An Assessment of Infection Control Surveillance in BC Acute Care Facilities

By BRUCE GAMAGE, RN, BSN, CIC, Manager, Provincial Infection Control Network – BC

The following article (reprinted from the Winter 2009 issue of Virox’s Solutions Newsletter), is a précis of an article previously published in the American Journal of Infection Control 2008; 36:706-10.

In 2005, the Provincial Infection Control Network (PICNet) of British Columbia undertook a review of the scope and nature of surveillance activities for healthcare-associated infections (HAI) in BC acute care facilities (ACF). The goal of this review was to enable future development of surveillance programs at the local and, potentially, the provincial level. Identification of required resources, barriers and impediments, as well as opportunities for standardization of surveillance, were key to developing a foundation for future successful collaboration.

Surveillance for healthcare-associated infections is a fundamental part of any infection control program. HAI surveillance data are used to improve the quality of patient care in health care settings through quality improvement activities and assessing the effectiveness of infection prevention programs. Surveillance data can also be used to quickly identify and confirm outbreaks so they can be controlled.

For the purposes of this survey, a questionnaire was developed by members of PICNet and sent to a sample of ACF in BC. The questionnaire incorporated questions on organism-specific surveillance, disease-specific surveillance and general surveillance activities.

Overall the results showed that participation in organism specific surveillance in ACF was excellent but activity was less than optimal for disease specific monitoring.

Participation in surveillance of methicillin resistant Staphylococcus aureus (MRSA), vancomycin resistant Enterococci (VRE) and Clostridium difficile associated disease (CDAD) was high but surveillance methodologies were inconsistent. Of note, was the variation in the definition of community-acquired MRSA. This is particularly problematic given the well-documented increase in the community-associated strain of MRSA (USA 300) in disadvantaged populations in the province.

More than half of facilities did not calculate rates for MRSA, VRE and CDAD. Without the calculation of incidence rates, trending over time is difficult and the ability to use the numbers as quality of care indicators can be problematic. Also many facilities did not characterize isolates, limiting the ability to provide epidemiological and molecular information. Most facilities did not save samples or cultures for Clostridium difficile limiting the ability to perform molecular characterization to detect newer more resistant strains.

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Respondents Want To Know

A questionnaire conducted earlier this year by AlturaSolutions Communications asking facility managers about their 2009 cleaning equipment purchasing plans apparently struck a chord with respondents. Several requested to be notified of the results after they were tabulated.

“Since starting surveys more than two years ago, this has happened occasionally,” said Robert Kravitz, president of AlturaSolutions Communications. “However, never [before] have so many people asked for the results.”

Kravitz attributes the interest to difficult economic conditions – an issue covered in the questionnaire – and the desire of facility managers to understand how their peers are dealing with the situation.

These were among the economy-related responses:

When asked about their top cleaning concern in 2009, half of the respondents said, “Dealing with a tight or shrinking budget.” Coming in second, 30 per cent reported, “Cleaning without harming the environment.”

• Questioned as to how they currently stretch their cleaning budgets, 80 per cent reported they select equipment that improves worker productivity.

• Although larger automatic scrubbers usually improve operations as well, they did not correlate to those procedures associated with higher morbidity and mortality from a post-operative infection. Only Caesarean sections were followed post-operatively in the majority of facilities surveyed.

The high proportion of facilities participating in this survey and the enthusiasm for the project by the ICP community suggests that development of uniform provincial surveillance systems is an achievable goal. With this in mind, PICNet has developed standardized surveillance methodology to collect data on CDAD and will be working with the facilities, province-wide, to standardize surveillance methodologies for other healthcare acquired infections. PICNet continues to work with our community of practice in BC to improve surveillance for HAI provinc-wide and to improve the quality of patient care.

An Assessment of Infection Control Surveillance in BC Acute Care Facilities

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As long as buildings have occupants, they will always need to be cleaned to an healthy, acceptable level.

Professional Housekeeping

Know Your Customer Better Than They Know Themselves

By BILL GARLAND, Senior Partner, Daniels & Associates Inc.

We are currently in the midst of a tight economy, given the doom and gloom we seem to be hearing everywhere these days. But, for those in the cleaning service industry, this should be a time of opportunity.

As long as buildings have occupants, they will always need to be cleaned to an healthy, acceptable level. Admittedly, there might be more empty buildings, but the purpose of this article is how to strengthen your existing business and obtain new clientele.

As I said in the title, you need to know your client. This is not only just ‘knowing’ them, but also knowing what is happening around them: Is their company having problems? Is their job secure? And, is all well in their personal life? You almost need to know what they are thinking before they think it.

The relationship we are referring to here is ‘bonding with the client’. Many contractors let the only bond they have with the client be the bond of providing the cleaning service or whatever service they may be providing.

This single bond is not enough to hold onto the customer. It is important to strengthen additional bonds if the customer is to be retained.

Developing bonds is done naturally in many companies and can consist of simple acts which show you care for the client. This can be as simple as remembering a birthday or special event.

Providing service over and above the terms of your agreement with the client will develop additional bonds particularly in to...
Hand Hygiene
Not Quite ‘There’ Yet

During the 19th Century, women in childbirth were dying at alarming rates in Europe and North America. Up to 25 per cent of women who delivered their babies in hospitals died from childbed fever (puerperal sepsis), later found to be caused by Streptococcus pyogenes bacteria. In 1910, Josephine Baker, M.D., started a program to teach hygiene to child care providers in New York. Thirty physicians sent a petition to the Mayor protesting that “it was ruining medical practice by... keeping babies well.”

HOW FAR HAVE WE COME?

Despite its rocky beginnings, hand hygiene has become a part of our culture. Hand washing and other hygienic practices are taught at every level of school, advocated in the workplace, and emphasized during medical training. According to the United States Centers of Disease Control and Prevention (CDC), “Hand hygiene is the single most important means of preventing the spread of infection.”

Yet, recent studies and reports indicate that lack of or improper hand hygiene still contributes significantly to disease transmission. While we are all potentially at risk of contracting hand-transmitted illnesses, one-third of our population is especially vulnerable, including pregnant women, children, old people and those with weakened immune systems.

IN HEALTHCARE...

It seems reasonable to assume that hospitals have come closest to responding to this problem. Modern surgery, after all, has long since solved many of the early problems of infection. However, fundamental problems of hygiene still exist. Despite extensive promotion, and the implementation of new waterless hand disinfection products, hand hygiene compliance rates remain generally low, often below 50 per cent.

Hospitals are not the only places which hand hygiene is important. A study in Infectious Diseases in Children states, “In spite of all the studies about the benefits of hand washing, improper or infrequent hand washing continues to be a major factor in the spread of disease in daycare.” Each year, children in daycare centres, elderly in convalescent homes and contact lens wearers acquire infections transported on hands.

IN FOODSERVICE...

Cleanliness in the food-service industry has long been of concern with regard to transmission of foodborne illness. Studies indicate that inadequate hand washing and cross-contamination is responsible for as much as 40 per cent of foodborne illnesses, including Salmonella. It is estimated that there are over 80 million cases of food poisoning in the United States each year, resulting in greatly in-

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New Cleaning Product Standard Defines Leaders

Green Seal, a third-party certifier of green products and services, first published its standard for institutional cleaning products – GS-37 – on Oct. 2, 2000. GS-37 has become the single most-referenced environmental standard in the cleaning industry. Increased concerns about the impact of chemicals on health, particularly our children’s health, and the environment led to the recent revision of this standard. The final result of the 21-month revision process, completed late last year, is a standard that represents leadership in the industry, and takes environmental stewardship and the protection of human health to a whole new level.

In the final analysis, the success of the revision of GS-37 will be measured by the extent to which it changes the landscape of cleaning products. “We trust that government agencies that are charged with protecting the health of their citizens will choose to support a standard that protects the health of children and other vulnerable populations,” said Dr. Arthur Weissman, president and CEO of Green Seal.

(We also) anticipate that many progressive manufacturers would benefit from being associated with a standard that promotes more sustainable cleaning products that will ensure a healthier, cleaner environment for all.”

The Green Seal process strictly followed the ISO 14024 standard. These guiding principles for environmental labels are different from ANSI guidelines in that they require reasonable efforts be made to achieve consensus but do not require that all stakeholders vote the same way. While Green Seal standards have achieved 100 per cent consensus in the past, the votes for GS-37 were split. Given the significance of GS-37 and the controversy that surrounds all chemical restrictions, this was to be expected. It is difficult to reach total consensus with leadership standards that may exclude many products in a market and potentially many manufacturers as well. It is therefore no coincidence that a number of trade associations object to the standard, as they are constitutionally tied to uphold the interests of all their members and members’ products.

There were 400 registered stakeholders engaged in the standard development process, including chemical manufacturers, children’s health advocates, facility workers, government agencies and institutional purchasers. Having a scope of work available at the onset of the project that outlined the procedures following ISO 14024, all stakeholders were fully aware of the process being followed, the number of votes required and the type of standard they participated in developing.
Cleaning & Disinfection: Overkill?

By PAUL GOLDIN
Director of Marketing & Technical Services, Avmor Ltd.

Concerned by the constant threat of viruses and superbugs, people are becoming more and more eager to clean and disinfect everything in sight – are they overdoing it? In a word – ‘yes’. It is important to realize that the overzealous use of disinfectants may actually have a harmful effect on our health.

CLEANING AND DISINFECTION 101

Although the terms ‘cleaning’ and ‘disinfecting’ are often used interchangeably, their process and purpose differ. Knowing the distinct functions of cleaning and disinfecting will not only help you develop a more efficient and cost-effective cleaning program, it will also help safeguard the health and safety of those around you.

Cleaning is a process which removes substantial amounts of any material that is not part of an item, including dust, soil, a large number of microorganisms and the organic matter (eg. Feces, blood) that protects them. Cleaning is usually a pre-requisite to disinfection and sterilization. In contrast, disinfection is a process that eliminates an item’s potential to cause infection by reducing the number of microorganisms present. A disinfectant is a chemical capable of achieving disinfection.1

DISEASE PREVENTION

The first and best line of defense against viruses and infections is good hygiene combined with proper cleaning and disinfection of frequently touched surfaces. These practices can protect against illnesses as varied as staph infections, the common cold, the flu, gastrointestinal disorders, meningitis, bronchitis, and hepatitis A.

Recent reports of the rise of infectious diseases and outbreaks, such as staph infections, the avian flu, mad cow disease and SARS, have underscored the need for effective cleaning and disinfection. Indeed, data from U.S. hospitals has shown that the number of infections caused by a common bacterium has increased by over seven per cent each year from 1998 to 2003.2 For example, Staphylococcus aureus (also known as staph) is a significant cause of a wide range of infectious diseases in humans ranging from minor skin infections to life-threatening diseases such as pneumonia and meningitis. In 2007 and 2008, the surge of a particularly dangerous type of antibiotic-resistant staph infection known as Methicillin-resistant Staphylococcus aureus (MRSA) in schools and communities in the U.S. caused a nationwide scare, causing Canadian health officials to be on high alert for occurrences and prevention of the disease. In fact, the staph bacterium is commonly found on the skin of approximately one third of the population, although most people have no active infection.3

THE PROBLEM WITH BEING TOO CLEAN

Although a good cleaning program is crucial to prevent the spread of infectious diseases, it is important to be aware of the effects of the products and chemicals that we use, both in terms of our health and on the environ-
Ecolab Co.
5100 Tonken Rd., Mississauga, ON L4W 2X5
1.800.352.6326 www.ecolab.com

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Know Your Customer Better Than They Know Themselves

know your strengths and weaknesses, and how to sell against them. Simple things such as taking too long to respond to a problem or simply not paying attention to your client may result in broken bonds.

Your competitor has an opportunity to build bonds by surveying the building for the client at a “no cost obligation,” then presenting a quotation and supplying excellent references. The competitor then sits back and waits for their bonds to out number yours, and they have a new client.

These bond relationships take years to build and may only take a few months to break if you are not paying attention.

My next article will look at programs you can offer your client in challenging times without destroying your bottom line.

Disinfecting:

- Select the proper disinfectant – Disinfectant products work by oxidizing the germs, breaking them down their cell walls, or otherwise deactivating them. Different ingredients or combinations of ingredients kill different germs. Therefore you either need to select a disinfectant that works on the specific germs you are trying to get rid of, or select a broad spectrum product that works on all of the germs that you might encounter. For example, to prevent the spread of MRSA, use disinfectants registered by DIN. Please refer to Health Canada’s Drug and Health Products web site for more information – www.hc-sc.gc.ca/dhp-mps/index_e.html. Note that the DIN requires that all disinfectants be registered; this registration should not imply a sense of safety.

Follow instructions – Be sure that cleaning procedures allow the disinfectant to stay on surfaces for the full amount of time recommended by the product instructions. Leaving the product on a surface for longer than recommended does not increase its effectiveness but can lead to dangerous and unnecessary chemical exposures. Leaving it on for less time than recommended can inhibit its effectiveness.

Review MSDS – Take care to review each product’s material safety data sheet for other ingredients that may harm the user. For example, be wary of combined cleaner-disinfectants that contain butoxyethanol or ethanolamine. Trade magazines may also contain general information about disinfectant products and their ingredients. Some of these publications also list their articles on the Internet.

Know when to disinfect and when to clean – In order to use disinfectants most optimally and to reduce their negative effects, it is important to educate your cleaning staff and to carefully plan a cleaning maintenance program. The use of disinfectants should be limited to areas where germs and infections are easily spread. For other areas, a thorough cleaning, preferably using green cleaning products, should suffice. A discriminate use of disinfectants will also save your company both time and money.

PROPER HAND WASHING

Proper hand washing is the single most important measure for preventing the spread of germs, viruses and infection. Physical removal of contaminants by washing with soap and water is a very effective means of infection control. Failure to wash your hands thoroughly and the proper length of time is one of the major problems of infection control. Educate your staff and the public about proper hand washing techniques.

The importance of hand washing in the health care industry was recently discussed in a Globe and Mail article (“Hospitals face hand-washing crackdown,” Lisa Priest, May 20, 2008). As of January 2009, hospitals, nursing homes and other facilities seeking accreditation will have to perform hand hygiene audits and plan to im-

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Cleaning & Disinfection: OVERKIKLL?

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Microfibre-Based Fabrics in Surface Decontamination in Healthcare Facilities

By JASON A. TETRO, Specialist in Technology Design Centre for Research on Environmental Microbiology (CREM), University of Ottawa

Microfibre-based cleaning cloths are tremendously popular of late as they have been lauded with near miraculous decontamination qualities. In homes, commercial and healthcare facilities, microfibre cloths are promoted as an adjunct to, and sometimes even a replacement for cleaning chemicals. However, as with all claims, to make an informed decision, one must look beyond the hype, and turn to the science.

ORIGINS OF MICROFIBRE

Although ultra-fine fibres date back to the 1950s, only samples of random length could be manufactured leaving only a very few applications possible. The most promising attempts to develop a consistent and mass-reproducible fibre took place in Japan in 1970 by Dr. M. Okamoto and Dr. T. Hikota who designed the first marketable non-woven fabric, “Ultrasuede”. Further commercial development continued and blossomed into a multi-billion dollar business worldwide.

A microfibre fabric may consist solely of synthetic fibres (polyester, nylon) or a blend of synthetic and natural fibres (cotton, wool, silk). Each fibre generally is thinner than a strand of human hair and can be bundled into a number of shapes and designs based on the function of the fabric. Cleaning fabrics are designed to maximize surface area and retention. A typical microfibre cloth can hold nearly six times its weight in water and is positively charged to better attract dust and soil.

ADVANTAGES AND LIMITATIONS

The synthetic nature of microfibre offers numerous advantages to both the user and to the environment. Microfibre-based fabrics can be much lighter than cotton-based cloths and thus require less effort to clean a surface. However, the gliding motion of a microfibre cloth is quite different from that of other types of fabrics, and one must adapt to the feel to avoid undue strain and injury. The synthetic nature of the cloths makes them hypoallergenic and able to withstand repeated washings. However, they cannot be used with fabric softeners or bleach to reduce the presence of allergens. Finally, as evidenced in the table based on a study conducted at the University of California Davis Medical Centre, by switching to microfibre-based cloths water and chemical usage is significantly reduced although not eliminated. The current belief that microfibre cloths are equally effective dry or wet is untrue. To ensure efficient microbial decontamination of surfaces, microfibre-based cloths must first be pre-wetted with a chemically compatible disinfectant.

DECONTAMINATION OF ENVIRONMENTAL SURFACES BY WIPING

A preliminary laboratory-
Microfibre-Based Fabrics in Surface Decontamination in Healthcare Facilities

New Cleaning Product Standard Defines Leaders

A study at CREM has compared the ability of microfibre and cotton fabrics to decontaminate environmental surfaces. Disks of stainless steel were contaminated with either Staphylococcus aureus or the feline calicivirus (a surrogate for human norovirus), and then wiped. The fabrics were tested dry or pre-wetted with hard water, a neutral detergent or a quaternary (quat) ammonium-based disinfectant.

Neither cloth removed either of the pathogens well when used dry, yet could transfer a significant amount of the removed contamination to a clean surface on contact. When wetted with hard water, the microfibre cloth performed comparatively better than the cotton fabric while also sequestering the acquired contamination well. Using a neutral detergent instead of water provided similar results. On average, both water- and detergent-wetted microfibre cloths removed about 99 per cent of the contamination and transferred less than one per cent of what was retained. For S. aureus, wiping with the microfibre cloth wetted with the quat proved to be quite effective both in removal of the contamination and its sequestration. As for the virus, the findings were similar to those with S. aureus, except that the microfibre cloth wetted with the quat transferred nearly 100-fold more virus as compared to wetting with water or the detergent alone. This may be due to the better detergent action of the quat with no detectable viral activity.

CONCLUSIONS

Evidence available so far reinforces the higher efficiency of microfibre-based fabrics in the removal and sequestration of contamination when used for wiping environmental surfaces. However, not all such fabrics are created equal and the selection of the right material must be combined with the correct disinfectant as well as proper training of the housekeeping staff to optimize the benefits with regards to cost-savings, workplace safety and reductions in the use and disposal of disinfectant chemicals. In addition to a higher initial expense, a microfibre-based system requires a different perspective and management style for its successful implementation and maintenance.

Cleaning & Disinfection: OVERKILLL?

New cleaning product standards are designed to protect against the spread of infection, making them an essential part of any business. These standards are not only about keeping the environment safe, but also about ensuring that your company is providing the most hygienic environment for its customers.

According to the article, there are an estimated 220,000 hospital-acquired infections each year, half of which can be prevented through proper hand hygiene. Experts currently estimate that only 40 per cent of health care providers properly wash their hands.

Following are some helpful hand washing tips:

1. Wet hands with warm, running water prior to reaching for soap -- either in bar or liquid form.
2. Rub hands together to make a lather. Do this away from running water, so the lather isn't washed away.
3. Wash the front and back of the hands, between fingers and under nails. Continue washing for 15 seconds or more.
4. Rinse hands well under warm running water.
5. Dry hands thoroughly with a clean towel or air dryer.

In addition to a regular cleaning and maintenance program, taking the extra few minutes to wash your hands, encouraging your employees to do the same, and ensuring that your company is providing the most hygienic environment to do so, have become essential for any business. These simple actions will go a long way in protecting the health and safety of your employees and customers.

REFERENCES

3. Adapted from materials provided by Infectious Diseases Society of America, via EurekAlert, a service of AAAS

For more information, visit www.cleanbc.com
No Time To Train?
You’re making an expensive mistake!

Training – an activity leading to skilled behaviour.
Training your staff during a recession is one of the most valuable decisions you can make. It brings increased workforce loyalty to the business and its customers, and develops skills to help your business thrive.

Back in 2006 I wrote a column in Clean BC titled “Buy Your Umbrella When the Sun is Shining” which advised cleaning managers to “plan for the difficult times ahead, whether they are coming or not.” In that article I suggested that one thing to do was “invest in your staff by providing training programs or by sending them to off-site training sessions. In a business where labour is the highest cost, it pays to increase the value of your staff by increasing their skill and knowledge.”

Well, difficult times are here, and an efficient and effective trained staff is more important than ever if cleaning organizations are going to deliver excellent service while facing financial pressures to do more with less.

Reasons Why Managers Don’t Train Their Employees.

They don’t have the time… they are so busy doing more and more with less and less that they simply don’t have the time. And, of course, this can be fatal to an organization over time. What happens to an organization in today’s competitive marketplace who doesn’t continually invest in upgrading the skills of their employees? It’s the same thing that would happen to a championship football or baseball team that doesn’t practice every day. Soon, they are no longer a winner.

They don’t know how to do it… Many managers are confronted by employees who want and need training. These people want to develop their skills and help their organizations to succeed. Their managers just don’t know how to respond. So, like many people, when they don’t know how to do something they will avoid it.

They don’t know what material to use… There are literally thousands of books, and videos available to some companies for “training” purposes but these don’t provide training, the activity leading to skilled behaviour, they are simply teaching aids. Training from books and videos is like learning Lion Taming by correspondence, and is almost as risky.

They don’t know how to follow it up… One big concern that many managers express is they don’t know how to measure the value of the training that their employees receive. Training should have a measurable result or target as an objective such as improved efficiency or quality, or a reduced rate of workplace injuries.

They don’t know how to get people to apply the new skills learned… Again, the way to justify the investment in training employees is to measure the results and to get a commitment from the employee that what is being presented will be acted upon.

Managers should ask themselves a few questions. One of which would be, if they could change just one thing in their organization to make it more productive what would that be? Acting on that answer by training both management and staff in whatever is needed to meet that goal will more than prove that training with an objective in mind is not expensive at all, it’s an excellent investment that will return value.

Reasons For Employee Training.
• When budget reductions are improved without any reduction in quality expectations;
• When workplace injuries due to poor technique are noted;

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PEST CONTROL

Bed Bugs: Not Just Confined to Beds Anymore

Know the Signs and Take Steps to Manage an Infestation

By BILL MELVILLE, Quality Assurance Director, Orkin PCO Services

For housekeeping and facility maintenance professionals, there are few problems that can’t be solved with a little elbow grease. Stringent sanitation can prevent the spread of disease, protect the health of staff, and usually, prevent pests. Unfortunately, bed bugs are one critter not intimidated by the sight of mops and brooms.

For such a tiny pest (about the size of an apple seed) bed bugs have made quite a statement in the past few years. From nearly non-existent to making appearances in the most notable hotels, hospitals and college campuses across the continent, bed bugs are a pest of concern. Bed bugs prefer warm temperatures and dry environments but can survive in extreme temperatures, both hot and cold, by retreating to their protected hiding places.

To make matters worse, bed bugs can reproduce at alarming numbers. In just one month, two bed bugs can produce more than 150 offspring, resulting in 200 additional eggs. Furthermore, the pest spreads easily due to its “hitch-hiking” nature. Bed bugs latch onto clothes and luggage for a free ride to their next victim. When they make it to their destination, bed bugs can live up to one year without feeding. As a result, many establishments can have an infestation without knowing it. It is important to know the signs of a bed bug infestation so a problem doesn’t grow out of control.

Bed Bugs 101: Who, What and Where

Bed bugs are not just found in hotels – all kinds of facilities are at risk. Bed bugs have made appearances in healthcare facilities, college dorms, call centres and even news rooms. However, bed bugs are most active at night, so overnight facilities tend to receive the most complaints. About four- to five-millimetres long, and flat and oval in shape, bed bugs leave behind brown or red stains after they feed. Your staff can detect larger bed bug infestations by a musty, sweet odor like soda syrup.

Unfortunately, bed bugs’ small size does not trigger sensory nerves, so at night when they seek a bite to eat, people are not able to feel them crawling on their skin. The actual bite of the bug is painless as well. Bed bugs inject an anaesthetic to numb the area where they feed. In the morning, victims may find itchy, red welts on their skin, although many people show no signs at all. Bed bugs are not known to transmit disease but their bites can cause both pain...
NO TIME TO TRAIN? You’re making an expensive mistake!

- As part of an overall quality improvement program;
- When new processes are mandated such as cleaning a LEED building;
- To ‘pilot’, or test, new equipment;
- To meet new environmental or other regulations.

Benefits From Employee Training.
The most common reasons for supervisors to conduct training among employees include:
- Increased job satisfaction and morale among employees;
- Increased employee motivation;
- Increased efficiencies in cleaning activities;
- Increased interest by staff to adopt new technologies and methods;
- Increased innovation in how the work is done;
- Reduced accidents due to increased skill levels;
- Reduced employee turnover;
- Enhanced department image.

Train the Trainer.
When funding is tight, sending a large number of employees to training sessions can be impossible, yet the need for better trained staff is greater than when funds are available so a wise manager will want to maximize any investment in training. One very effective method is to invest in the training of one or more employees to become in-house trainers. Selecting employees for this should be carefully done, choose an employee who is interested in the work and most importantly, who is respected by fellow workers.

Definite advantages exist for your organization when you have developed the training capabilities of your employees. Better still, teach employees to train others and you will increase the effectiveness of your internal training. Employees are familiar with the workings – both good and bad – of your internal organization. They should be familiar with the goals, the culture or environment, the organization strengths or weaknesses, and the actual employees themselves. This gives employees an advantage over a trainer who has to learn about the culture, the organization strengths or weaknesses, and also get to know the people.

By implementing a “Train the Trainer” program, an employee trains, tests and certifies other employees in specific tasks. Originally trained by outside firms, internal employees now train other employees. This makes the selection of who will train the trainer very important as you don’t want poor technique or information to be passed on through your organization. Any time spent making sure the trainer is well prepared will pay dividends in the future.

Some employees settle into a job with a sigh of relief. They are content to stay in that position, doing that exact job, for the next 10 years. However, most employees want to learn new things and seek ways to maintain an interest in their work. When a person who isn’t satisfied with their job is trained to become more skilled, he or she often becomes more content because he or she now knows that their worth is being recognized by the investment in their training.

Employees who are feeling uncertain about their abilities also can have their morale improved by cross training opportunities. Having their employer take the time and money to train them makes them feel more confident and more valuable.

In the cleaning business, nothing is more important than skilled motivated employees. Providing them with training that develops and hones those skills is the best investment that an organization can make. Especially when times are tough.
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DEB CANADA
David Leeson
95 Brigantine Dr.
Coquitlam, BC  V3K 6Y9
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Fax: (604) 522-6297
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Web Site: www.debcanada.com

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Janitor Room
8888 Trapp Ave., Unit 106 - 108
Burnaby, BC  V3N 5G4
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Fax: (604) 636-0515
E-mail: admin@plus2sanitation.ca
Web Site: www.plus2sanitation.ca

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1625 - 5th Ave.
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Tel: (604) 528-4534
Fax: (604) 522-0296
kathy_burfield@krugerproducts.ca
Web Site: www.krugerproducts.ca

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Gerry Arnold
1607 Derwent Way
Delta, BC  V3M 6K8
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Fax: (604) 526-1618
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Web Site: www.marinomop.com

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Vancouver, BC  V5X 2R1
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Fax: (604) 327-7802
E-mail: info@janitors-warehouse.ca

PLUS II SANITATION SUPPLIES
Greg Sadowski
5898 Trap Ave., Unit 106 - 108
Burnaby, BC  V3N 5G4
Tel: (604) 636-0512
Fax: (604) 636-0515
E-mail: admin@plus2sanitation.ca
Web Site: www.plus2sanitation.ca

RUBBERMAID CANADA
Alexa DuWors
2562 Starfield Rd.
Mississauga, ON  L4Y 1S5
Tel: (778) 386-9276
E-mail: Alexa.Duwors@rubbermaid.com
Web Site: www.rubbermaidcommercial.com

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Web Site: www.sksanitary.com

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Fax: (604) 439-1267
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Web Site: www.transtarsanitationsupply.com

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Douglas Heselton
6421 - 173 St.
Surrey, BC  V3S 7J9
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Fax: (604) 576-2912
E-mail: info@treatedair.com
Web Site: www.treatedair.com

UNISOURCE CANADA INC.
Brook Sands
1425 Derwent Way, Annacis Island
New Westminster, BC  V3L 5A9
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Fax: (604) 520-7455
E-mail: bsands@unisource.ca
Web Site: www.unisource.ca

WESCLEAN EQUIPMENT & CLEANING SUPPLIES LTD.
Rod McLean
220 Slater Rd.
Cranbrook, BC  V1C 5S8
Tel: (250) 426-6816
Fax: (250) 426-3353
E-mail: rmclean@wesclean.com
Web Site: www.wesclean.com

WESCLEAN EQUIPMENT & CLEANING SUPPLIES LTD.
Andrew Bacon
#2, 6809 Kirkpatrick Cres.
Saanichton, BC  V8M 1S8
Tel: (250) 544-1280
Fax: (250) 544-1290
E-mail: abacon@wesclean.com
Web Site: www.wesclean.com

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Fax: (604) 980-0820
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Web Site: www.westpacpaper.com

WOOD WYANT INC.
Paul Zork
Suite 100 – 185 Golden Dr.
Coquitlam, BC  V3K 6T1
Tel: (604) 945-7810
Fax: (604) 945-7810
E-mail: info@woodwyant.com
Web Site: www.woodwyant.com

WOOD WYANT INC.
Allan Bradley
1129 - 4th St.
Catsleag, BC  V1N 2A8
Tel: (250) 365-3111
Fax: (250) 365-3377
E-mail: info@woodwyant.com
Web Site: www.woodwyant.com

XYNYTH MANUFACTURING CORP.
Kevin Wice
#122 – 3989 Henning Dr.
Burnaby, BC  V5C 6N5
Tel: (800) 635-8423
Fax: (604) 473-9399
E-mail: sales@xynyth.com
Web Site: www.xynty.com

ZEP MANUFACTURING CO. LTD.
Denny Lewis
1210 Cliveden Ave.
Delta, BC  V3M 6G4
Tel: (604) 520-1145
Fax: (604) 520-1146
E-mail: denny.lewis@zepmfg.com
Web Site: www.zep.com