

The Role of Cleaners in Infection Prevention
Professor Wendy J Graham and Dr Giorgia Gon, London School of Hygiene and Tropical Medicine
Sponsored by the World Surgical Infection Society (www.worldsis.org)

THE ROLE OF CLEANERS IN INFECTION PREVENTION - NEGLECTED FRONT LINE WORKERS IN HEALTHCARE FACILITIES

Professor Wendy J Graham and Dr Giorgia Gon
London School of Hygiene and Tropical Medicine

Hosted by Paul Webber
paul@webbertraining.com

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World Surgical Infection Society



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November 12, 2019



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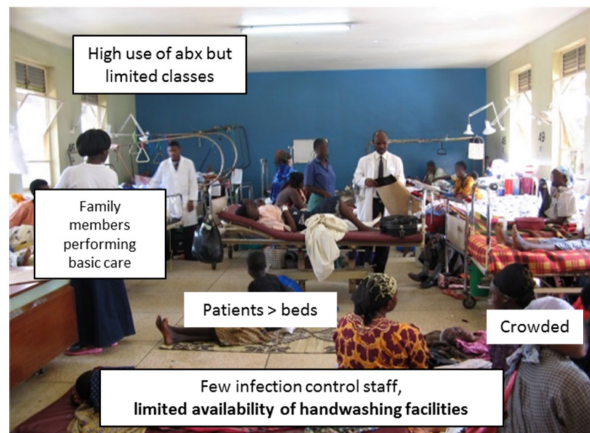
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“Middle income” hospitals

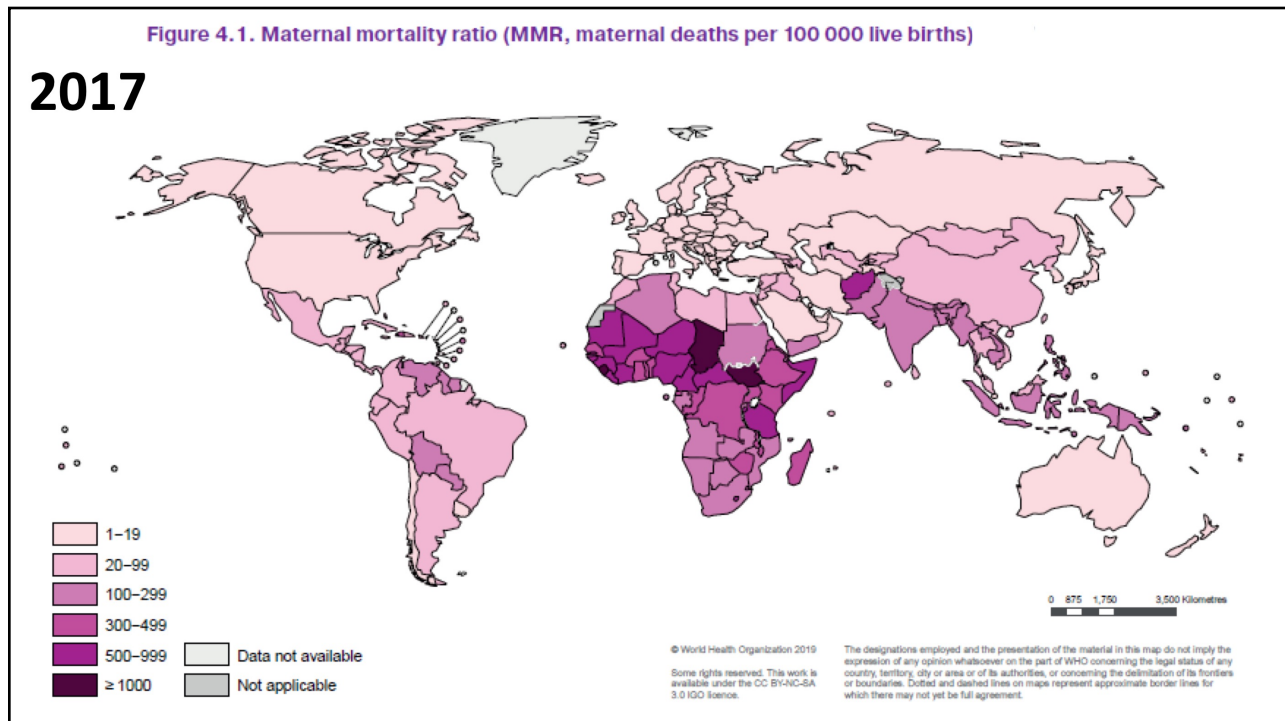


“Low income” hospitals



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THE PERFECT STORM

.... of HAI in mothers & newborns

Six elements building *the perfect storm*:

1. The epidemiological & obstetric transition
2. Increasing uptake of facility-based care
3. Neglect of water & sanitation in health facilities
4. Poor infection prevention & control
5. Weak health information systems & surveillance
6. Emerging antimicrobial resistance

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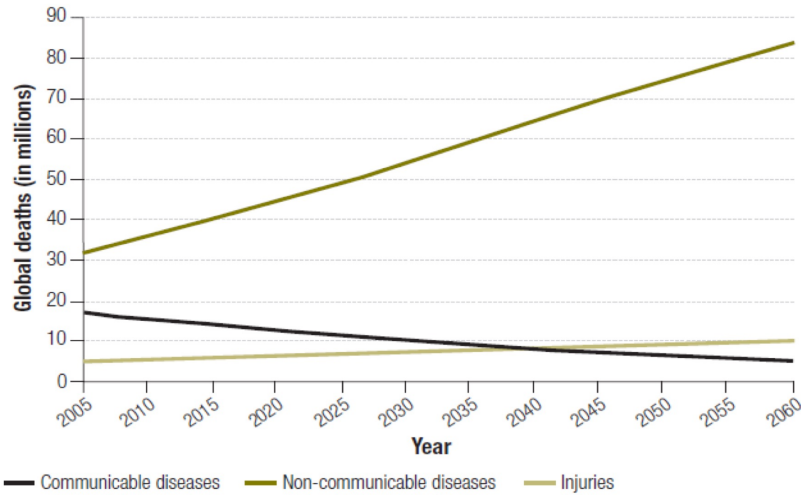
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Storm element 1: the epidemiological transition

Fig. 4. Global deaths by major disease groups

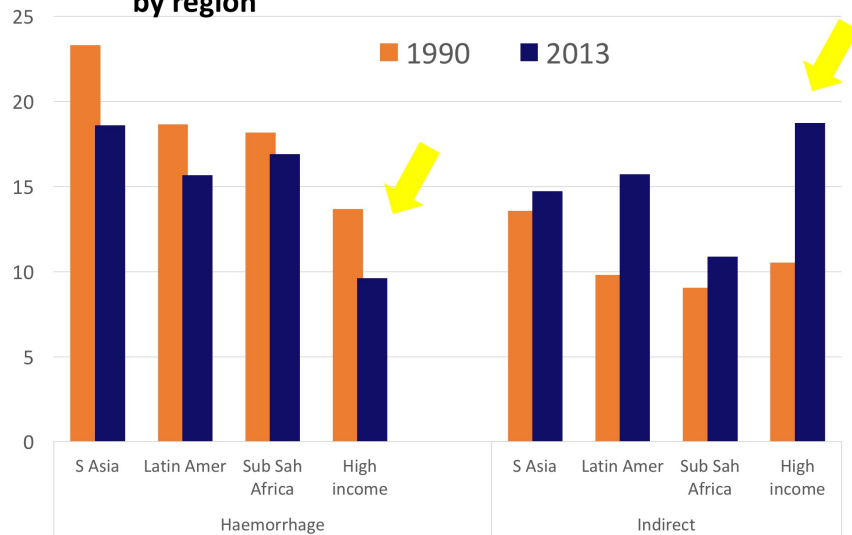


Source: International Futures version 6.32 base case forecast.

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Obstetric transition

Percentage of maternal deaths due to two causes by region



Graham WJ, Woodd S, Byass P, Filippi V, Gon G, Virgo S, Chou D, Hounton S, Lozano R, Pattinson R, Singh S. (2016) Diversity and Divergence: The dynamic burden of poor maternal health. *Lancet*, Volume 388, No. 10056, p2164–2175, 29 October 2016. doi.org/10.1016/S0140-6736 (16)31533-1

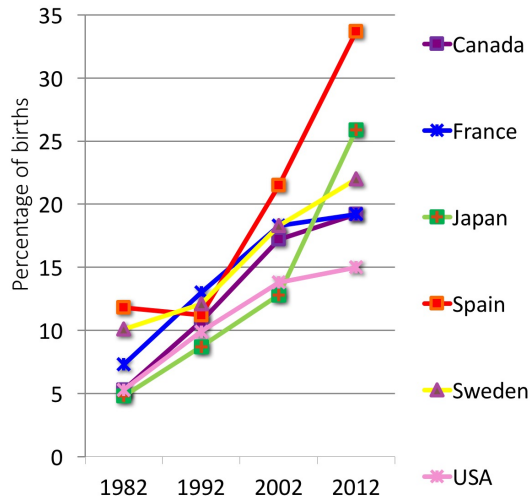
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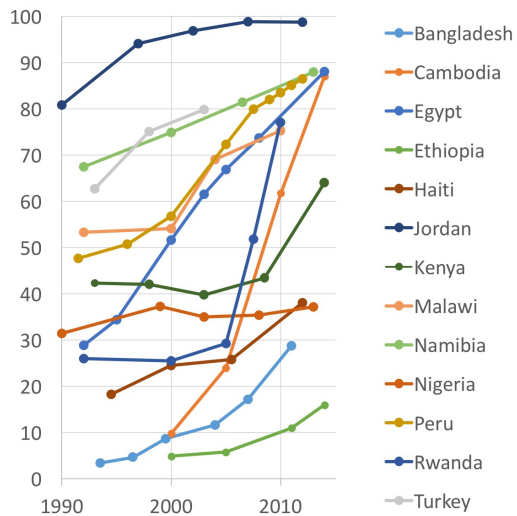
Changing epidemiology: percentage of births to women 35+ years old in high-income settings, 1982-2012



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Storm element 2: increased uptake of facility-based care

Three-quarters of women globally now deliver in health facilities



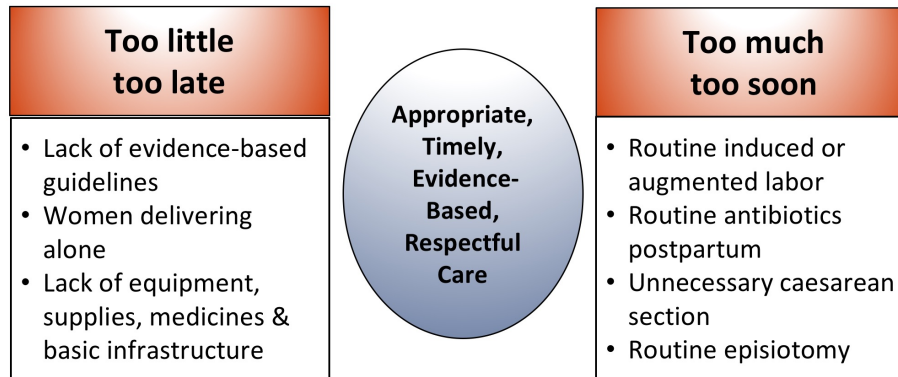
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What is quality maternal healthcare?



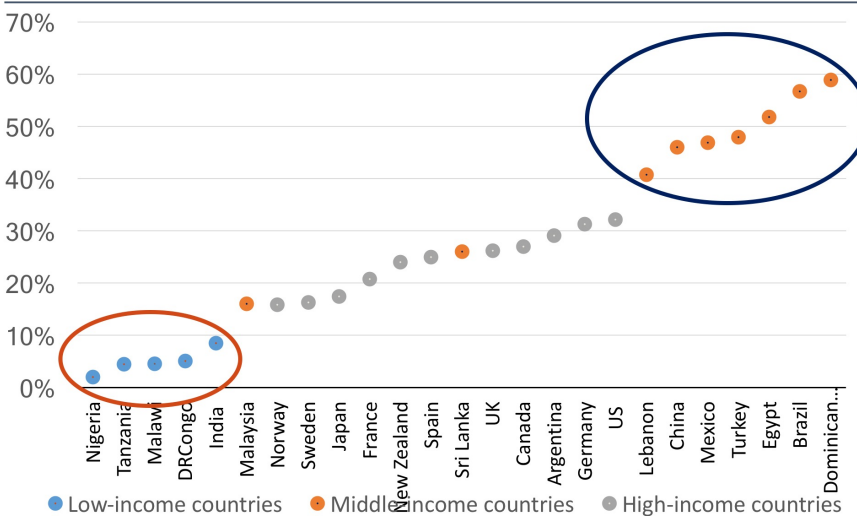
Miller S, Abalos E, Chamillard M, Ciapponi A, Colaci A, Comandé D, Diaz V, Geller S, Hanson C, Langer A, Manuelli V, Millar K, Morhason-Bello I, Castro CP, et al. Beyond too little, too late and too much, too soon: a pathway towards evidence-based, respectful maternity care worldwide. Lancet 2016

THE LANCET



Maternal Health Series

Caesarean-section rates: **too little & too much**



Disparate rates between (and within) countries

Both “too little, too late” & “too much, too soon”

Figure: country-specific caesarean-section rates

Miller S, Abalos E, Chamillard M, Ciapponi A, Colaci A, Comandé D, Diaz V, Geller S, Hanson C, Langer A, Manuelli V, Millar K, Morhason-Bello I, Castro CP, et al. Beyond too little, too late and too much, too soon: a pathway towards evidence-based, respectful maternity care worldwide. Lancet 2016

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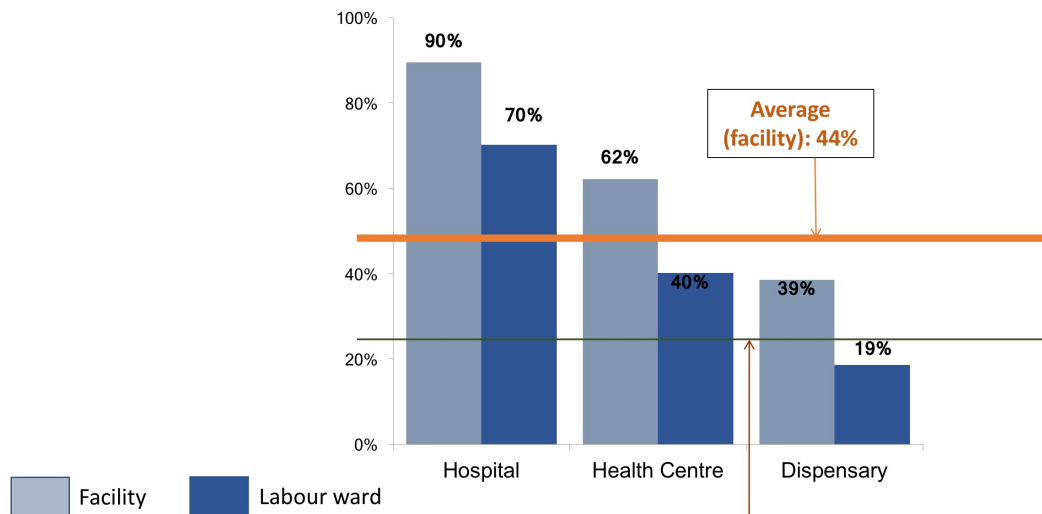
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Storm element 3: neglect of water & sanitation in health facilities



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Tanzania 2010: Health facilities and labour wards: % with water supply & latrines (“WASH safe”)



Source: Benova et al (2014) 20

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Storm element 4: poor infection prevention and control



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Storm element 5: weak health information systems & surveillance



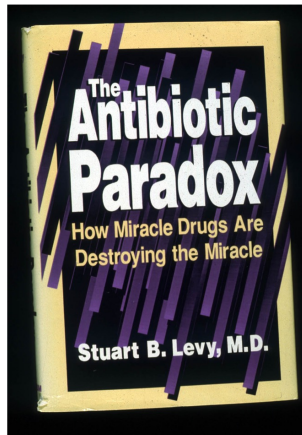
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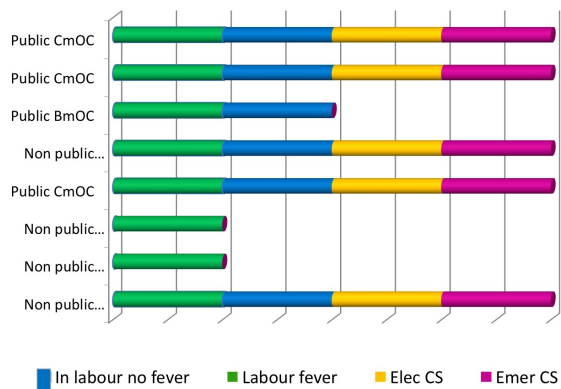
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Storm element 6: emerging antimicrobial resistance



Antibiotic use on maternity wards by type of facility



Soapbox WASH & CLEAN Study 2014: Bangladesh

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THE PERFECT STORM ... of HAIs in mothers & newborns

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6. Emerging antimicrobial resistance

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What are the infection-related risks of care in health facilities – “healthcare-associated infections”? (1)

- Hundreds of millions of patients are affected by HAIs worldwide each year
 - HAIs affect both high-income (HIC) and low- to middle-income countries (LMIC)
- Of every 100 hospitalized patients:
 - 7 in HIC will acquire at least one HAI
 - 15* in LMIC will acquire at least one HAI
- Most countries lack surveillance systems, therefore absence of reliable data
- Surgical site infections are the most common HAI in LMIC (versus urinary tract infection in HIC), and these affect up to two-third of operated patients in LMIC (up to 9 times higher than in HIC)

Source: Adapted from Molly Patrick, Water & Health conference, 2018

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What are the infection-related risks of care in health facilities – “healthcare-associated infections”? (2)


- Patients in intensive-care units (ICU) particularly at-risk in LMICs
 - Frequency of infection 2-3 times higher than in HIC
- Neonatal population particularly at-risk in LMICs
 - Infection rates 3-20 times higher than in HIC
- Transmission of bacteria to patients (HAIs risk) via surfaces + hands, equipment and air
- Environmental hygiene: cleaning & disinfection of surfaces (including cleaning linen) + waste disposal

Source: Adapted from Molly Patrick, Water & Health conference, 2018

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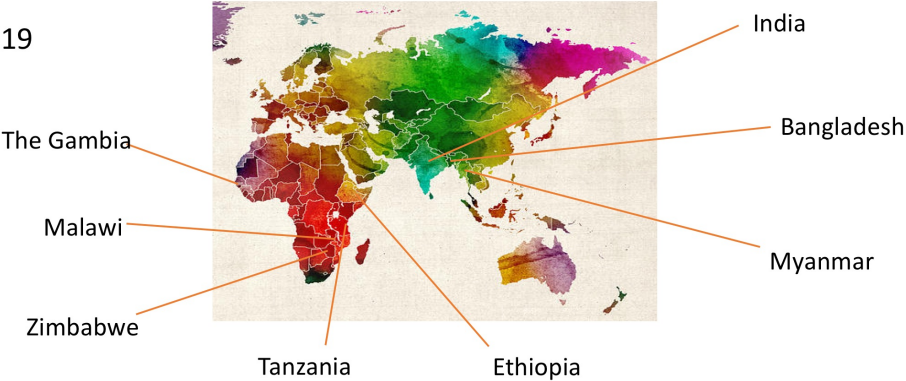
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COLLABORATIVE

Mar 2012- Jun 2019

Strategic Aim: to inform and influence action by policy-makers, managers and the health workforce to reduce healthcare-associated infections and deaths in mothers and babies delivered in hospitals in low-income countries.



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What did we do? (2012-19)

- Improved understanding on the state and the determinants of hygiene at birth in health facilities.
- Contributed to local solutions and action to improve hygiene at birth (*Back to Basics*).
- Increased awareness of the needs, opportunities and challenges of reducing HCAs in maternity units.
- Strengthened the network and community of actors addressing hygiene at birth.

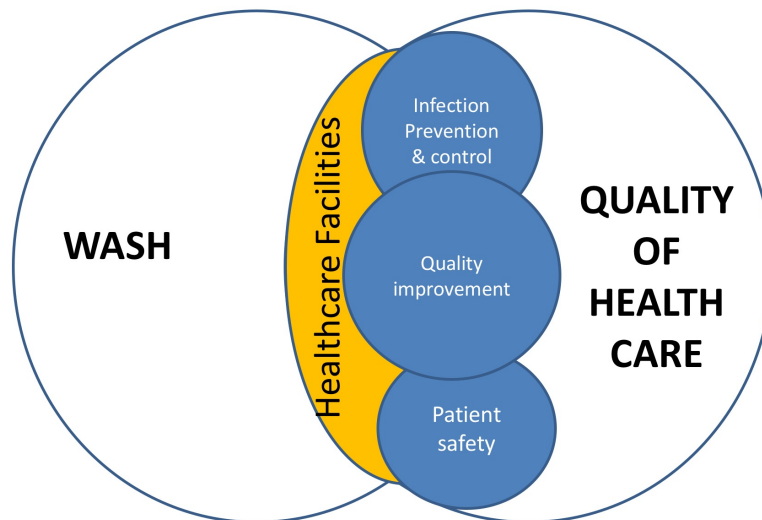



 Training in Environmental Hygiene and
 Cleaning in Healthcare (TEACH)
 The TEACH CLEAN Package
 Cleaning Procedure
 Guidelines



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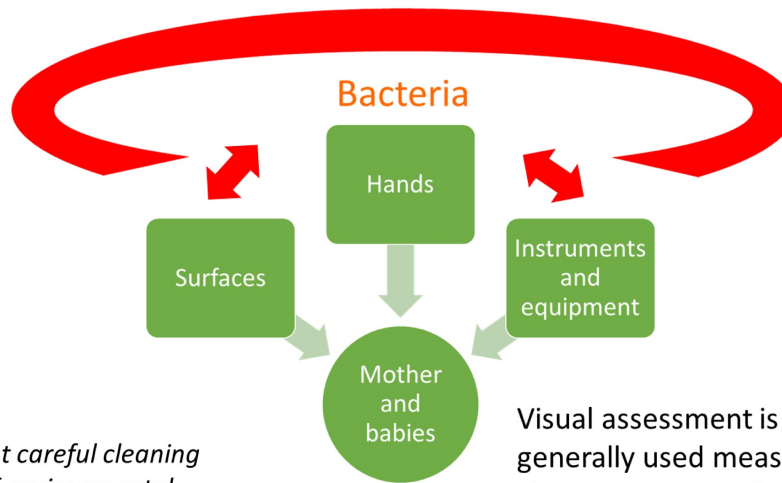
Complementary domains



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Three traditional routes of transmission



“Experts agree that careful cleaning and disinfection of environmental surfaces are essential elements of effective infection prevention programs” (Boyce, 2016)

Visual assessment is the most generally used measure of cleanliness.... But *“is an unreliable indicator of microbial contamination”* (Mulvey, et al, 2011)

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Behind surface cleanliness: the cleaners!

Our findings from Gambia, India, Bangladesh, Zanzibar, Myanmar (about 100 facilities)

Cleaners/Orderlies

- No formal training – translates into poor storage of cleaning equipment and poor cleaning practices
- Shortage of staff
- Lack of policies and protocols (e.g. of job descriptions, cleaning procedure guidelines, cleaning schedules, etc.)
- Multiple responsibilities



“Other tasks that I do apart from cleaning are delivering women, dressing wounds, giving injections, caring for the newborn, and distributing food. We just work from experience without any training.”

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The TEACH-CLEAN training package

- No pre-existing training identified for low literate staff
- Based on international and national guidelines & standards
- In consultation with NHS Grampian; advice from ICAN
- Principles of adult learning, participatory techniques
- Training adapted to local country context in consultation with local expertise
- Trainers sourced from health facilities
- A training of trainers (**cleaning champions**)
- Piloted in Gambia (Horizons&MoH 4 facilities) → results: knowledge ↑, practice ↑ & **empowerment** ↑
- Used in India (IIPHG, 10 facilities), Cameroon (CDC, 28 facilities)



<https://www.lshtm.ac.uk/research/centres/march-centre/soapbox-collaborative/teach-clean>

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"IPC training was a good training. I have never attended any training since I started working as an orderly. We have been taught new knowledge that improved our work and helps us protect ourselves during work. The feedback I get from visitors about **cleanliness** of the ward is pleasing"

Sainey - Orderly
The Gambia



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The TEACH CLEAN package contains 5 documents:

Along with a step guide to highlight key activities in the preparation and implementation of the training package.

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The TEACH CLEAN **Instruction Document** provides users with all the information required to plan, adapt, implement and evaluate training in facilities.

The optional **Basic Needs Assessment Tool** can be applied prior to training in order to:

- identify gaps in knowledge, existing training, resource availability and personnel
- provide a review of cleaning responsibilities
- determine the existence of current policies/protocols on cleaning and cleanliness
- compare current practice with best practice outlined within the training package.

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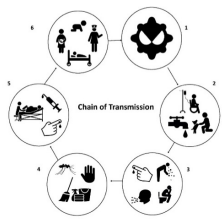
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The training package – the clean boxes

1. Intro to IPC




2. Personal hygiene & dress code




3. Hand hygiene


Your 5 Moments for Hand Hygiene




4. Personal protective equipment




5. Housekeeping/control of environment




6. Waste handling




7. Linen handling



8&9. How to train & supervise



10. Quality improvement



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Competency Assessment Checklists

Competency assessments:

- Enable monitoring of standards, celebrate progress and highlight areas in need of improvement
- Ensure that cleaning procedures are carried out correctly and safely
- Ensure that staff have the required knowledge and skills to perform their role

Competency Assessment Referral Procedure

Relevant competency selected to assess

Did the individual pass all aspects of the competency assessment?

Yes ✓ → Complete staff member's Individual Competency Assessment Record & file ✓

No → Can the assessor address failed aspects on-the-spot (i.e. minor errors)?

Yes ✓ → Provision of on-the-spot guidance and checking of understanding → Complete staff member's Individual Competency Assessment Record, note any actions taken in the 'Action' column and file securely ✓

No → Action plan devised e.g. retraining in competency. Date of planned reassessment agreed and signed by staff member and trainer/assessor. → Action plan implemented → Relevant competency reassessed → Individual passed second attempt at competency assessment after action plan implemented? → Yes ✓ → Complete staff member's Individual Competency Assessment Record, note any actions taken in the 'Action' column and file securely ✓

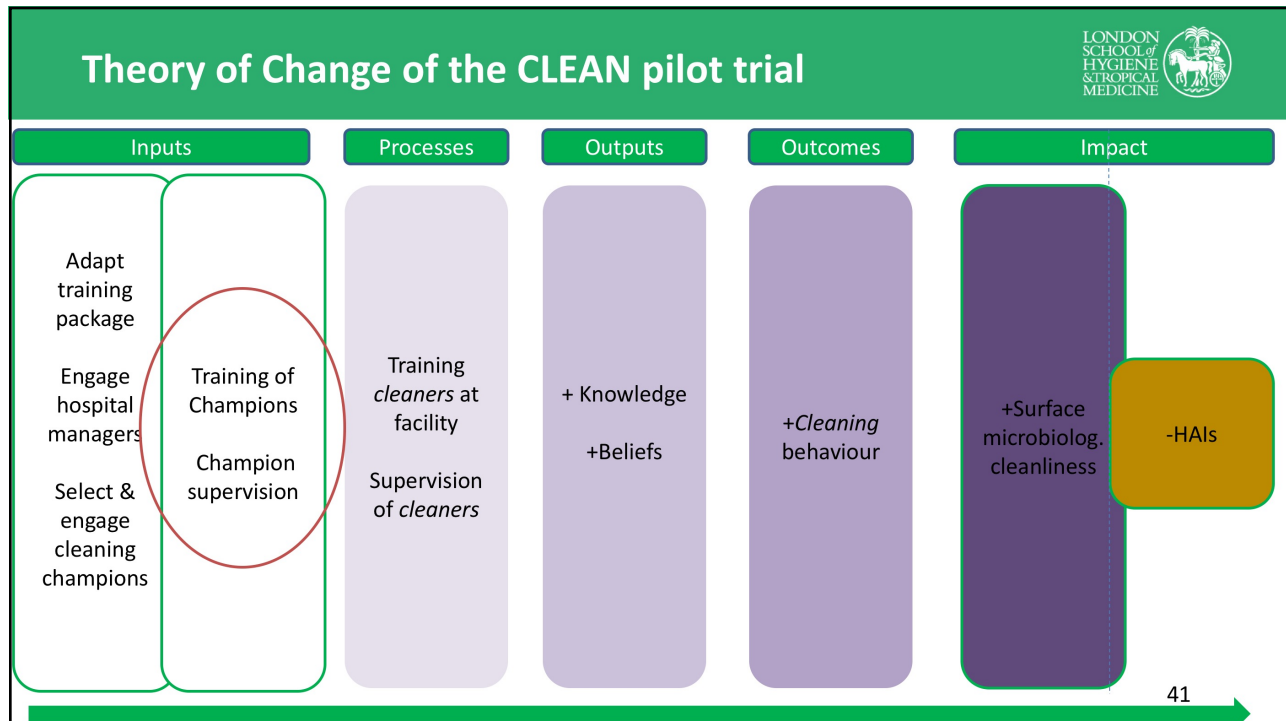
No → [End of process]

Successful competency assessment must be achieved to uphold IPC standards. Individuals who are unable to complete the competency assessment must be offered sufficient additional support to achieve a successful outcome. The individual's line manager and/or supervisor should be notified and joint planning made to establish further action (e.g. more in-depth training, additional/daily support/guidance from supervisor when completing tasks, implementation of a peer 'buddy' system to support practice).

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Candidate study sites

High volume; equipped facilities;
Dar es Salaam Region

- Kinondoni district & Temeke district;
- ~ 1000 deliveries (per month) in each hospital
- 4 wards: labour, postnatal, post-operative ward (c-sections) & newborn

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Impact evaluation design

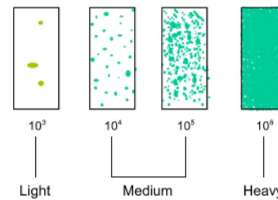
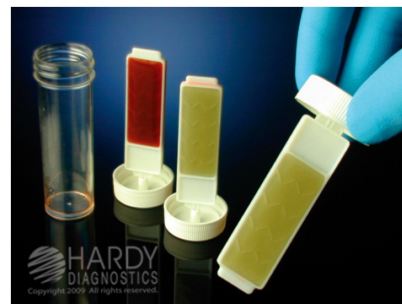
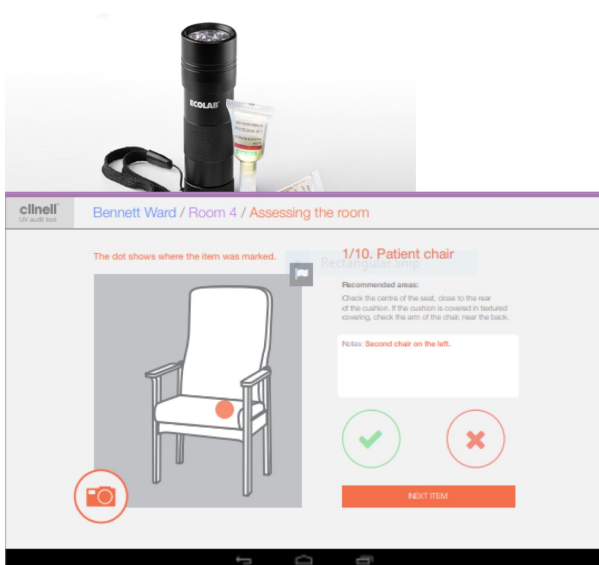


- Aim: to assess the effect of the intervention on cleaning behavior & microbiological cleanliness
- Before and after design; 6 months;
- Unit of measurement are surfaces = key hand touch sites+



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Knowledge and attitudes questionnaire



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Questionnaire



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Implementation, experience, context....

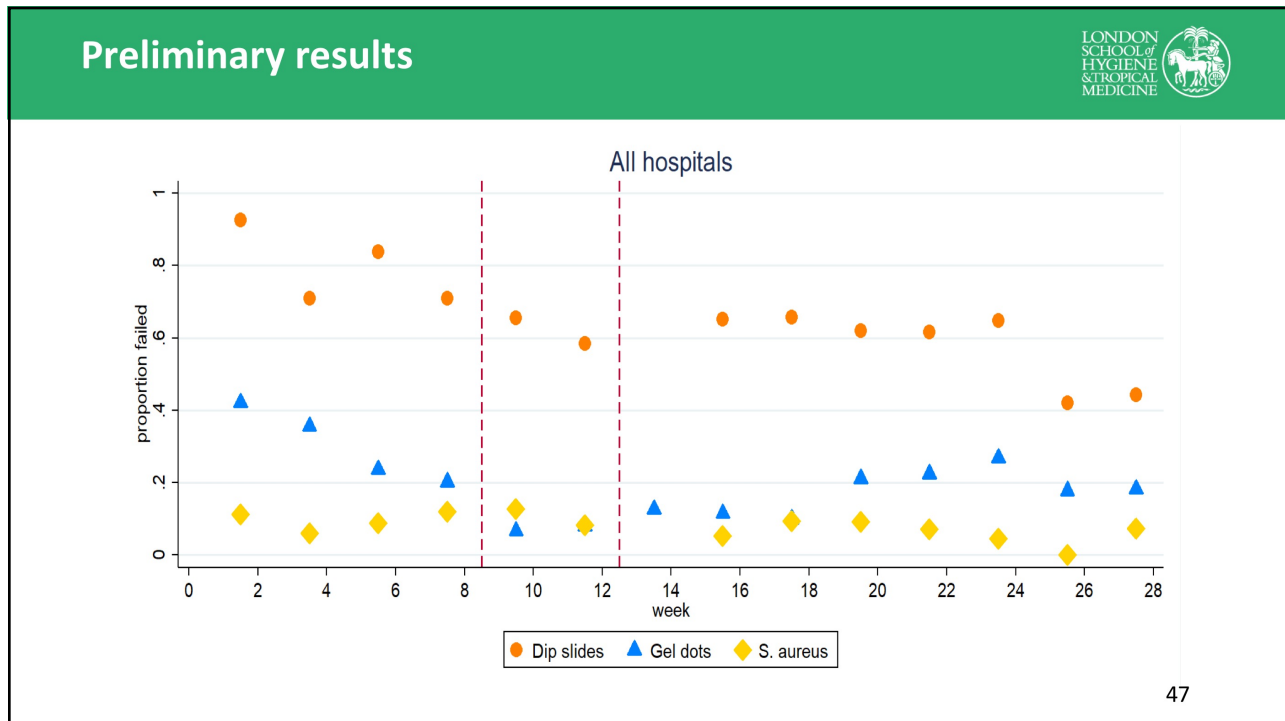


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Preliminary results

The photograph shows a blue bucket filled with various pieces of waste, including what appears to be a yellow glove and some paper. The bucket is placed on a floor in a room with a stone wall. A grey towel and a blue cloth are hanging on the wall behind the bucket. A red bag is partially visible to the right of the bucket.

- +ve changes in Knowledge:
 - Understanding of infection transmission
 - Waste Management practice
- Changes in Attitudes less clear

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Preliminary results



**Preliminary* results*

“They taught us well, they used notes, they also taught us without notes [but] with equipment, how to use the equipment, how to wear PPE, how to hold a mop, things like that” – Cleaner, Facility 3

The screenshot shows a webpage from the United Nations Secretary-General. The main heading is "Secretary-General's remarks at Launch of International Decade for Action 'Water for Sustainable Development' 2018-2028 [as delivered]". A blue circle highlights a paragraph: "A recent survey of 100,000 facilities found that more than half lack simple necessities, such as running water and soap - and they are supposed to be healthcare facilities." To the right, there is a graphic for "6 CLEAN WATER AND SANITATION" and logos for the World Health Organization and UNICEF. At the bottom, there is a graphic for "3 GOOD HEALTH AND WELL-BEING" and a meeting report footer for Geneva, Switzerland, 8-9 May 2018.

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Opportunities on a global scale – policies & documents

3 Education & Training

R3a Strong
3b GPS

At the facility level IPC education should be in place for all health care workers by utilizing team- and task-based strategies that are participatory and include bedside and simulation training to reduce the risk of HAI and AMR.

The national IPC programme should support education and training of the health workforce as one of its core functions.

Evidence (15 studies at facility level) shows that IPC education that involves frontline health care workers in a practical, hands-on approach and incorporates individual experiences is associated with decreased HAI and increased hand hygiene compliance



WHO Implementation manual supporting prevention of CRO infections - cleaning chapter



WHO UNICEF Water, sanitation and hygiene in health care facilities
 Practical steps to achieve the global vision of universal access



CDC & ICAN Best Practices for Environmental Cleaning in Healthcare Facilities (LMICs)

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Opportunities on a global scale - relevant global monitoring and surveys (1)



Core component 8: Built environment, materials and equipment for IPC at the facility level??

Question	Answer	Score
Water		
1. Are water services available at all times and of sufficient quantity for all uses (for example, hand washing, drinking, personal hygiene, medical activities, sterilization, decontamination, cleaning and laundry)? Choose one answer	<input type="checkbox"/> No, available on average < 5 days per week	0
	<input type="checkbox"/> Yes, available on average ≥ 5 days per week or every day but not of sufficient quantity	2.5
	<input type="checkbox"/> Yes, every day and of sufficient quantity	7.5
	<input type="checkbox"/> No, not available	0
2. Is a reliable safe drinking water station present and accessible for staff, patients and families at all times and in all locations/wards? Choose one answer	<input type="checkbox"/> Sometimes, or only in some places or not available for all users	2.5
	<input type="checkbox"/> Yes, accessible at all times and for all wards/groups	7.5
Hand hygiene and sanitation facilities		
3. Are functioning hand hygiene stations (that is, alcohol-based handrub solution or soap and water and clean single-use towels) available at all points of care? Choose one answer	<input type="checkbox"/> No, not present	0
	<input type="checkbox"/> Yes, stations present, but supplies are not reliably available	2.5
	<input type="checkbox"/> Yes, with reliably available supplies	7.5
4. In your facility, are ≥ 4 toilets or improved latrines ^a available for outpatient settings or ≥ 1 per 20 users for inpatient settings? Choose one answer	<input type="checkbox"/> Less than required number of toilets or latrines available and functioning	0
	<input type="checkbox"/> Sufficient number present but not all functioning	2.5
	<input type="checkbox"/> Sufficient number present and functioning	7.5
Power supply, ventilation and cleaning		
5. In your health care facility, is sufficient energy/power supply available at day and night for all uses (for example, pumping and boiling water, sterilization and decontamination, incineration or alternative treatment technologies, electronic medical devices, general lighting of areas where health care procedures are performed to ensure safe provision of health care and lighting of toilet facilities and showers)? Choose one answer	<input type="checkbox"/> No	0
	<input type="checkbox"/> Yes, sometimes or only in some of the mentioned areas	2.5
	<input type="checkbox"/> Yes, always and in all mentioned areas	5
6. Is functioning environmental ventilation (natural or mechanical ^b) available in patient care areas?	<input type="checkbox"/> No	0
	<input type="checkbox"/> Yes	2.5

Core component 3: Infection Prevention and Control (IPC) education and training

Question	Answer	Score
1. Are there personnel with the IPC expertise (in IPC and/or infectious diseases) to lead IPC training?	<input type="checkbox"/> No	0
	<input type="checkbox"/> Yes	10
2. Are there additional non-IPC personnel with adequate skills to serve as trainers and mentors (for example, link nurses or doctors, champions)? Choose one answer	<input type="checkbox"/> No	0
	<input type="checkbox"/> Yes	10
3. How frequently do health care workers receive training regarding IPC in your facility? Choose one answer	<input type="checkbox"/> Never or rarely	0
	<input type="checkbox"/> New employee orientation only for health care workers	5
	<input type="checkbox"/> New employee orientation and regular (at least annually) IPC training for health care workers offered but not mandatory	10
	<input type="checkbox"/> New employee orientation and regular (at least annually) mandatory IPC training for all health care workers	15
4. How frequently do cleaners and other personnel directly involved in patient care receive training regarding IPC in your facility? Choose one answer	<input type="checkbox"/> Never or rarely	0
	<input type="checkbox"/> New employee orientation only for other personnel	5
	<input type="checkbox"/> New employee orientation and regular (at least annually) training for other personnel offered but not mandatory	10
	<input type="checkbox"/> New employee orientation and regular (at least annually) mandatory IPC training for other personnel	15
5. Does administrative and managerial staff receive general training regarding IPC in your facility? Choose one answer	<input type="checkbox"/> No	0
	<input type="checkbox"/> Yes	5
6. How are health care workers and other personnel trained? Choose one answer	<input type="checkbox"/> No training available	0
	<input type="checkbox"/> Using written information and/or oral instruction and/or e-learning only	5
	<input type="checkbox"/> Includes additional interactive training sessions (for example, simulation and/or bedside training)	10

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Opportunities on a global scale - relevant global monitoring and surveys (2)

Global Monitoring of Country Progress on AMR (3.0) 2018



Global Monitoring of Country Progress on Antimicrobial Resistance (AMR):

Tripartite AMR country self-assessment survey (TrACSS)

Version 3.0

6. Country progress on strategic objective 1: Improve awareness and understanding of AMR through effective communication, education and training:

- ENVIRONMENTAL HYGIENE INC WASH

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The Role of Cleaners in Infection Prevention

Professor Wendy J Graham and Dr Giorgia Gon, London School of Hygiene and Tropical Medicine
Sponsored by the World Surgical Infection Society (www.worldsis.org)

- “We are very happy afterwards because, for me, to be frank enough, they surprised me. Because me, I don’t know that they are so much talented... I underrate them... but the time I stood in front of them to teach them, the ideas they bring out and their understanding level is very fast...They can even teach [us], so this is it. We are very happy.”

*Environmental Hygiene & IPC Trainer,
Serrekunda Major Health Centre, The
Gambia*



TEACH CLEAN

HEALTH WORKERS WHO CLEAN ARE ENVIRONMENTAL HEALTH CHAMPIONS

Environmental cleaning is known to play a key role in reducing the global burden of healthcare associated infections (HAIs) and antimicrobial resistance (AMR). In line with WHO & UNICEF recommendations, system wide changes are necessary to establish improvements in environmental hygiene to strengthen infection prevention and control (IPC) and achieve global goals, including addressing:

- Training for staff responsible for cleaning
- Resource availability
- Availability & monitoring of cleaning protocols & registers
- Supervisory supervision
- Increasing the emphasis on health for all

Participatory Teaching for a Cleaner Environment and Health for All

The **TEACH CLEAN** package presents information and materials required to deliver comprehensive, participatory training in environmental hygiene and IPC in healthcare facilities.

Tailored towards use within low-resource settings, TEACH CLEAN is a freely available, evidence and best practice based resource which is:

- Intended for use by organisations & individuals who want to improve knowledge & practices of those who clean
- Accessible for staff with limited literacy skills through its participatory approach to training
- Adaptable to the local context
- Suitable for a cascade approach to training [Training of Trainers]

The TEACH CLEAN package contains:

- A 'How to Train' instruction document and ToT modules on Supportive Supervision & Quality improvement
- Seven essential Clean Box training modules addressing IPC and environmental hygiene
- Competency Assessment Checklists
- Written and Illustrated Cleaning Procedure Guidelines
- An Advocacy & Communications Resource Pack

TEACH CLEAN helps address a lack of formal training for those who clean and promotes IPC and WASH standards for a safer environment. It underpins quality health for all.

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The Role of Cleaners in Infection Prevention
Professor Wendy J Graham and Dr Giorgia Gon, London School of Hygiene and Tropical Medicine
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Key references and resources

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