What is Clean? What is Dirty? Education Keeps Us Clean!

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Identifying the problem

Staff has been observed setting up their procedure rooms in many different ways and not always treating the same areas as clean and the same areas as dirty. This was also observed in the Steris cleaning room. Further questions were placed to the staff and indicated that not all staff treat the clean and dirty zones of these areas in the same way.

Joint Commission surveyors have made suggestions to our Endoscopy department areas we need to change regarding clean and dirty areas in out Steris room.

Searching the literature

•The SGNA *Standard of Infection Prevention in the Gastroenterology Setting*(2015) States:

– "The entire environment must be considered when developing infection prevention processes. Facilities are responsible for developing written policies or protocols which outline the responsibilities of endoscopy staff for routine and non-routine cleaning and/or disinfection of the environment."

– "Non-critical patient care equipment is disinfected using an EPA-registered hospital disinfectant, following the label's safety precautions and directions, with attention to contact time (Rutala & Weber, 2008; Rutala & Weber, 2011). Disinfecting non-critical patient care surfaces should be done between each patient and when visibly soiled. When available, use disposable equipment on patients with contact precautions. "

These are the statements that deal specifically with the endoscopy environment within our SGNA Standard and Guidelines. They are very broad and direct the individual units to develop their own specific policies and procedures. We decided to look closer at our environment.

We looked toward AORN for guidance but we are different. In reviewing the *Guidelines for Perioperative Practice – Aseptic Practice – Guidelines for Environmental Cleaning* (2016) *many* principles were noted that should be considered in the GI environment. They state:

"Because surfaces that health care providers touch frequently may present a high risk for pathogen transmission to patients, routing cleaning of high-touch objects is an effective approach to limiting transmission of pathogens."

In *Optimizing Health Care Environmental Hygiene* Carling States:

"It is important to recognize that environmental hygiene represents a critical element of what Wenzel and Edmond define as "horizontal Interventions" that are central to mitigating a wide range of HAIs"(page 640). "Preliminary studies documenting patient zone surface contamination with HAPs raised concerns that cleaning practice should be improved". "Clarification of opportunities to have a favorable impact on such transmission has led to new approaches for optimizing the structure and practice of health care environmental hygiene".

According to Allen 2014 "The health care environment, including the perioperative setting, is now well documented as a primary source for infection."

The SGNA Practice Document States:

"The entire environment must be considered when developing infection prevention processes"[1]

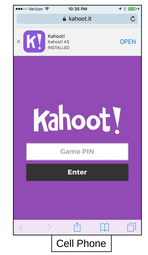
1

2

Observed the Environment

Photographed the Environment

Played a game to determine what the staff believed was clean and dirty



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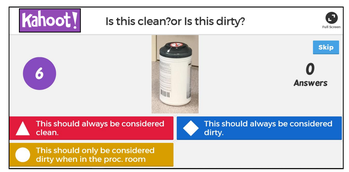

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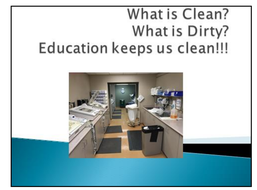
Staff viewed PowerPt to discuss and educate staff on areas of clean and dirty



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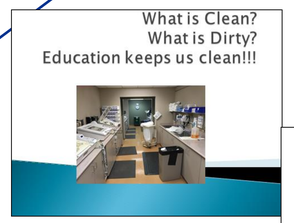
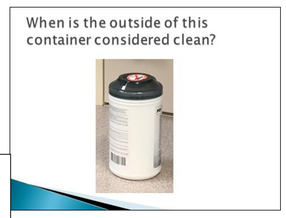
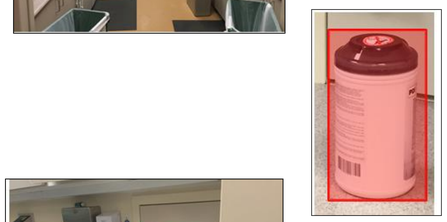
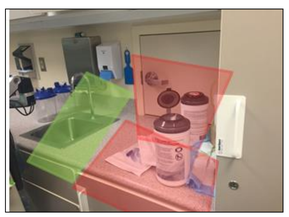




5

Each room photographed to identified areas of clean and dirty.





Its not always the easy thing to do,
but it needs to be the right thing to do!-njd

Beaumont

Process

Once the problem was identified and literature was reviewed. Photographs were taken of the environment to identify areas of concern. Individual staff were surveyed to check their understanding of what areas were clean or dirty. They same areas were looked at with the representative from Infection control.

A computer game named Kahoot was designed with our unit photos and questions to stimulate discussion. We then played a game of Kahoot to point out areas of concern to staff and to start a discussion about the importance of all staff understanding “What is clean? And What is Dirty?”

The game was followed by a PowerPt that displayed each picture in the game. We then discussed each question in the Kahoot game. The group was surprised that a lot of areas they thought were easy to answer as clean or dirty were not that clear. Consensus was reach on what areas were clean zones and what areas are dirty zones. Color zones were used to identify areas of clean and dirty. Green for clean and red for dirty. We used yellow for area that we needed to be cautious of. All staff were educated on the color zones so that all clean and dirty areas are handled the same by all.

The discussion brought to light other practices that we needed to change such as keeping our counters cleared off and cupboards closed. We will work toward other changes.

Each room was photographed and zones will be identified with colors to remind staff of these clean and dirty areas.

CONCLUSIONS

The discussion concluded that it is very important for everyone to be on the same page regarding what is clean and dirty. If I think something is a “clean zone” and you think it is “dirty” we will contaminate each other. Our change in practice through this education has clean and dirty zones in the Endoscopy Unit being more consistently treated in a manner consistent with good infection control practices. We have cleared off our counters and are keeping supplies clean in our closed cupboards. We will be developing procedures for end of procedure cleaning and end of day cleaning procedures in the future.

REFERENCES

Allen, George. (2014). Implementing AORN Recommended Practices for Environmental Cleaning. *AORN Journa*l 99(5), 571-583.

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