

[Archives](#)[Subscribe](#)[Our Partners](#)[Industry Leaders](#)[Address Change](#)[Advertising](#)**ESSENTIAL TRAINING FOR ENVIRONMENTAL SERVICES STAFF****Essential Training for Environmental Services Staff****By NICOLE KENNY, Virox Technologies Inc.**

The Center for Disease Control (CDC) "Emerging Infectious Diseases" journal published that in 1995, hospital acquired infections cost an estimated \$4.4 billion and contributed to more than 88,000 deaths. That's one death every six minutes. The Chicago Tribune conducted an extensive investigation of hospital facilities and found that 75 per cent of an estimated 103,000 patient deaths were linked to Hospital Acquired Infections (HAIs). Unsurprisingly, they determined that most of these premature deaths could be attributed to dirty facilities, dirty hands and dirty instruments. The report also found that Environmental Services (EVS) staff were inadequately trained and have a higher rate of occupational-acquired diseases than nurses.

An infection control community, we know that housekeeping practices vary widely between institutions. Commonly, cleaning practices do not allow for the appropriate disinfectant contact time required by the disinfectants. We know as well that there is no standardized, formal training program for EVS staff. This department plays an important role in closing the gap in infection control. But, in order to close this gap, there needs to be some basic training.

The goal of any Environmental Services Department within a healthcare facility should be to prevent the spread of infectious agents among patients and healthcare workers by meticulous cleaning and appropriate disinfection of environmental surfaces. To reach this goal, the EVS department will need to have a comprehensive training program, the objective of which should be to provide department staff with the information they need to accomplish their jobs safely. The training program should be a part of the big picture of "How to Protect Yourself." At a minimum the training program should include the following:

1. Identification of occupational risks and hazards associated with handling infectious waste.
2. Sharps safety.
3. Blood borne pathogens.
4. Infection control training – (a) Microbiology and (b) Transmission.
5. Hand hygiene.
6. Personal Protective Equipment (PPE) including donning and doffing.
7. MSDS and hazards associated with using chemicals (cleaning agents, disinfectants, etc.)
8. Product usage training including proper cleaning and disinfection techniques.

The benefit behind the division of sections is two-fold. First, it allows the person responsible for training to involve other departments such as Infection Control or Occupational Health & Safety where specific knowledge and expertise can be called upon. Second, by segmenting the areas into shorter pieces the trainee is not overwhelmed. The individual sections also allow for developing unique methods of delivery. Education should be tailored to the size, topic and needs of the group. Not all programs must be instructor-led in classroom setting. They can also consist of CD programs and/or video-based programs or a series of self-study modules. For example, the product usage training may be better suited to a traditional classroom setting where employees can observe someone performing the task while other sections such as Blood Borne Pathogens can use video-based training. Switching up the method of delivery helps keep the trainee engaged.

A basic understanding of these eight topics doesn't require a stethoscope or coke-bottle glasses, or even the ability to squint. It takes knowledge, imagination and responsibility. Knowledge... to know basic microbiology, where pathogenic microbes are found, and how they cause disease; to know how cleaning and disinfectant products should be used; to know

how to be protected from exposure to blood borne pathogens and sharps injuries; about the proper use of PPE. Imagination... to be able to actually picture the microbes all around us. Responsibility... to take reasonable action to prevent disease.

One person dies every six minutes from hospital-acquired infection. It's tragic that this is allowed to continue and that an Environmental Services department can be allowed to operate without ongoing, targeted and evolving education.



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