

# FIGHTING ANTIMICROBIAL RESISTANT BUGS AS PART



Antimicrobial resistance and its relationship to hospital-acquired infections (HAIs) and the development of “superbugs” has been an issue for decades — with the majority of efforts directed at strategies to ensure that antibiotics are properly prescribed to prevent creation of an antibiotic-resistant bug.

In April 2016, new guidelines from the Infectious Diseases Society of America and Society for Health Epidemiology of America were released. Recommendations for effective antibiotic stewardship programs include preauthorization and prospective review of antibiotics, physician and pharmacist leadership and program design that focuses on the specific problems and resources of the healthcare facility.

While the new guidelines focus on the clinical practice related to diagnosis



surface to surface. Making sure staff know not to use the same cloth on multiple surfaces, and even choosing disposable disinfectant wipes over re-usable cloths is one best practice adopted by more healthcare organizations, says Teska. "The wipes are especially effective with *C. difficile* because they are used on one surface and disposed. When the cloth and bucket method is used, the spores may not be washed out during laundering, which can allow the spores to re-contaminate surfaces when used after laundering."

Wiemken co-authored a study on the benefits of disposable disinfectant wipes and found that added benefits included a higher rate of compliance with cleaning processes over use of the cloth and bucket, as well as a faster, more efficient cleaning and disinfection process.<sup>3</sup> "Removing the human element from the process leads to more consistent practice," he explains.

Employee training is also getting a close evaluation as the role of environmental services becomes more critical to patient safety. In addition to developing detailed

descriptions of procedures — such as defining "light switch" as the toggle switch, the switch plate and a specific amount of wall surrounding the switch plate — training is becoming more comprehensive.

The old way of having a new employee work with an experienced employee as the sole method of training is no longer acceptable, says Teska. "This approach ensures that bad habits are passed from one person to another." Instead, a combination of classroom training including a formal review of procedures and shadowing an employee who demonstrates compliance is more effective.

Ultraviolet light or fogging with hydrogen peroxide vapor or mist are two new methods used when patient rooms are empty, but both must be preceded by cleaning to remove organic material or debris from surfaces. While there are advantages, cost and the length of time to use these technologies can be barriers to use for some healthcare organizations.

Evaluating new technologies and new products can be overwhelming, says

Wiemken. "Learn who are the experts in disinfection and ask their opinions," he suggests. "Test a new product in your facility on a small scale to see if it works well and if employees will use it consistently."

Although environmental services' contribution to hospital operations and patient safety is typically undervalued, Wiemken believes this is changing. With reimbursement affected by hospital HAI rates, environmental services leaders are in an excellent position to speak up and demonstrate their value, he adds. "Environmental services staff ensure a safe environment for the patient, which means they are a critical part of the infection prevention team." ●

## References

1. Rutala, WA, Weber DJ. Selection of the Ideal Disinfectant. *Infect Con ol Ho E idemiol* Vol. 35, No. 7 (July 2014), pp. 855-865.
2. Alfa, MJ, Lo E, Olson N, et al. Use of a daily disinfectant cleaner instead of a daily cleaner reduced hospital-acquired infection rates. *m Infect Con ol* 43 (2015) 141-6.
3. Wiemken TL, Curran DR, Pacholski EB, et al. The value of ready-to-use disinfectant wipes: Compliance, employee time, and costs. *m Infect Con ol* 42 (2014) 329-30.

