Welcome, before we begin,
Answer in the chat…. What is your favorite fall/winter activity?

- **Instructions for Contact Hour**
  - Update your Zoom name to reflect your full name
  - Zoom name MUST match your evaluation name
  - Enjoy the entire program
  - Complete the post-evaluation by December 1, 2023, 5:00 PM (available on the last slide)
  - Certificate will be emailed to you by December 15, 2023

San Diego Skilled Nursing Facility Infection Prevention Collaborative

Grow - Collaborate - Succeed

Coordinated by the County of San Diego
Healthcare-Associated Infections (HAI) Program

Reminders

Recording is on!

PHS.HAI.HHSA@ sdcounty.ca.gov

Keep your lines muted

Participate in the polls and chat

Use the chat box for questions

Slides will be emailed

“Right click" to rename

Type into the chat your:

- Name
- Title
- Facility

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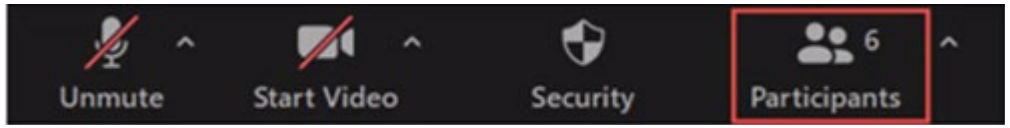
Land Acknowledgement

Public Health Services would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we are meeting on a virtual platform, I would like to take a moment to acknowledge the importance of the lands, which we each call home. We respectfully acknowledge that we are on the traditional territory of the Kumeyaay. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honor those teachings.

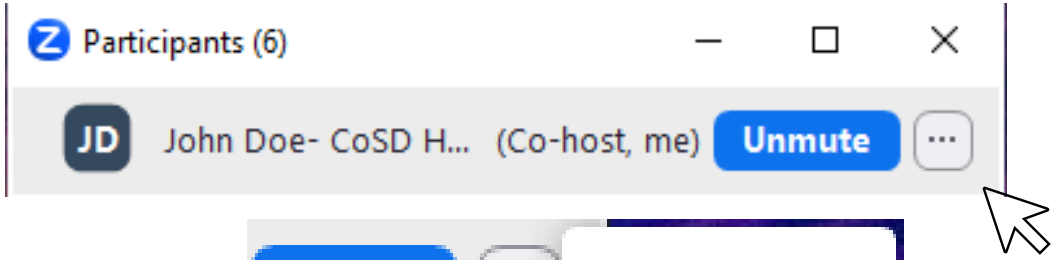
Reminders

Please update your name on the participant list

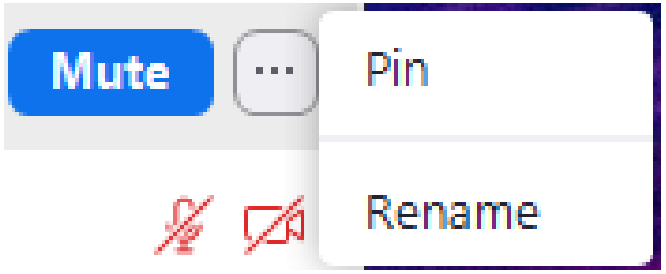
1. Find your name on the participant list



2. Hover over your name and click "..."



3. Click "Rename"
4. Type your full name



Agenda

- Welcome
- General Updates
- Announcements
- Featured Topic: “Perfect Partners: IP & EVS”
- Next Collaborative

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CAHAN Alerts

CAHAN San Diego
California HEALTH ALERT NETWORK

To: CAHAN San Diego Participants
Date: November 22, 2023
From: Public Health Services

Health Advisory: Pertussis Increasing in San Diego County

Key Messages

- Pertussis cases in San Diego County (SDC) have recently increased with 55 cases reported in October.
  - Pertussis cases were low during the pandemic, likely due in part to COVID non pharmaceutical prevention activities (masking, distancing, quarantine, and isolation).
  - Pertussis follows a cyclic pattern in SDC with peaks every 3 to 5 years. The last peak year was 2017.
- Newborns and infants too young to be vaccinated are at greatest risk of hospitalization and death from pertussis.
- Every woman should receive the pertussis vaccine (Tdap) in every pregnancy at the earliest opportunity starting at 27 weeks gestation to protect their young infants after birth.
- The primary DTaP vaccine series is essential for reducing severe disease in infants and should not be delayed.
- All healthcare workers should be immunized against pertussis with Tdap.
- The diagnosis of pertussis can be a challenge in young infants; lack of fever and mild initial symptoms may result in underestimating the potential severity of the illness.

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/cahan_san_diego/Alerts.html

Respiratory Virus Update

San Diego County
Respiratory Virus Surveillance Report

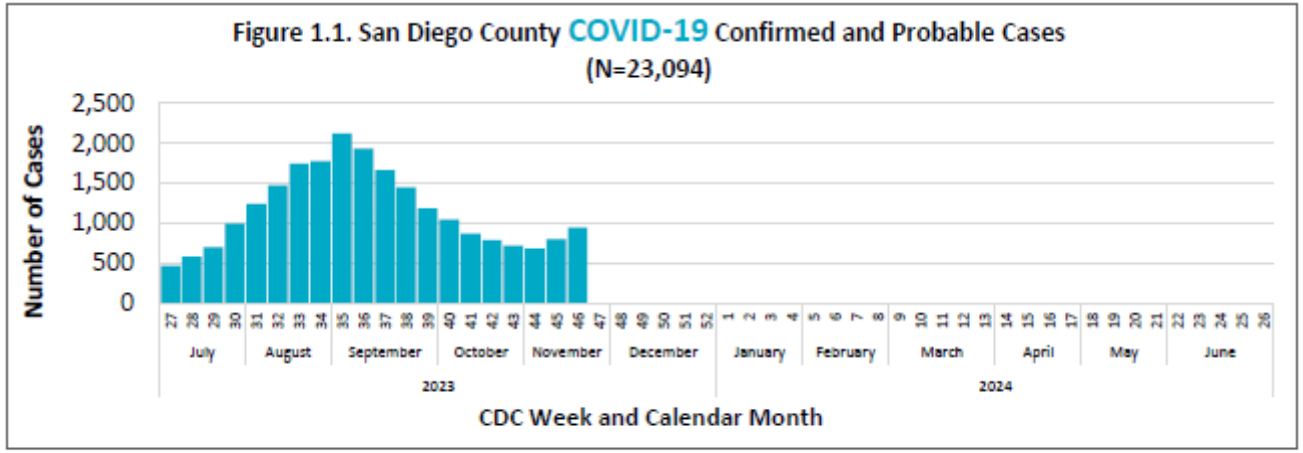
Prepared by Epidemiology and Immunization Services Branch

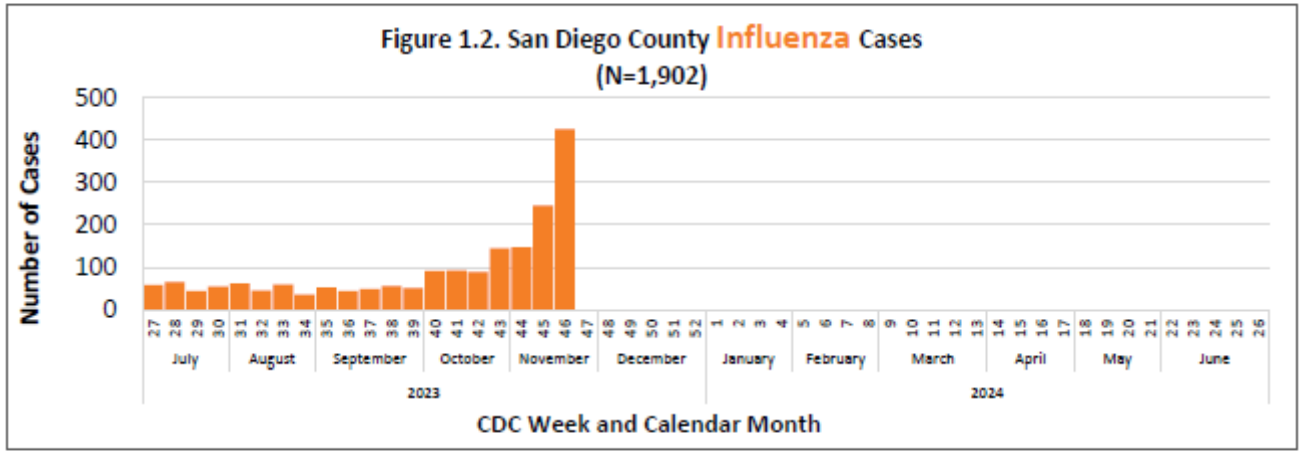
www.sdepi.org

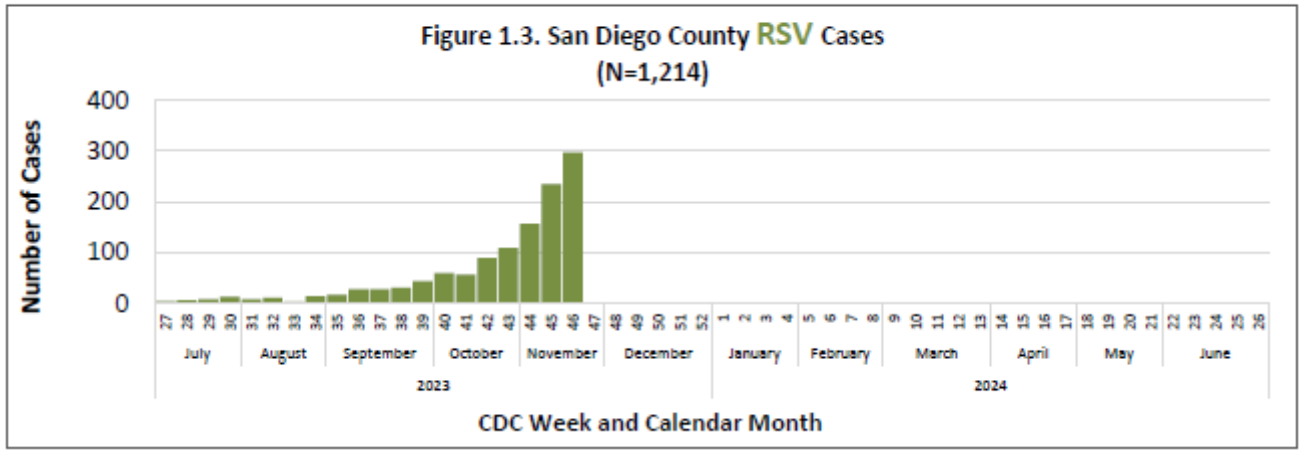
November 22, 2023

COVID-19	Influenza	RSV
Cases: 23,094	Cases: 1,902	Cases: 1,214
Deaths: 126	Deaths: 5	Deaths: 2
Outbreaks*: 198	Outbreaks*: 1	Outbreaks*: 2
7/2/2023 – 11/18/2023	*7/2/2023 – 11/18/2023*	*7/2/2023 – 11/18/2023*

Respiratory Virus Update







*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most recent week may be incomplete.

Respiratory Season Reminders

- Consider implementing UNIVERSAL MASKING for all healthcare personnel (and visitors) for patient contact, due to factors such as presenteeism, multiple respiratory viruses in circulation, and mitigation of exposures from HCP to residents/other HCP to maintain workforce.

- Novavax 2023-2024 COVID-19 Vaccine is now authorized under FDA EUA
  - Traditional vaccine methodology used to develop other vaccines (e.g., shingles, tetanus/diptheria/pertussis)
  - Like the mRNA vaccines, shown to induce immune response against predominant currently circulating variant strains: XBB.1.5, XBB.1.16, XBB.2.3
  - Additionally demonstrates immune responses to newly emerging subvariants: BA.2.86, E.G.5.1, FL.1.5.1, and XB.1.16.6
  - us.novavaxcovidvaccine.com or vaccines.gov

Enhance ventilation/air quality

Portable Air Cleaners Tips and Tricks

- Purchase portable air cleaners with HEPA filters (>99.97% filtration)
  - Ionizers, UV lights,etc will only add $$$, not effectiveness
- Size based on room size
  - **Don't trust "square footage" recommendations– not standardized across companies!**
  - Use the 2/3rd rule to size– CADR 2/3rd sqft of room size

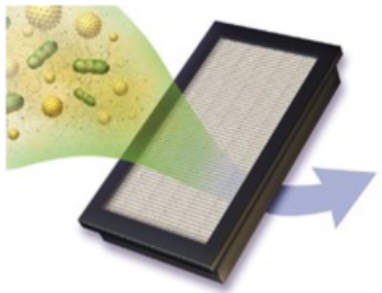
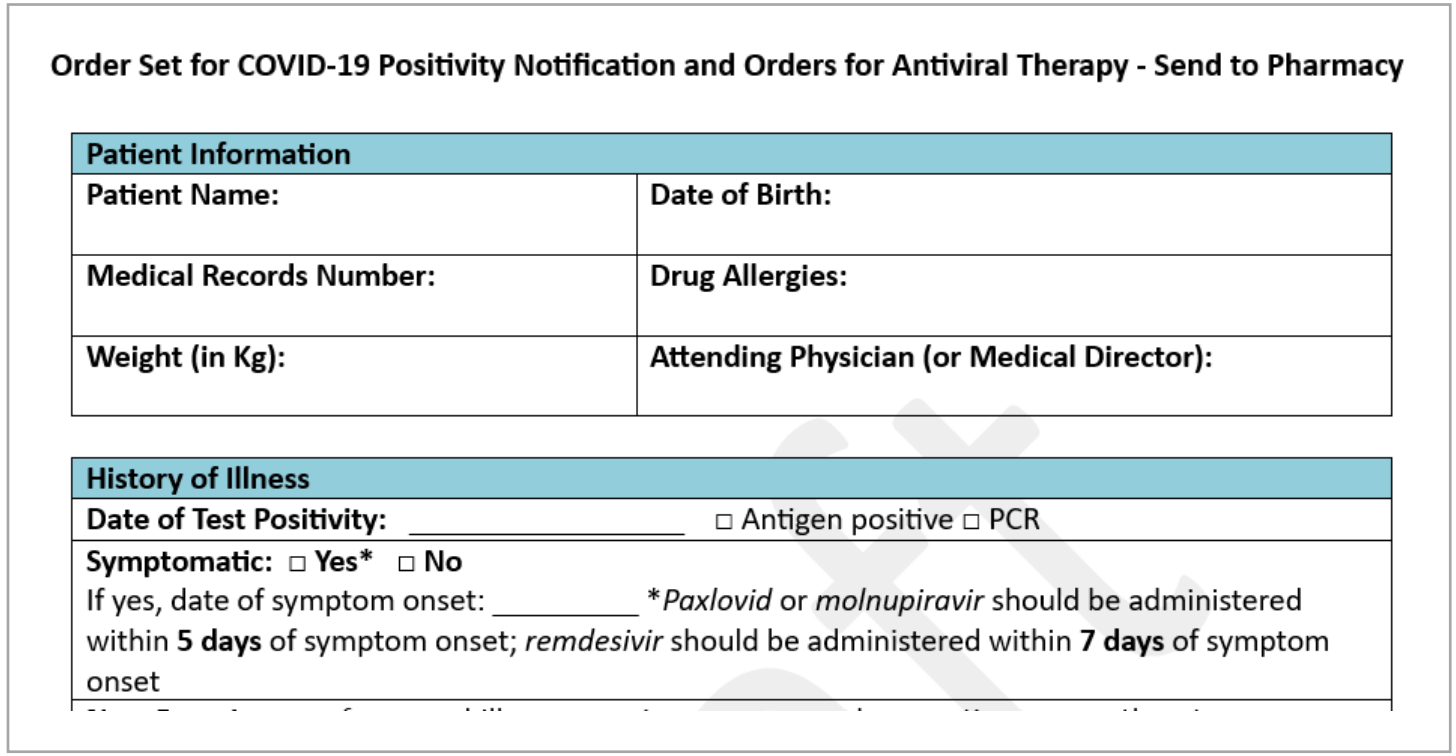


Image Credit: Wikimedia Commons

- Use air sanitizers in common areas
- HVACs:
  - Use MERV-13 or higher filter, ensure maintenance is up to date
  - Increase fresh air mixture by opening HVAC dampers
  - Run HVAC continuously
- Keep bathroom exhaust fans running
- If using fans, direct fan airflow away from patients, away from doorways if used inside patient rooms

COVID-19 Therapeutics Template



Order Set for COVID-19 Positivity Notification and Orders for Antiviral Therapy - Send to Pharmacy

Patient Information	
Patient Name:	**Date of Birth:**
Medical Records Number:	**Drug Allergies:**
Weight (in Kg):	**Attending Physician (or Medical Director):**

History of Illness
Date of Test Positivity: _____ □ Antigen positive □ PCR
Symptomatic: □ **Yes*** □ **No** If yes, date of symptom onset: _____ **Paxlovid* or *molnupiravir* should be administered within **5 days** of symptom onset; *remdesivir* should be administered within **7 days** of symptom onset

- Provider orders for therapeutics remain low, citing concerns re: dosing issues, drug-drug-interactions; despite antiviral medication effectiveness in preventing hospitalization/death in symptomatic COVID patients
  - All SNF residents with symptomatic COVID-19 should be evaluated for COVID therapeutics (AFL 23-29)
  - An order set can be used to facilitate communication of COVID-19+ result and therapeutics order between nurse/physician/pharmacist. Pharmacists are able to calculate dose/assess for need to modify resident medications.
- If you would like to receive a copy of the therapeutics order template, please reach out to PHS.HAI.HHSA@sdcounty.ca.gov

LTCF Resources

- Email moc.hcps.hhsa@sdcounty.ca.gov
  - Onsite flu/COVID vaccine assistance
  - Information re: COVID therapeutics
  - Emergent PPE requests
  - Onsite COVID testing support
  - Testing kit supplies

County/CDPH Briefings

- **CDPH/HSAG SNF IP Webinars:**
  - Monthly 4th Wednesday @ 3PM-4PM
  - Next webinar is on **11/29/2023** *due to holiday*
  - Next month's webinar is on **12/20/23** *due to holiday*

- **County LTC Sector COVID Monthly Telebriefing:**
  - Monthly 4th Thursday @ 2PM-3PM
  - Next briefing is on **12/14/23** *due to holiday*

- **CDPH Healthcare Facility Call:**
  - Monthly 2nd Tuesday @ 8AM-9AM
  - Next call is on **12/12/23**
  - Note NEW dial-in#: 844-867-6167; 7993227

- **NHSN & HAI Nursing Home Office Hours:**
  - Monthly 3rd Tuesday @11:30AM-12:30PM
  - Next session is **12/19/23**

NEW Isolation Signs

Health & Human Services Agency

MENU PROGRAMS ALL SERVICES A-Z FACILITIES ADVISORY BOARDS CON

HAI Resources

For more information about Healthcare-Associated Infections and related subjects please see the following resource links:

- Local
- State
- National
- General

LOCAL

- Epidemiology Unit
- Immunizations Unit
- COVID-19
- Monkeypox (MPOX)
- Tuberculosis Control Program
- Transmission Based Precaution Signage
  - Airborne
  - Contact
  - Droplet
  - Enhanced Standard Precautions
  - Enteric Contact
  - Transmission Based Precautions
  - For more information, please visit:
    - CDC's Transmission Based Precautions Website
    - CDPH's Enhanced Standard Precautions Website

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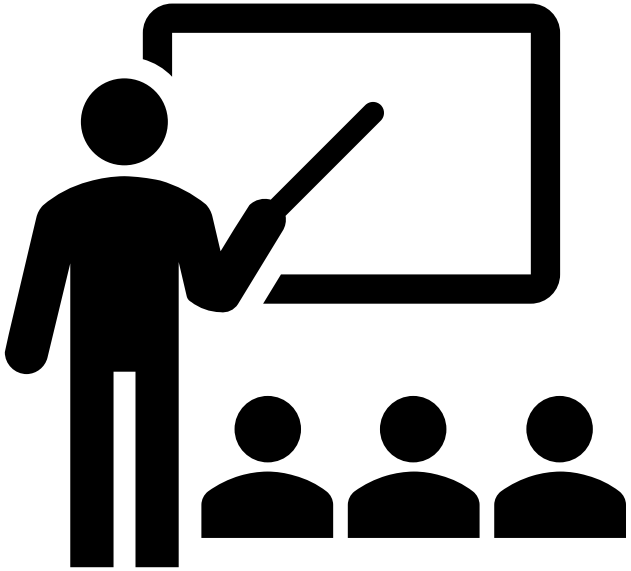
Save the Dates

March 20-21, 2024

- **SNF IP Basics Course**
- **In-person**
- **County Operations Center**
- **Free**
- **14 CEUs or IPUs**
- **Individuals responsible for IPC in SNFs**



Contact Hour Instructions

Ensure	Enjoy	Complete
Ensure your full name identifies you on Zoom	Enjoy the full presentation	Complete the post-evaluation

Mara Rauhauser, BSN, RN, PHN
Senior Public Health Nurse
County of San Diego
Healthcare-Associated Infections Program

Jennifer West, BSN, RN, PHN
Public Health Nurse
County of San Diego
Healthcare-Associated Infections Program

A Perfect Partnership: Infection Prevention and Environmental Services

Mara Rauhauser, Senior PHN

Jennifer West, PHN

County of San Diego, Public Health Services
Epidemiology & Immunization Services Branch
Healthcare-Associated Infections (HAI) Program

Objectives

After completing this training, the participant will be able to:

1. Name the 2 main EVS areas to assess.
2. Demonstrate how to evaluate a disinfectant.
3. State 3 principles to use when observing an EVS cart configuration.

Teamwork is important

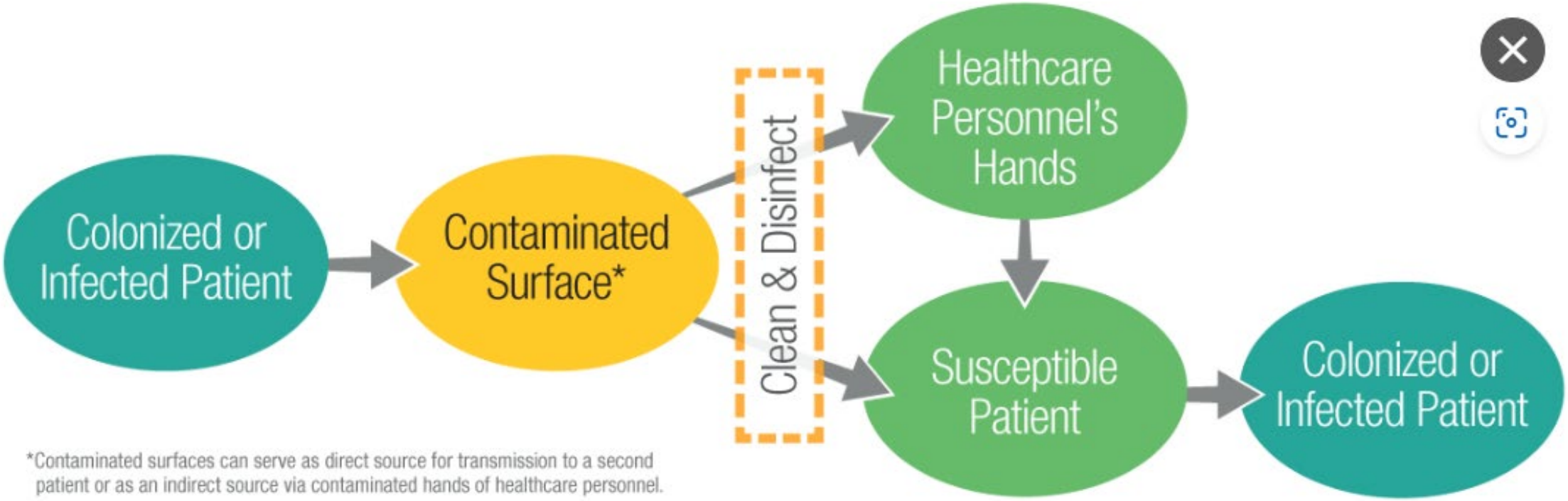
If you haven't gotten to know the **EVS manager**, now is the time.

- EVS manager is a **critical** person to partner with.
  - Performs supervisor role to EVS staff
  - Responsible for logistical issues
- The Infection Preventionist brings the **infection control lens** to the EVS process
  - Helps ensure the **chemicals** used will deal with the organisms present
  - Makes recommendations to **prevent cross contamination**
  - **Advocates** for needed chemicals, tools, and staffing

Contamination of surfaces, including high-touch surfaces in the room (e.g., bedrails, over-bed tables, and call-buttons) and reusable patient care equipment that is moved between rooms, can lead to: (1) transmission to the next patient who occupies the room or uses the same equipment, or (2) contamination of the hands or clothing of healthcare personnel with transmission to other patients (Figure 1).

Therefore, cleaning and disinfection of environmental surfaces is fundamental to reduce potential contribution to healthcare-associated infections.

Why is EVS Critical for Infection Prevention in healthcare facilities?



Getting to know your EVS

Areas to Focus on:

- Workload (include number of bed spaces, bathrooms, non patient care areas, other responsibilities)
- Daily/terminal Clean Process
  - Direct observations
  - Fluorescent marker audit
- Janitor's Closet
  - Chemicals
  - Tools
  - Cart setup
- Who cleans what

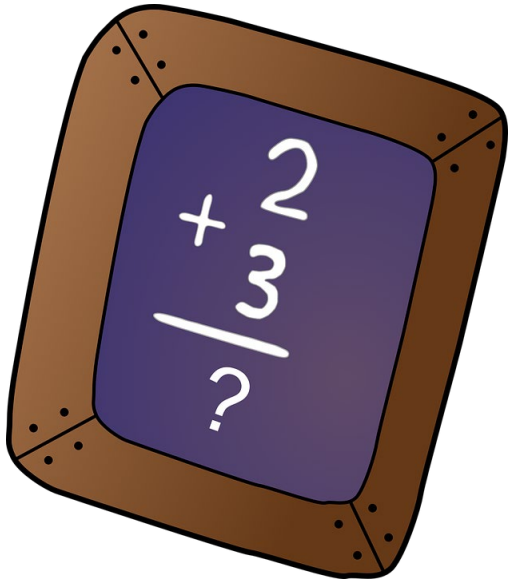
Workload

An important part of understanding the EVS process, is to understand the current workload
Example: If the staff work for 8 hours per day with 2, 15-minute breaks:
450 minutes total work time

If the staff are expected to clean:

- Daily cleans: 25 two bed rooms, each with a bathroom.
- One terminal/deep clean 45 minutes
- Nurse's station
- Shower room
- Hallway high touch areas and floors
- Dining room

Total of 70 minutes



450-45-70=335 minutes
335/25= 13.4 minutes per resident room/bathroom daily clean

Daily/Terminal Cleaning Process

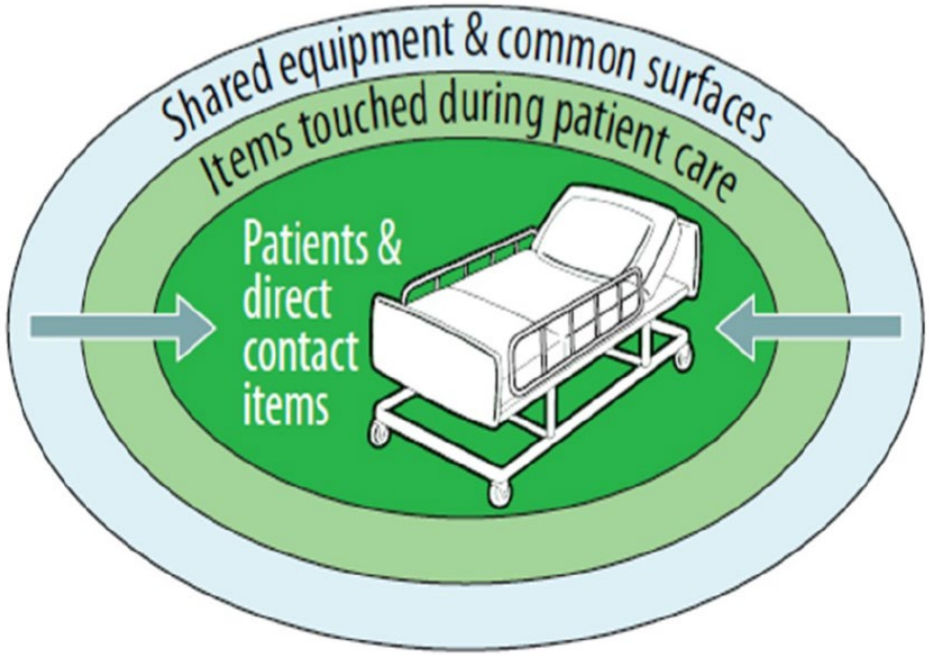
Important components to include:

- Chemicals, process and tools that will help **prevent cross contamination** and **kill the targeted germs**
- A **written** step by step process that is present on the cart in the language the EVS staff speaks
- Regular **direct** observations and **fluorescent marker** audits to remind staff what is expected

Daily/Terminal Cleaning Process

General Infection Prevention Concepts to Include:

- **Clean** to **dirty**
- **Outer** area of the room to the **interior** spaces
- **Top** to **bottom**
- Treat each bedspace as a **separate** space
- Bathroom should be the **last** area cleaned prior to the floor
- **Disinfect** anything that has been in the room and is **returning** to the cart (including EVS staff hands)
- Disinfect carts regularly(consider daily)



Source:
CDC Example of a cleaning strategy from cleaner to dirtier areas https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html

Daily/Terminal Cleaning Process

General IPC Concepts Continued:

- Limit items that **move** from room to room
- Consider **dedicating** a toilet brush to each bathroom, when patient safety allows
- Only use sponges/green scrub pads as one time use
- When possible, clean **transmission-based precautions/ESP** rooms last
- Change gloves and use hand sanitizer
  - Upon return to cart
  - Between bed spaces
  - Moving from dirtier to cleaner area

Examples...

For an example of a daily room clean, see the soon to be released EVS video

LIVE WELL SAN DIEGO

GENERIC TEMPLATE FOR EVS STANDARDIZED PROCESS FOR EVS CLEANING
(This is NOT to be used as the official protocol for a facility EVS practice – resource tool only!!!)

PURPOSE: TO PROVIDE A TOOL TO BEGIN DEVELOPING FACILITY SPECIFIC EVS STANDARDIZED WRITTEN PROCESS FOR EDUATION, TRAINING, AND COMPETENCY AUDITS.

PROCEDURE: DAILY CLEAN OF RESIDENT ROOM (MULTPLE BED)

****Follow your facility's process on stocking, preparing, and disinfecting your EVS cart at the start of your shift.****

Upon Arriving to the Room:

1. Perform hand hygiene.
2. Assess need to put on gown (depending on precautions signage on door).
3. Perform hand hygiene and put on the gloves.
4. Remove Soiled Linen and/or Trash from room and follow facility policy for removal and disposal.
5. Remove gloves, perform hand hygiene, and put on new gloves.
6. Gather supplies needed to begin cleaning room (appropriate disinfectant wipes, microfiber towels soaked in disinfectant, etc...)
7. Start cleaning in outer most part of the entire room and wiped down high touch surfaces (See graphic of "clean to dirty").
    a. (ex: light switches, knobs, and handles, and any other high touch area along walls, windows, door areas, wall storage, etc.. Be sure to add a list of high touch areas in the rooms so EVS staff know to clean those areas).
8. If you return to your cart, take off gloves, perform hand hygiene, put on new gloves, gather additional supplies if needed.
    a. Start cleaning areas near the bed area of patient A-(ex: nightstands, bedside tables, any chairs nearby, anything that is near the bed but not attached to the bed).
9. Return to your cart, take off gloves, perform hand hygiene, put on new gloves, gather additional supplies if needed.
    a. Start cleaning areas near the bed area of patient B- (ex: nightstands, bedside tables, any chairs nearby, anything that is near the bed but not attached to the bed).
10. Return to your cart, take off gloves, perform hand hygiene, put on new gloves, gather additional supplies if needed.
    a. Start cleaning areas near the bed area of patient C- (ex: nightstands, bedside tables, any chairs nearby, anything that is near the bed but not attached to the bed).
11. Return to your cart, take off gloves, perform hand hygiene, put on new gloves, gather additional supplies if needed to clean bathroom area.
12. Start to clean the bathroom by going to from "clean to dirty", moving from the outer walls towards the toilet).
    a. Any bottles and/or supplies that are returned to your cart need to be disinfected prior to placing on the cart.
13. If you return to your cart, take off gloves, perform hand hygiene, put on new gloves, gather additional supplies if needed.
14. Gather supplies to mop the room areas, be sure to use at least one mop for each patient area (ex: 3 patient areas = 3 mop heads to mop entire room). A Separate mop head should be used for the bathroom. Start at the furthest point away from the door and work towards door. Any trash on the floor can be Mopped to the doorway for collection after mopping is done.
15. Once mopping is completed, take off gloves, perform hand hygiene, put on new gloves, wipe down handles of dustpan and broom and return to cart.
16. Trash at doorway can now be collected using your dustpan and broom at the threshold of the door. Take off gloves, perform hand hygiene, put on new gloves, wipe down handles of dustpan and broom and return to cart.
17. Take of Gloves, perform hand hygiene, take off gown (if needed- paying attention to removing the gown starting at the back towards front), perform hand hygiene.

3255 Camino Del Rio South
San Diego, CA 92108

TEL: 619-936-9311
EMAIL: shelbya.canino@sdcounty.ca.gov

LIVEWELLSD.ORG

Disinfectants

Disinfectant Characteristics

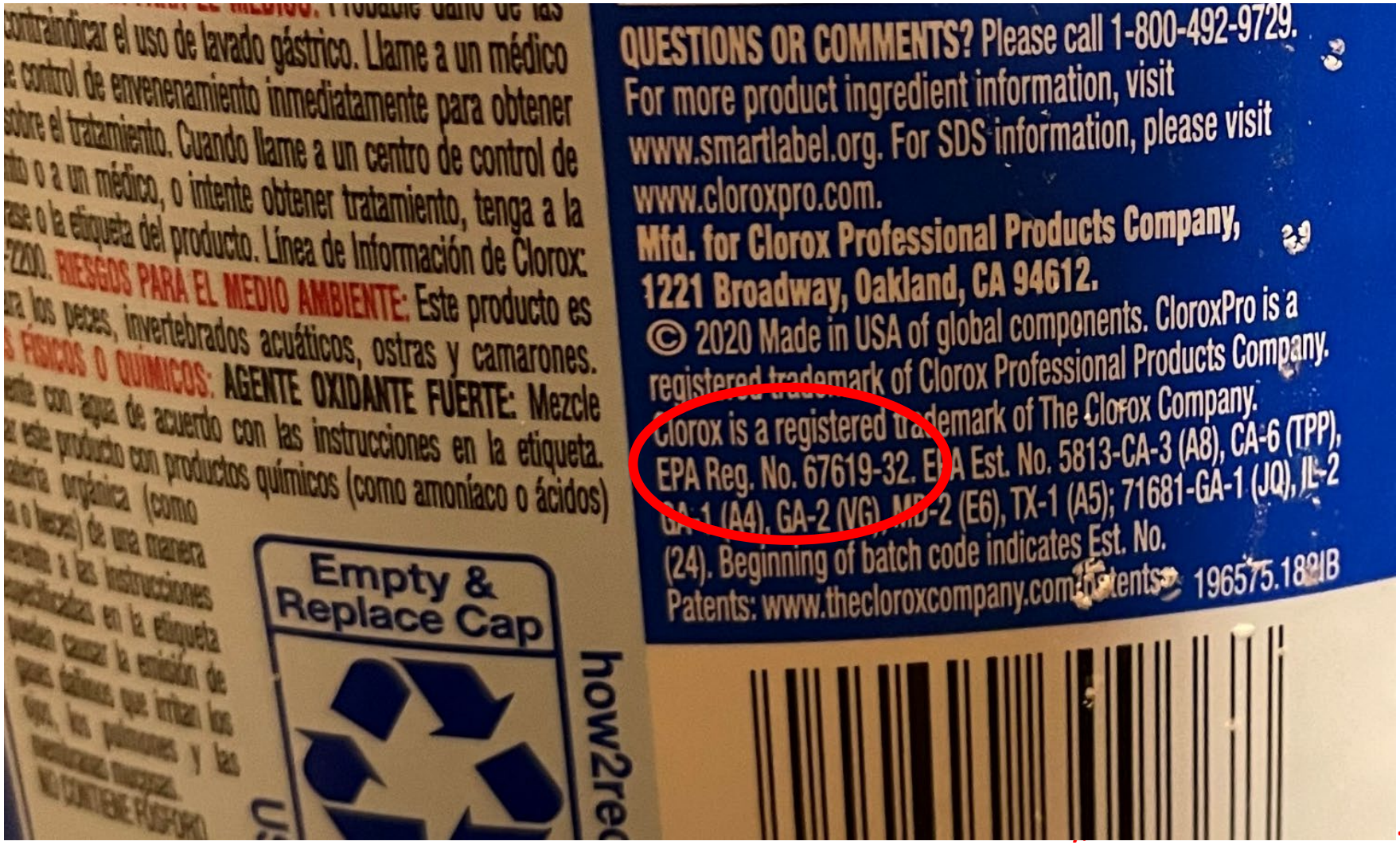
Ideal Characteristics for HTS Disinfectant:

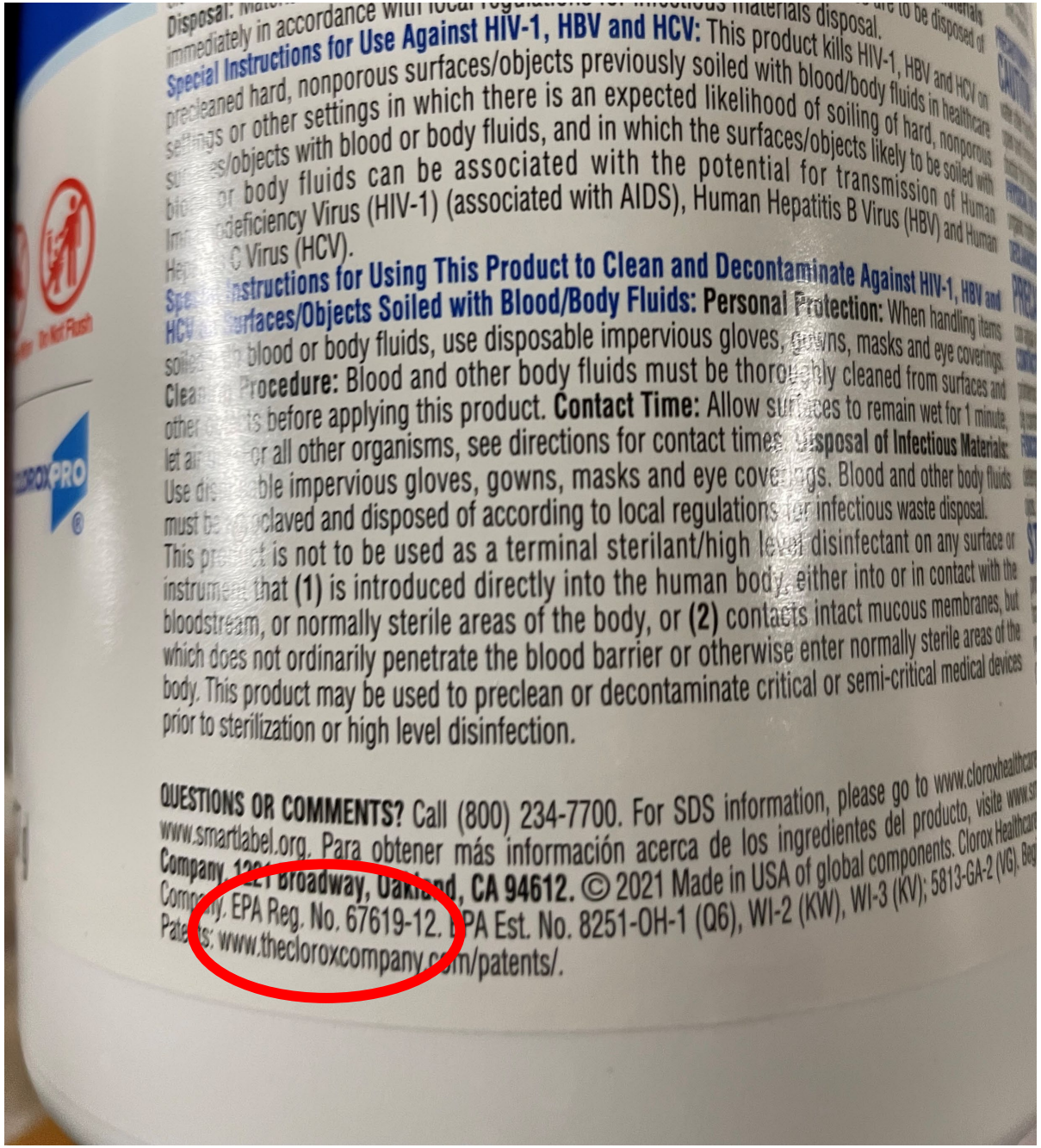
- On EPA List P (effective against *Candida auris*)
- Contact Time of 5 minutes or less
- Effective against the other common MDROs we see
- Effective against C. diff
- Not too smelly
- Not too expensive
- Not too hard on equipment and furniture
- Realistic to be used as a whole house disinfectant

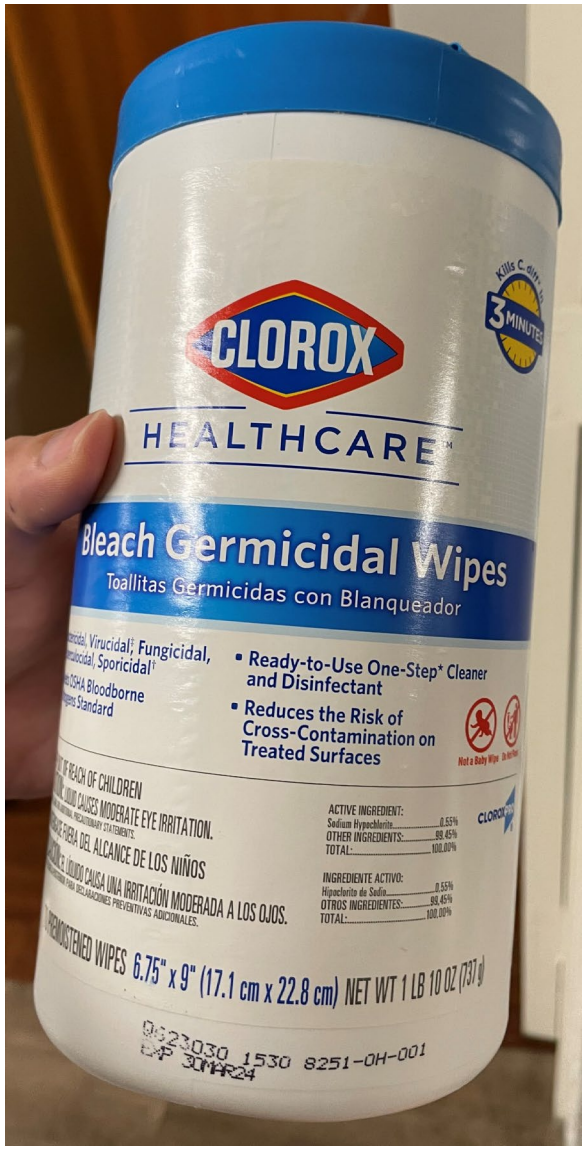
Fewer products when possible

Floor staff usually need a product that is a wipe

How to Evaluate a Disinfectant



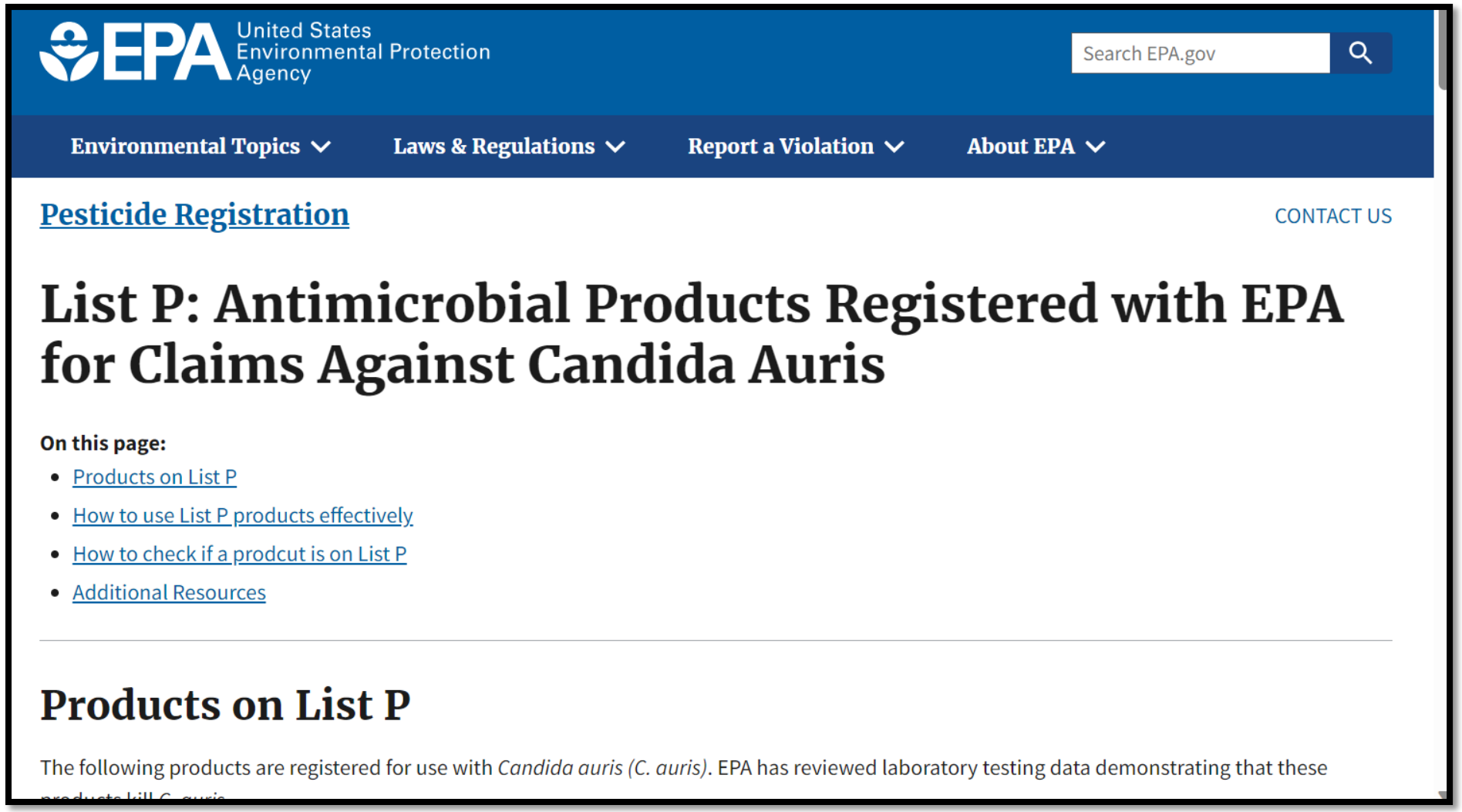




What we are looking for:

- ✓ Is it a disinfectant?
- ✓ What is the EPA Reg #?
- ✓ What are the label claims?
- ✓ What is the contact time/s?

EPA List P



United States Environmental Protection Agency

Search EPA.gov

Environmental Topics | Laws & Regulations | Report a Violation | About EPA

Pesticide Registration

CONTACT US

List P: Antimicrobial Products Registered with EPA for Claims Against Candida Auris

On this page:

- Products on List P
- How to use List P products effectively
- How to check if a prodcut is on List P
- Additional Resources

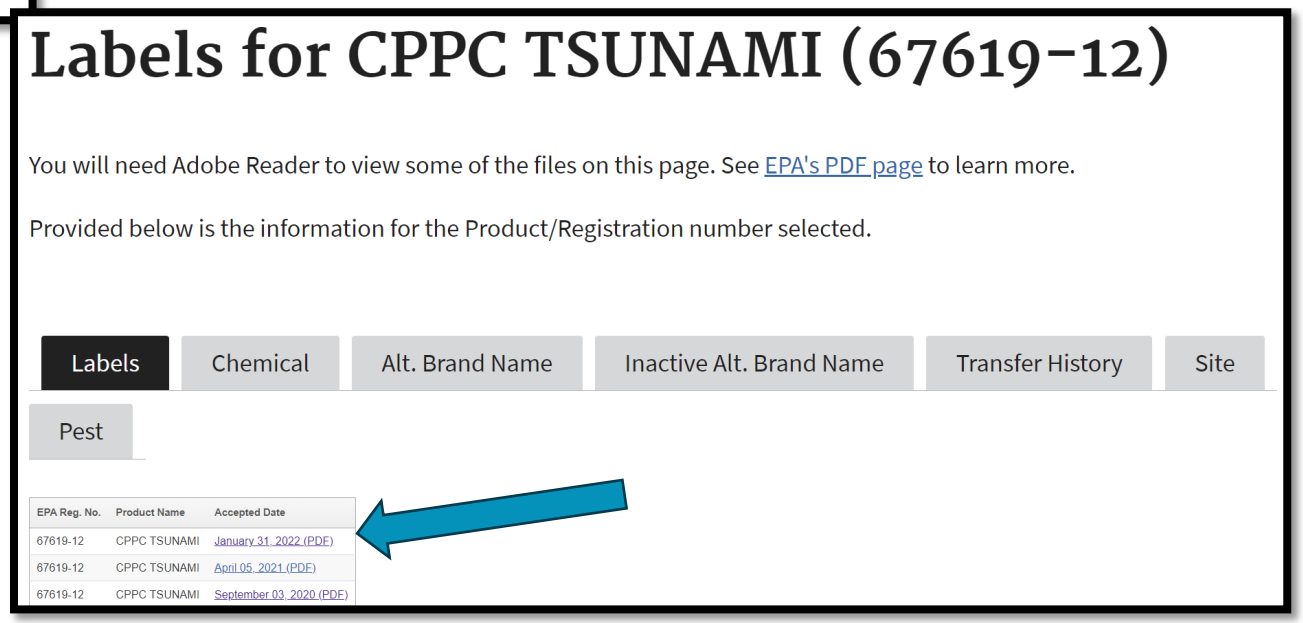
Products on List P

The following products are registered for use with *Candida auris (C. auris)*. EPA has reviewed laboratory testing data demonstrating that these products kill *C. auris*

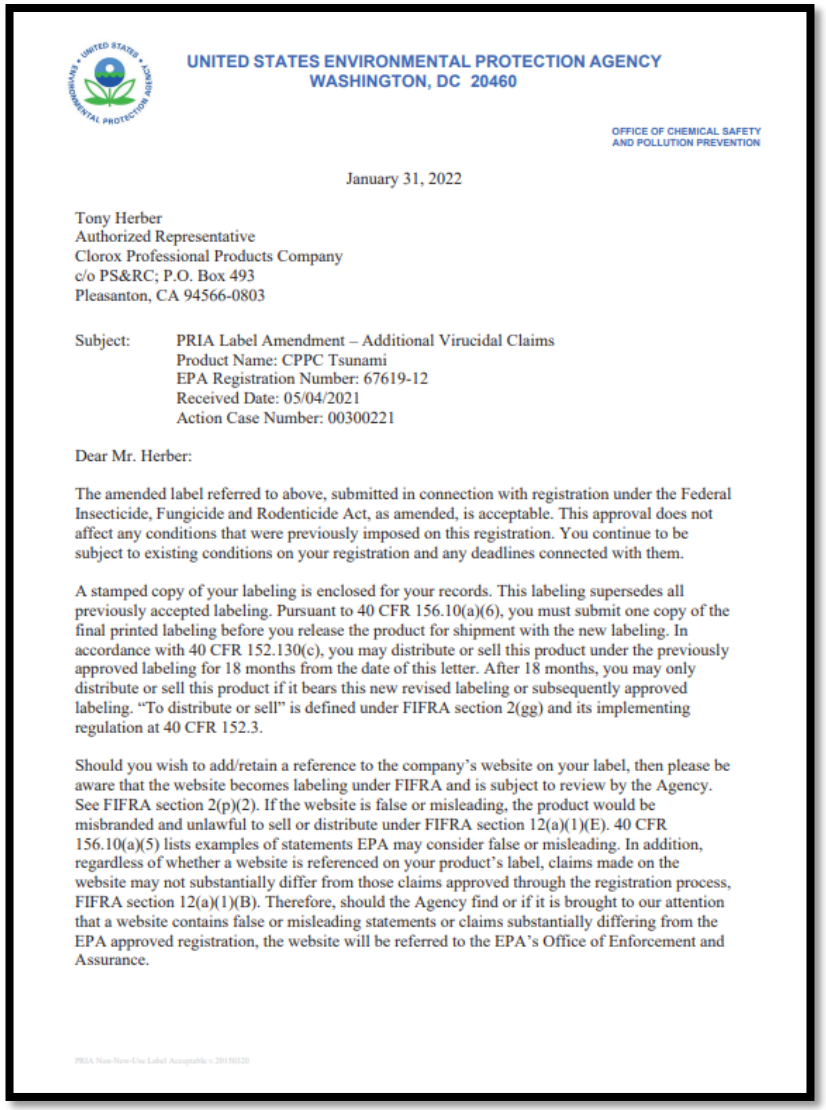
EPA List P

Registration	Active Ingredient	Product Brand Name	Company	Contact Time (minutes)	Formulation Type	Surface Types	Use sites
56392-7	Sodium Hypochlorite	Dispatch Hospital Cleaner Disinfectant with Bleach	Clorox Professional Products Company	3	Ready to Use	Hard Nonporous (HN)	Hospital; Institutional; Residential
63761-13	Hydrogen peroxide; Peroxyacetic acid (Peracetic acid)	Sterilex PAA 5.9	Sterilex	2	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
67619-12	Sodium Hypochlorite	CPPC Tsunami	Clorox Professional Products Company	3	Ready to Use/Wipe	Hard Nonporous (HN)	Hospital; Institutional; Residential
67619-24	Hydrogen Peroxide	Blondie	Clorox Professional Products Company	2	Ready to Use	Hard Nonporous (HN)	Hospital; Institutional; Residential

Looking up the EPA Approval Letter



EPA Letter



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

OFFICE OF CHEMICAL SAFETY AND POLLUTION PREVENTION

January 31, 2022

Tony Herber
Authorized Representative
Clorox Professional Products Company
c/o PS&RC; P.O. Box 493
Pleasanton, CA 94566-0803

Subject: PRIA Label Amendment – Additional Virucidal Claims
Product Name: CPPC Tsunami
EPA Registration Number: 67619-12
Received Date: 05/04/2021
Action Case Number: 00300221

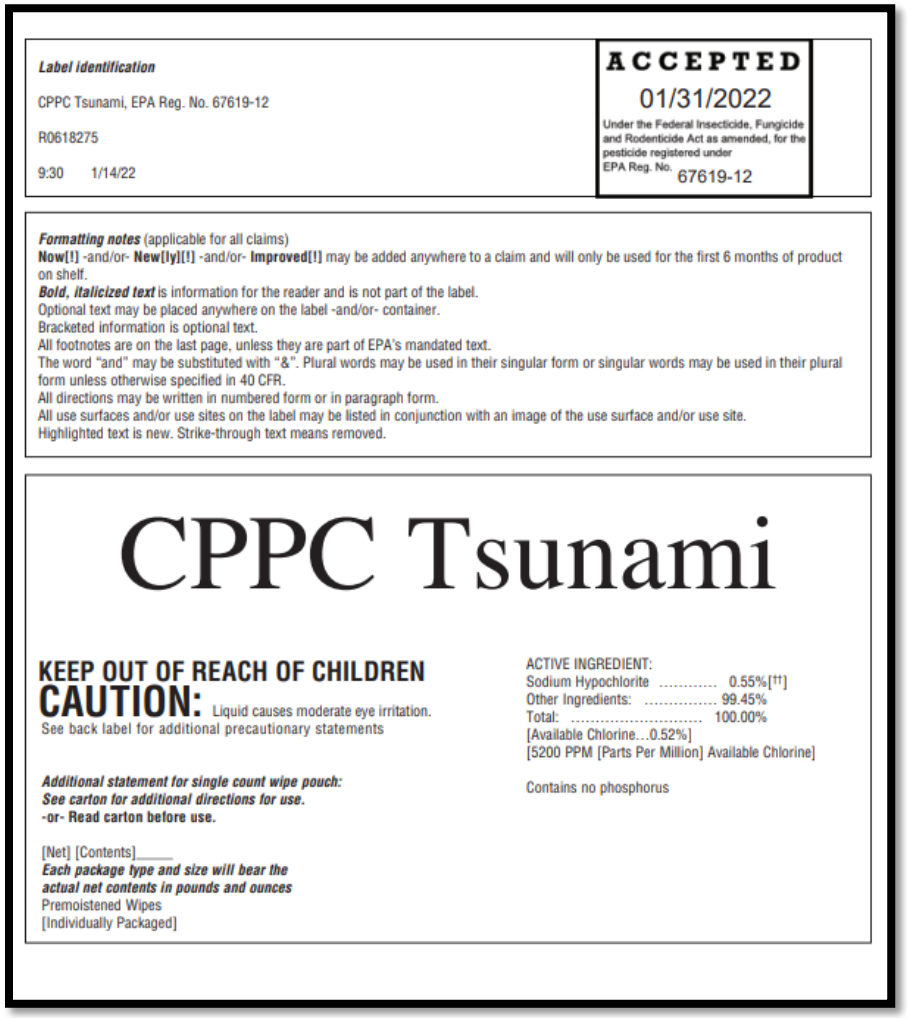
Dear Mr. Herber:

The amended label referred to above, submitted in connection with registration under the Federal Insecticide, Fungicide and Rodenticide Act, as amended, is acceptable. This approval does not affect any conditions that were previously imposed on this registration. You continue to be subject to existing conditions on your registration and any deadlines connected with them.

A stamped copy of your labeling is enclosed for your records. This labeling supersedes all previously accepted labeling. Pursuant to 40 CFR 156.10(a)(6), you must submit one copy of the final printed labeling before you release the product for shipment with the new labeling. In accordance with 40 CFR 152.130(c), you may distribute or sell this product under the previously approved labeling for 18 months from the date of this letter. After 18 months, you may only distribute or sell this product if it bears this new revised labeling or subsequently approved labeling. "To distribute or sell" is defined under FIFRA section 2(gg) and its implementing regulation at 40 CFR 152.3.

Should you wish to add/retain a reference to the company's website on your label, then please be aware that the website becomes labeling under FIFRA and is subject to review by the Agency. See FIFRA section 2(p)(2). If the website is false or misleading, the product would be misbranded and unlawful to sell or distribute under FIFRA section 12(a)(1)(E). 40 CFR 156.10(a)(5) lists examples of statements EPA may consider false or misleading. In addition, regardless of whether a website is referenced on your product's label, claims made on the website may not substantially differ from those claims approved through the registration process, FIFRA section 12(a)(1)(B). Therefore, should the Agency find or if it is brought to our attention that a website contains false or misleading statements or claims substantially differing from the EPA approved registration, the website will be referred to the EPA's Office of Enforcement and Assurance.

PRIA Non-New-Use Label Acceptable v.20150320



Label identification

CPPC Tsunami, EPA Reg. No. 67619-12

R0618275

9:30 1/14/22

ACCEPTED
01/31/2022
Under the Federal Insecticide, Fungicide and Rodenticide Act as amended, for the pesticide registered under EPA Reg. No. 67619-12

Formatting notes (applicable for all claims)
Now[!] -and/or- **New[ly][!]** -and/or- **Improved[!]** may be added anywhere to a claim and will only be used for the first 6 months of product on shelf.
Bold, italicized text is information for the reader and is not part of the label.
Optional text may be placed anywhere on the label -and/or- container.
Bracketed information is optional text.
All footnotes are on the last page, unless they are part of EPA's mandated text.
The word "and" may be substituted with "&". Plural words may be used in their singular form or singular words may be used in their plural form unless otherwise specified in 40 CFR.
All directions may be written in numbered form or in paragraph form.
All use surfaces and/or use sites on the label may be listed in conjunction with an image of the use surface and/or use site.
Highlighted text is new. Strike-through text means removed.

CPPC Tsunami

KEEP OUT OF REACH OF CHILDREN
CAUTION: Liquid causes moderate eye irritation.
See back label for additional precautionary statements

Additional statement for single count wipe pouch:
See carton for additional directions for use.
-or- Read carton before use.

[Net] [Contents]_____
Each package type and size will bear the actual net contents in pounds and ounces
Premoistened Wipes
[Individually Packaged]

ACTIVE INGREDIENT:
Sodium Hypochlorite ..... 0.55%[††]
Other Ingredients: 99.45%
Total: 100.00%
[Available Chlorine...0.52%]
[5200 PPM [Parts Per Million] Available Chlorine]

Contains no phosphorus

For internal use only, not for distribution.

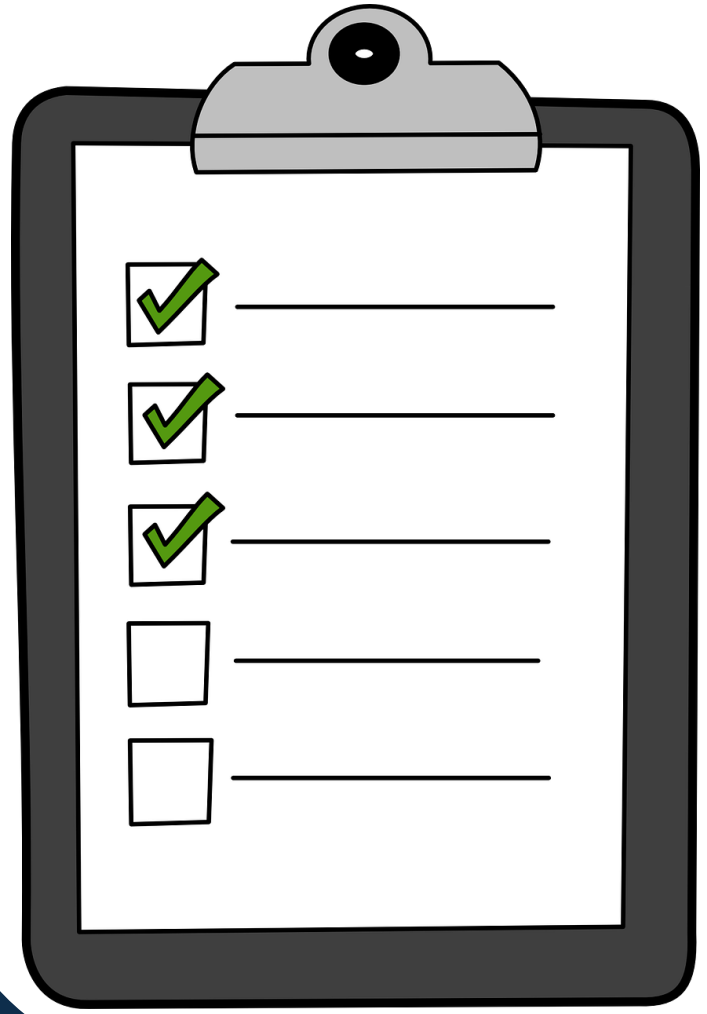
Organism Table

Bacteria	Strain and/or ATCC	Contact Time
Acinetobacter baumannii	[ATCC 15308]	30 sec[onds]
Bordetella pertussis	[ATCC 12743]	30 sec[onds]
Campylobacter jejuni	[ATCC 29428]	30 sec[onds]
Carbapenem-resistant Klebsiella pneumoniae [(CRKP)]	[ATCC BAA-1705]	30 sec[onds]
Community Associated Methicillin resistant Staphylococcus aureus [CA-MRSA]	[NARSA NRS123] [Genotype USA400]	30 sec[onds]
Community Associated Methicillin resistant Staphylococcus aureus [CA-MRSA]	[NARSA NRS384] [Genotype USA300]	30 sec[onds]
Klebsiella aerogenes ***tested as Enterobacter aerogenes***	[ATCC 13048]	30 sec[onds]
Enterobacter cloacae	[ATCC 13047]	30 sec[onds]
Enterococcus faecalis, vancomycin resistant -or- Vancomycin resistant Enterococcus faecalis [(VRE)]	[ATCC 51575]	30 sec[onds]
Enterococcus hirae	[ATCC 10541]	30 sec[onds]
ESBL (Extended Spectrum Beta Lactamase) producing Escherichia coli (ESBL producing E. coli)	[ATCC BAA-196]	30 sec[onds]
ESBL (Extended Spectrum Beta Lactamase) producing Klebsiella pneumoniae (ESBL producing K. pneumoniae)	[CDC 700603]	30 sec[onds]
Escherichia coli O157:H7	(ATCC 35150)	30 sec[onds]
Escherichia coli [(E. coli)]	[ATCC 11229]	30 sec[onds]
Escherichia coli New Delhi Metallo-Beta Lactamase-1 [(NDM-1)] [NDM-1 E. coli]	[CDC 1001728]	30 sec[onds]
Klebsiella pneumoniae	[ATCC 4352]	30 sec[onds]
Klebsiella pneumoniae New Delhi Metallo-Beta Lactamase-1 [(NDM-1)] [NDM-1 K. pneumoniae]	[CDC 1000527]	30 sec[onds]
Legionella pneumophila [(Legionella)]	[ATCC 33153]	30 sec[onds]
Linezolid resistant Staphylococcus aureus [(LRSA)]	[NRS 119]	30 sec[onds]
Listeria monocytogenes [(Listeria)]	[ATCC 19117]	30 sec[onds]
Methicillin resistant Staphylococcus aureus [(MRSA)]	[ATCC 33592]	30 sec[onds]
Multi-drug resistant Enterococcus faecium [(MDR E. faecium)][1]	[ATCC 51559]	30 sec[onds]
Proteus mirabilis	[ATCC 9240]	30 sec[onds]
Pseudomonas aeruginosa [(Pseudomonas)]	[ATCC 15442]	30 sec[onds]
Salmonella enterica ***tested as Salmonella choleraesuis***	[ATCC 10708]	30 sec[onds]
Salmonella enterica serovar typhi	[ATCC 6539]	30 sec[onds]
Serratia marcescens	[ATCC 14756]	30 sec[onds]
Shigella dysenteriae	[ATCC 11835]	30 sec[onds]
Staphylococcus aureus	[ATCC 6538]	30 sec[onds]
Staphylococcus epidermidis [(Coagulase-negative Staphylococci)]	[ATCC 12228]	30 sec[onds]
Streptococcus pneumoniae [(Strep)]	[ATCC 6305]	30 sec[onds]
Streptococcus pyogenes [(Strep)]	[ATCC 12344]	30 sec[onds]
Vancomycin intermediate resistant Staphylococcus aureus [(VISA)]	[CDC HIP 5836]	30 sec[onds]
Vancomycin resistant Staphylococcus aureus [(VRSA)]	[NARSA VRS1]	30 sec[onds]
Spore-forming Bacterium	***Strain and/or ATCC***	***Contact Time***
Clostridioides difficile[¥] -or- C. difficile [¥] -or- C. diff[¥] [(C. diff)] spores	[ATCC 43598]	3 min[utes]

- ✓ What does it kill?
- ✓ How long does the surface have to stay wet to kill that organism(contact time)?
- ✓ What surfaces can it be used to disinfect?

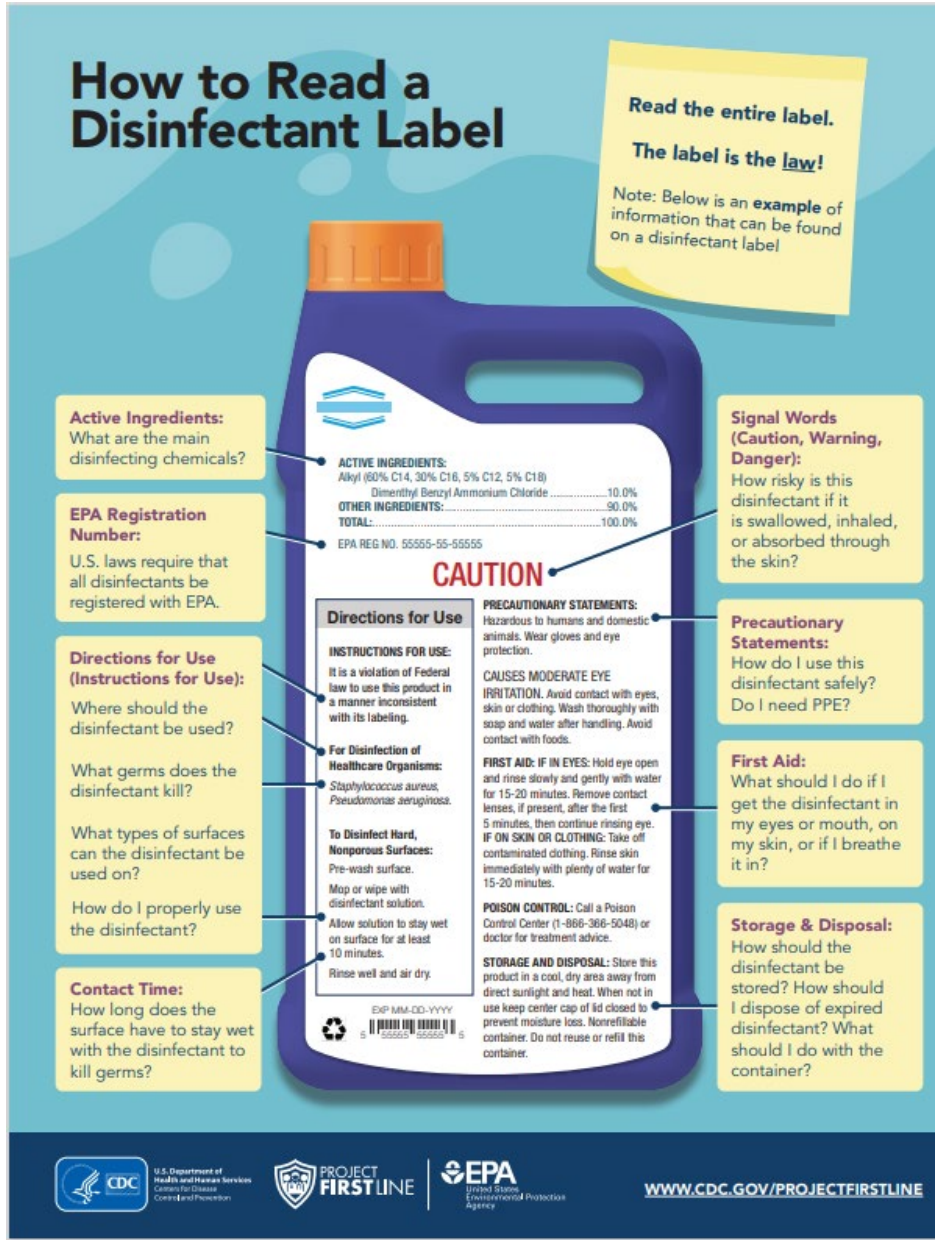
Mycobacterium	***Strain and/or ATCC***	***Contact Time***
Mycobacterium bovis [(BCG)] (Tuberculosis -or- TB) (22.5°C -or- 72.5°F)		3 min[utes]
Mold, Mildew, Fungi	***Strain and/or ATCC***	***Contact Time***
Aspergillus brasiliensis [(mildew)]	[ATCC 16404]	5 min[utes]
Candida albicans	[ATCC 10231]	3 min[utes]
Candida auris¥	[CDC AR-0381]	3 min[utes]
Candida glabrata	[ATCC 32312]	3 min[utes]
Trichophyton interdigitale ***tested as Trichophyton mentagrophytes*** [(Athlete's Foot Fungus)]	[ATCC 9533]	3 min[utes]
Viruses Enveloped	***Strain and/or ATCC***	***Contact Time***
‡Avian Influenza A Virus	[ATCC VR-2072]	1 min[ute]
‡, ‡‡HIV [Human Immunodeficiency Virus] [Type 1]	[Strain HTLV-IIIB]	30 sec[onds]
‡[Human] Coronavirus [([additional] causative agent of the common cold)]	[ATCC VR-740] [Strain 229E]	1 min[ute]
‡, ‡‡[Human] Hepatitis B Virus [(HBV)] (as duck HBV)		1 min[ute]
‡, ‡‡[Human] Hepatitis C Virus [(HCV)] (as bovine diarrhea Virus)	[ATCC VR-1422]	1 min[ute]
‡[Human] Herpes Virus [Type 2] -or- Herpes simplex Virus [Type 2]	[ATCC VR-734] [Strain G]	1 min[ute]
‡Human Influenza A virus (H1N1)	[A/PR/8/34]	30 sec[onds]
‡Influenza A Virus [(representative of the common flu virus)]	[ATCC VR-544] [Strain A/Hong Kong/8/68]	1 min[ute]
‡Influenza B Virus	[ATCC VR-823] [Strain B/Hong Kong/5/72]	1 min[ute]
‡Measles Virus	[ATCC VR-24]	1 min[ute]
‡MERS - Coronavirus [(Middle East Respiratory Syndrome Coronavirus)] [(MERS-CoV)]		1 min[ute]
‡Respiratory Syncytial Virus [(RSV)] [(causes colds)]	[ATCC VR-26] [Strain Long]	1 min[ute]
‡SARS - Associated Coronavirus [(SARS - CoV)]	[ZeptoMetrix/CDC CDC#200300592]	1 min[ute]
‡SARS-CoV-2 [(cause of COVID-19)]	[Strain USA-WA1/2020]	1 min[ute]
‡SARS-CoV-2 [(cause of COVID-19)]	hCoV-19/Alpha//204820464/ 2020 [(B.1.1.7)] [(NR-54000)]	1 min[ute]
‡SARS-CoV-2 [(cause of COVID-19)]	hCoV-19/Beta/KRISP-EC-K005321/ 2020 [(B.1.351)] [(NR-54008)]	1 min[ute]
‡SARS-CoV-2 [(cause of COVID-19)]	hCoV-19/Alpha/CA_CDC_5574/ 2020 [(B.1.1.7)][NR-54011)]	1 min[ute]
Viruses Large Non-enveloped	***Strain and/or ATCC***	***Contact Time***
‡Adenovirus [Type 2] [(causes colds)]	[ATCC VR-846] [Strain Adenoid 6]	1 min[ute]
‡Rotavirus [(causative agent of viral diarrhea)]	[Strain WA]	1 min[ute]
Viruses Small Non-enveloped	***Strain and/or ATCC***	***Contact Time***
‡, §Canine Parvovirus	[ATCC VR-2017] [Strain Cornell]	3 min[utes]
‡Enterovirus Type D68	[NR-49132][Strain US/KY/14-18953]	1 min[ute]
‡, §Feline Parvovirus [(Feline Panleukopenia Virus)]	[ATCC VR-648] [Strain Philips-Roxane]	3 min[utes]
‡[Human] Hepatitis A Virus [(HAV)]	[Strain HM-175]	1 min[ute]
‡Norovirus◊ [(as Feline Calicivirus)]	[ATCC VR-782]	1 min[ute]
‡Poliovirus [Type 1]	[ATCC VR-1000] [Strain Brunhilde]	1 min[ute]
‡Rhinovirus [Type 37] [([a leading] causative agent of the common cold)]	[ATCC VR-1147] [Strain 151-1]	1 min[ute]

Chemicals



Checklist for Disinfectant:

- On EPA List P (effective against *Candida auris*)
- Contact Time of 5 minutes or less
- Effective against the other common MDROs we see
- Effective against C. diff
- Not too smelly
- Not too expensive
- Not too hard on equipment and furniture
- Realistic to be used as a whole house disinfectant



Janitor’s Closet

Overall:

- Is this space well organized and clean?
- Is the shelving disinfectable?
- Are items stored on the ground?
- Clean with clean and dirty with dirty?
- Are all the things stored here used currently?
- Are the items stored here supposed to be stored here?

EVS Closet

- Are all the chemicals present being used?
- Is this dilution machine made for these chemicals?
- When was it calibrated last?
- The basin is very dirty.
- Ask each staff to show you how they prepare their carts. Watch the process and ask questions. What is that chemical used for?

EVS Closet

Let's Talk About this EVS Closet

- Ideally, chemicals are not stored in the splash zone for sink/floor sink
- Appropriate chemicals that are in current use?
- The sink has standing water.
- How often is the sink cleaned/disinfected?

Tools

Recommendations:

- Microfiber clothes **soaking in disinfectant** to clean high touch surfaces
  - Spray and wipe is not recommended
- Simple is better, try to **reduce** the number of products
- **Microfiber mopheads** soaking in disinfectant
- Keep gloves and hand sanitizer on the top of the cart for **convenient access**

EVS Cart

EVS Cart Setup:

- ✓ **Consistent** on all carts
- ✓ Most used items need to be most **accessible**
- ✓ **Dirty** with **dirty**
- ✓ **Clean** with **clean**
- ✓ Keep **ergonomics** in mind
- ✓ Appropriate **Tools**
- ✓ Appropriate **chemicals**
- ✓ **No** personal items
- ✓ No **food or drink**
- ✓ No **tape** on tools/cart

Bins with microfiber clothes soaked in disinfectant

Microfiber Mop heads

EVS Cart

EVS Cart

For internal use only, not for distribution.

Who Cleans That?

Healthcare-Associated Infections Program

Environmental Cleaning and Disinfection – Responsibility Assessment

Everyone is responsible for the cleanliness of the care environment. It is recommended to keep an updated checklist of *who cleans what* in your policy. The following items may be used to develop a checklist for assigning cleaning responsibilities among staff. This tool may also be used as an assessment or teaching tool to identify gaps and opportunities for improvement.

Instructions: Ask at least four (4) staff with different titles to list who cleans each item. Compare responses to your facility's policy. Look for areas where it is unclear who cleans certain items or if there is a mismatch among respondents. Use the results from this exercise to remind and reeducate staff on the importance of environmental cleaning. Example respondents include: infection preventionists, EVS managers, nurses, respiratory therapists, EVS workers.

Who is responsible for cleaning:	Respondent #1 Title:	Respondent #2 Title:	Respondent #3 Title:	Respondent #4 Title:
ABHR dispenser				
Bathroom				
Bedrail				
Blood pressure machine				
Call button				
Charting area				
Floor				
Floor, with large spill				
Glucometer				
In-room computer/keyboard				
IV pole				
IV pump				
Light switch				
Medication cart				
Oxygen tank				
Patient linen				
PPE container				
Privacy curtains				
Reusable thermometer				
Room/toilet sink				
Side table				
TV remote				
Ventilator				
Ventilator alarm in hallway				

Updated 2020.02.13

What can the HAI Program do to help?

Walk the halls with you

Work with EVS Staff on infection prevention topics

Provide in-services to staff

Help find answers to questions

Help gather data

Work with vendors and floor staff to give feedback and improve infection prevention practices

Resources and References

- EPA List P https://www.epa.gov/pesticide-registration/list-p-antimicrobial-products-registered-epa-claims-against-candida-auris
- CDPH Adherence Monitoring https://www.cdph.ca.gov/programs/chcq/hai/pages/monitoringadherencetohcpracticesthatpreventinfection.aspx
- CDPH Environmental Cleaning https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/EnvironmentalCleaning.aspx
- CDPH Preventing HAI in LTCFs https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/PreventingHAI_in_LTC_Facilities.aspx
- CDPH AFLs https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL.aspx
- CDC Target Assessment for Prevention (TAP) Strategy https://www.cdc.gov/hai/prevent/tap.html
- CDC Infection Prevention Tools https://www.cdc.gov/longtermcare/prevention/index.html
- CDC Infection Control Assessment Tools https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html
- County of San Diego HAI Program http://www.sdhai.org
- APIC Long Term Care https://apic.org/Resources/Topic-specific-infection-prevention/Long-term-care/
- NACCHO Toolkit https://www.naccho.org/uploads/downloadable-resources/Programs/Community-Health/Project-Firstline/Toolkit_5.16.2022_to-NACCHO-1.pdf

NEW RESOURCE:

Contact Hour Instructions

- **Ensure your Zoom name is your full name**
- **Complete the December 1st, 5:00PM**
- **Expect your certificate by December 15th.**

Next Collaborative

No December Webinar

January 24, 2024

11:00AM – 12:00PM

ZOOM

Featured Topic:

"A Case Study: *Candida auris*"

1 Contact Hour Offered

Submit questions about

or

Feedback about today's collaborative meeting to:

PHS.HAI.HHSA@sdcounty.ca.gov

Contact us at:

PHS.HAI.HHSA@sdcounty.ca.gov

The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.

Healthcare Associated Infections Program