

# To Infinity and Beyond

Housekeeping's role in  
VRE Outbreak

# A Typical Hospital Environment

- How Many Surfaces need to be cleaned? How? With what product?
- What needs to be disposed of in the case of an isolation?
- Which curtains need to be exchanged?
- Garbage cans? Sharps containers? Equipment of all shapes and sizes?
- A trained Housekeeper will be able to tell you.



# Isolation Cleaning? Let's start at the Beginning...



National Library of Medicine

- 1770, Cover your noses, not to prevent spreading germs, but to cover up the smell. Nurses are utilized to clean
- 1850's Professional Housekeepers are employed

# Miasma and Morals

- Morals in the 1800's dictated how things were cleaned. Photographs of early operations show nurses wearing rubber gloves and bonnets, covered from head to foot because they were morally suspicious.
- The doctor was seen as too moral to transmit disease; he operated in bare hands without a mask or anything covering his hair.

# Louis Pasteur



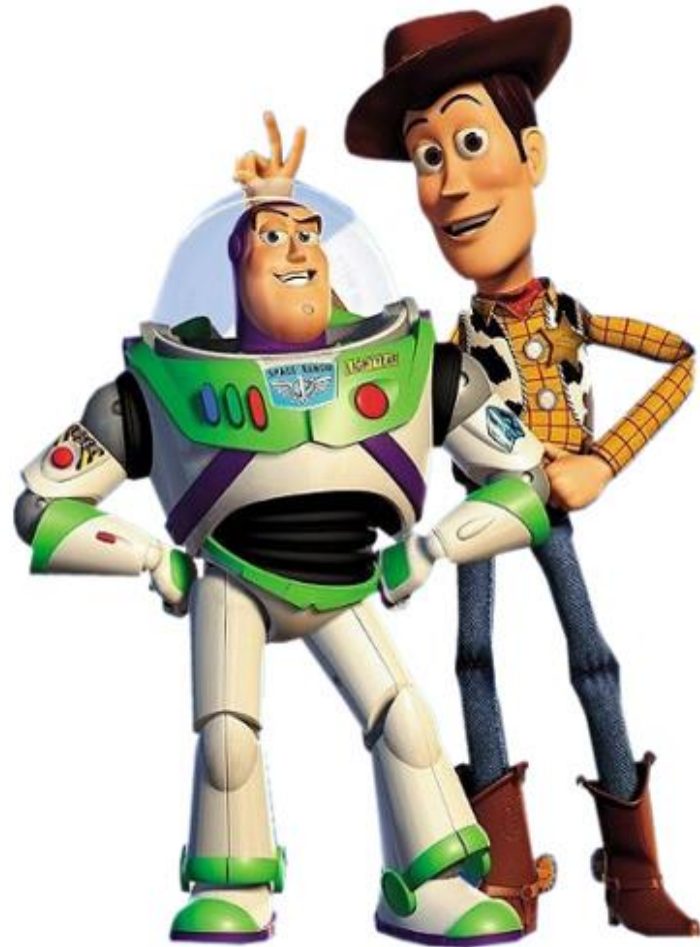
- Filth was thought to give rise to "miasmas of disease," which would float through the city, striking down morally suspect individuals.
- Luckily for us, in the early 1900's, germ theory, aseptic surgery and the rise of Infection Control began a new era of Hospital Cleaning.
- Which brings us to...

# 2003

- SARS brought forth a new understanding of Infection Control Practice
- People began to ask, how exactly are we cleaning?
- What are we cleaning with?
- Should we be doing something different?

# You've got a Friend in Me...

- The most essential relationship between any two disciplines in an outbreak situation is the one between Housekeeping and Infection Control.
- Support and guidance from infection Control
- Practical Knowledge and knowhow on how the cleaning can actually be done by Housekeeping



# The VRE Outbreak begins...

- Involved at beginning should be:
- the Medical disciplines,
- the Support services,
- The Volunteers
- ICP which has to take the lead
- Housekeeping provides the muscle
- But most importantly...



# OUR PATIENTS COUNT

- The patients must be involved in the process
- Nothing scares individuals or their families more than having a horde of people suddenly coming into their room and begin cleaning furiously or hearing that the ward they are on is now an “OUTBREAK” ward.
- The word “Outbreak” terrifies even the most hardened of health care workers, imagine what it does to a patient and their loved ones?



# Cleanliness and the Public Image

- The question of cleanliness today remains central to public debates of Hospital services
- Most visitor's look to a hospital's floor when determining it's adequacy
- In the age of VRE and Superbugs, a clean hospital is a good hospital.



# Hierarchal System In Healthcare No More



- In order to function as a team, we each have to willing to offer our opinions and our expertise and not be afraid to do so.
- Get to know your housekeeper's name. You'll be glad you did.

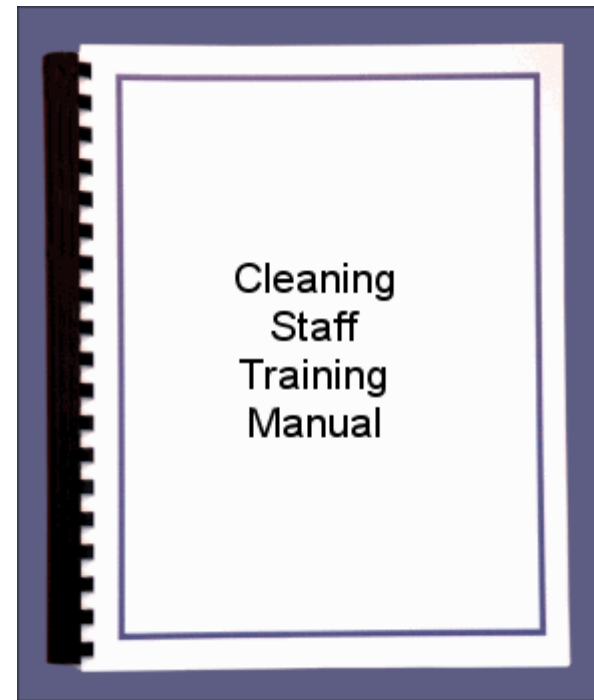
# Components to Cleaning in an Outbreak Situation – Procedures



- Procedures in place.
- Interaction with other facilities to decide what works and what doesn't
- A regional approach to Housekeeping Practice with input from Infection Control
- Development of cost effective practice that can be easily implemented when we need it the most.

# Components to Cleaning in an Outbreak Situation

- Communication with frontline staff, through training and education
- Training new staff with trusted senior staff is essential.
- Daily communication with staff on any issues that might arise on the wards through supervisors and management



# Components to Cleaning in an Outbreak Situation

- **Input from Staff**
- Staff have to be encouraged to provide options for cleaning in isolation conditions
- Temporary Rotation of staff off of Outbreak wards to reduce burnout

# Components to Cleaning in an Outbreak Situation

- Taking responsibility and being proud of what we do.
- Sign off on completed work
- Monitoring work through products such as ultraviolet light gels
- Record Keeping with the ability to track

# Components to Cleaning in an Outbreak Situation

- Follow up and Auditing
- Auditing needs to be weighted with priorities given to “High Touch” surfaces
- Re-training of all staff on a regular basis to prevent bad habits forming
- Auditing should be used as a training tool first and foremost



# What do we do that's Special?



- Isolation "Teams"
- Prioritize Patient Care (Non Clinical vs. Clinical)
- Twice daily cleaning of Isolation Rooms a must
- Encourage reduction of patient transfers
- Colour coded cleaning cloths

# How do we pass on the Experience we already have?

- Senior staff are readily relied on
- Retirement doesn't mean the end of employment. Casual employment to allow the facility to retain that experience
- Encourage reduction of EFT to staff considering retirement.



# How do we prepare for the future?

- Rely on ICP's for new ideals and new products
- Recognize that efforts for cost effectiveness must also be included in any discussion and find balance of what is needed to what can we afford.
- Work with all aspects of Health Care to encourage a team work based model for dealing with Outbreak Situations
- Intensive training and follow up with all new Housekeeping staff
- Electronic Auditing system?

# Finally...

