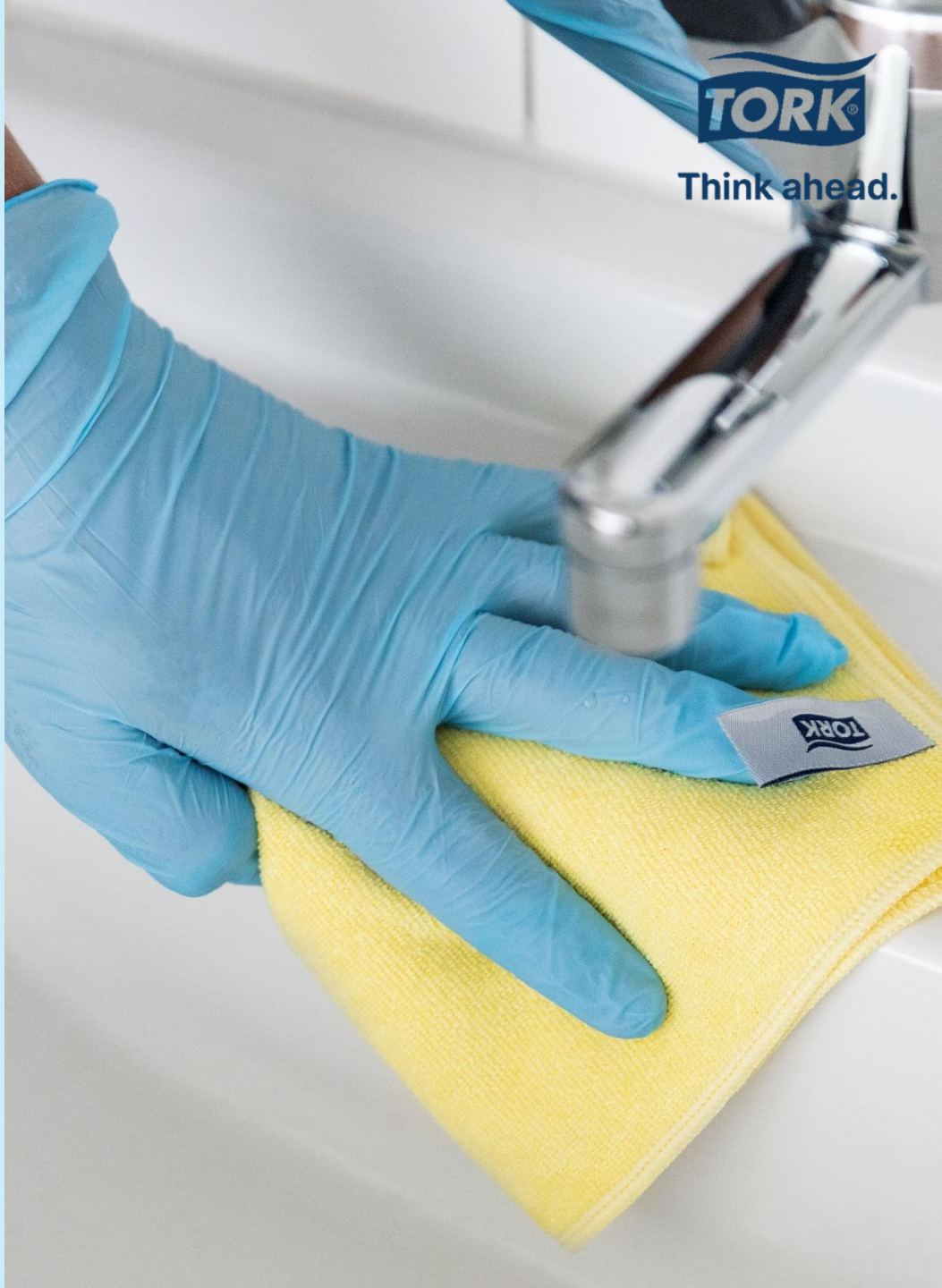
Train the trainer

Long-term care

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



Welcome

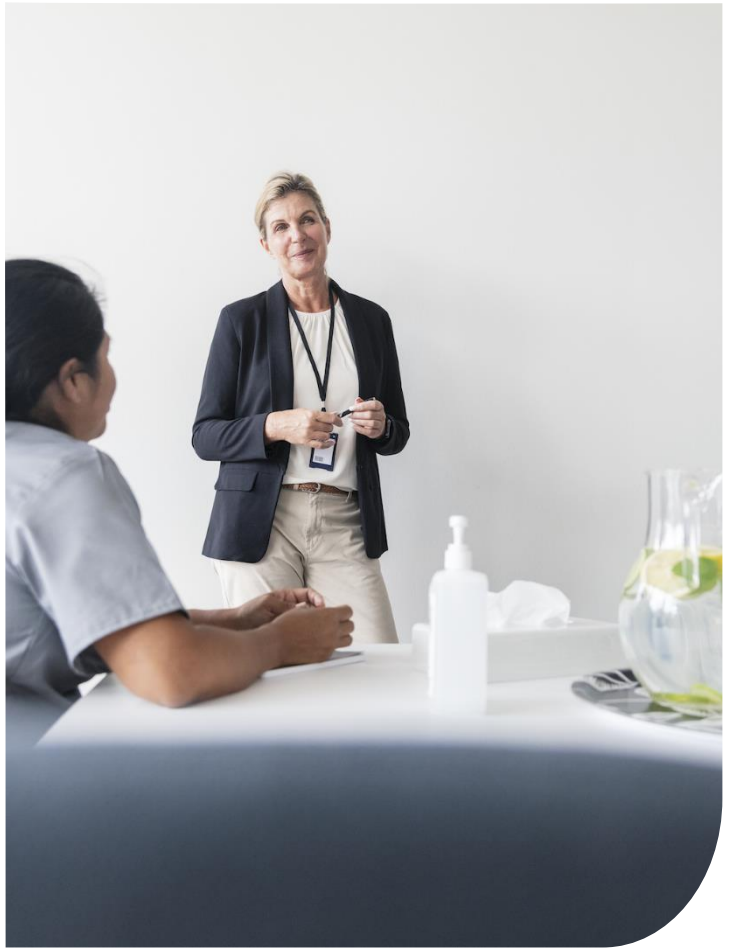
Think ahead.

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 help 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

How to train your cleaning team

Appendix

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The importance of surface hygiene

The importance of surface hygiene

- It’s 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 surfaces. Contamination of surfaces can also result from droplet transmission (coughing, sneezing and talking).
- Although hand hygiene is important to minimise 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 environmental hygiene

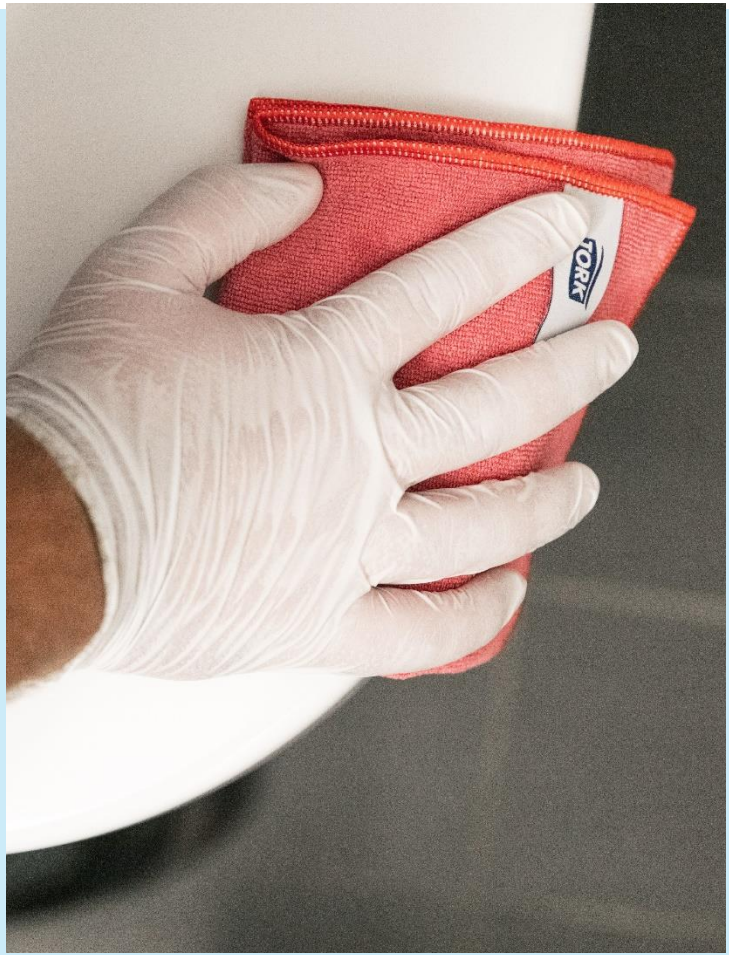
Surfaces in care homes

Care-home surfaces can be divided into two groups:

1. those with minimal hand-contact (e.g. floors and ceilings); and
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. doorhandles, 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

- Daily disinfection reduces the acquisition of pathogens on hands (vs cleaning just when soiled).
- All touchable surfaces are equally contaminated (high vs low touch).
- Pathogens can be disseminated from the floor (socks/shoes) to 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 through splashes.

HAIs

Healthcare-associated Infections

What is a HAI?

- A healthcare-associated infection, usually referring to a microbial pathogen

Where do you get it?

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

How do you get it?

- Inoculated through a wound, via a carer's hands, a device (like a catheter) or mucus membrane (nose and mouth)

What are the sources?

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

Why are HAIs important?

- HAIs are the main 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 costs alone.

- HAIs affect 5–10% of all hospital patients.

- In the USA, 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 transmitting healthcare-associated microorganisms via hands is considered significant because residents will often be in contact.

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:

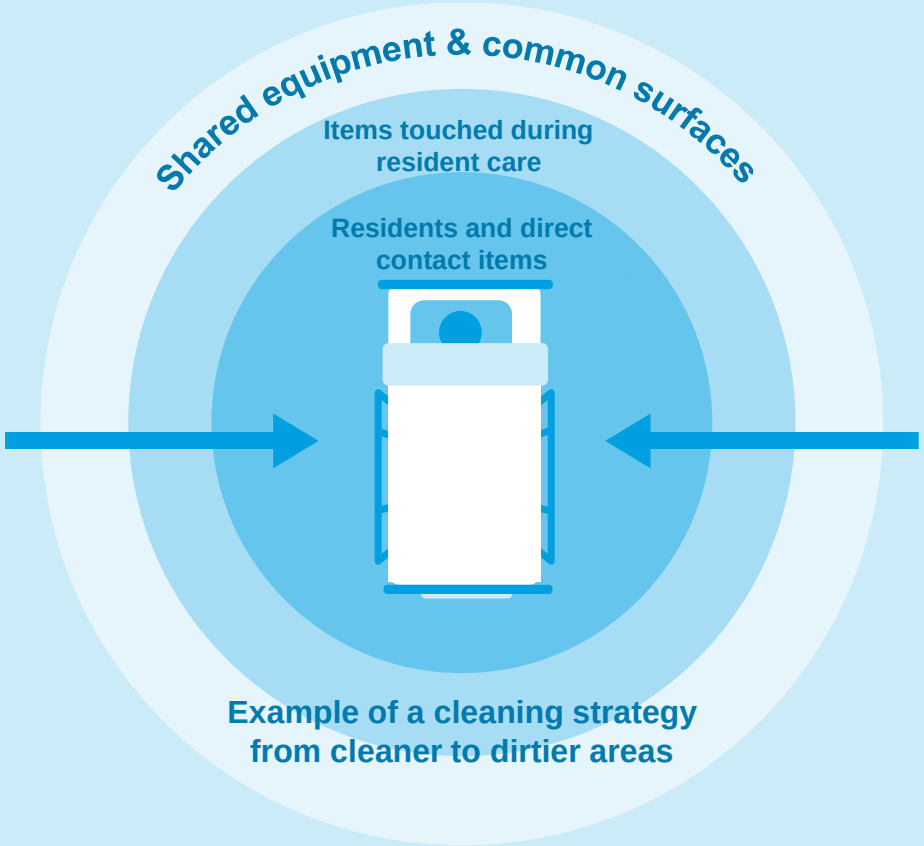
- resident status could pose a challenge to safe cleaning;
- there is any need for additional PPE or supplies (e.g. if there are any spills of blood/body fluids or if the resident is on transmission-based precautions);
- there are any obstacles (e.g. clutter) or issues that could pose a challenge to safe cleaning; and
- there is any damaged or broken furniture or surfaces to be reported to the 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;
- cleaning resident areas (e.g. resident zones) before resident washrooms;
- 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; and
- cleaning general resident areas not under transmission-based precautions before those areas under transmission-based precautions.



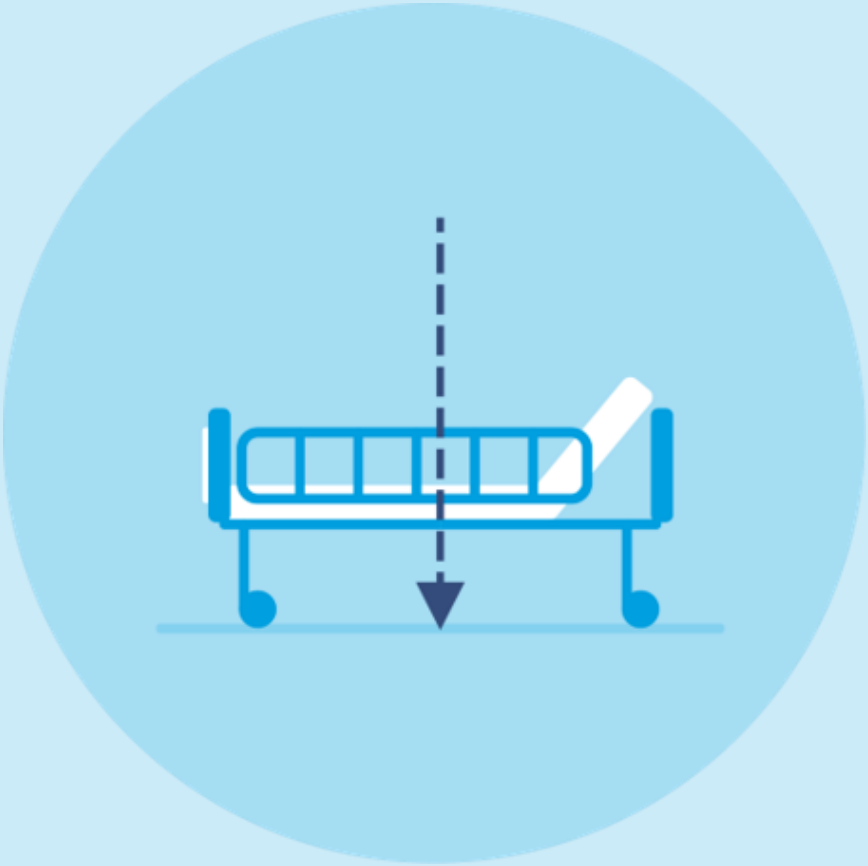
Example of a cleaning strategy from cleaner to dirtier areas

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



3. Clockwise or anti-clockwise?

Think ahead.

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.

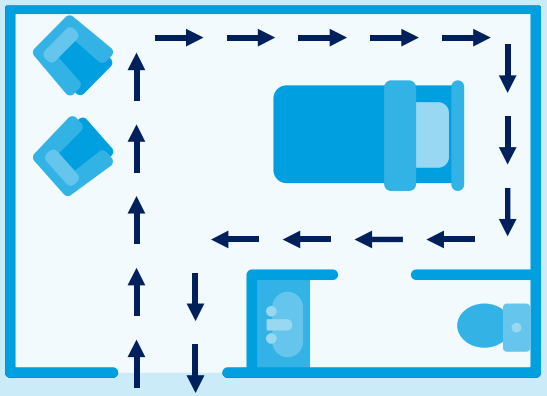
2. Fold the cleaning cloth in half until it is about the size of your hand. This will ensure that you can use all of the surface area efficiently (generally, fold in half, then in half again, which will create eight sides).

3. Wipe surfaces using the general strategies as described above (i.e. clean to dirty, high to low, in a systematic manner, etc.), making sure you use a mechanical action (for cleaning steps) and making sure that the surface is thoroughly wetted to allow the 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's 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

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Best practices for the 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, wet cloth. Soiled cloths should be stored for reprocessing.
- For higher-risk areas, change the 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.

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High-touch surfaces

High-touch surfaces

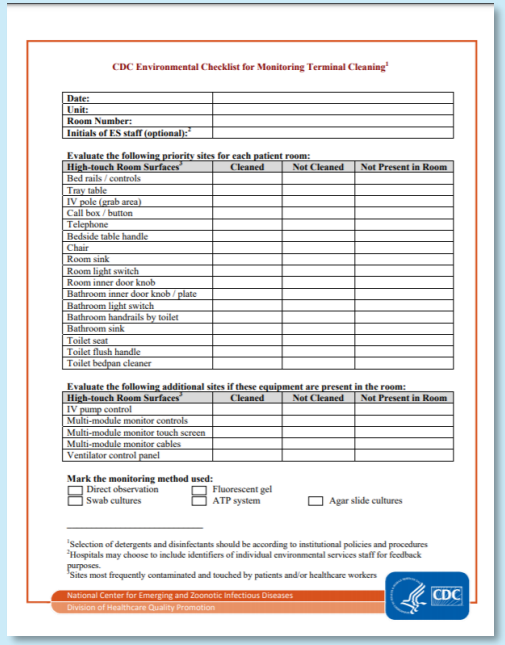
Think ahead.

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

Perform assessments and observations of the **workflow** in consultation with carers 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;
- walkers/wheelchairs;
- sink handles;
- bedside tables;
- counters where medications and supplies are prepared;
- transport equipment (e.g. wheelchair handles);
- call bells;
- doorhandles; and
- light switches.



CDC Environmental Checklist for Monitoring Terminal Cleaning[1]

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			
IV pole (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
☐ Swab cultures ☐ ATP system ☐ Agar slide cultures

[1]Selection of detergents and disinfectants should be according to institutional policies and procedures
[2]Hospitals may choose to include identifiers of individual environmental services staff for feedback purposes.
[3]Sites 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

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Cleaning processes

Key factors for successful surface cleaning

Think ahead.

- Verified policies and procedures
- Appropriate cleaning and disinfecting products
- Staff training – FSC
- Monitoring compliance and feedback

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Spaulding Classification for surfaces

Think ahead.

Critical
Devices that enter normally sterile tissue or the vascular system (e.g. catheters)

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

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

Treatment of surfaces

Think ahead.

Treatment of surfaces:

- Critical: clean, sterilise
- Semi-critical: clean, medium-high level of disinfection
- Non-critical: clean, low-medium level of disinfection

2 steps required to properly treat surfaces:

- Step 1: clean
- Step 2: sterilise/disinfect (some chemical products perform cleaning/disinfecting in one step)

All surfaces

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

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Tools of the trade

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

Monitoring

Think ahead.

Monitoring – non-critical surfaces

– Cleaning – visual

– Dwell time

– Allow the surface to remain wet for the prescribed period of time so the chemical can kill the pathogen that's on the surface

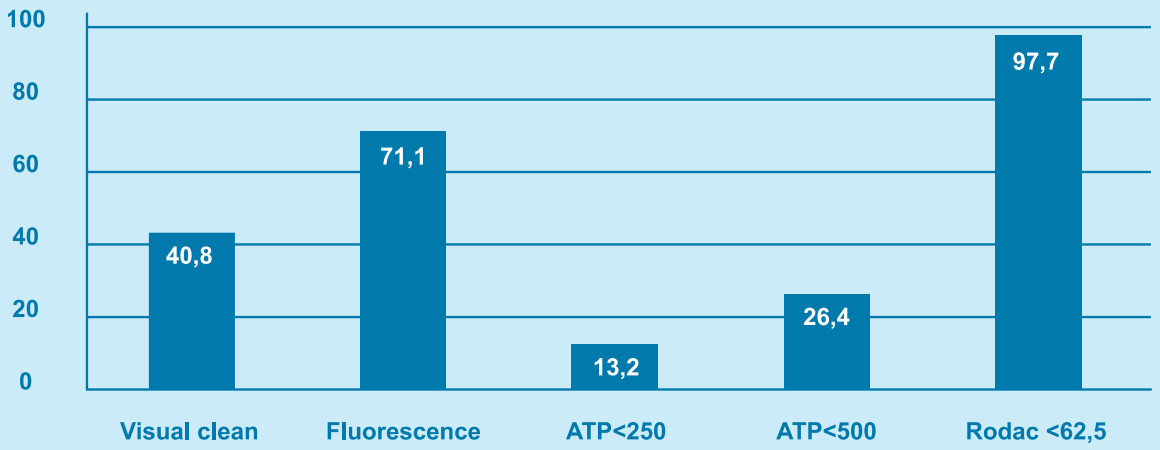
– Dwell time is monitored by surveyors

– Failure to adhere to the correct dwell time could result in an infection-control situation

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



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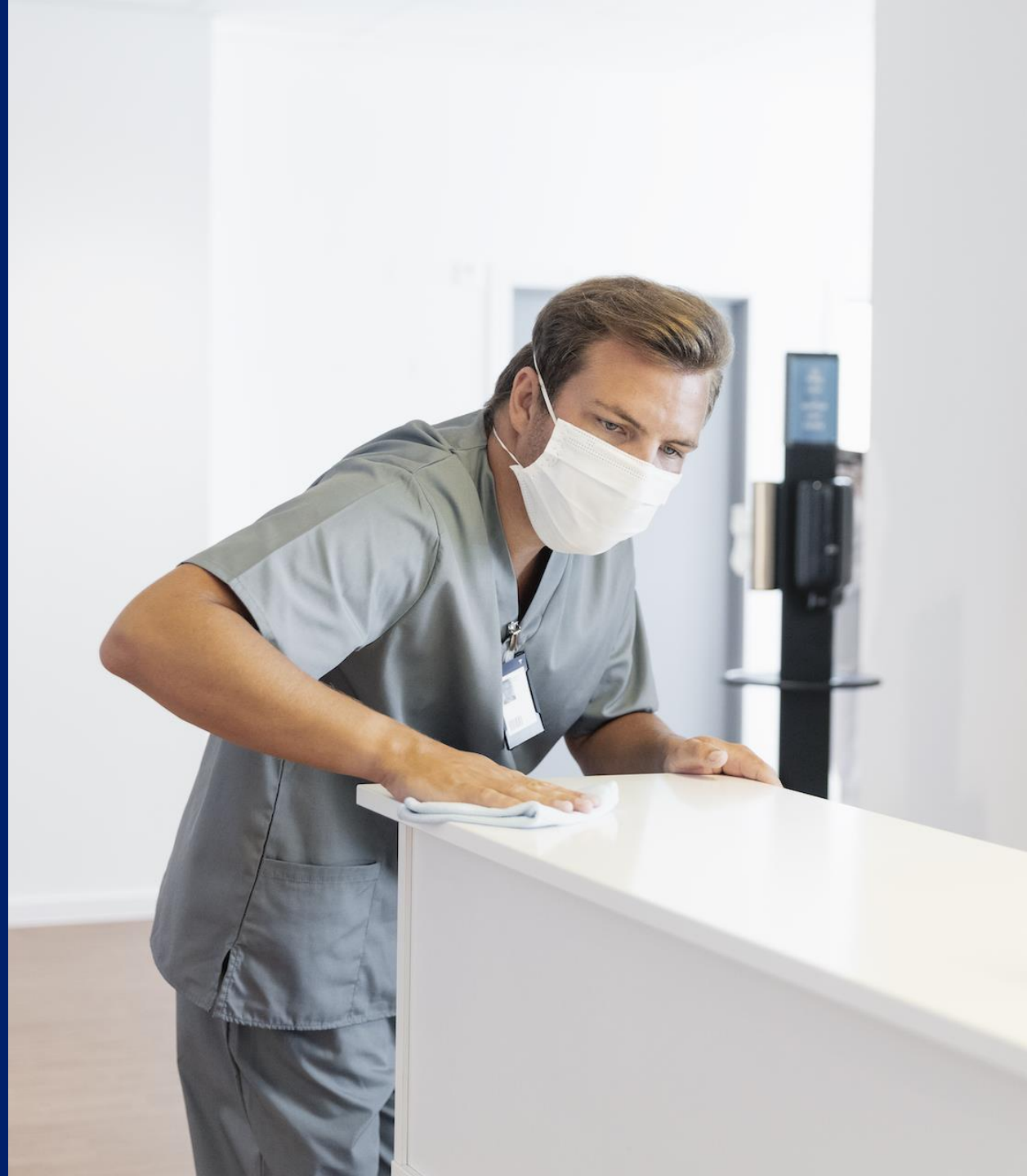
Surface cleaning



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 isn’t cleaned before the terminal reprocessing procedures have started, the success of the sterilisation or disinfection process will be compromised.

What’s the difference between cleaning, sanitising 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.

Sanitising
This process lowers the number of microorganisms to a level that 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.

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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.

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 harbours microorganisms;
  - the level of microbial contamination;
  - the physical nature of the objects cleaned (cracks and crevices);
  - the presence of biofilms, which harbour/protect microorganisms; and
  - the temperature/pH of the disinfection process.
- It’s important to note that not all disinfectants are able to kill spores.

Basics of surface cleaning

Disinfection

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

– ethanol based; and

– 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

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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

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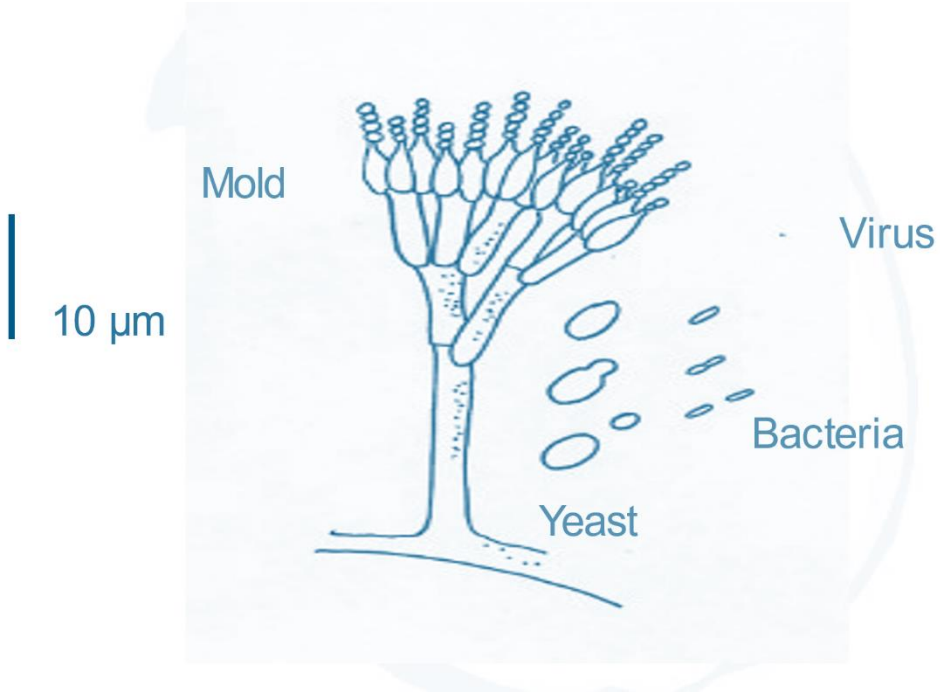
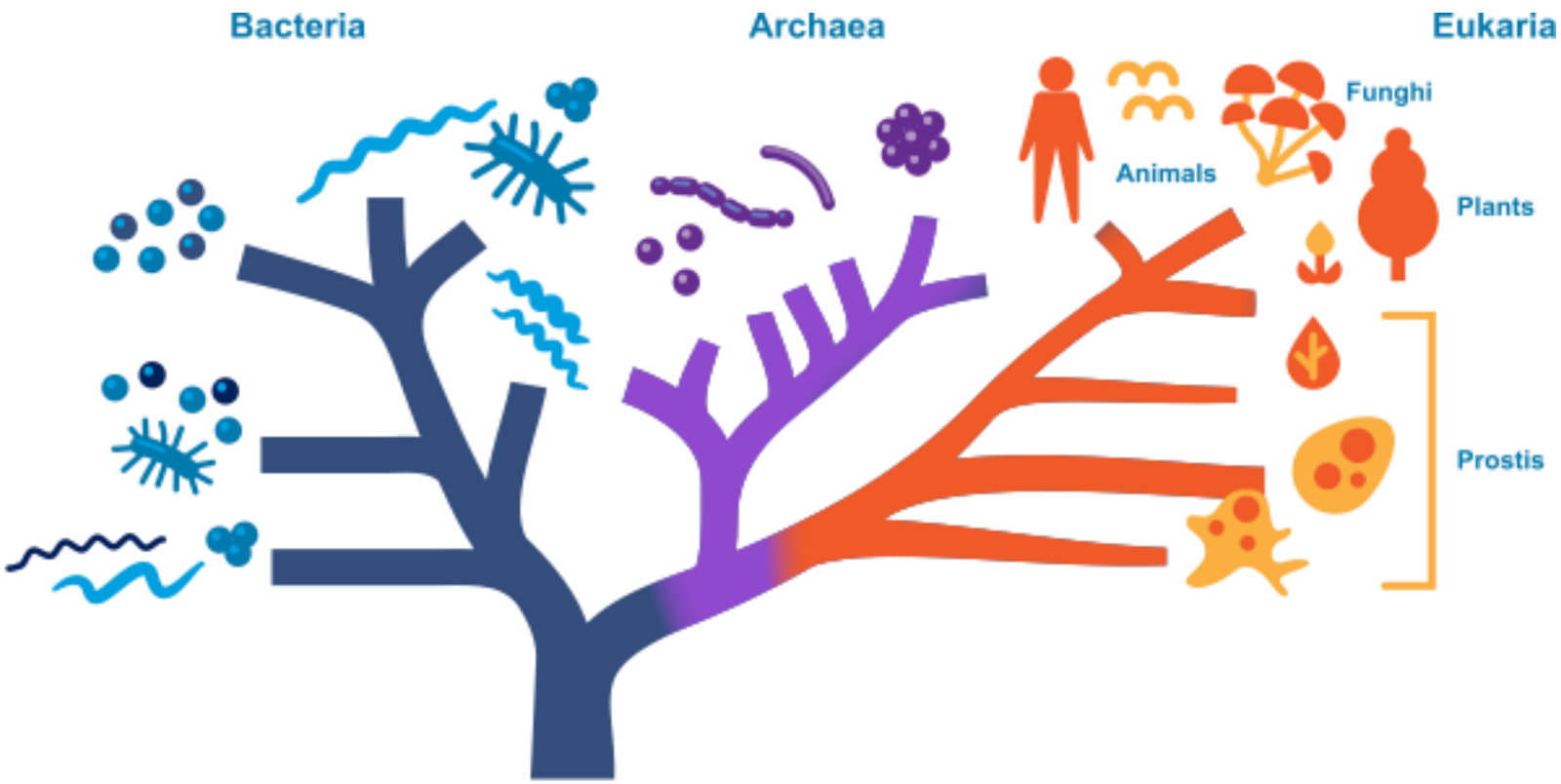
What are microorganisms?

- Microorganisms are small – we can’t see them with the naked eye
- But they differ in size – mould is the biggest and we can see mould growing on our food
- Examples of microorganisms are mould, 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, which become four, etc.
  - **Yeast** reproduces by budding where a small bud is formed on the parent cell
  - **Mould** grows with long hyphae and spreads using spores



Microorganisms are all small – but different from each other

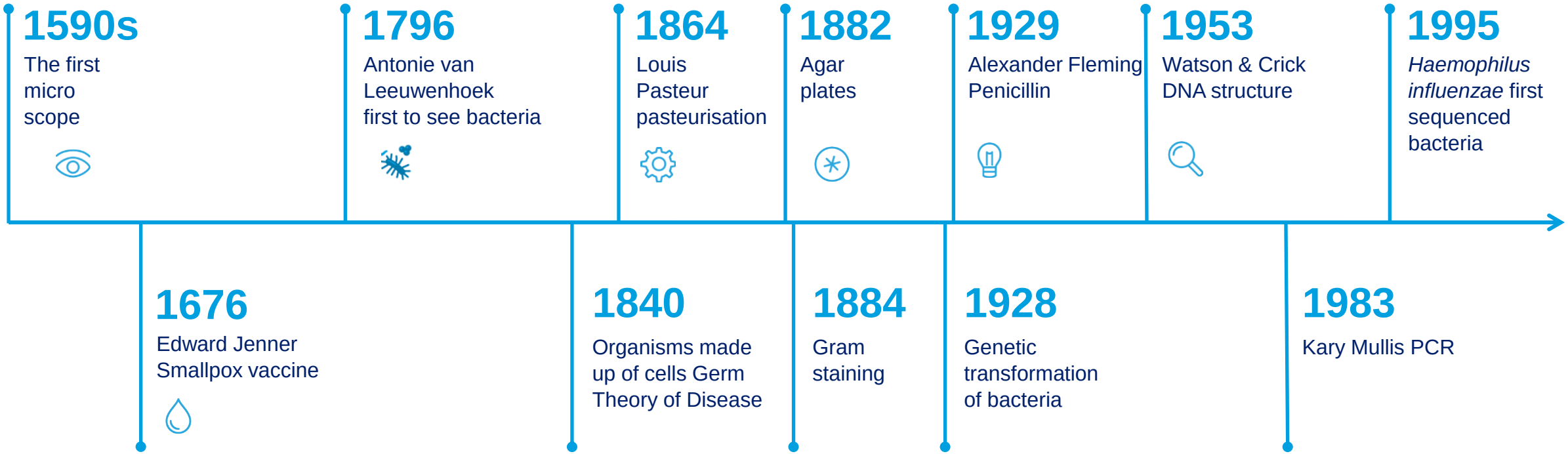
Think ahead.



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

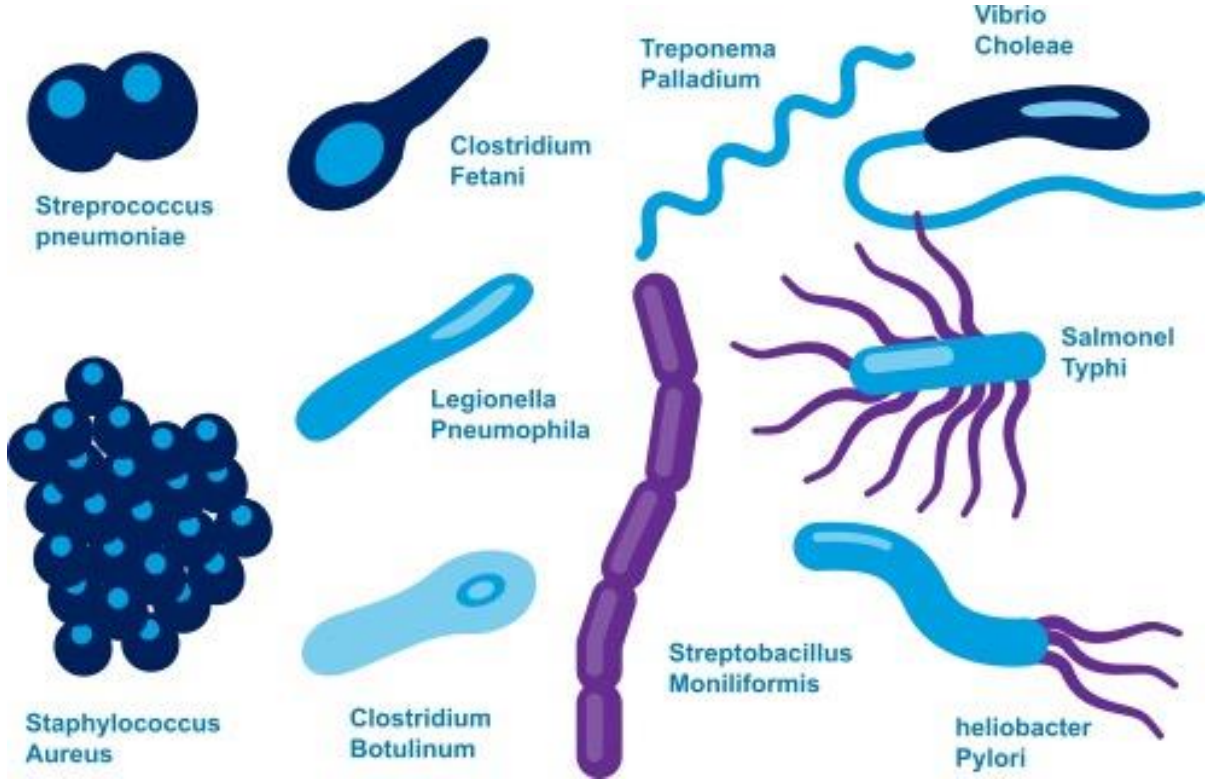
A short history of microbiology knowledge

Think ahead.



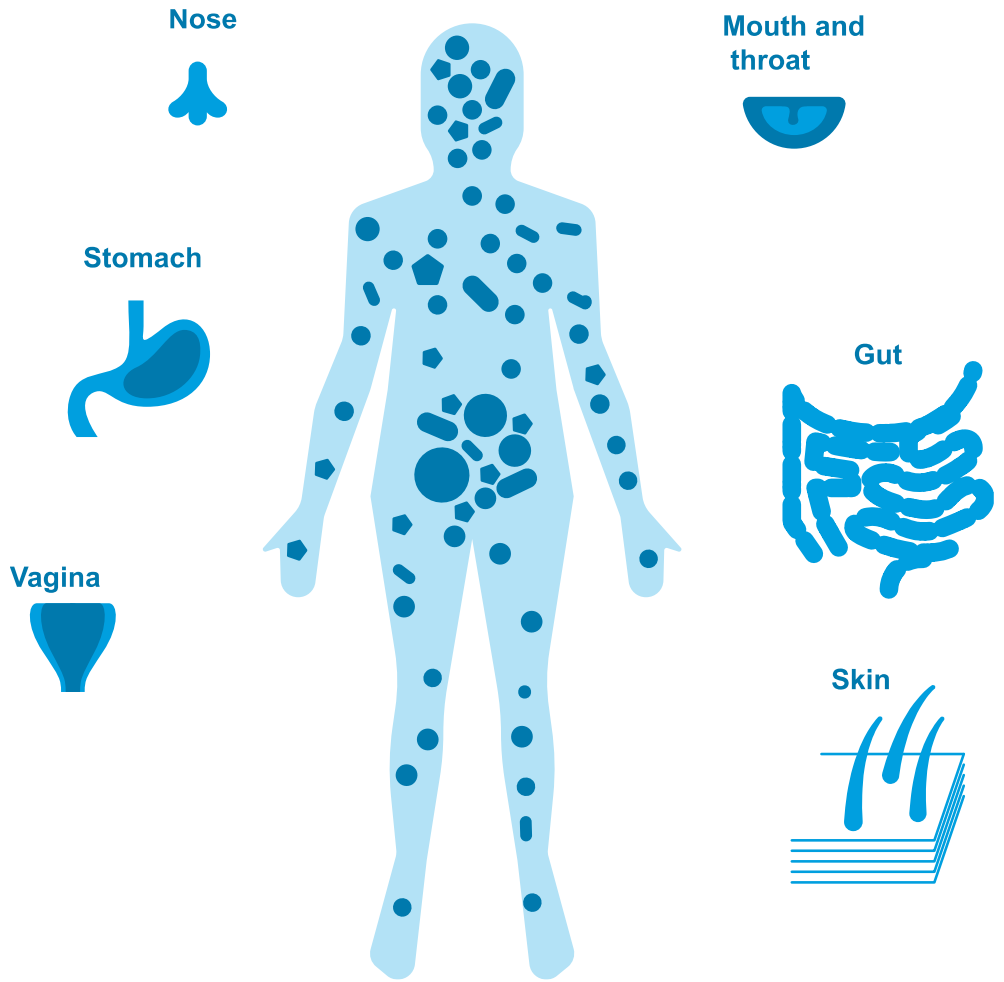
Bacteria are different from each other

- Most bacteria can be divided into two groups – Gram positive and Gram negative – their cell walls are different.
- Bacteria have different requirements with, for example, nutrition.
- They also come in different shapes – cocci, rods, etc.
- The size of a bacteria is around two micrometres, 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 defence system;
  - where on my body the bacteria is introduced; and
  - the total number of bacteria – the infection dose differs.



The number and types of microorganisms found in the environment depends on:

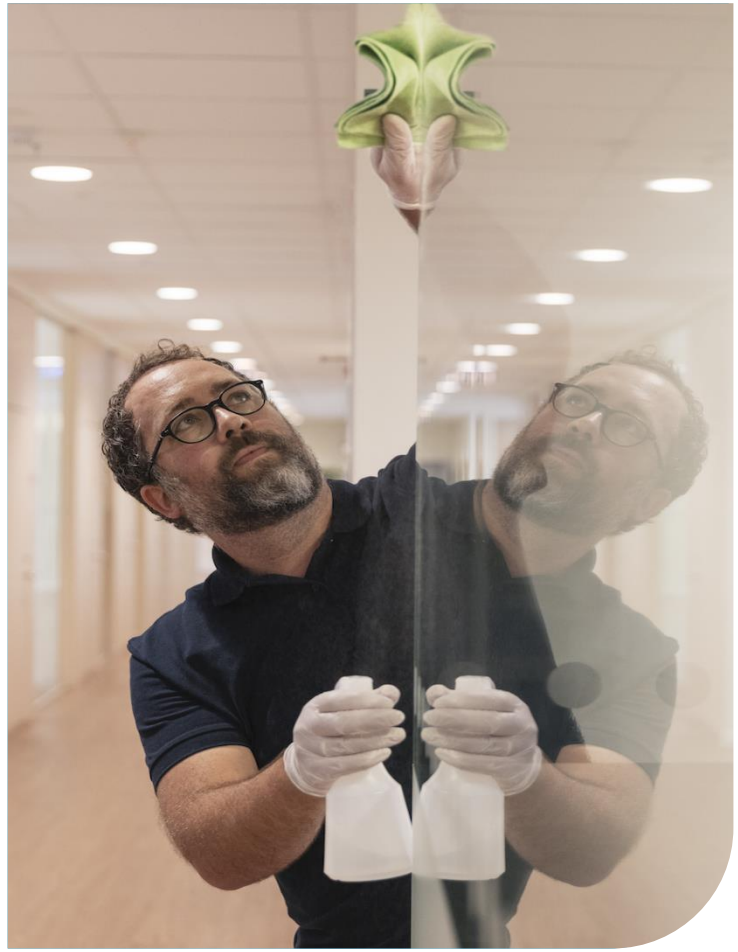
Think ahead.

- the number of people in the environment;
- whether they are sick or healthy; and
- what they are doing.

- Is the environment humid? Is there nutrition available for microbial growth? What's the temperature in the room? What types of surfaces are there? Are they easy to clean, horizontal or vertical, etc.?

- Ventilation and air quality

How the room is cleaned and how frequently



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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 which microorganisms can grow there:
  - Some bacteria need oxygen to grow – to other bacteria, oxygen is toxic.
  - Some prefer high temperatures whilst others prefer cold.

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.

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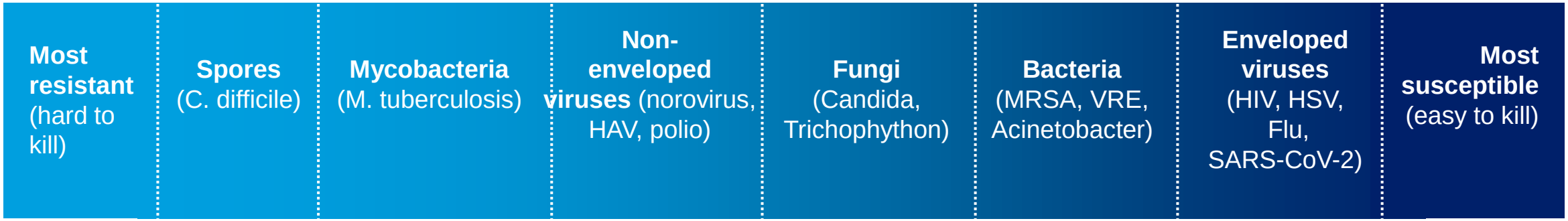
Pathogens – Prevalence/Resistance

Think ahead.

- 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



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For how long do pathogens survive on a surface?

Think ahead.

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

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How to find bacteria?

It’s a problem that they are so small …

… 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**. This can be used to visualise staining and dirt. Detergents are also fluorescent. They can be a useful training tool.
- **Swabbing and protein colour indicator.**Where proteins are found, bacteria can also be found. There are kits on the market with a swab and test-tube. It is semi-quantitative. More colour 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 analysed.

Of special concern in care homes

Antibiotic-resistant bacteria – e.g. 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.
- It’s important for infection prevention to ensure that hands, instruments, and environment are clean.

According to the OECD, the implementation of a package including improved hand hygiene, antibiotic stewardship programmes and enhanced environmental hygiene in healthcare 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 the 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's also spread in the wider community
- It's often associated with skin infections. It starts as a painful skin boil but can become an open wound. MRSA may also cause life-threatening bloodstream infections, pneumonia and surgical-site infections.
- Contact and standard precautions
    - Signage posted
    - PPE (gloves and gowns)

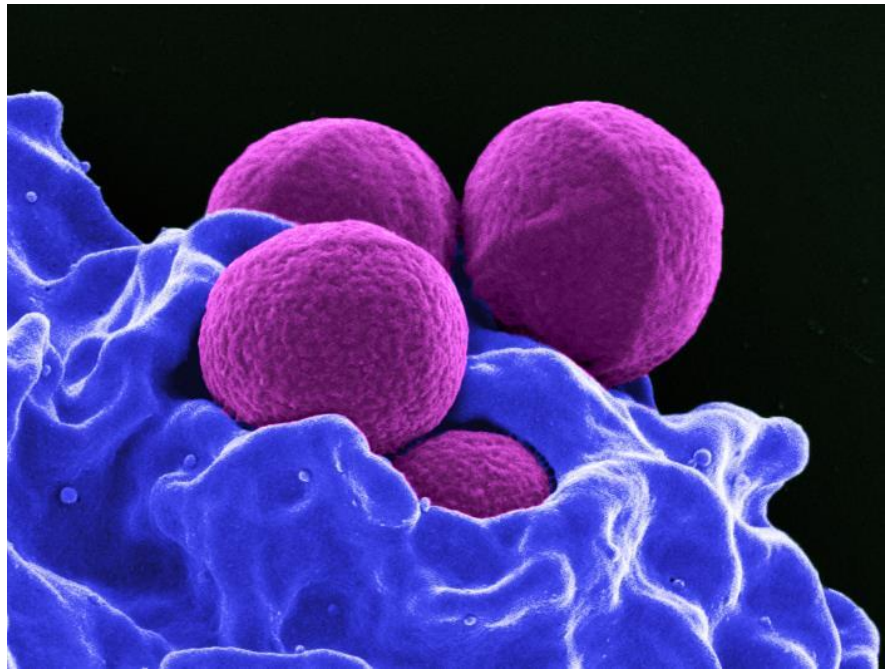

Image: MRSA. National Institute of Allergy and Infectious Diseases (NIAID)

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 diarrhoea in hospital patients.
- Some people carry C. difficile in their intestine but never become sick, but it may also cause mild diarrhoea and in other cases life-threatening inflammation of the colon.
- Elderly people are especially at risk of getting a *C. difficile* infection. Illness could typically occur after taking 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 sanitisers 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 diarrhoea ceases. Because residents with C.diff continue to shed the organism for a number of days following the cessation of diarrhoea, some institutions routinely continue isolation and contact precautions for 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 faeces and high-touch surfaces.

• Ensure daily and terminal cleaning of resident rooms.

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

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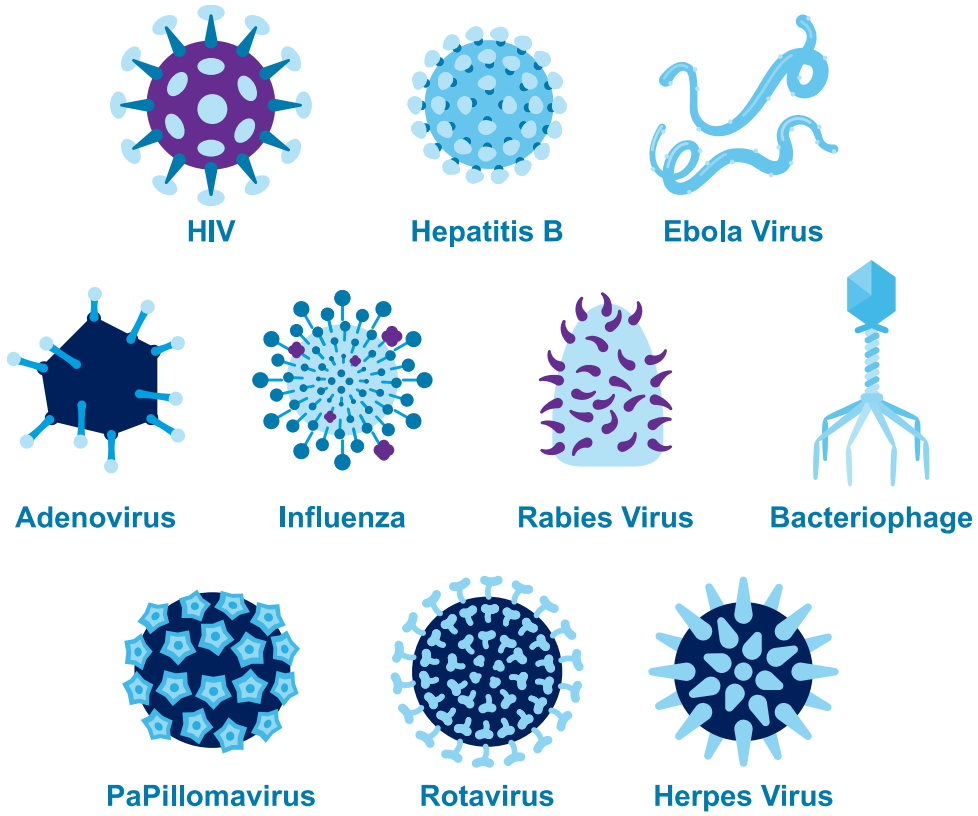
Viruses

- Viruses are extremely small (20–300 nanometres)
- They contain genetic material – DNA or RNA
- They can never propagate on their 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 is the *coronavirus*.
- If a virus does not have an envelope, it is more resistant and more difficult to kill. One example of a non-enveloped virus is the *norovirus*



Norovirus

- This is a non-enveloped virus, belonging to the Calicivirus family, that can cause vomiting and diarrhoea.
- People with the norovirus illness can shed billions of norovirus particles. And it only takes a few particles to make someone ill. Therefore, it's easily spread.
- Since it's quite resistant, it can survive for weeks on hard surfaces.
- Hand sanitisers can help a bit – but the most efficient way to clean is to wash hands with soap and water followed by drying on paper towels.
- A person with the **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 foodservice settings where people get sick from eating food. Outbreaks in childcare facilities and healthcare settings are also quite frequent.
- Contact and 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 aerosolised

TORK
Think ahead.

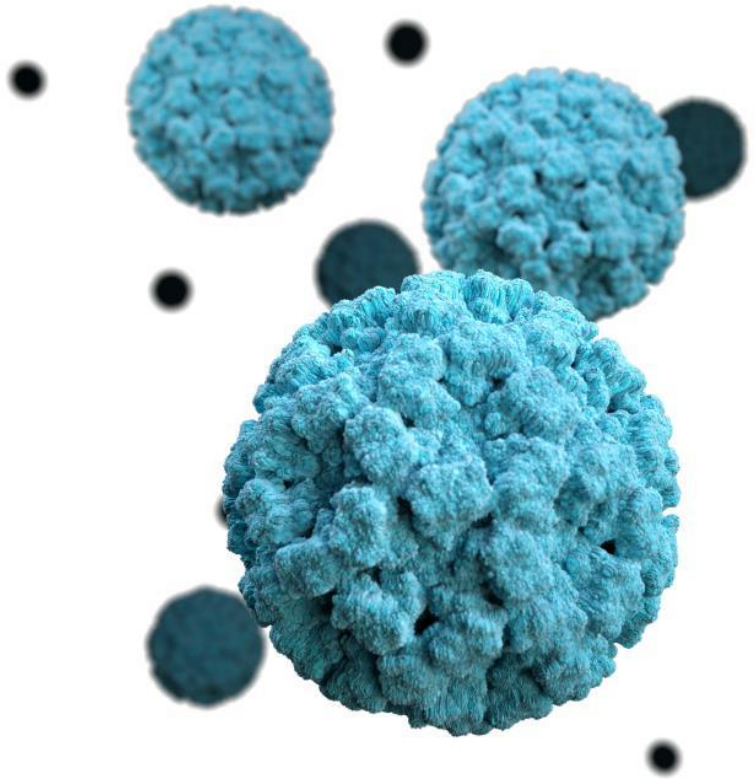


Image: Norovirus. Illustrator: Alissa Eckert, MS

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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 of 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 sanitisers are efficient.
- Human coronaviruses (HCoV) account for 15–30% of common colds, usually only causing mild upper respiratory symptoms.
- In recent years, more severe coronaviruses have developed. We have SARS and MERS and now the pandemic disease COVID-19, which is caused by the coronavirus 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 and gowns).

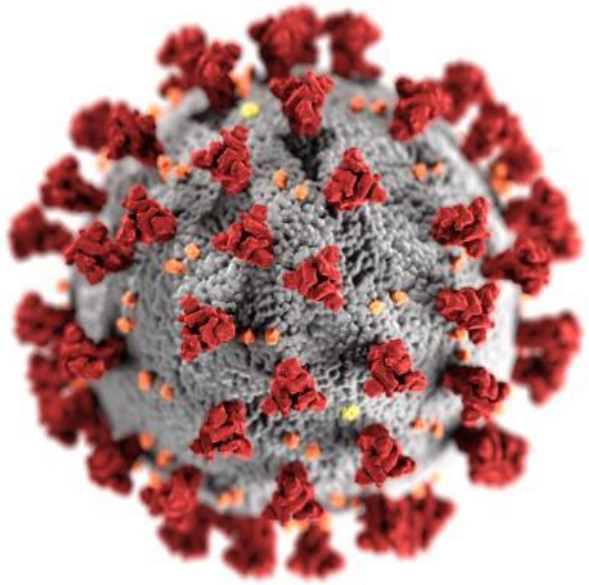

Image: Coronavirus. Alissa Eckert, MSMI, Dan Higgins, MAMS

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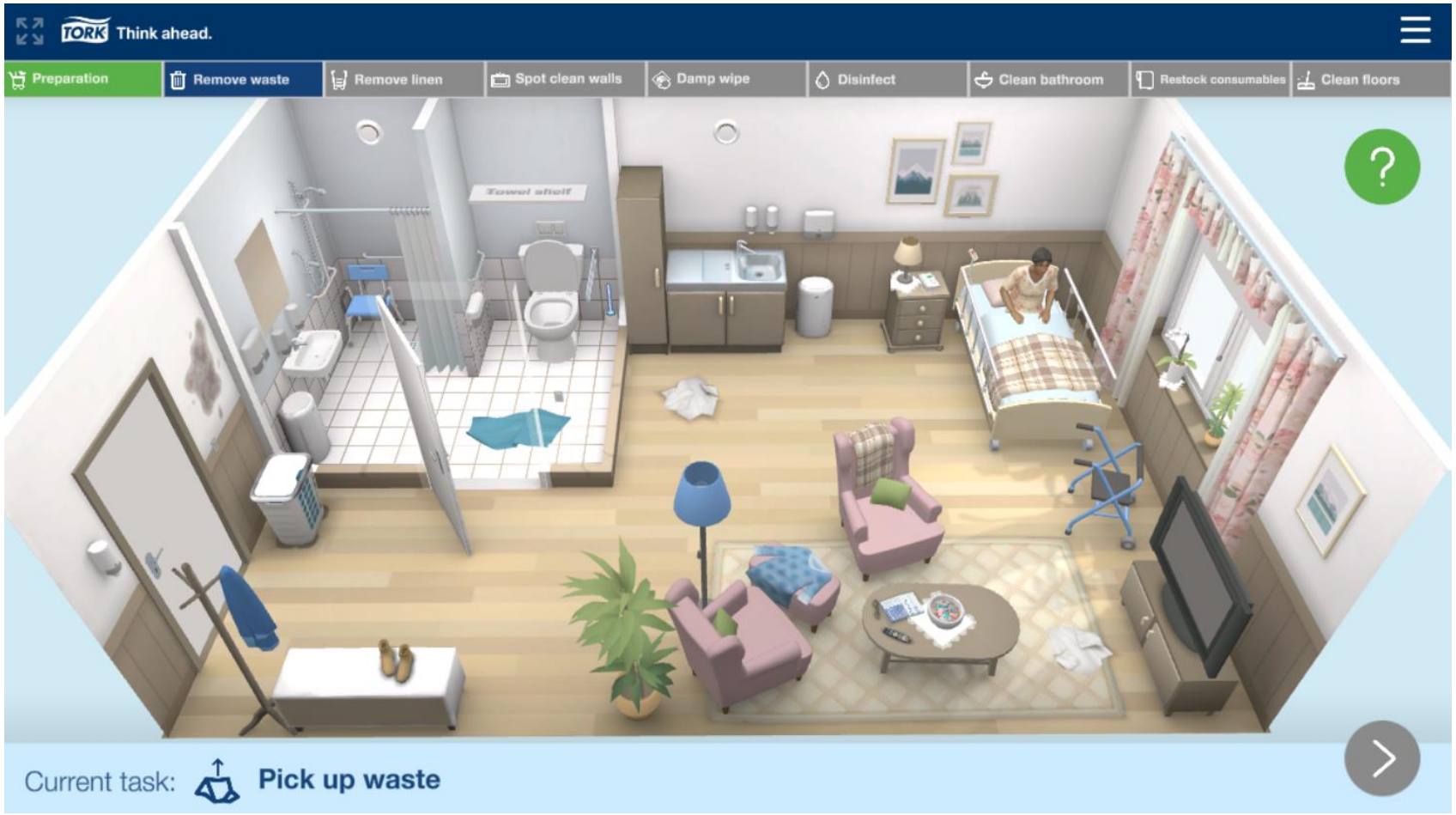
Tork Cleaning training for Care Homes

How to train your cleaning team

About this training



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

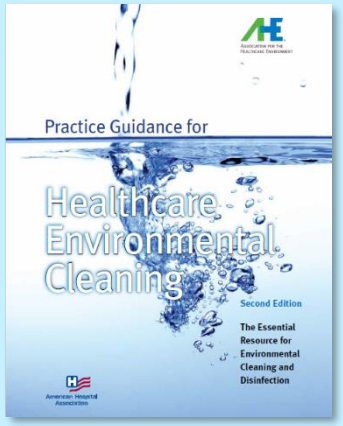
Training content

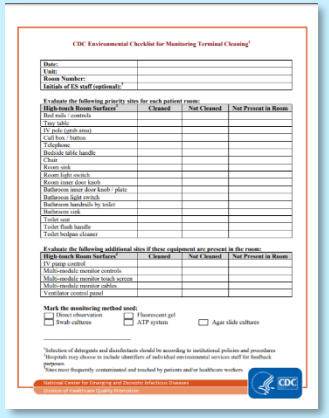
Think ahead.

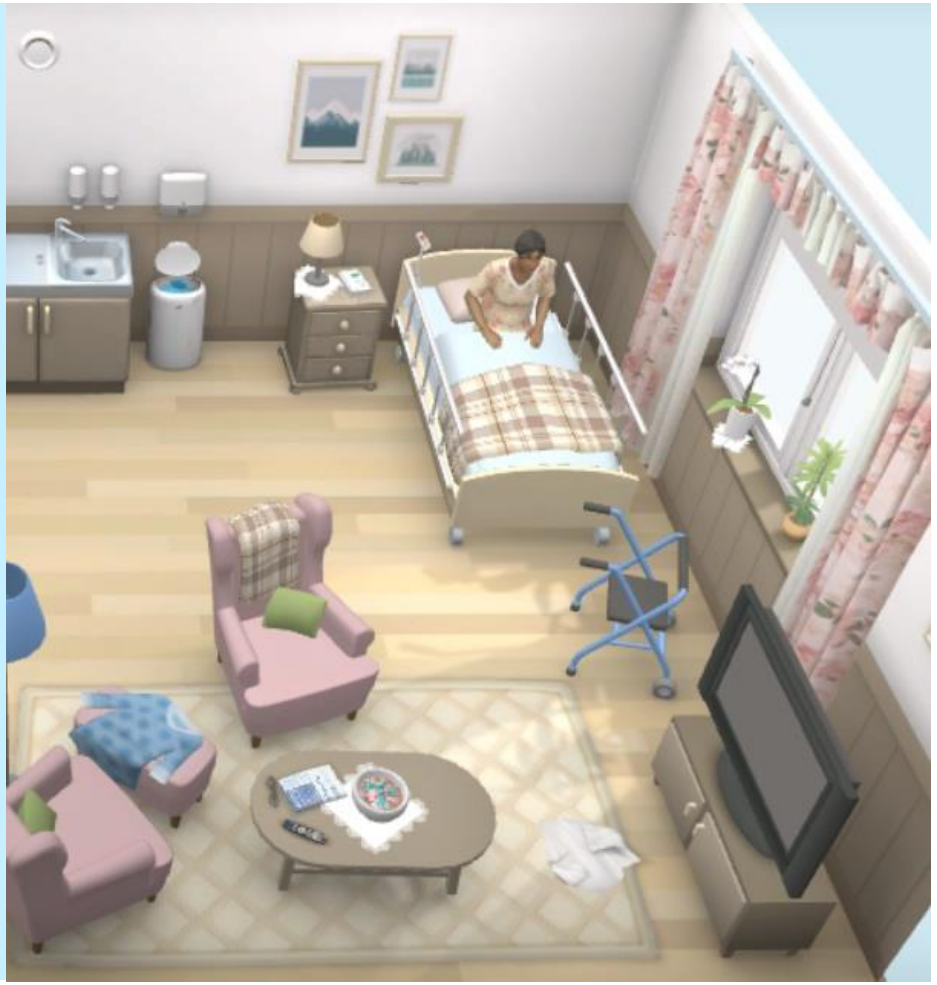
1. **Cleaning strategy:** the 3-step approach and hand hygiene technique

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)







How to train your team

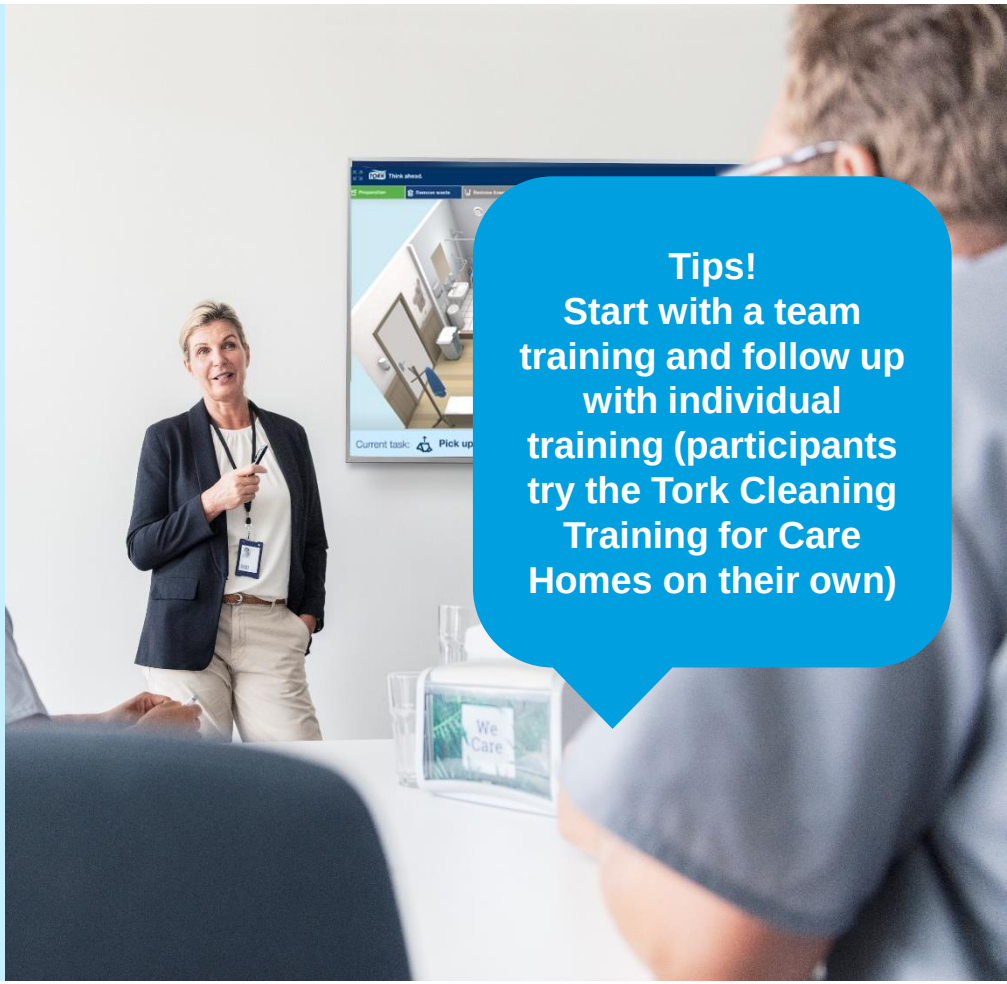
- Gather your team (preferable 10–20 employees).
- Make sure you have enough time for questions.
- Access the Tork Cleaning Training for Care Homes at www.tork.co.uk or tork.ie
- Make sure you have access to a big screen.

Guide your team through the following:

1. The 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.



How to train your team cont.

- During the training – challenge your team on the steps and make sure you 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.co.uk or tork.ie.

  Hand out diplomas to your team! You can easily print diploma templates from www.tork.co.uk or tork.ie.

Good luck!

Did you know?

You can customise 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

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