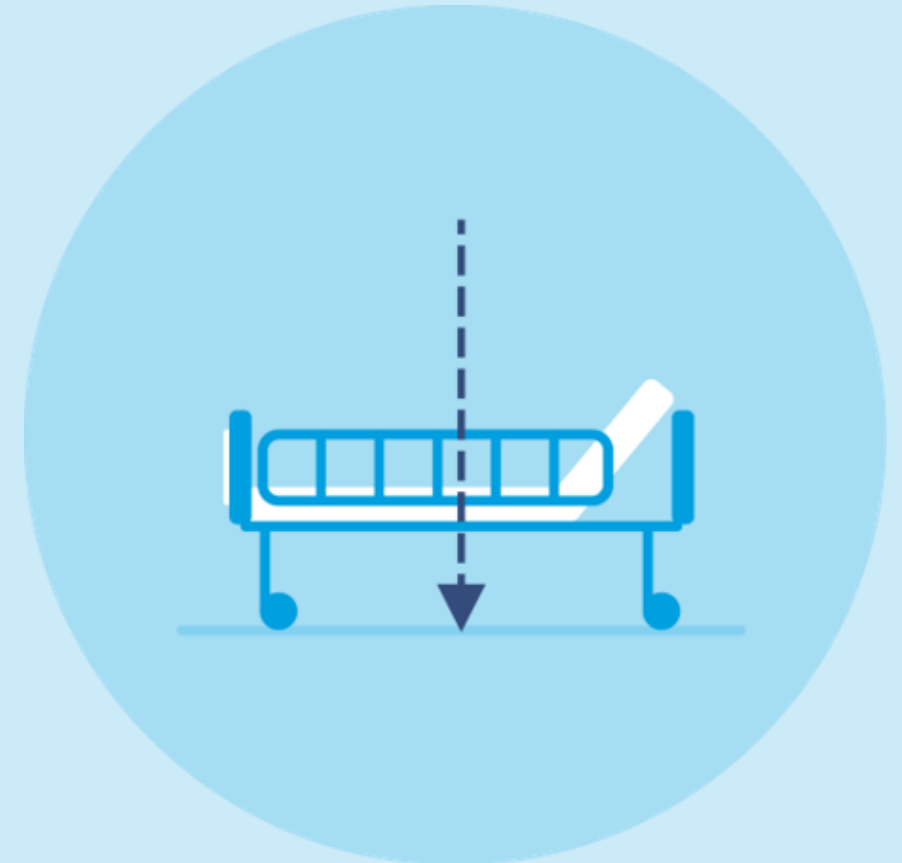


2. From High To Low (Top to Bottom)

Proceed from high to low to prevent dirt and microorganisms from dripping or falling and contaminating already cleaned areas.

Examples include:

- Cleaning bed rails before bed legs
- Cleaning environmental surfaces before cleaning floors
- Cleaning floors last to allow collection of dirt and microorganisms that may have fallen





Think ahead.

3. Clockwise or Counterclockwise?

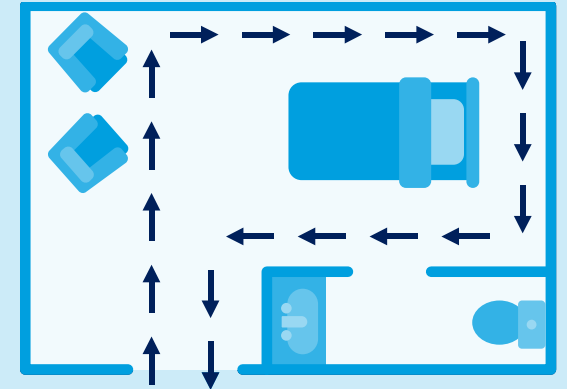
Proceed in a **systematic manner** to avoid missing areas – for example, left to right or clockwise. In a multi-bed area, clean each resident zone in the same manner – for example, starting at the foot of the bed and moving clockwise.

Immediately attend to body fluid spills

- Clean spills of blood or body fluids immediately

This is the general surface cleaning process:

1. Thoroughly wet (soak) a fresh cleaning cloth in the environmental cleaning solution.
2. Fold the cleaning cloth in half until it is about the size of your hand. This will ensure that you can use all of the surface area efficiently (generally, fold in half, then in half again, which will create 8 sides).
3. Wipe surfaces using the general strategies as described above (i.e., clean to dirty, high to low, systematic manner), making sure to use mechanical action (for cleaning steps) and making sure to that the surface is thoroughly wetted to allow required contact time (for disinfection steps).
4. Regularly rotate and unfold the cleaning cloth to use all sides.
5. When all sides of the cloth have been used or when it is no longer saturated with solution, dispose of the cleaning cloth or store it for reprocessing.
6. Repeat process from step 1.



Example of a cleaning strategy for environmental surfaces, moving in a systematic manner around the resident care area



Best practices for environmental cleaning of surfaces:

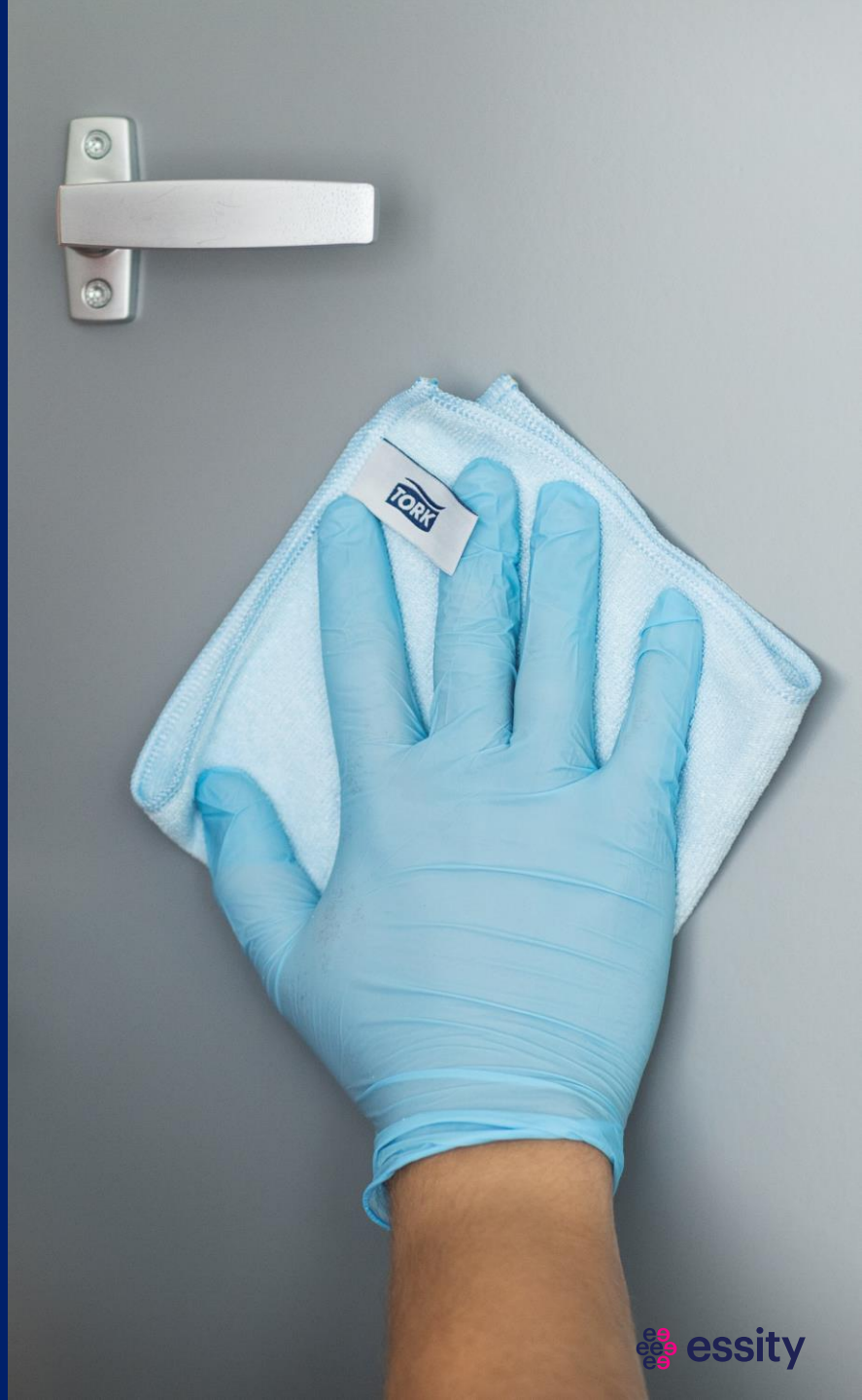


Think ahead.

- Use fresh cleaning cloths at the start of each cleaning session.
- Change cleaning cloths when they are no longer saturated with solution, for a new, wetted cloth. Soiled cloths should be stored for reprocessing.
- For higher-risk areas, change cleaning cloths between each resident zone (i.e., use a new cleaning cloth for each resident bed)
- Ensure that there are enough cleaning cloths to complete the required cleaning session.



High-touch surfaces





High-touch surfaces



Think ahead.

The identification of **high-touch surfaces** and items in each resident care area is a necessary prerequisite to the development of cleaning procedures, as these will often differ by room and facility.

Perform assessments and observations of **workflow** in consultation with caregivers in each resident care area to determine key high-touch surfaces.

Include identified high-touch surfaces and items in **check-lists and other job aids** to facilitate completing cleaning procedures. Common high-touch surfaces include:

- bedrails
- walker/wheelchair
- sink handles
- bedside tables
- counters where medications and supplies are prepared
- transport equipment (e.g., wheelchair handles)
- call bells
- doorknobs
- light switches

CDC Environmental Checklist for Monitoring Terminal Cleaning¹

Date: _____
Unit: _____
Room Number: _____
Initials of ES staff (optional):² _____

Evaluate the following priority sites for each patient room:

High-touch Room Surfaces ³	Cleaned	Not Cleaned	Not Present in Room
Bed rails / controls			
Tray table			
TV, radio (grab area)			
Call box / button			
Telephone			
Bedside table handle			
Chair			
Room sink			
Room light switch			
Room inner door knob			
Bathroom inner door knob / plate			
Bathroom light switch			
Bathroom handrails by toilet			
Bathroom sink			
Toilet seat			
Toilet flush handle			
Toilet bedpan cleaner			

Evaluate the following additional sites if these equipment are present in the room:

High-touch Room Surfaces ³	Cleaned	Not Cleaned	Not Present in Room
IV pump control			
Multi-module monitor controls			
Multi-module monitor touch screen			
Multi-module monitor cables			
Ventilator control panel			

Mark the monitoring method used:
☐ Direct observation ☐ Fluorescent gel ☐ ATP system ☐ Agar slide cultures
☐ Swab cultures

¹Selection of detergents and disinfectants should be according to institutional policies and procedures.
²Hospitals may choose to include identifiers of individual environmental services staff for feedback purposes.
³Sites most frequently contaminated and touched by patients and/or healthcare workers.

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

Read more about high-touch surfaces on the CDC website
<https://www.cdc.gov/infectioncontrol/pdf/strive/EC102-508.pdf>

Cleaning processes





Key factors for successful surface cleaning



- Verified policies and procedures
- Appropriate cleaning and disinfecting products
- Training of staff – **EVS / FSC**
- Monitoring compliance and feedback





Spaulding classification of surfaces



Think ahead.

Critical

Devices which enter normally sterile tissue or vascular system (e.g., catheters)

Semicritical

Devices that touch mucous membranes or non-intact skin (e.g., tongue depressor)

Noncritical

Devices that touch only intact skin (also includes environmental surfaces)



Treatment of surfaces



Think ahead.

Treatment of surfaces:

- Critical: Clean, sterilize
- Semi-critical: Clean, medium-high level disinfection
- Non-critical: Clean, low-medium level disinfection

2 Steps required to properly treat the surface:

- Step 1: Clean
- Step 2: Sterilize / disinfect (Some chemical products perform cleaning / disinfecting in 1 step)

All surfaces

- All parts of beds, ceilings, walls, vents, floors, tables, chairs, stationary / mobile medical equipment, light switches, knobs, sinks, toilets, showers, handlebars, light fixtures, linens, curtains





Tools of the trade



Think ahead.

- Cleaning chemicals
- Disinfecting chemicals
- Cloths / wipers
- Combo products – wet wipes, 1 step cleaner/disinfectant
- Floor tools
- Other equipment – UV, peroxide fogger
- PPE – gowns, goggles, shields, respirator





Monitoring



Think ahead.

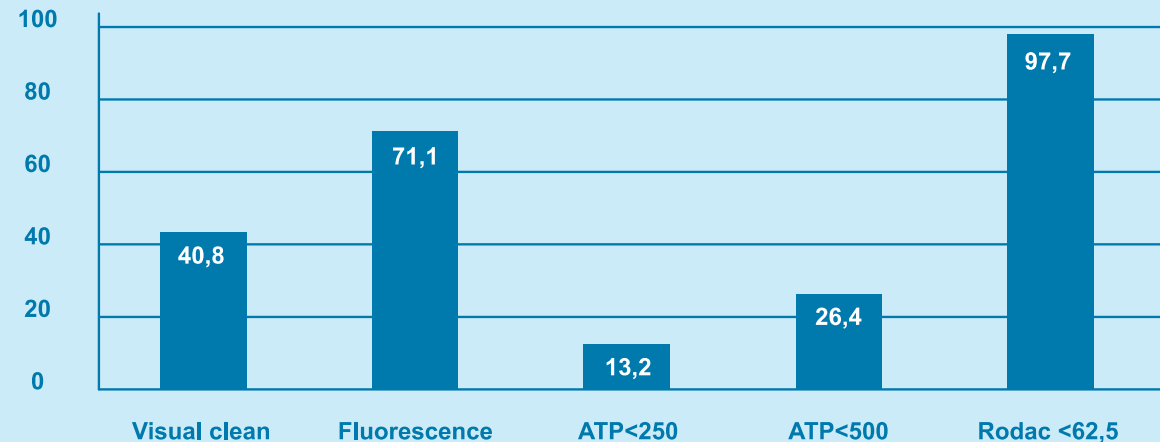
Monitoring – Noncritical Surfaces

- Cleaning – Visual
- Dwell time
- Allow the surface to remain wet for the prescribed period of time so the chemical kills the pathogen that's on the surface
- Dwell time is monitored by surveyors
- Failure to adhere to the correct dwell time could result in an infection control citation

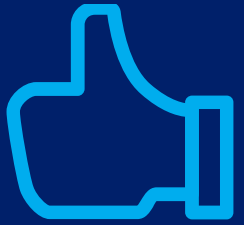
Percentage of surfaces clean by different measurement methods

Rutala, Kanamori, Gergen Sickbert-Bennet, Huslage, Weber. APIC Poster 2017.

Fluorescent marker is a useful tool in determining how thoroughly a surface is wiped and mimics the microbiological data better than ATP



Surface cleaning





Think ahead.

Cleaning surfaces

- Surface cleaning is the necessary first step of any disinfection process
- Cleaning will remove organic matter, salts and visible soil – but also a substantial amount of unwanted microbes
- If the surface is not cleaned before the terminal reprocessing procedures are started, the success of the sterilization or disinfection process is compromised



What's the difference between cleaning, sanitizing and disinfecting?



Think ahead.

Cleaning

Cleaning uses detergents and water to physically remove dirt, germs and other impurities. It doesn't always kill microorganisms but reduces the risk of infection spread by lowering the number of germs.

Sanitizing

This process lowers the number of microorganisms to a level which has been deemed safe in public health standards or requirements. It works by either cleaning or disinfecting surfaces to lower the risk of spreading infection.

Disinfecting

Disinfecting works by using chemicals to kill microorganisms on surfaces and objects. It does not necessarily clean dirty surfaces or remove germs (as opposed to cleaning), but by killing germs (after cleaning) it further lowers the risk of spreading infection.



Think ahead.

Basics of surface cleaning

Cleaning

- Water is one of the main components of cleaners and disinfectants. It dissolves or suspends soil, which then can be absorbed or picked up using cloths. However, water is not good at dissolving substances such as oil and fat.
- Detergents have an added component called surfactants that help dissolve oily dirt. Once the surfactant dissolves the oily dirt, the water in the detergent can suspend the dirt and the cloth can absorb it.
- Friction between a cleaning instrument (e.g. cloth) and surfaces is also important for removing dirt. Friction helps to release dirt from the surface and allows it to be suspended so that it can be absorbed by a cloth.



Think ahead.

Basics of surface cleaning

Disinfection

- Chemical disinfectants have components that kill microorganisms. The types of microorganisms killed by the disinfectant is dependent on the type of chemical, the concentration and the time of exposure.
- Other factors that affect the efficacy of disinfection chemical usage are:
 - prior cleaning of the object – dirt inactivates disinfectants and harbors microorganisms
 - level of microbial contamination
 - physical nature of the objects cleaned (cracks and crevices)
 - presence of biofilms – which harbor / protect microorganisms
 - temperature / pH of the disinfection process
- It is important to note that not all disinfectants are able to kill spores



Think ahead.

Basics of surface cleaning

Disinfection

There are several types of disinfectants used in healthcare; the most common are:

- Ethanolbased
- Quaternary Ammonium Compounds
 - Chlorine Compounds
 - Hydrogen Peroxide
 - Peracetic Acid

Other types of technology are also being used for disinfection but are recommended as an extra level of security... not to replace the chemical methods of disinfection

- Ultraviolet radiation
- Hydrogen peroxide fogging

Mini microbiology school





Mini Microbiology School



Think ahead.

What are microorganisms?

Short history of microbiology knowledge

Bacteria – gram positive and negative

Bacteria - good and bad!

Where do bacteria hide and grow?

How to find them?

How to fight them?

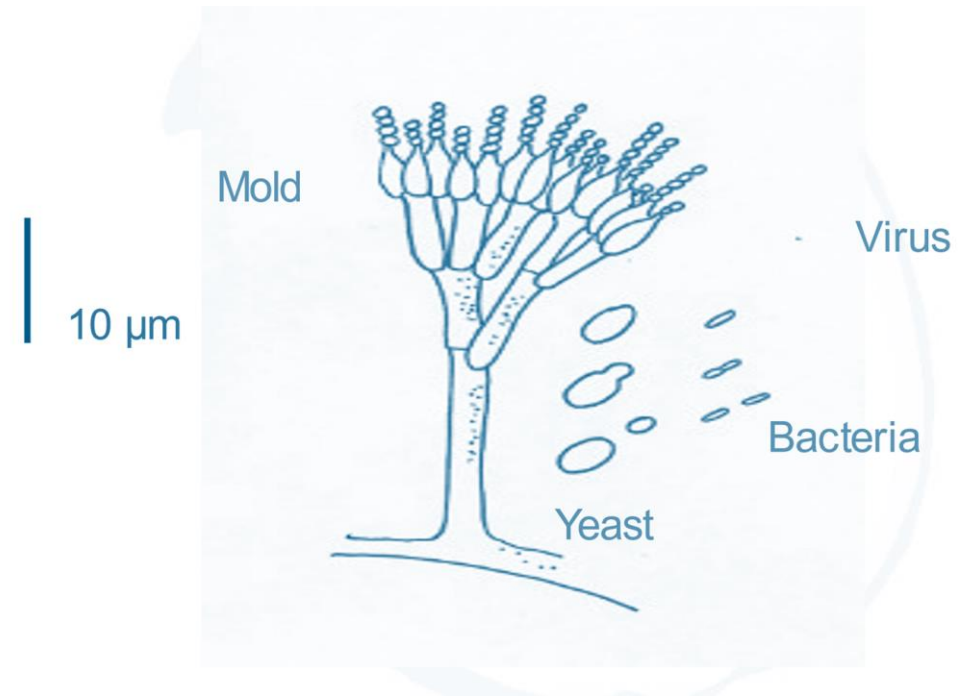
Some special microbes of concern in elderly care



Think ahead.

What are microorganisms?

- Microorganisms are small – we can't see them with our naked eye
- But differ in size – mold is the biggest and we can see mold growing on our food
- Examples of microorganisms are mold, yeast, bacteria and viruses
- They grow and multiply using different techniques:
 - **Viruses** cannot multiply on their own – they must enter another living cell – infect.
 - **Bacteria** grow by dividing – one cell becomes two, that become four etc.
 - **Yeast** reproduces by budding where a small bud is formed on the parent cell
 - **Mold** grows with long hyphae and spreads using spores

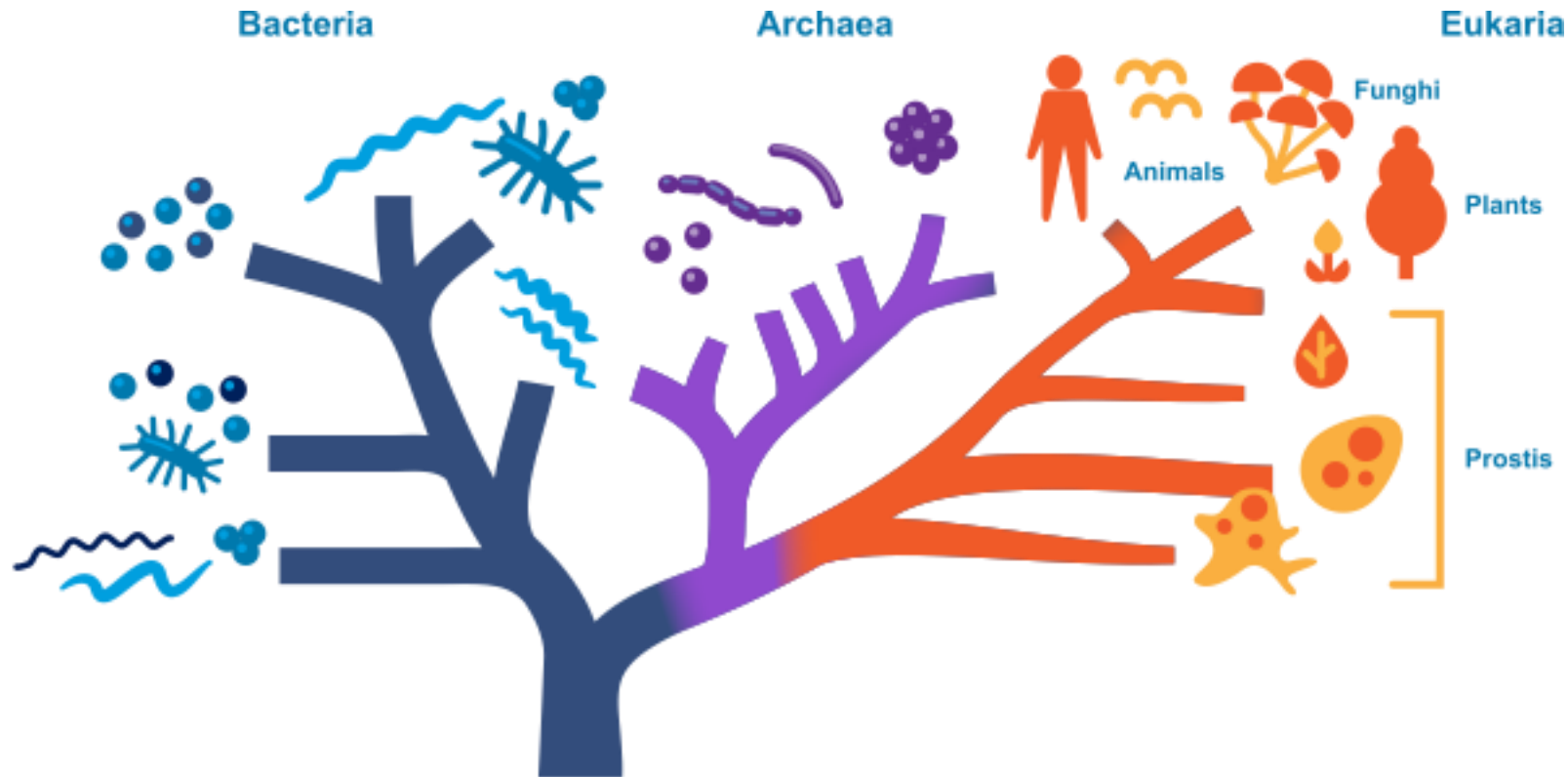




Microorganisms are all small – but different from each other



Think ahead.

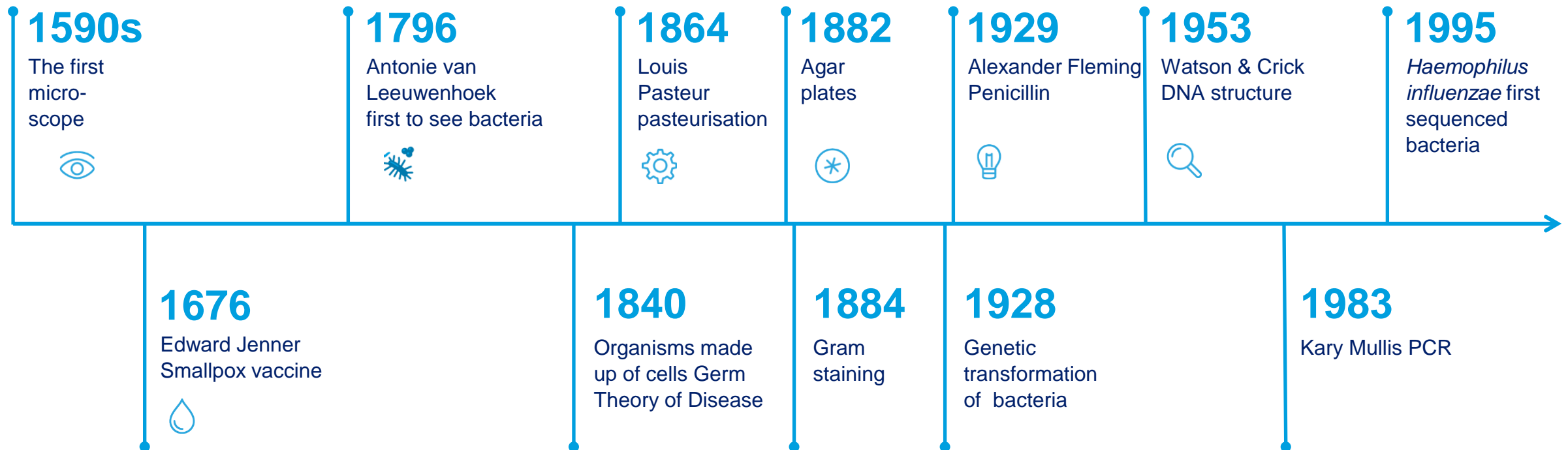


A yeast cell and humans are more closely related than a bacteria and a yeast cell.



Think ahead.

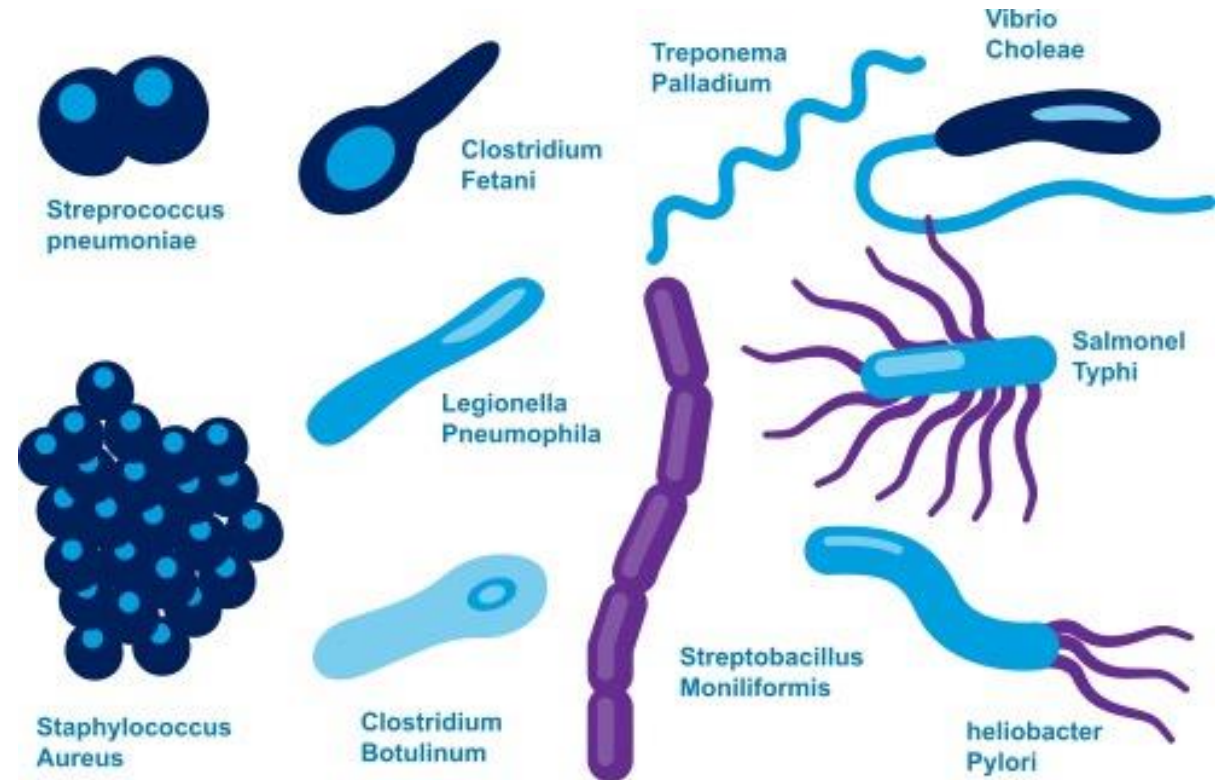
A short history of microbiology knowledge





Bacteria are different from each other

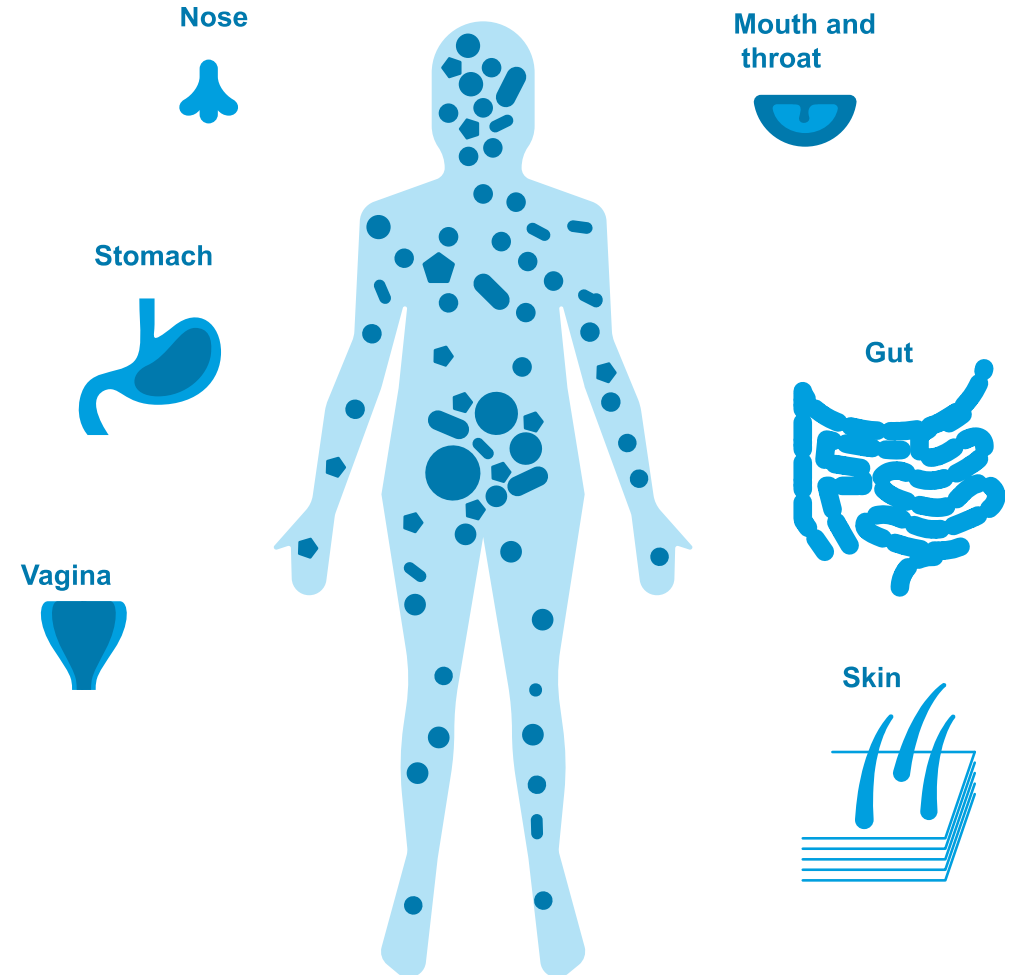
- Most bacteria can be divided into two groups – Gram positive and Gram negative – their cell walls are different.
- Bacteria have different requirements on for example nutrition.
- They also come in different shapes –cocci, rods etc.
- Size of a bacteria is around 2 micrometer., but it varies
- Some bacteria can swim with a flagella (long tail), others cannot
- Some bacteria need oxygen to grow – for other bacteria oxygen is toxic





Bacteria – good and bad

- Most bacteria do not disturb us at all – we are in contact with them every day without noticing
- Many bacteria are important for our health and well-being – they are part of our **microflora**. They help us stay healthy!
- Some bacteria can make us sick – the **pathogens**.
- But we are in contact with pathogens every day without getting sick – it depends on:
 - Who I am – my health and immune defense system
 - Where on my body the bacteria is introduced
 - The total number of bacteria – the infection dose differs



Think ahead.



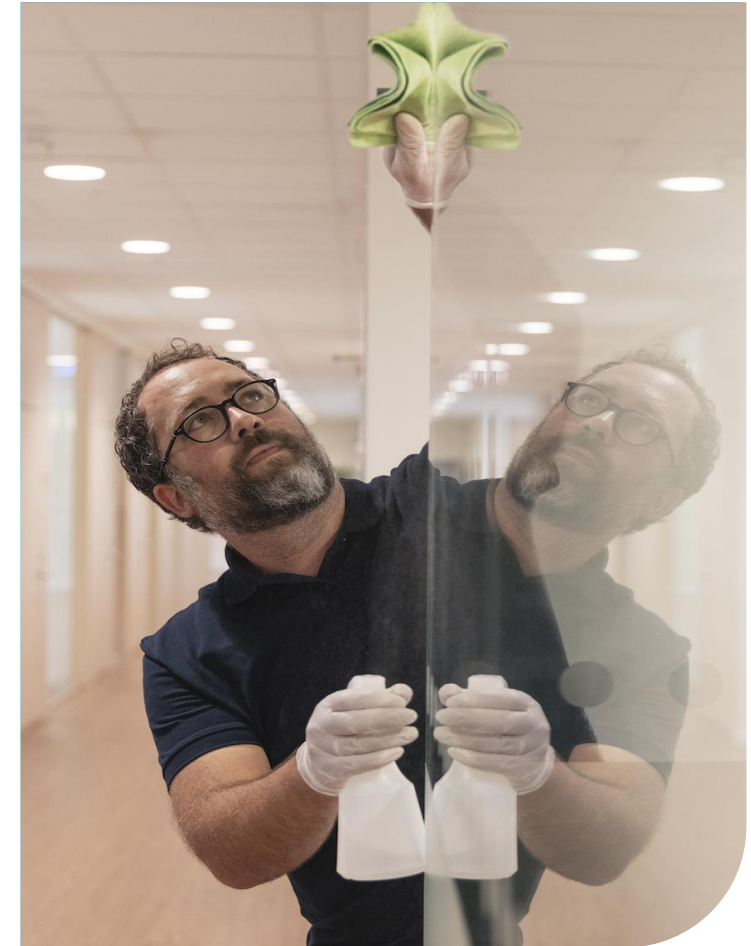
Number and types of microorganisms found in the environment depends on:



Think ahead.

- Number of people in the environment
- Are they sick or healthy
- What are they doing?
- Is the environment humid, is there nutrition available for microbial growth, temperature in the room, types of surfaces, like easy to clean, horizontal or vertical etc.
- Ventilation and hence air quality

How is the room cleaned and how frequently





Where in the environment can microorganisms grow?



Think ahead.

- Almost everywhere **where there is water!**
- Bacteria are very good at finding nutrition
- But the environmental conditions select for which microorganisms:
 - Some bacteria need oxygen to grow – to other bacteria, oxygen is toxic.
 - Some prefer high and others prefer cold temperatures.



The Baltic sea is home to bacteria that prefer cold, salty water and not too much nutrition. Nature selects which microorganisms will grow in different places. But water is always needed.



Think ahead.

Pathogens - Prevalence / Resistance

- The susceptibility / resistance of pathogens to antiseptics and disinfectants varies
- Common pathogens in outbreaks (hard to kill):
C Difficile, Norovirus, Rotavirus, Adenovirus
- Most prevalent pathogens in outbreaks (easy to kill):
E coli, Staph, Klebiella, E faecalis, P aeruginosa, C albicans, Enterobacter, E faecium

Most resistant (hard to kill)	Spores (C.difficile)	Mycobacteria (M. tuberculosis)	Non-Enveloped Viruses (norovirus, HAV, polio)	Fungi (Candida, Trichophyton)	Bacteria (MRSA, VRE, Acinetobacter)	Enveloped Viruses (HIV, HSV, Flu, SARS-CoV-2)	Most susceptible (easy to kill)
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For how long do pathogens survive on a surface?



Think ahead.

Pathogen	Survival Time
<i>S. aureus</i> (including MRSA)	7 days to > 12 months
<i>Enterococcus</i> spp. (including VRE)	5 days to > 46 months
<i>Acinetobacter</i> spp.	3 days to 11 months
<i>Clostridioides difficile</i> (spores)	> 5 months
Norovirus (and feline calicivirus)	8 hours to > 2 weeks
<i>Pseudomonas aeruginosa</i>	6 hours to 16 months
<i>Klebsiella</i> spp.	2 hours to > 30 months

Adapted from Hota B, et al. Clin Infect Dis 2004;39: 1182-9 and Kramer A, et al. BMC Infectious Diseases 2006; 6: 130



How to find bacteria?

It's a problem that they are so small...



Think ahead.

...and sometimes it's easier to measure something else to determine the prevalence of bacteria:

- **ATP** is an energy rich molecule. It's found in all living cells like in bacteria, our skin cells etc. It is an easy and rapid method best used for checking cleaning efficiency.
- **UV-light**. Can be used to visualize staining and dirt. Detergents are also fluorescent. Can be useful training tool.
- **Swabbing and protein color indicator**. Where proteins are found-also bacteria can be found. There are kits on the market with swab and test-tube. It is semi-quantitative. More color change means more proteins.
- **Swabbing or contact plate followed by cultivation of bacteria**. These methods measure living and culturable bacteria. Time is required to grow the bacteria and it can also be difficult to efficiently pick them up from surfaces. Specific kits are available.
- **Molecular methods – like qPCR**. Surfaces are swabbed and DNA from collected bacteria are purified, copied and analyzed.



Of special concern in care homes

Antibiotic Resistant bacteria – ex. MRSA and ESBL and VRE

- **Antibiotic resistance** is one of the biggest threats to global health, food security, and development today.
- Antibiotic resistance occurs naturally, but **misuse of antibiotics and some biocides** are accelerating the process. The world urgently needs to change the way it prescribes and uses antibiotics.
- A growing number of infections – such as pneumonia, tuberculosis, etc. are becoming harder to treat, and sometimes impossible, as the antibiotics used to treat them **become less effective**.
- Antibiotic resistance leads **to longer hospital stays, higher medical costs and increased mortality**.
- **Infection prevention is important for decreasing the need for antibiotics** and hence it will help control the spread of antibiotic resistance.
- Important for infection prevention is to ensure that hands, instruments, and environment are clean.



Think ahead.

According to OECD the implementation of a package including improved hand hygiene, antibiotic stewardship programmes and enhanced environmental hygiene in health care settings would reduce the health burden of AMR by 85% while producing savings of 0,7 euros per capita per year.

Source: World Health Organization: Global Report on Infection Prevention and Control, 2022



MRSA

– Methicillin-resistant *Staphylococcus aureus*

- Staphylococcus aureus can normally be found on skin and in the nose without causing any problems. But sometimes they can cause infections.
- MRSA is a Staphylococcus aureus that has become resistant to common antibiotics – therefore these infections are more difficult to treat.
- MRSA is commonly associated with healthcare acquired infections but today, it is also spread in the wider community
- Often it is associated with skin infections. It starts as a painful skin boil but can become open wounds. MRSA may also cause life-threatening bloodstream infections, pneumonia, and surgical site infections.
- Contact and standard precautions
 - Signage posted
 - PPE (gloves and gowns)



Think ahead.

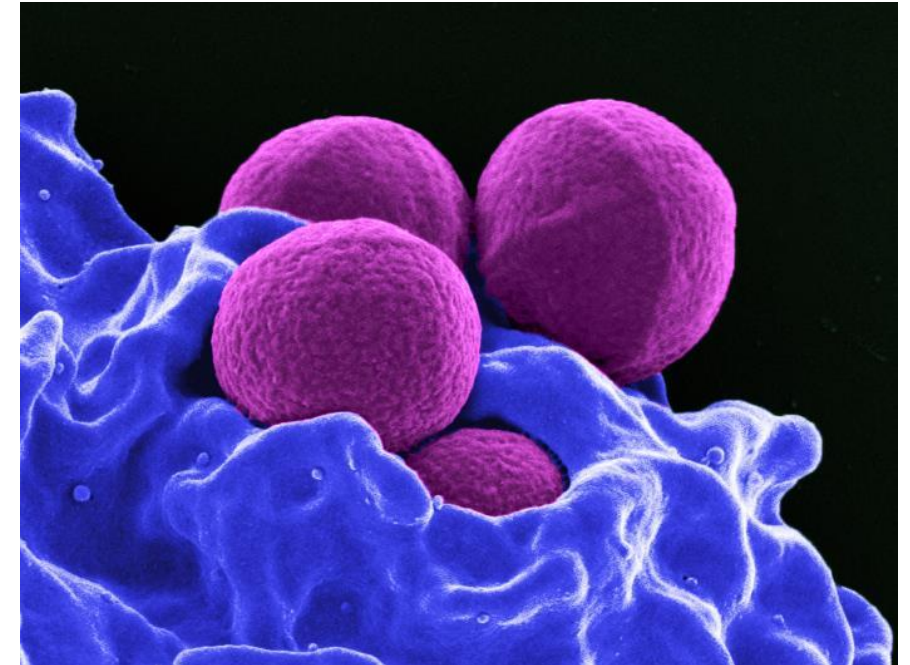


Image: MRSA. National Institute of Allergy and Infectious Diseases (NIAID)



Clostridioides difficile (C.diff)



Think ahead.

Spore former

- Some bacteria can form spores – their own survival mode.
- Spores are much more resistant to high temperatures, drying, disinfectants etc.
- Clostridioides difficile is a spore former that can cause illness.
- It produces two different types of toxins and is a common cause of infectious diarrhea in hospital patients.
- Some people carry C. difficile in their intestine but never become sick, but it may also cause mild diarrhea and in other cases life-threatening inflammation of the colon.
- Elderly people are especially at risk of getting *C. difficile* infection. Illness could typically occur after use of antibiotic medication.
- Contact and standard precautions duration of illness
 - Signage posted
 - PPE (gloves and gowns)

Hand hygiene and cleaning

- If your care home experiences an outbreak, consider using soap and water instead of alcohol-based hand sanitizers for hand hygiene, after removing gloves while caring for residents with C.diff.
- Dedicate or perform cleaning and disinfection of any shared medical equipment between residents.
- Continue C.diff precautions at least until diarrhea ceases. Because residents with C.diff continue to shed the organism for a number of days following cessation of diarrhea, some institutions routinely continue isolation and contact precautions for either several days beyond symptom resolution.
- Implement an environmental cleaning and disinfection strategy. Ensure adequate cleaning/disinfection of environmental surfaces and reusable devices, especially items likely to be contaminated with feces and high touch surfaces.
- Ensure daily and terminal cleaning of resident rooms.

<https://www.cdc.gov/cdiff/clinicians/faq.html#settings>

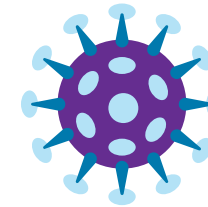


Viruses

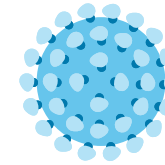


Think ahead.

- Viruses are extremely small (20-300 nanometers)
- They contain genetic material – DNA or RNA
- They can never propagate on its own. They need to infect a living host.
- Viruses have an outer coat a capsid made of proteins
- Some viruses have an additional envelope (membrane) outside of the coat. This envelope is made of phospholipids and easier to destroy.
- For this reason, enveloped viruses are easier to kill with heat, ethanol, etc. One example of enveloped viruses are *Coronaviruses*
- If a virus does not have an envelope, it is more resistant and more difficult to kill. One example of non-enveloped viruses are *Noroviruses*



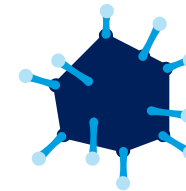
HIV



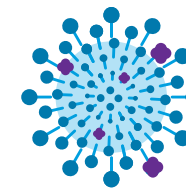
Hepatitis B



Ebola Virus



Adenovirus



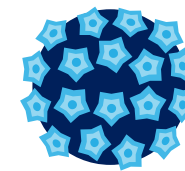
Influenza



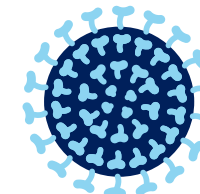
Rabies Virus



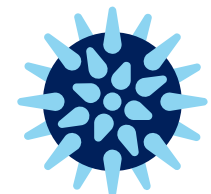
Bacteriophage



Paillomavirus



Rotavirus



Herpes Virus



Norovirus

- Is a non enveloped virus, belonging to the Calicivirus family, that can cause vomiting and diarrhea.
- People with norovirus illness can shed billions of norovirus particles. And only a few particles can make other people sick. Therefore, it is easily spread.
- Since it's quite resistant it can survive for weeks on hard surfaces.
- Hand sanitizers can help a bit – but most efficient is to wash hands with soap and water followed by drying on paper towels.
- A person with **norovirus** is most **infectious** from when their symptoms start until 48 hours after all their symptoms have stopped, although they may also be **infectious** for a short time before and after this.
- Many outbreaks start in food service settings where people get sick from eating the food. Outbreaks in daycare and health care settings are also quite frequent.
- Contact & standard precautions duration of illness + minimum of 48 hours after resolution of symptoms
 - Signage posted
 - PPE (gloves and gowns)
 - EVS: may benefit from wearing masks since virus can be aerosolized



Think ahead.

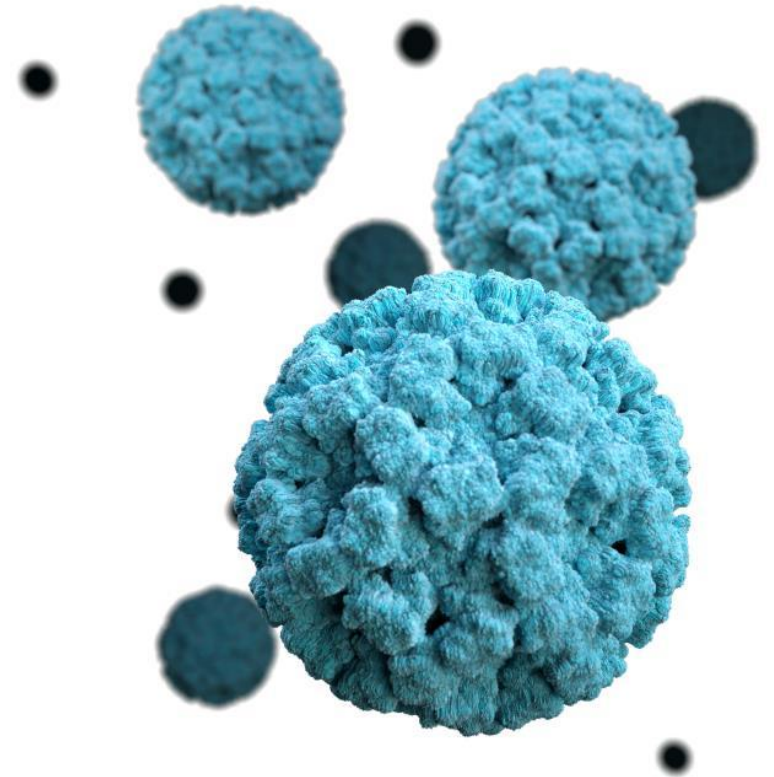


Image: Norovirus. Illustrator: Alissa Eckert, MS



Coronaviruses



Think ahead.

- Corona viruses (CoV) are enveloped positive-strand RNA viruses. Coronaviruses are detected in both humans and animals.
- On the envelope (the outermost membrane) there are club-shaped glycoproteins. These structures anchor the virus to human cell surfaces, which is the starting point for an infection.
- The coronavirus is usually spread via small air droplets from an infected person. But may also be transferred via hands or surfaces.
- Since they are enveloped, they are quite easily killed by disinfectants, high temperatures etc. Washing hands with soap and the use of ethanol hand sanitizers are efficient.
- Human Corona viruses (HCoV) account for 15-30% of common colds, usually only causing mild upper respiratory symptoms.
- In recent years more severe Corona viruses have developed. We have SARS and MERS and now the pandemic disease Covid-19 which is caused by the corona virus called SARS-CoV-2.
- Airborne, droplet, contact and standard precautions
 - Signage posted
 - PPE (N95 respirator, surgical mask if N95 is unavailable, eye protection [goggles/face shield], gloves & gowns).

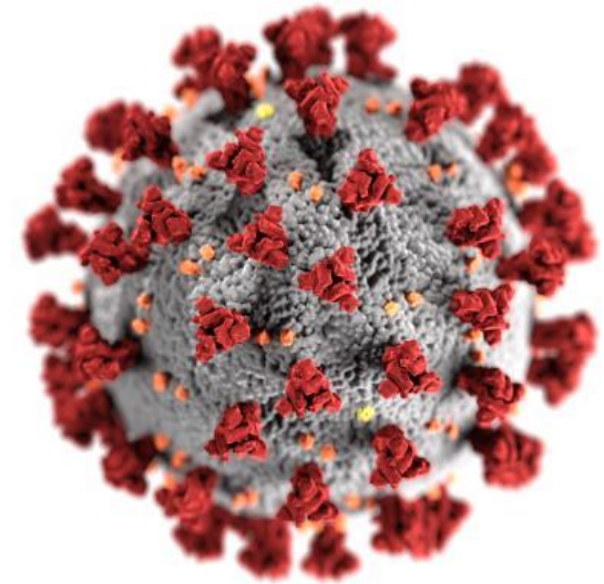
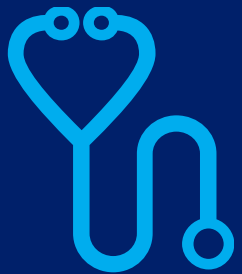


Image: Coronavirus. Alissa Eckert, MSMI, Dan Higgins, MAMS

Tork Cleaning training for Care Homes

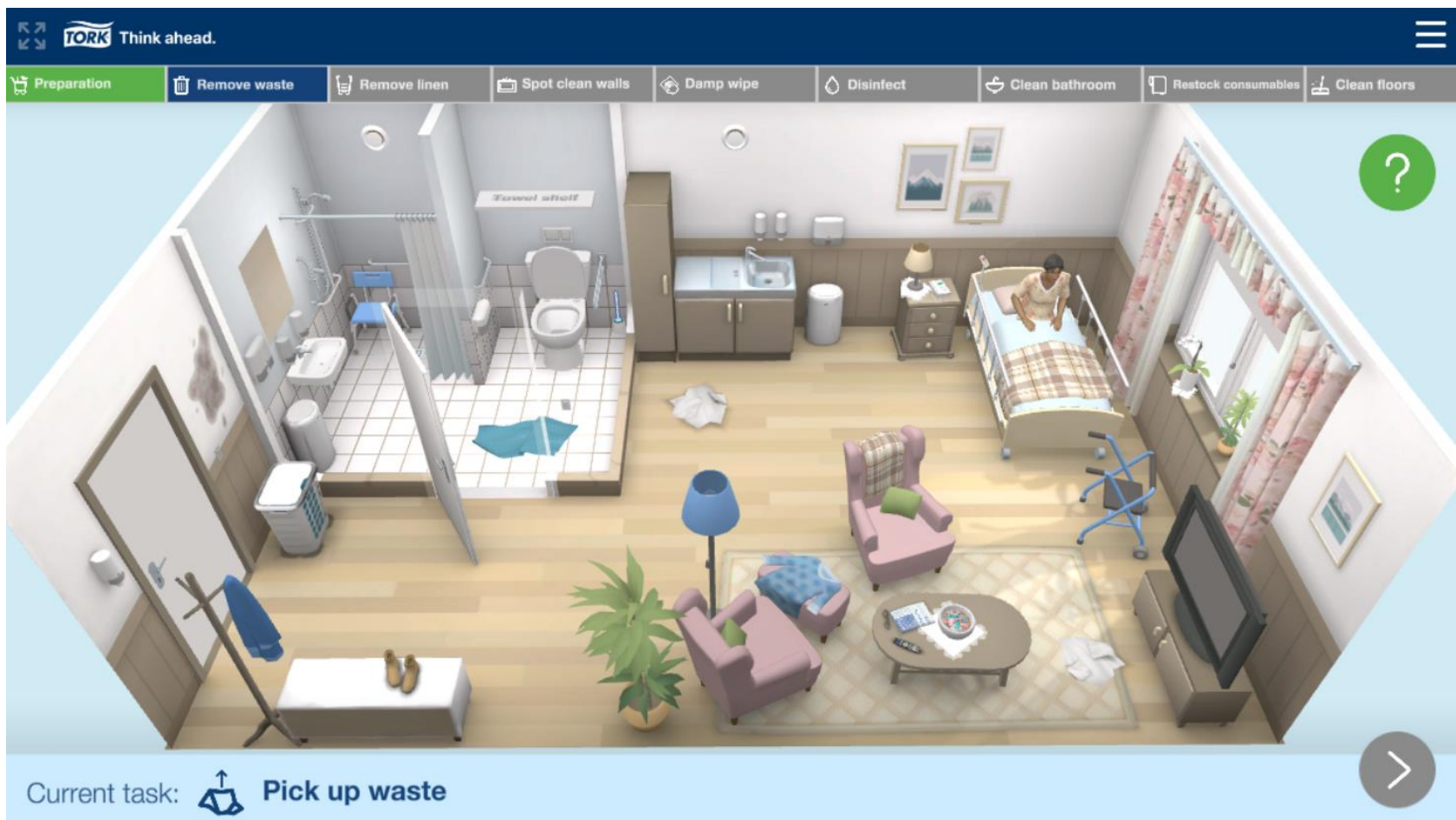


How to train your
cleaning team

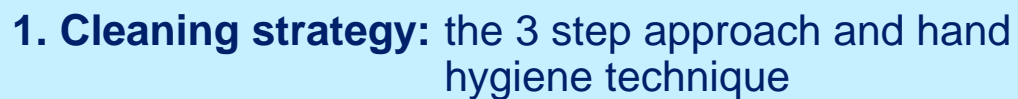




About this training



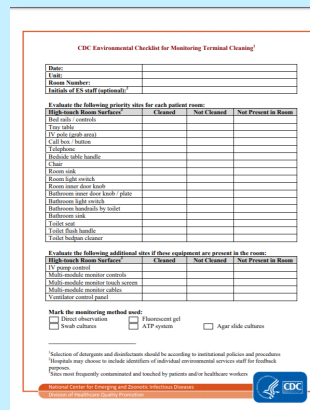
- Makes cleaning staff understand how important their work is for the resident safety
- Very visual and intuitive
- Engaging (interactive)
- Translated into many languages



2. Daily cleaning: occupied resident room (based on AHE Practice Guidance)

- steps for cleaning
- cleaning tasks

A test is included in the training. See how well you managed to clean all high-touch surfaces in the resident room (according to CDC definition)





Think ahead.

How to train your team

- ① Gather your team (preferable 10-20 employees)
- ① Make sure you have enough time for questions
- ① Access the Tork Cleaning Training for Care Homes on www.tork.xx/
- ① Make sure you have access to a big screen

Guide your team through;

1. 3 step approach and hand hygiene technique
2. Walk them through the cleaning steps and tasks in the occupied resident room
3. Finish the game and you'll see how well your team scored on cleaning all high-touch surfaces in the resident room.



Tips!
Start with a team training and follow up with individual training (participants try the Tork Cleaning Training for Care Homes on their own)



Think ahead.

How to train your team.cont.

- ⊙ During the training - challenge your team on the steps and make sure to highlight the tips and tricks throughout the training.
- ⊙ Let everyone try it out themselves. The training is available in several languages. They can access the app on their phone, tablet or computer. With this test you can see how well they remember the correct order of the cleaning steps.
- ⊙ Print out a test template from www.tork.xx/.
Hand out diplomas to your team! You can easily print diploma templates from www.tork.xx/.

Good luck!

Did you know!

You can customize your own training according to your hospital guidelines

Appendix

Additional reading material



Additional cleaning process resources

- CDC – Guideline for Disinfection & Sterilization in Healthcare Facilities 2009
- OSHA – Employee Safety Laws
- AHE – Practice Guidance for Healthcare Environmental Cleaning US
- The Joint Commission – Accreditation across hospital, including EVS services
- National or local guidelines
- References
- Centers for Disease Control and Prevention. (2019) Type and Duration of Precautions Recommended for Selected Infections and Conditions. Retrieved from <https://www.cdc.gov/infection-control/guidelines/isolation/appendix/type-duration-precautions.html#sars>



Think ahead.

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Think ahead.