

Welcome

BEFORE WE BEGIN, ANSWER IN THE CHAT

What is your favorite San Diego outdoor activity to do in the spring?

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INSTRUCTION FOR CONTACT HOUR

- Your display name **MUST** match your evaluation name for CEU credit. If it does not, type your name and facility in the chat.
- Enjoy the entire program.
- Complete the post-evaluation by **April 25, 2025, 5:00 PM** (available on the last slide)
- Certificate will be emailed to you by **May 15, 2025**.



San Diego Skilled Nursing Facility Infection Prevention Collaborative

Grow - Collaborate - Succeed

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

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Reminders

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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



Type into the chat your:

- Name
- Title
- Facility



Land Acknowledgement

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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.



Agenda



Welcome

General Updates

Announcements

Featured Topic: “Implementing and Sustaining Your Quality Improvement Projects”

Next Collaborative

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SNF IP
Email List



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Respiratory Virus Update

April 10, 2025



LIVE WELL
SAN DIEGO

San Diego County

Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

www.sdepi.org

Beginning April 10, 2025, this report will be issued monthly on the second Thursday of the month. Weekly reporting will resume in October.

COVID-19

Cases
25,699

Deaths
248

Outbreaks*
218

6/30/2024 – 4/5/2025

Influenza

Cases
37,679

Deaths
200

Outbreaks*
88

6/30/2024 – 4/5/2025

RSV

Cases
5,498

Deaths
13

Outbreaks*
6

6/30/2024 – 4/5/2025

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*In residential congregate settings

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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.

COVID-19, Influenza, and RSV Cases by CDC Episode Week,* 2024-25 Fiscal Year-to-Date

Figure 1.1. San Diego County **COVID-19** Confirmed and Probable Cases
(N=25,699)

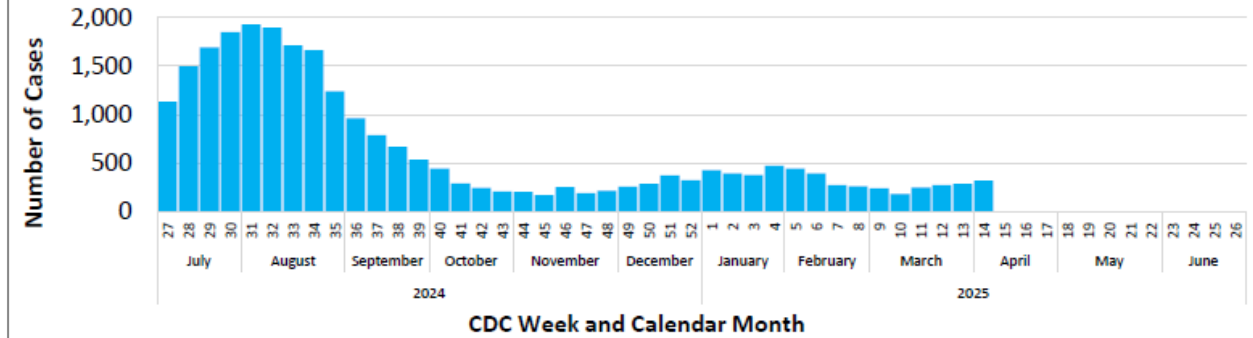


Figure 1.2. San Diego County **Influenza** Cases
(N=37,679)

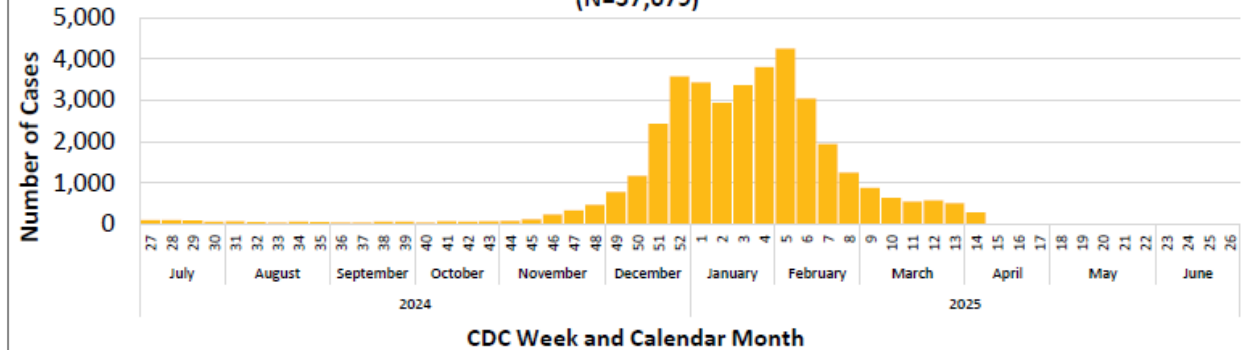
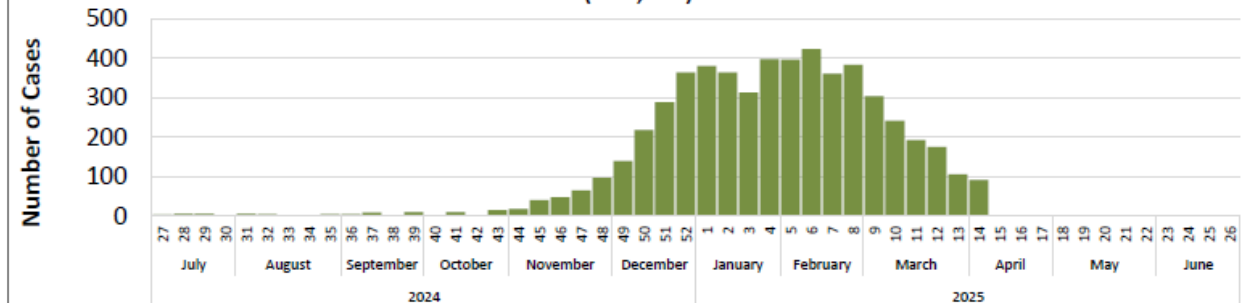


Figure 1.3. San Diego County **RSV** Cases
(N=5,498)



San Diego County's Healthcare-Associated Infections (HAI) Program presents:

Infection Prevention 1-day Course

March 18, 2025



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SAVE THE DATE(s)



CDPH/County of San Diego Collaboration: Environmental Services Training

Two Part Training

No Cost

■ Virtual Training (2-hour session)

- April 24, 2025 – English
- April 30, 2025 – Spanish

Audience: IP, EVS Managers,
EVS Staff, DSD

■ Hands-on Training (1-hour session)

- May 12, 2025 – May 16, 2025

Audience: IP, EVS Managers,
EVS Trainers, DSD

■ More details forthcoming

Postponed
Reschedule Pending



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County/CDPH Briefings



- **County LTC Sector Bi-Monthly Telebriefing:**
 - Bi-monthly 4th Thursday @ 2PM-3PM
 - Next briefing is on **5/22/25**



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Contact Hour Instructions

Ensure

- Ensure your full name identifies you on Teams

Enjoy

- Enjoy the full presentation

Complete

- Complete the post-evaluation

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Presenters



Hosniyeh Bagneri, RN, BSN, CIC
Infection Preventionist
California Department of Public Health
Healthcare-Associated Infections Program



Barbara Allen, BS, CIC
Infection Preventionist
California Department of Public Health
Healthcare-Associated Infections Program



Margaret "Maggie" Turner, RN, BSN, M.Ed., PHN,
FAPIC, CIC
Infection Preventionist
Education and Training Workforce
California Department of Public Health
Healthcare-Associated Infections Program

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Sustaining Results of Quality Improvement and Quality Assurance Projects

April 23, 2025

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Agenda

- 1** **Quality Improvement (QI) and Quality Assurance (QA) Projects**
- 2** **Sustaining IPC Change**
- 3** **Additional considerations for sustaining IPC practices and ongoing training**

Objectives

- Review the role of quality assurance and performance improvement in infection prevention
- Define sustainability in infection prevention
- Discuss strategies for infection prevention sustainability

Developing QI/QA Projects for Infection Prevention and Control (IPC) Programs

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What is QAPI?

- QAPI is the coordinated application of two mutually reinforcing aspects of a quality management system: Quality Assurance (QA) and Performance Improvement (PI)
- QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes while involving all nursing home caregivers in practical and creative problem solving

[QAPI Description and Background | CMS](https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/qapidefinition)

(www.cms.gov/medicare/provider-enrollment-and-certification/qapi/qapidefinition)

Why QAPI and Infection Prevention?

- QAPI builds competencies that equip you to solve quality problems and prevent their recurrence
- Competencies allow you to seize opportunities to achieve new goals
- Fulfillment for caregivers, as they become active partners in performance improvement
- Better care and better quality of life for your residents

[QAPI at a Glance | CMS \(PDF\)](#)

(www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPIAtaGlance.pdf)

SNF QAPI and IPC Process

- Provide an outline/guide for how to plan and implement a QI project, and additional tools to consider
- Facility to select QI project topic (e.g., hand hygiene, environmental cleaning and disinfection)
- Convene regular check ins on progress
- Facilities provide updates (accountability) to review if a change in processes are needed to reach goals
- Strong QAPI processes sustain IPC programs

Case Study: *Acceptable QAPI Project?*

- Upon reviewing data, an IP finds hand hygiene rates are at 70%
 - Data is from charge nurses on the day shift
 - These charge nurses watch CNAs but no other disciplines
- Questions to consider
 - What errors can you find in this method of data collection?
 - How would these errors affect the IPC program?

Chat Engagement

**In one word, what does
“sustaining IPC change”
mean to you?**



Sustainability is achieved when the innovation loses its separate identity and becomes part of regular activities

Change

- Motivated by aspiration rather than by a defense against a threat
- Team learning project rather than as individual skill acquisition
- Organizational challenge rather than a technical challenge

Basic Concepts of Resident Safety

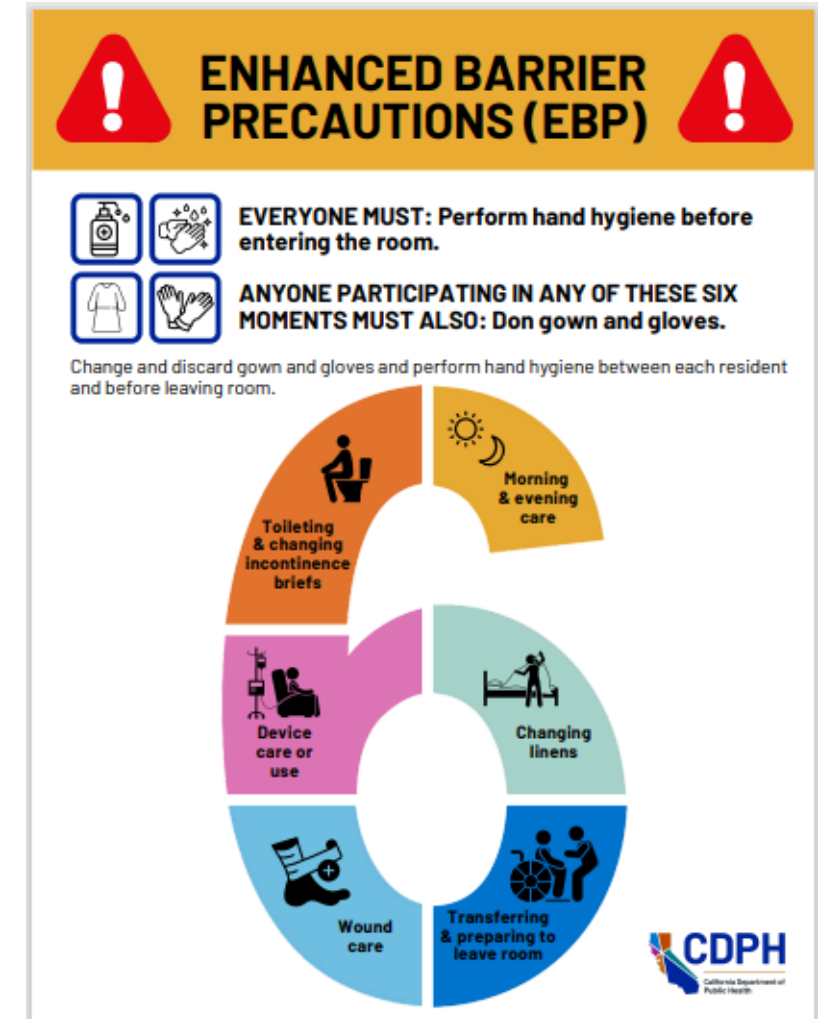
- User-centered design
- Avoid reliance on memory
- Attend to work safety
- Avoid reliance on vigilance
- Train concepts for team
- Involve residents in their care
- Anticipate the unexpected
- Design for recovery
- Improve access to accurate, timely information

[Core CUSP Toolkit | AHRQ](http://www.ahrq.gov/hai/cusp/modules/index.html)

(www.ahrq.gov/hai/cusp/modules/index.html)

1. User-Centered Design

- How to reduce errors
 - Which sign works best in your facility?
- Make things visible
 - Communicate how equipment or a workspace should be used
 - Examples: How clean or dirty items are stored, placing CDPH EBP “Big 6” sign at a set location for every resident on EBP



[Enhanced Barrier Precautions \(EBP\) Big 6 Sign | CDPH \(PDF\)](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/EBP_Big6_2025.pdf)

(www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/EBP_Big6_2025.pdf)

Design to Reduce Errors

- Understand how to reduce errors
 - Find likely sources of error and pair them with effective ways to reduce them
- Make things visible
 - Incorporate information that communicates how equipment or a workspace should be used
 - Examples: clean/dirty in storage, isolation signs, placing contact precautions sign at a set location for every resident on contact precautions



[Contact Precautions Sign | CDC \(PDF\)](#)

(www.cdc.gov/infection-control/media/pdfs/contact-precautions-sign-P.pdf)

2. Avoid Reliance on Memory

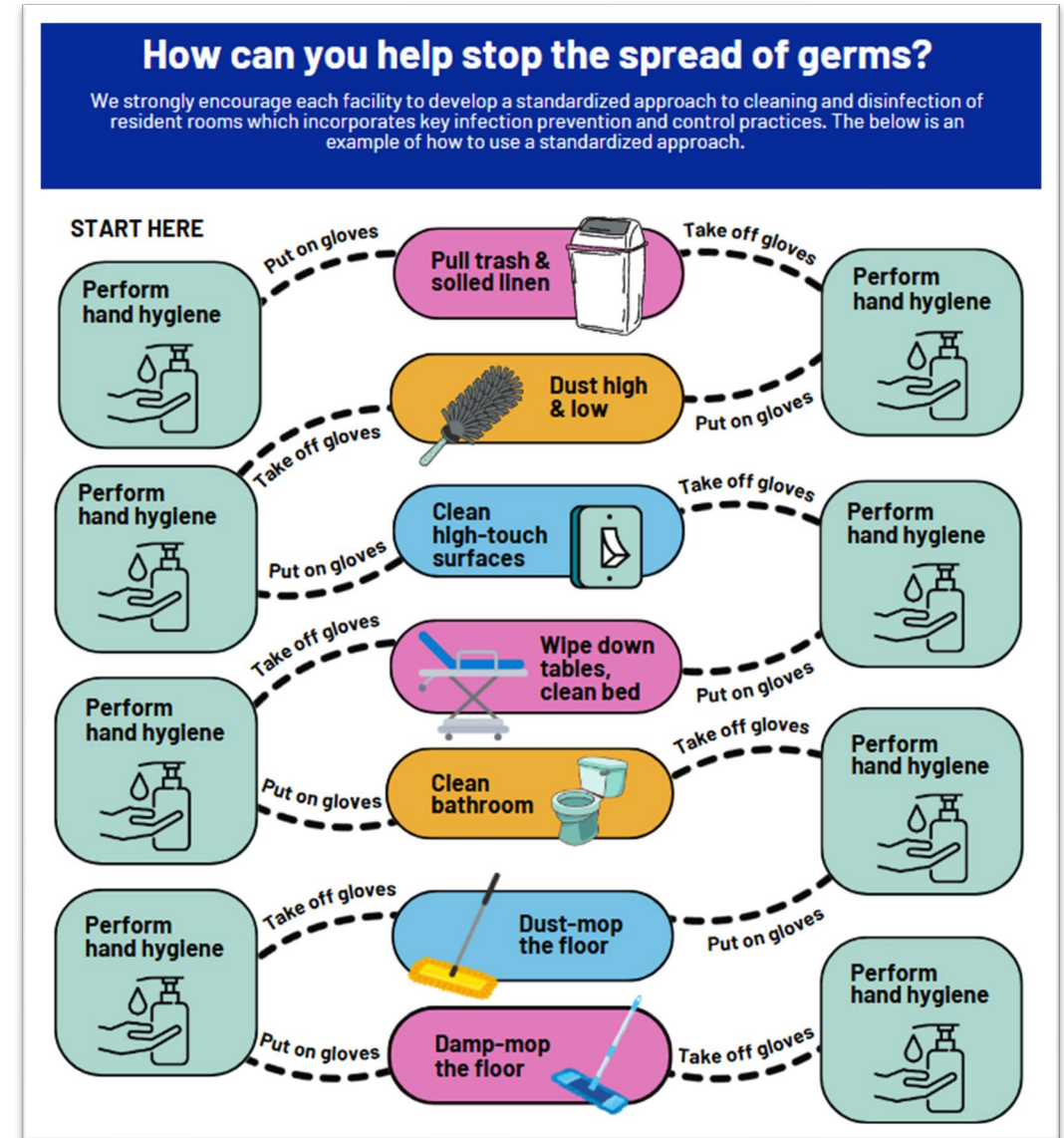
- Standardize and simplify the structure of a task
- Minimize the demand on working memory, planning, or problem solving
- Examples: Frontline staff IPC training flipcharts for just-in-time training, EVS checklist for high-touch surfaces, CDPH Interfacility Transfer Tool, EBP Resource Guide



[Resources for vSNFs to Prevent Transmission of MDROs | CDPH](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx#)
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx#)

Memory Prompts

- Standardize and simplify the structure of a task
- Minimize the demand on working memory, planning, or problem solving
- Examples: Frontline staff IPC training flipcharts for just-in-time training, EVS checklist for high-touch surfaces, CDPH Interfacility Transfer Tool, EBP Resource Guide



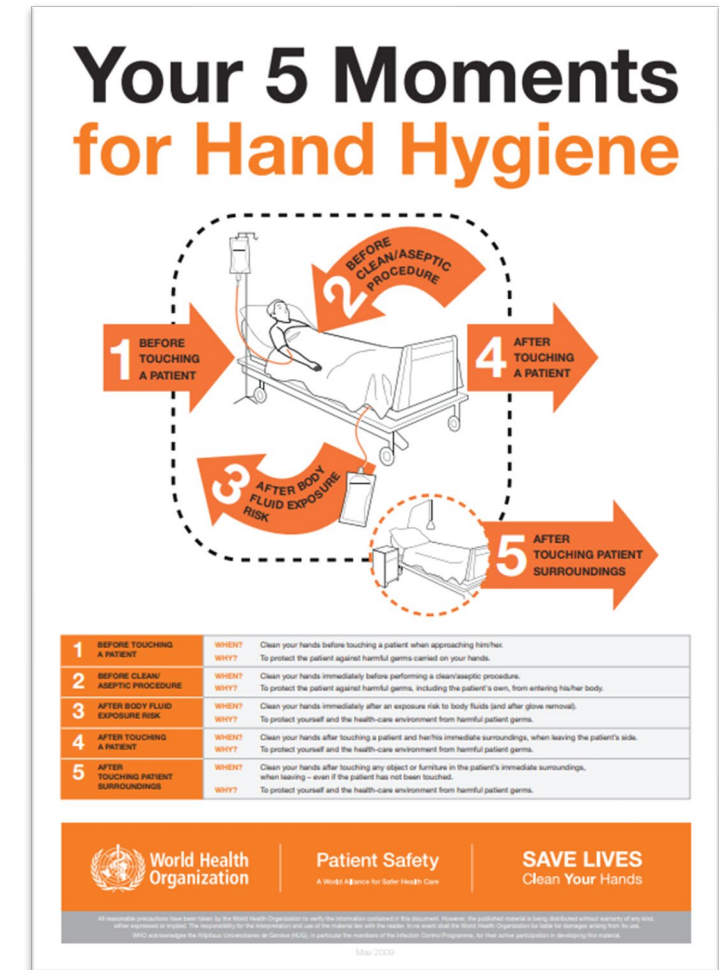
3. Attend to Work Safety

- Evaluate conditions of work including work hours, staffing ratios, and sources of distraction
- This is a team effort!
- Examples:
 - Ergonomic cart set up
 - Hand irritation from soap/ABHR
 - Safe injection device product review
 - Wet floor signs



4. Avoid Reliance on Vigilance

- Use reminders (e.g., signage, pamphlets)
- Employ equipment that notifies or automates some functions (e.g., bed or ventilator alarms)
- Provide checklists
- Examples: *Your 5 Moments for Hand Hygiene, How to Handwash, How to Handrub*




[Resources for vSNFs to Prevent Transmission of MDROs | CDPH](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx#)

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx#)

5. Training Concepts for Teams

- Training programs and healthcare facilities should establish interdisciplinary team training
- Example: *Who Cleans What?* tool



Healthcare-Associated Infections Program
Environmental Cleaning and Disinfection – Who Cleans What?

Everyone is responsible for cleaning and disinfection of the healthcare environment. Keep an updated list of *who cleans what* in your policy. Customize the below template to correspond to your facility policy (e.g., add/delete roles in the top row, add/delete items in the left column). Mark the appropriate columns below with an “X” to designate responsibility, and denote frequency of cleaning (e.g., daily) or when to clean (e.g., before use). Revisit the list on a regular basis to ensure accuracy. Keep this list on cleaning carts, etc., for quick reference.

Date Last Verified:

Who is responsible for cleaning/disinfection of:	Housekeeping	CNA	LVN	RN	RT	PT/OT	Other
ABHR dispenser							
Bathroom							
Bedrail							
Blood pressure machine							
Call button							
Charting area							
Feeding pump							
Floor							
Floor, with large spill							
Glucometer							
In-room computer/keyboard							
IV pole							
IV pump							
Light switch							
Medication cart							
Oxygen tank							
Patient bed scale							
Patient lift							
Patient linen							
Pill crusher							
PPE container							
Privacy curtains							

[Resources for vSNFs to Prevent Transmission of MDROs | CDPH](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx#)
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx#)

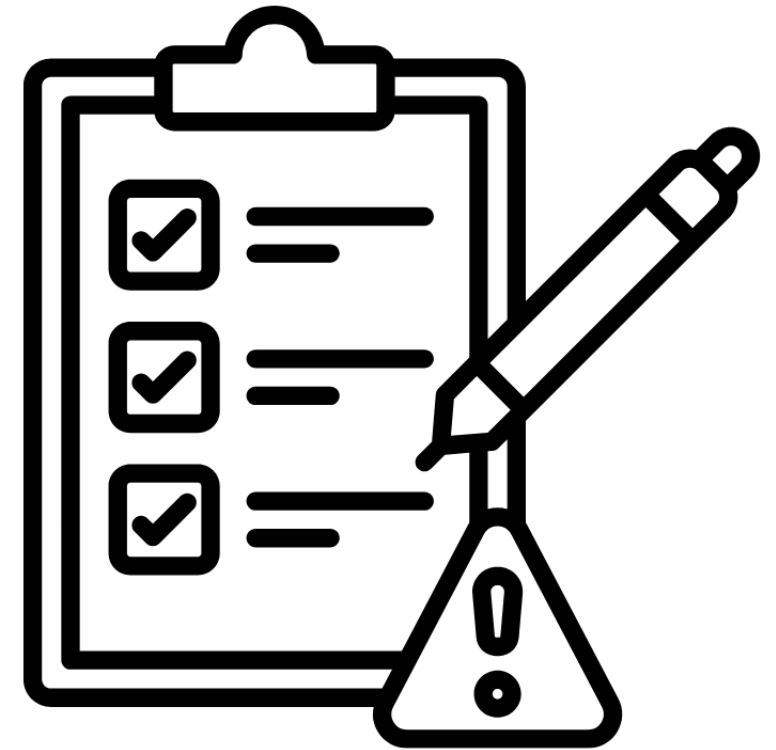
6. Involve Residents in Their Care

- Invite residents and families to become part of the care process
- Safety improves when residents and families know their care condition, treatments, and technologies used in their care
- Residents need clear information regarding next steps after discharge



7. Anticipate the Unexpected

- The likelihood of error increases with reorganization, mergers, and other organizational changes (e.g., staff turnover)
- Using standard tools stabilizes data collection and the infection prevention program
- Recommended practices: look at what is in place for infection prevention, establish a multidisciplinary team, become involved with the infection prevention team



8. Design for Recovery

- Infection prevention “state of change”: errors may occur, guidance may change
- Design and plan for recovery by duplicating critical functions and making it easy to update processes
- Use simulation training to practice recovery strategies

Example: Correct use of PPE; after new PPE/gown has been introduced, due to change in supplier

9. Improve Access to Accurate and Timely Information

- Information for resident care decisions should be available at the point of care
- Adapt teaching/training materials with updated and accurate guidance
- Examples: Use CDPH HAI Program and CDC training materials (e.g., Project Firstline); adherence monitoring

CNA IPC Training Materials

▼ Module 1: Standard Precautions

This course reviews the six elements of Standard Precautions and provides participants with an understanding of why these practices are needed to maintain a safe environment of care and reduce healthcare-associated infections (HAI).

- [Webinar Recording 09/06/2022](#) (opens in YouTube)
- [Webinar Slides](#) (PDF)
- [Webinar Recording - Spanish 09/06/2022](#) (opens in YouTube)
- [Webinar Slides - Spanish](#) (PDF)

► Module 2: Personal Protective Equipment

► Module 3: Environmental Cleaning and Disinfection

[Resources for vSNFs to Prevent Transmission of MDROs | CDPH](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx#)
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx#)

[Project Firstline Recordings and Slides | CDPH](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstline_Resources.aspx)
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstline_Resources.aspx)

Additional Considerations for Sustaining IPC Practices and Ongoing Training

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Leadership Engagement

- Leadership participation must be interactive with the team
 - Ensure team members are coordinated with the same goals
 - Ensure there is support for interdisciplinary decision making
- Leadership should be willing to learn from, listen to, and work with staff to improve patient safety
- Leadership should support both technical (structural) and socio-adaptive (cultural) work of change
 - Example: Installing enough hand hygiene dispensers when need is identified establishes culture of safety
- Discuss budget and resources with leadership

Perform Regular Risk Assessments

- Performing risk assessments will help you prioritize need and organize plans to move forward
 - Identify continued need and urgency
 - Can't address a situation without knowing the level of risk
- Conduct risk assessment yearly or more frequently (e.g., after outbreak)
- Communicate the need for sustained efforts or change with leadership and staff

INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT (Will it be a problem?)
Score	High 3	Med. 2	Low 1	None 0	Serious Harm 3	Moderate Harm 2	Temp. Harm 1	None 0	High 3
Facility-onset Infections(s)									
Device- or care-									
Catheter-associated urinary tract infection									
Central line-associated bloodstream infection (CLABSI)									
Tracheostomy-associated respiratory infection									
Percutaneous-gastrostomy insertion site wound infection									
Other (specify):									
Resident-related									
Symptomatic urinary tract infection (SUTI)									
Pneumonia									
Cellulitis/soft tissue									
<i>Clostridioides difficile</i> infection									
Tuberculosis*									
Other (specify):									
Outbreak-related									
Influenza*									
Other viral respiratory pathogens*									
Norovirus gastroenteritis*									
Bacterial gastroenteritis (e.g., <i>Salmonella</i>)									
Scabies									
Conjunctivitis									
Group A <i>Streptococcus</i> *									
MRSA									
Other (specify):									

* Risk assessment should take into account the frequency of this disease in the community as part of determining probability of occurrence.

[IPC Risk Assessment | CDC \(Excel\)](https://www.cdc.gov/longtermcare/excel/IPC-RiskAssessment.xlsx)

<https://www.cdc.gov/longtermcare/excel/IPC-RiskAssessment.xlsx>

Anchor Approaches in Your Facility Culture

- Embrace the team approach; bring involved parties to the table
- Create frequent opportunities for collaboration
- Establish trust; keep it positive
- Provide peer support / mentorship for evidence-based IP practices
- All team members' have a voice; remember to listen



Form Mentorships and Partnerships (Internal and External)

- Mentorships and partnerships help keep you engaged in the work
- Become your own advocate
- Be a mentor for other staff / facilities
- Seek a mentor if needed
- Can be formal or informal
- Form community partnerships with vSNF, LHD, and APIC chapters

Continuously Celebrate (Any Size) Success

- Share feedback
 - *Look, we're doing so well!*
 - *This month we've accomplished XYZ*
- Provide positive support; use open forum
- Create motivation to produce more change



Questions to Think About

- Would you want a loved one to be a resident at your facility?
- Would you want to be a resident in your facility?
- Can you say with 100% certainty that you believe your facility does everything it can to protect its residents?

Real-World Examples

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Challenges?



**Coming together is a beginning;
keeping together is progress;
working together is success**



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Healthcare-Associated Infections Program Adherence Monitoring Hand Hygiene

Assessment completed by:

Date:

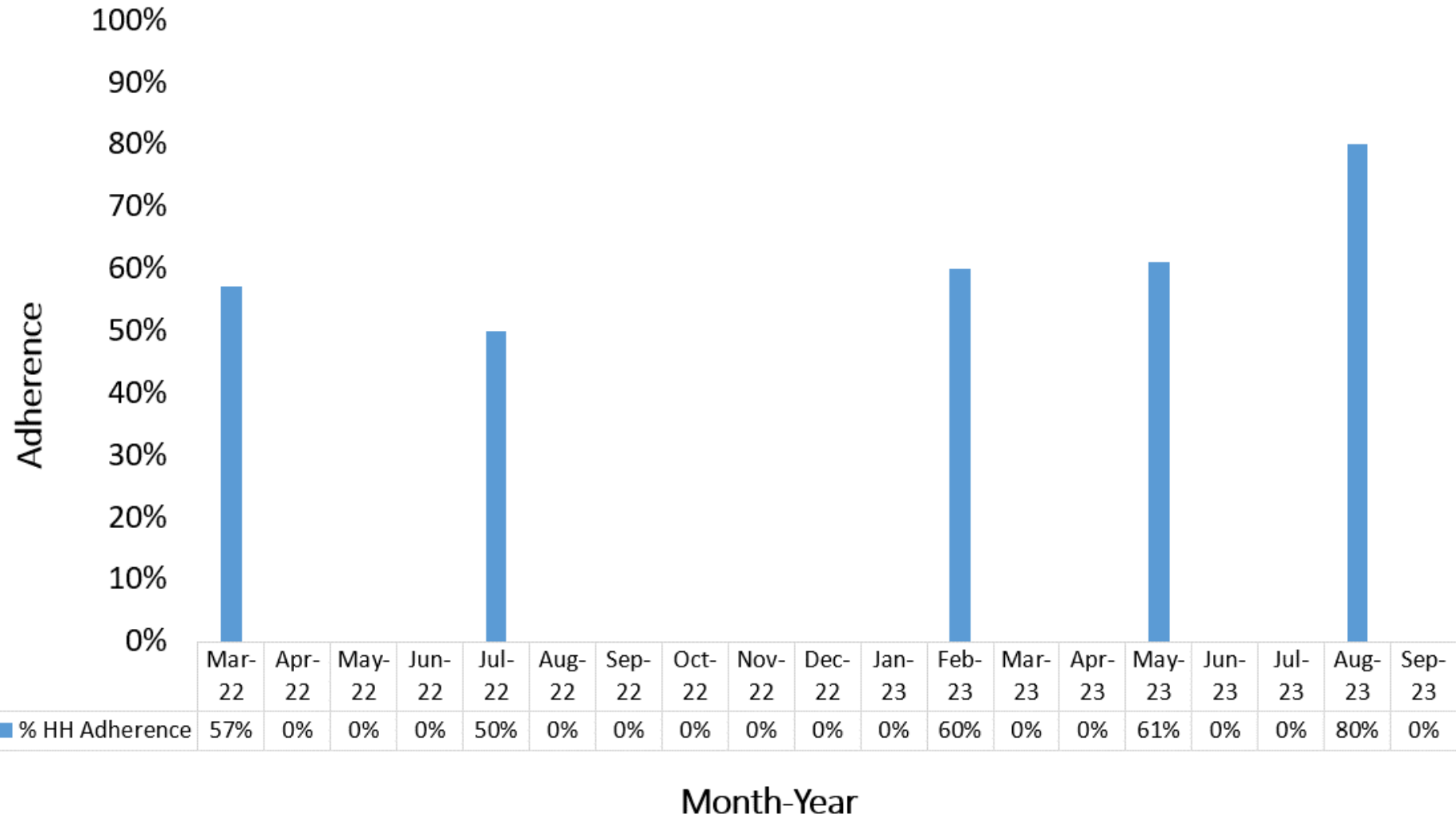
Unit:

Regular monitoring with feedback of results to staff can improve hand hygiene adherence. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

Instructions: Observe at least 10 hand hygiene (HH) opportunities per unit. Observe a staff member and record his/her discipline. Check the type of hand hygiene opportunity you are observing. Indicate if HH was performed. Record the total number of successful HH opportunities and calculate adherence.

HH Opportunity	Discipline	What type of HH opportunity was observed? (select/ <input checked="" type="checkbox"/> 1 per line)	Was HH performed for opportunity observed? ✓ or Ø
Example	N	<input type="checkbox"/> before care/entering room* <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care* <input checked="" type="checkbox"/> upon leaving room <small>*Remember: Hand hygiene should be performed before <u>and</u> after glove use</small>	✓
HH1.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH2.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH3.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH4.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH5.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH6.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH7.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH8.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH9.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH10.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
Disciplines: CNA = Nurse Assistant D = Dietary N = Nurse		P = Physician RT = Respiratory Therapist S = Student VIS = Visitor	VOL = Volunteer W = Social Worker OTH = Other, Specify U = Unknown
			Opportunities: ✓ = Opportunity Successful Ø = Opportunity Missed
For HH1-HH10:			
Total # HH Successful ("✓"): _____		Total # HH Opportunities Observed: _____	Adherence: _____% (Total # HH Successful ÷ Total HH Opportunities Observed x 100)

Adherence To Hand Hygiene





Healthcare-Associated Infections Program Adherence Monitoring Environmental Cleaning and Disinfection

Assessment completed by:
Date:
Unit:

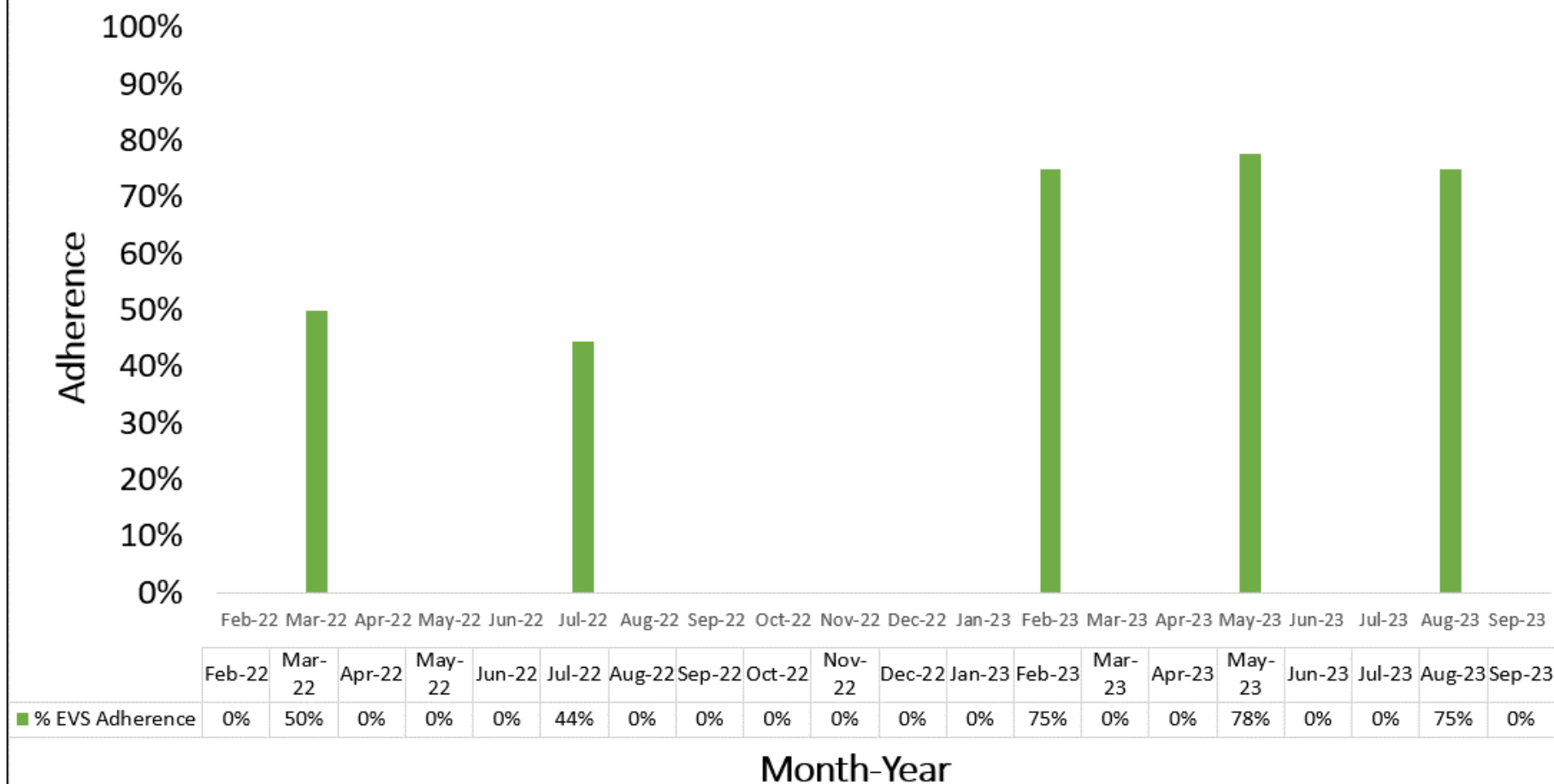
Regular monitoring with feedback of results to staff can maintain or improve adherence to environmental cleaning practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

Instructions: Observe at least two (2) different environmental services (EVS) staff members. Observe each practice and check a box if adherent ("Yes") or not adherent ("No"). In the right column, record the total number of "Yes" responses for adherent practices observed and the total number of observations ("Yes" + "No"). Calculate adherence percentage in the last row.

Environmental Cleaning Practices		EVS Staff 1	EVS Staff 2	EVS Staff 3	Adherence by Task																									
					# Yes	# Observed																								
ES1.	Detergent/disinfectant solution is mixed and stored according to manufacturer's instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
ES2.	Solution remains in wet contact with surfaces according to manufacturer's instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
ES3.	Cleaning process avoids contamination of solutions and cleaning tools; a clean cloth is used in each patient area, and the cloth is changed when visibly soiled.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
ES4.	Standard cleaning protocol is followed to avoid cross-contamination (e.g. from top to bottom, patient room to bathroom, and clean to dirty)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
ES5.	Environmental Services staff use appropriate personal protective equipment (e.g. Gowns and gloves are used for patients/residents on contact precautions upon entry to the Contact precautions room.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
ES6.	Hand hygiene is performed throughout the cleaning process as needed, including before and after glove use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
ES7.	High-touch surfaces* are thoroughly cleaned and disinfected after each patient. Mark "Yes" if Fluorescent Marker Assessment Tool result is 100%; mark "No" if <100%.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
ES8.	There are no visible tears or damage on environmental surfaces or equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
ES9.	The room is clean, dust free, and uncluttered.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
<p>*Examples of high touch surfaces:</p> <table border="0"> <tr> <td>Bed rail</td> <td>Chair</td> <td>Room light switch</td> <td>TV remote</td> <td>Bathroom door knob/handle</td> <td>Bathroom sink</td> </tr> <tr> <td>Tray table</td> <td>In-room medical cart</td> <td>IV pole ("grab area")</td> <td>Room inner door knob/handle</td> <td>Bathroom handrail</td> <td>Bathroom faucet</td> </tr> <tr> <td>Side table</td> <td>Room sink</td> <td>Call button</td> <td>In-room cabinet</td> <td>Bathroom light switch</td> <td>Toilet flush handle</td> </tr> <tr> <td>Side table handle</td> <td>Room sink faucet</td> <td>PPE container</td> <td>In-room computer/keyboard</td> <td>Toilet seat</td> <td>Toilet/bedpan cleaner</td> </tr> </table>							Bed rail	Chair	Room light switch	TV remote	Bathroom door knob/handle	Bathroom sink	Tray table	In-room medical cart	IV pole ("grab area")	Room inner door knob/handle	Bathroom handrail	Bathroom faucet	Side table	Room sink	Call button	In-room cabinet	Bathroom light switch	Toilet flush handle	Side table handle	Room sink faucet	PPE container	In-room computer/keyboard	Toilet seat	Toilet/bedpan cleaner
Bed rail	Chair	Room light switch	TV remote	Bathroom door knob/handle	Bathroom sink																									
Tray table	In-room medical cart	IV pole ("grab area")	Room inner door knob/handle	Bathroom handrail	Bathroom faucet																									
Side table	Room sink	Call button	In-room cabinet	Bathroom light switch	Toilet flush handle																									
Side table handle	Room sink faucet	PPE container	In-room computer/keyboard	Toilet seat	Toilet/bedpan cleaner																									
# of Correct Practice Observed ("Yes"): _____		Total # Environmental Services Observations ("Observed"): (Up to 27 Total) If practice could not be observed (i.e. cell is blank), do not count in total # Observed.			Adherence _____% (Total "Yes" ÷ Total "# Observed" x 100)																									

Version 2020.01.30

Adherence To Environmental Cleaning and Disinfection





Healthcare-Associated Infections Program Adherence Monitoring Fluorescent Marker Assessment Tool

Time Period: _____

Facility Name: _____

Facility ID: _____

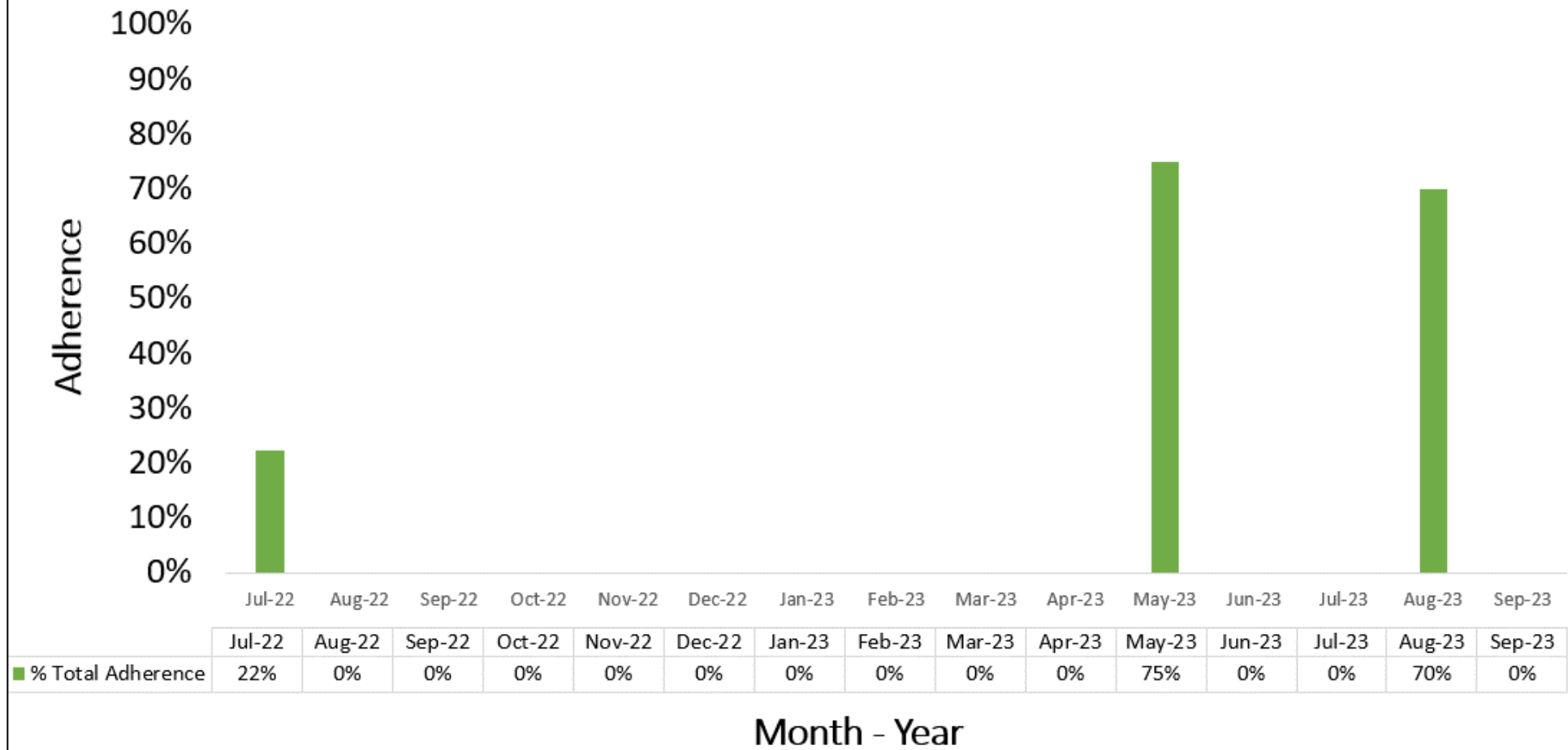
Assessment completed by: _____

Date: _____

Regular monitoring with feedback of results to staff can maintain or improve adherence to environmental cleaning practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location. Use this tool in addition to the Environmental Cleaning and Disinfection adherence monitoring tool.

Instructions: Discreetly place fluorescent marker on multiple high touch surfaces/equipment to be cleaned. Use additional forms as needed.										Adherence by Task	
Note: Apply small amount of fluorescent marker with Q-tip on the surfaces. Do not apply it to porous surfaces and the electrical outlets and switches.											
Check fluorescently marked high touch surfaces for each room below. After the room has been cleaned, use a black light to view marked areas. Circle "Yes" if the fluorescent marker was removed completely and "No" if any amount of fluorescent marker appears under the black light.										# Yes	# Marked Areas
Room #:	Bed #:	Unit:	<input type="checkbox"/> Isolation Room	Time marked with fluorescent marker (hh:mm am/pm):				Time to return (hh:mm am/pm):			
<input type="checkbox"/> Room light switch:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Room sink:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Tray table:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Bathroom handrail:	Y <input type="radio"/> N <input type="radio"/>				
<input type="checkbox"/> Room inner door knob/handle:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Room sink faucet:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Tray table handle:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Bathroom sink:	Y <input type="radio"/> N <input type="radio"/>				
<input type="checkbox"/> PPE Container:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Chair:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Call button/TV Remote:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Bathroom faucet:	Y <input type="radio"/> N <input type="radio"/>				
<input type="checkbox"/> In-room cabinet:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Side table:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> IV pole, not in use:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Toilet seat:	Y <input type="radio"/> N <input type="radio"/>				
<input type="checkbox"/> In-room computer/keyboard:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Side table handle:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Bathroom door knob/handle:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Toilet flush handle:	Y <input type="radio"/> N <input type="radio"/>				
<input type="checkbox"/> Telephone:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Bed rail:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Bathroom light switch:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Toilet / bedpan cleaner:	Y <input type="radio"/> N <input type="radio"/>				
<input type="checkbox"/> Feeding pump:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> IV pump face:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> IV pole, in use:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Ventilator:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Vitals machine:	Y <input type="radio"/> N <input type="radio"/>		
<input type="checkbox"/> Pill crusher:	Y <input type="radio"/> N <input type="radio"/> (hallway or patient room)										
In hallway (assess after patient use):											
<input type="checkbox"/> Medication cart:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Wound care cart:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Patient lift:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Patient bed scale:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Portable x-ray machine:	Y <input type="radio"/> N <input type="radio"/>		
Room #:	Bed #:	Unit:	<input type="checkbox"/> Isolation Room	Time marked with fluorescent marker (hh:mm am/pm):				Time to return (hh:mm am/pm):			
<input type="checkbox"/> Room light switch:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Room sink:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Tray table:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Bathroom handrail:	Y <input type="radio"/> N <input type="radio"/>				
<input type="checkbox"/> Room inner door knob/handle:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Room sink faucet:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Tray table handle:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Bathroom sink:	Y <input type="radio"/> N <input type="radio"/>				
<input type="checkbox"/> PPE Container:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Chair:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Call button/TV Remote:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Bathroom faucet:	Y <input type="radio"/> N <input type="radio"/>				
<input type="checkbox"/> In-room cabinet:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Side table:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> IV pole, not in use:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Toilet seat:	Y <input type="radio"/> N <input type="radio"/>				
<input type="checkbox"/> In-room computer/keyboard:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Side table handle:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Bathroom door knob/handle:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Toilet flush handle:	Y <input type="radio"/> N <input type="radio"/>				
<input type="checkbox"/> Telephone:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Bed rail:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Bathroom light switch:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Toilet / bedpan cleaner:	Y <input type="radio"/> N <input type="radio"/>				
<input type="checkbox"/> Feeding pump:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> IV pump face:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> IV pole, in use:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Ventilator:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Vitals machine:	Y <input type="radio"/> N <input type="radio"/>		
<input type="checkbox"/> Pill crusher:	Y <input type="radio"/> N <input type="radio"/> (hallway or patient room)										
In hallway (assess after patient use):											
<input type="checkbox"/> Medication cart:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Wound care cart:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Patient lift:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Patient bed scale:	Y <input type="radio"/> N <input type="radio"/>	<input type="checkbox"/> Portable x-ray machine:	Y <input type="radio"/> N <input type="radio"/>		
	# of Correct Practice Observed ("# Yes")	Total # Marked Areas				Adherence (Total "# Yes" ÷ "Total # Marked Areas" x 100)					
EVS	0	0									
Clinical Staff	0	0									
Hallway	0	0									
TOTAL	0	0									

Adherence To Environmental Cleaning and Disinfection Practices by Fluorescent Marker Assessment



Questions?

- Unmute to ask question or type in chat
- Contact CDPH HAI Program IPs:
 - Hosniyeh: hosniyeh.bagheri@cdph.ca.gov
 - Barbara: barbara.allen@cdph.ca.gov





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County HAI Program can help!

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Outbreak
response

Support IP
rounding

Interpret
state/federal
guidance

Support staff
in-services

Support
quality
improvement
projects

Share
resources
and tools



www.sdhai.org

phs.hai.hhsa@sdcounty.ca.gov

Contact Hour Instructions

- **Ensure your TEAMS name is your full name**
- **Complete by April 25th, 5:00 PM**
- **Expect your certificate by May 15th.**

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Next Collaborative

May 28, 2025

11:00AM – 12:00PM

Microsoft TEAMS

Featured Topic:

Ancillary Services Infection Control for
Skilled Nursing Facilities

1 Contact Hour Offered

Submit questions or
feedback about today's meeting to:

PHS.HAI.HHSA@sdcounty.ca.gov

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Contact us at:

PHS.HAI.HHSA@sdcounty.ca.gov

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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.

