

# Module 4, Session 1: How Clean is Your Facility?

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## Preparation Checklist

### Materials Required for this Session:

- Facility Trainer Binder - Module 4, Session 1
- Facility-specific material: Policies and procedures (P&Ps) relevant to the session including environmental cleaning training & audits
- Copy of the facility's most recently completed *CDC Infection Control Assessment and Response (ICAR) tool: Domain VII*
- Facility Trainer Attendance Log* (provided in Session Appendix)
- Facility Trainer Assessment Tracker* (provided in Session Appendix)
- Participant Notebooks** with Module 4 Session 1 handouts (provided in Session Appendix):
  - *How Clean is Your Facility? Pre-Session Assessment*
  - *How Clean is Your Facility? Post-Session Assessment*
  - *Module 4, Session 1: Participant Resources*
  - *Session Follow-Up Task List*
- Demonstration equipment, including: patient station, disinfectant or water for mock-disinfectant, disposable clothes/wipes, gloves, hand hygiene station, etc.
- Flip chart/white board and markers
- Blank name tags/tents and markers
- Extra pens

### Resources used for this session (to be printed for participants):

- CDC Dialysis Safety: Clinician Education – Staff Competencies
  - <http://www.cdc.gov/dialysis/clinician/index.html>
- CDC Dialysis Safety: Audit Tools and Checklists
  - <http://www.cdc.gov/dialysis/prevention-tools/audit-tools.html>
    - *Audit Tool: Hemodialysis station routine disinfection observation*
    - *Checklist: Dialysis Station Routine Disinfection*
    - *Environmental Surface Disinfection in Dialysis Facilities: Notes for Clinical Managers*

### Preparing for the Session:

Before the Facility Trainer begins this session, the following tasks should be completed:

- Notify participants about the session, at least two weeks prior, include the location, date, and time of the session.
- Assemble Module 4, Session 1 handouts for participants to add to their **Participant Notebook**.
- Assemble P&Ps needed for review.

- Make copies of recent ICAR Domain VII, and highlight areas with gaps in policy, to be added to the **Participant Notebook**.
- Gather demonstration equipment including: patient station, disinfectant or water for mock-disinfectant, disposable clothes/wipes, gloves, hand hygiene station, etc.
- Set up the classroom with handouts and blank name tags at each participant's place.
- Have the Facility Trainer's binder ready before beginning the session.

**Tasks to be done as participants arrive:**

- Have participants sign in using the *Facility Trainer Attendance Log*
- Give each participant Module 4, Session 1 handouts to be inserted into their **Participant Notebook**.
- Prompt participants to complete the *Pre-Session Assessment*

**Tasks to be done after completion of the session:**

- Write notes about the session on the "Notes and Homework" page at the end of this session. Include: which policies need to be developed or updated and any action plans that were developed and require follow-up.
- Complete the *Facility Trainer Assessment Tracker* with Pre- and Post-Session Assessment scores.
- Address areas of concerns, successes, questions, need for follow-up, staff members to check in with, etc.

## Facility Trainer Brief

### *Learning Objectives*

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At the close of Module 4, Session 1 the participants will be able to:

- Understand the facility's P&Ps related to environmental cleaning.
  - If gaps are identified, develop an action plan to update P&Ps.
- Describe the CDC recommendations for environmental cleaning.
- Understand the facility-specific audit results and implications.
- Demonstrate proper environmental cleaning technique.

### *Module 4, Session 1: Overview*

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Session 1 focuses on the cleanliness of your facility. The staff will review Domain VII of the facility-specific ICAR assessment as well as facility P&Ps. The Facility Trainer will lead a discussion and educate staff on best practices including CDC recommendations. The participants will familiarize themselves with the auditing process and results of recent environmental cleaning audits. They will also implement a plan to ensure timely auditing as well as improved performance based on audit results. This session will include a simulation of appropriate dialysis station cleaning.

## **Module 4, Session 1 is divided into five parts:**

### **Part 1: Introduction (5 minutes)**

Participants complete the *Pre-Session Assessment* to determine their current knowledge. During this section the Facility Trainer introduces the session and identifies the objectives of the session.

### **Part 2: Beyond the Dialysis Station (10 minutes)**

The Facility Trainer leads the participants through a discussion of the importance of environmental cleaning within the facility. While treatment stations are often the focus, this section highlights other important areas for environmental cleaning and infection control.

### **Part 3: At the Treatment Station (30 minutes)**

The Facility Trainer reviews and demonstrates proper steps to take during routine dialysis station disinfection. Participants will engage in a discussion about the most common gaps in environmental cleaning. The participants engage in a simulation of the environmental cleaning process, and the Facility Trainer verifies staff competency through return demonstration.

### **Part 4: Audits (10 minutes)**

The Facility Trainer and participants review CDC audits and any recent environmental audits that have been conducted. The Facility Trainer summarizes the CDC recommendations for routine auditing, and participants engage in an open discussion to identify gaps between facility practices and CDC recommendation for audits. Together, participants and the Facility Trainer work on an action plan to mitigate any gaps.

### **Part 5: Wrap-Up and To-Do List (5 minutes)**

The Facility Trainer summarizes the session, reinforces the key messages, emphasizes any action plans that were developed, and opens the floor for questions and discussion. Participants complete a *Post-Session Assessment*.

## **Key messages**

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These are the key messages for this session. They should be reinforced from time to time throughout this program.

- Proper cleaning and disinfection of environmental surfaces has a big impact on infection control and the transmission of pathogens.
- Regular training and education can improve environmental cleaning technique.
- The CDC offers several tools to improve our practices.
- Regular audits can help facilities identify gaps in practice and guide the staff in determining needs for future training.

# Classroom Presentation

## Part 1: Introduction

Estimated Time: 5 Minutes

Welcome!	Notes
<p>As participants arrive, <b>ask them to complete a <i>Pre-Session Assessment</i> and sign into the <i>Facility Trainer Attendance Log</i>.</b></p> <p><b>Welcome</b> participants to the training session.</p> <p> <b>Present:</b> Welcome to Module 4, Session 1: <i>How Clean is Your Facility?</i> During this session, we will discuss the importance of environmental cleanliness, dialysis station cleaning protocol, review the CDC recommendations, and discuss the station cleaning auditing process. We will also engage in a simulation to demonstrate proper technique for environmental station cleaning.</p> <p> <b>Ask</b> participants to introduce themselves: their name, position in the facility, and goals for attending. Encourage participation of all attendees.</p>	
Objectives	Notes
<p> <b>Present:</b> Before we begin, I will highlight the key messages we will address throughout the session. Please keep these messages in mind during the session and as you implement what you have learned into your daily practice:</p> <ul style="list-style-type: none"> <li>• Proper cleaning and disinfection of environmental surfaces has a big impact on infection control and the transmission of pathogens.</li> <li>• Regular training and education can improve environmental cleaning techniques.</li> <li>• The CDC offers several tools to improve our practice.</li> <li>• Regular audits can help facilities identify gaps in practice and guide the staff in determining needs for future training.</li> </ul> <p> <b>Ask:</b> Before we move on, does anyone have any questions regarding the key messages of this session?</p>	



## Open Responses

### Part 2: Beyond the Dialysis Station

Estimated Time: 5 Minutes

#### Reviewing the ICAR


#### Notes



**Present:** The dialysis environment has many potential hazards that could cause infection or the spread of germs and illness. Environmental cleaning is an integral aspect of the infection control program and encompasses much more than just dialysis station cleaning. A large portion of this session focuses on dialysis station cleaning, since it involves a lot of details; however we will also review other CDC recommendations regarding the dialysis environment.



**Refer** participants to the facility's most recent ICAR Domain VII as well as environmental P&Ps.

Notes to the Facility Trainer	
	Invite participants to engage in a Q&A session with open responses to evaluate what is occurring at the facility and/or what needs to occur. Lead an open discussion using the questions below. The following section highlights the questions to be discussed and the text in <i>italics</i> serves as directives and suggestions to be addressed in order to mitigate gaps.



**Write** on the white board or flip chart throughout the discussion, main points, audit results, and any gaps identified. Have participants write on their *Session Follow-Up Task Lists* any items they need to address after the end of the session.



**Ask:** Do we have P&Ps for the cleanup and decontamination of blood and/or other bodily fluid spills? Do we have the supplies readily available for use?

*If gaps are identified develop a plan to mitigate gaps, including improving or creating new P&Ps, and moving supplies to a more appropriate location. If change is needed, identify personel to assist and assign tasks and deadlines.*



**Open Responses**



**Ask:** Do we have a P&Ps for routine emptying and cleaning of reusable waste containers?

*Many facilities have P&Ps related to emptying but do not address the cleaning of these containers. If a new P&P is needed, identify personnel to assist and assign tasks and deadlines to facilitate implementation of P&Ps.*



**Open Responses**



**Ask:** Do we reuse medical devices (e.g., thermometers, stethoscopes, and blood pressure cuffs)? Do we have a P&P in place to address the disinfection of each of the reused devices?

*If a new P&P is needed, identify personnel to assist and assign tasks and deadlines to facilitate implementation of P&Ps.*



**Open Responses**



**Ask:** Does our facility have a P&P in place regarding the disinfection of dialysis clamps, blood glucose monitors, and dialysate conductivity/pH meters?

*If no, or if the P&P is not comprehensive, a new P&P is needed. If a new P&P is needed, identify personnel to assist and assign tasks and deadlines to facilitate implementation of P&Ps.*



**Open Responses**

**Basic Guidelines**



**Refer** participants to the CDC Dialysis Safety: Audit Tools and Checklists - Environmental Surface Disinfection in Dialysis Facilities: Notes for Clinical Managers


<http://www.cdc.gov/dialysis/prevention-tools/audit-tools.html>



**Present:** This is a great resource for everyone, not just for



clinical managers. It highlights important aspects of environmental cleaning in the dialysis facility. During this session we will review the main points, but you should keep this handout as for reference throughout this session and moving forward in your practice:

- Only Environmental Protection Agency (EPA) registered hospital disinfectants should be used. Each disinfectant has manufacturer’s guidelines and specifies how they should be used in the healthcare setting.
- Always verify the manufacturer’s instructions for dilution; while bleach is 1:100 for routine cleaning and 1:10 for large spills, some solutions need a different reconstitution and some are sold as “ready to use,” so dilution would decrease the effectiveness of the disinfectant.
- Personal Protective Equipment (PPE) should be worn during environmental cleaning.
- Priming buckets should be emptied, cleaned, disinfected, and fully air dried before being reattached to the machine.
- Computers and touchscreens are an important part of environmental cleaning and should be cleaned per P&P and manufacturer instructions.

	<b>Notes to the Facility Trainer</b>
	Use the <i>Environmental Surface Disinfection in Dialysis Facilities</i> reference for a more detailed overview and for facility-specifics.

**Part 3: At the Treatment Station**

**Estimated Time: 30 Minutes**

Routine Disinfection of Stations	Notes
 <p><b>Refer</b> participants to the CDC Dialysis Safety: Audit Tools and Checklists - <i>Checklist: Dialysis Station Routine Disinfection</i>  <a href="http://www.cdc.gov/dialysis/prevention-tools/audit-tools.html">http://www.cdc.gov/dialysis/prevention-tools/audit-tools.html</a></p>  <p><b>Present:</b> This checklist is a great tool to utilize during patient care and dialysis station routine disinfection. It is important to note this tool does not apply to surfaces visibly soiled. When the station is visibly soiled, first the soilage must be cleaned, then disinfecting can occur. The steps to take <i>before</i> beginning disinfection of the station include:</p> <ol style="list-style-type: none"> <li>1. Perform hand hygiene.</li> </ol>	

2. Don gloves.
3. Disconnect/takedown tubing and dialyzer from station.
4. Discard tubing and dialyzers.
5. Check for visible soil or blood.
6. Ensure that the priming bucket is empty.
7. Make sure the that patient and the patient’s belongings have left the dialysis station.
8. Discard all single-use supplies and remove any reusable supplies to an area to be cleaned.
9. Remove gloves.
10. Perform hand hygiene.



**Present:** Once the previous steps have been completed and the patient and his or her belongings are no longer at the dialysis station, routine disinfection can take place:

1. Perform hand hygiene.
2. Don gloves.
3. Apply disinfectant (per manufacturer’s instructions) to all surfaces in the dialysis station with friction in a wiping motion.
4. Make sure all surfaces are visibly wet with disinfectant.
5. Allow all surfaces to air dry completely.
6. Disinfect all surfaces of the priming bucket.
7. Allow priming bucket to air dry.
8. Reconnect priming bucket to station.
9. Keep any used or contaminated items away from the disinfected surfaces.
10. Remove gloves.
11. Perform hand hygiene.

## Common Gaps



**Refer** participants to the CDC Dialysis Safety: Audit Tools and Checklists – *Audit Tool: Dialysis Station Routine Disinfection*  
<http://www.cdc.gov/dialysis/prevention-tools/audit-tools.html>



**Present:** Before we engage in a simulation of proper environmental disinfection, I want to review some of the most common gaps identified during observation.

- The station is not fully empty before disinfection is initiated. This means before any cleaning supplies are brought over to the station ALL items from the previous patient must be removed. This includes: the patient, the patient’s belongings,



the dialysis tubing and dialyzer, clamps, the prime/prime bucket, all supplies, and any trash (if you have station specific trash cans, this means the trash must be emptied).

- Hand hygiene is missed between the removal of dirty supplies and initiation of disinfection. Hand hygiene should be performed and new clean gloves should be worn.
- All surfaces are not disinfected. Some surfaces or quickly wiped over and areas are missed and some surfaces are missed all together. Common surfaces that are not disinfected thoroughly or at all include: the prime bucket, the station specific trash and sharp containers, the wired blood pressure cuff holds, and laminated papers on IV pole left for staff reference.
- Computer terminals, even if they are shared between two stations, are not routinely cleaned. These are considered part of the dialysis station and should be disinfected with routine disinfection.
- Surfaces are not visibly wet with disinfectant as clothes dry out and staff does not wet enough clothes for full disinfection.
- Surfaces are not fully air dried prior to set-up for next patient.
- New clean supplies are brought to station to set up for the next patient before disinfection is complete. Even if the machine is disinfected, if the dialysis chair and items with the chair (such as the TV and remote) are not disinfected, the station is not fully disinfected.



**Ask:** Which mistakes are observed at our facility? How can we avoid these mistakes?



**Open Responses**

## Simulation



**Refer** participants to the CDC Dialysis Safety: Audit Tools and Checklists - *Checklist: Dialysis Station Routine Disinfection*  
<http://www.cdc.gov/dialysis/prevention-tools/audit-tools.html>  
**\*\*Demonstrate proper use of station disinfection at a dialysis treatment station and provide step-by-step guidance as you demonstrate the checklist items.**







Ask participants to return demonstrate proper disinfection of the dialysis station. *Have participants take turns in performing the disinfection steps at the dialysis station. Observe each participant's technique, make recommendations, and give reminders of the previously mentioned recommendations.*

	<b>Notes to the Facility Trainer</b>
	For the sake of time, you can finish the session prior to staff performing return demonstrations and then invite staff members to the dialysis station one by one to demonstrate.

**Part 4: Audits**

**Estimated Time: 10 Minutes**

Performing Audits	Notes
 <p><b>Refer</b> participants to CDC Dialysis Safety: Audit Tools and Checklists - <i>Audit Tool: Hemodialysis station routine disinfection observation</i></p>	
<p><a href="http://www.cdc.gov/dialysis/prevention-tools/audit-tools.html">http://www.cdc.gov/dialysis/prevention-tools/audit-tools.html</a></p>	
 <p><b>Present:</b> While the CDC has useful audit tools for the observation of routine disinfection, they have not recommended a specific time frame for conducting audits. However, regular auditing and surveillance are important and ensure understanding and competency of dialysis station routine disinfection.</p>	
 <p><b>Ask:</b> Are we performing regular dialysis station routine disinfection audits? Are we using the CDC tool? Do we have a record of the data collected? Who performs these audits? Who is reviewing the results? <i>If gaps are identified develop a plan to implement regular audits, utilize the CDC tools, and create a system to track data obtained from data.</i></p>	
 <p><b>Open Responses</b></p>	



**Write** on the white board or flip chart throughout the discussion, the main points, audit results, any gaps identified.



**Ask:** How is our performance on these audits? What did we do well? Where is there room for improvement? What are some barriers preventing optimal scores on the audits?

*Discuss where the staff excelled and where gaps were identified.*

*Provide data from the audits and help participants to notice trends – improvements or set-backs.*



### Open Responses

	<p style="text-align: center;"><b>Notes to the Facility Trainer</b></p> <p>If action is required after the previous discussion, refer to Module 2, Session 2 and consider developing an action plan to update or create new P&amp;Ps).</p>
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## Part 5: Wrap up and To-Do List

Estimated Time: 5 Minutes

To-Do	Notes
<div data-bbox="185 1171 266 1245" data-label="Image"></div> <p><b>Present:</b> Keeping our facility clean and disinfecting all equipment are critical steps in preventing contamination and the spread of infection. Today we have established a list of activities we need to follow up on and actions to take as we move forward. Before closing the session we will review our “To-Do” list.</p> <div data-bbox="196 1438 280 1522" data-label="Image"></div> <p><b>Write</b> on white-board the to-do list and have participants enter items they need to complete in their <i>Session Follow-Up Task Lists</i>. For each item addressed include personnel to complete each task, specific tasks to be done, and deadlines to complete tasks by. Items that need to be addressed, depending on your facility’s needs and what has been established in the session include:</p> <ul style="list-style-type: none"> <li>• P&amp;Ps related to audits, training, and education.</li> <li>• Reporting of environmental cleaning audits.</li> <li>• Making supplies available to patients and staff.</li> </ul>	



**Ask:** Does anyone have any questions regarding the session content or action plan moving forward?



**Open Responses**

**Closing**

**Notes**



**Present and Summarize** key points:

- Proper cleaning and disinfection of environmental surfaces has a big impact on infection control and the transmission of pathogens.
- Regular training and education can improve environmental cleaning techniques.
- The CDC offers several tools to be utilized at the facility to improve our practice.
- Regular audits can help facilities identify gaps in practice and guide the facility in determining needs for future training.



**Address** questions or concerns.



**Present:** Thank you all for coming and for your continuing commitment to the facility and to infection control program. Please take the *Post-Session Assessment* before leaving.



**Refer** participants to *How Clean is Your Facility? Post-Session Assessment* – have each participant complete the *Post-Session Assessment* and turn it into the Facility Trainer.

**Dismiss** the group.



## *Session Appendix*

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- *Facility Trainer Attendance Log*
- *Facility Trainer Assessment Tracker*
- *How Clean is Your Facility? Pre-Session Assessment*
- *How Clean is Your Facility? Post-Session Assessment*
- *Module 4, Session 1: Participant Resources*
- *Session Follow-Up Task List*







# Infection Control in Hemodialysis

## Training Curriculum: Module 4, Session 1

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### How Clean is Your Facility? Pre-Assessment

<b>Date:</b>	
<b>Participant Name:</b>	
<b>Facility:</b>	

1. Proper cleaning and disinfection of environmental surfaces has a big impact on infection control and the transmission of pathogens.
  - a. True
  - b. False
2. The CDC recommends monthly audits of routine disinfection of the dialysis station.
  - a. True
  - b. False
3. Related to environmental cleaning, the CDC recommends which of the following P&Ps? (select all that apply)
  - a. Cleanup and decontamination of blood and/or bodily fluid spills
  - b. Routine emptying and cleaning of reusable waste containers
  - c. The disinfection of reusable medical devices
  - d. Patient waiting area cleaning and disinfecting
4. An important step during routine disinfection of dialysis stations is making sure all surfaces are visibly wet with disinfectant.
  - a. True
  - b. False
5. I understand the CDC recommendations for environmental cleaning and auditing as well as my facility's P&Ps related to environmental cleaning.
  - a. Strongly Disagree
  - b. Disagree
  - c. Neither disagree or agree
  - d. Agree
  - e. Strongly Agree

# Infection Control in Hemodialysis

## Training Curriculum: Module 4, Session 1

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### How Clean is Your Facility? Post-Assessment

<b>Date:</b>	
<b>Participant Name:</b>	
<b>Facility:</b>	

1. Proper cleaning and disinfection of environmental surfaces has a big impact on infection control and the transmission of pathogens.
  - a. True
  - b. False
2. The CDC recommends monthly audits of routine disinfection of the dialysis station.
  - a. True
  - b. False
3. Related to environmental cleaning, the CDC recommends which of the following P&Ps? (select all that apply)
  - a. Cleanup and decontamination of blood and/or bodily fluid spills
  - b. Routine emptying and cleaning of reusable waste containers
  - c. The disinfection of reusable medical devices
  - d. Patient waiting area cleaning and disinfecting
4. An important step during routine disinfection of dialysis stations is making sure all surfaces are visibly wet with disinfectant.
  - a. True
  - b. False
5. I understand the CDC recommendations for environmental cleaning and auditing as well as my facility's P&Ps related to environmental cleaning.
  - a. Strongly Disagree
  - b. Disagree
  - c. Neither disagree or agree
  - d. Agree
  - e. Strongly Agree

# Infection Control in Hemodialysis

## Training Curriculum: Module 4, Session 1

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### Participant Resources

<b>Date:</b>	
<b>Participant Name:</b>	
<b>Facility:</b>	

- CDC Dialysis Safety: Clinician Education – Staff Competencies
  - <http://www.cdc.gov/dialysis/clinician/index.html>
- CDC Dialysis Safety: Audit Tools and Checklists
  - <http://www.cdc.gov/dialysis/prevention-tools/audit-tools.html>
    - *Audit Tool: Hemodialysis station routine disinfection observation*
    - *Checklist: Dialysis Station Routine Disinfection*
    - *Environmental Surface Disinfection in Dialysis Facilities: Notes for Clinical Managers*

# Infection Control in Hemodialysis

## Training Curriculum: Module 4, Session 1

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### Session Follow- Up Task List

Date:	
Participant Name:	
Facility:	

#### Personal To-Do Items:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

#### Facility-Wide To-Do Items:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

#### Additional Comments:

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