Environmental cleaning audit tool for use in COVID-19 isolation centres

28 July 2020

Pacific Community
Communauté du Pacifique

World Health Organization
Representative Office for the South Pacific

BACKGROUND

Systematic monitoring and audits, followed up with regular feedback and appropriate actions, will ensure an effective environmental cleaning program. This audit tool is based on and supports health care teams to use the JIMT guidance document *"COVID-19: Guidance on environmental cleaning for health care facilities"* effectively. The purpose of undertaking audits is to assess the cleaning procedures and ensure compliance with current guidance on environmental cleaning in health care facilities in the context of COVID-19.

Instructions

Audits may be undertaken monthly by the Infection Prevention and Control (IPC) officer or IPC liaison nurse who is ideally accompanied by the nurse unit manager or a senior staff of the unit being audited. This will ensure that health care workers (HCWs) have ownership and accountability for the appropriate cleaning and disinfecting of their unit. The audit process encourages HCWs to routinely identify and explore reasons why certain activities or procedures are not done or followed-up and ensure that any issues identified during the audit are resolved. The following instructions will guide the monthly audit.

- Items are to be assessed by a combination of observation and interviews with hospital staff and patients, if possible.
- Audits should ideally be carried out after the area to be audited has been cleaned; and at a time that is not too busy and is suitable for all.
- All criteria should either be marked Yes, No, or not-applicable (N/A).
- Do not enter a N/A response where an improvement in a standard may be achieved or where a criterion is not being met. For example, if the hand hygiene standard of the health care facility includes the use of single-use hand towels or paper towels for drying hands and during the audit this is not available, the correct mark is No.
- A standard is N/A when a facility is absent or a practice is not observed, for example: if a hospital does not have a private contractor for environmental cleaning, the correct mark is N/A.
- Enter comments on the form for each of the criterion at the time of the audit, clearly identifying any issues of concern and areas of good practice. These comments can then be incorporated into the final report.

Audit reports

The audit report, and relevant recommendations, should be provided to all staff in the unit and a report tabled at an IPC committee meeting which includes management. A copy of the report should also be provided to the Quality Assurance/Improvement Unit for the purpose of continuing quality improvement model/cycle documentation.

Manual scoring can be carried out as follows:

Add the total number of Yes answers and divide by the total number of questions answered including all Yes and No answer and excluding the N/A responses; multiply by 100 to get the percentage. The maximum number of answers is 14.

$$\frac{Total\ number\ of\ Yes\ responses}{Total\ number\ of\ Yes\ and\ No\ responses} \times 100 = x\ \%$$

No.	Criteria	Yes	No	N/A	Comments
1.	The health care facility has written guidance that clearly defines responsibilities for environmental cleaning and disinfection for COVID-19 isolation units including non-critical equipment, mobile devices, and other electronics (e.g. ICU monitors, ventilators, surfaces, mobile workstations, emergency carts, airway boxes).				
2.	All cleaning staff, including other staff who may clean, are trained regularly on IPC cleaning procedures including putting on and removing PPE.				
3.	If the hospital contracts environmental services out to a private contractor, the contractor has a comparable training program approved by the IPC committee and/or is delivered by the IPC officer. Evidence of training program content and participation of attendance must be produced.				
4.	During each cleaning that is undertaken, cleaning personnel follow appropriate steps to putting on and removing PPE including hand hygiene, appropriate disposal of PPE, and reprocessing of non-disposable PPE.				

5.	During environmental cleaning procedures, personnel undertake a risk assessment and wear appropriate PPE to prevent exposure to infectious agents (PPE can include gloves, gowns, masks, and eye protection).				
6.	Environmental surfaces in patient care areas are first cleaned with a neutral detergent followed by a disinfectant (e.g. sodium hypochlorite or 0.1% bleach disinfectant) and thoroughly dried on a regular basis, at least daily. Note: High-touch surfaces (e.g. bed rails, over-bed table, light switches, bedside commode, toilet seats/flush handles and lavatory bowl surfaces, sink taps and shower chairs in patient bathrooms) are cleaned and disinfected more frequently than minimal-touch surfaces.				
7.	A three-bucket system for floor mopping is used.				
8.	Contamination is avoided by ensuring used cleaning cloths are not 'double-dipped' into a bucket containing clean, unused cloths.				
9.	After a patient vacates a room, all horizontal and frequently touched surfaces, including the bathroom area, are thoroughly cleaned and disinfected; and bed linens are replaced with clean bed linens.				
10.	Neutral detergents and disinfectants, including disposable wipes, are used in accordance with manufacturer's instructions (e.g. dilution, storage, shelf-life and contact time).				
11.	Separate clean (laundered if not disposable) cloths are used to clean each room and corridor.				

12.	Designated cleaning equipment (such as mop handles and buckets) are washed in hot water, disinfected with sodium hypochlorite, and completely dried before re-use.				
13.	There is a system in place to ensure adequate supply of cleaning detergent, disinfectant, and cleaning consumables.				
14.	The respondent can: a. describe how feedback is provided.				
	b. describe frequency of feedback.				

This document has been developed in accordance with global guidance and contextualized to the Pacific context by the COVID-19 Pacific Joint Incident Management Team, coordinated by the WHO Division of Pacific Technical Support.