



Clinell EvaluClean Auditing Toolkit
**Conducting an audit to monitor infection prevention
practice and cleaning in your facility**

This document is designed to assist you in implementing a successful auditing and monitoring program within your facility or organisation. The audits will provide meaningful data to help identify and provide evidence to guide areas for improvement strategies.

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Introduction

Auditing Overview

Clinell EvaluClean uses fluorescent marker gel pens and UV light to measure the effectiveness of surface cleaning. Discretely mark frequently touched surfaces or work spaces with the fluorescent marker. This will dry colourless and will not be seen with the naked eye. These marks will easily wipe off when the surface is cleaned or disinfected. Frequently touched surfaces or workspaces can be inspected with UV torches to determine if marks have been wiped away. Our EvaluClean document will allow you to track the results and provide evidence of practice.

The Purpose of an Audit

Measuring the effectiveness of cleaning and disinfection in the workplace is an integral part of the decontamination process. Auditing is used to monitor, assess, evaluate and improve environmental cleaning for the safety of patients, staff and the community.

In the context of workplace decontamination, this means choosing an appropriate method of cleaning, collecting audit data, and developing effective ways to create a feedback loop to those performing cleaning and disinfection so the cleaning process and outcomes can improve.



Clinell EvaluClean Torch Kit

Clinell EvaluClean Torch Kit is an Audit Resource That Includes:

- Fluorescent UV gel pens
- Fluorescent UV powder
- UV light torch.



Overview

The fluorescent gel pens contain a clear, non-permanent, ultraviolet (UV) gel enabling the user to discreetly mark smooth, non-porous surfaces with a mark/dot before the room/item is cleaned. The fluorescent pen has a silicone tip, which allows it to be cleaned between use. Once applied, the fluorescent mark is easily removed with a single wipe, when complying with the correct cleaning principles.

Mark frequently touched surfaces or shared equipment with the fluorescent marker. Once the room has been cleaned, the UV torch is used to identify if the marked points still have the UV dots on them, indicating these items have not been effectively cleaned and are potentially still contaminated.

1-3 clicks are advised to release the gel for marks. It may take approximately 10 clicks to release the gel upon first use.

Download and use the Auditing Form in the resource section of this document to record the audit data gathered using the fluorescent gel marker and UV torch.

The UV powder included in the kit is not recommended to use during an actual audit. The UV powder is a great addition when providing training.

Examples Where UV Powder May Aid Training Activity Include:

Demonstrate pathogen transference when cleaning with the same wipe. Use the UV powder as a surrogate for a pathogen to visually demonstrate the mechanism of transference when one wipe is used on multiple surfaces. TIP – A small amount of powder goes a long way. Use sparingly.

- i. Sprinkle a small amount of powder onto your cleaning wipe, or a hard flat surface to demonstrate cleaning
- ii. Wipe 3 different surfaces with that same wipe. TIP: Only apply to hard, smooth surfaces, as powder may be difficult to remove from crevices
- iii. Use the UV torch and shine the UV light on the 3 areas that you have just wiped over. You will see that you have transferred UV powder onto all those surfaces.

Key Messages – Use one wipe on one surface, then discard to avoid pathogen transference and spread.

Demonstrate Pathogen Transference From Hands

Use the UV powder as a surrogate for a pathogen to visually demonstrate the mechanism of transference when you fail to perform hand hygiene or incomplete hand hygiene is performed.

- i. Sprinkle a small amount of powder onto a pen and a sign on sheet (spread it around)
- ii. As multiple participants use the pen and touch the sign on sheet, they will get some fluorescent powder on their hands
- iii. Use the UV torch after a few minutes and shine the UV light on the staff members hands, clothes/body, face, and surroundings
- iv. You will see that they have transferred UV powder onto everything that they have touched.

Key Messages – Perform hand hygiene as per the WHO 5 Moments for Hand Hygiene to avoid pathogen transference and contamination.



Performing an Audit

Performing a Risk Assessment to Identify What to Audit

It is not realistic to mark every surface or piece of equipment in a room with fluorescent gel.

A risk assessment of items to audit involves an examination of workflow or activity, looking at the surfaces or items within each area and determining which items or surfaces are at the highest risk of contamination and/or potentially a source of infection for onward transmission.

Identify items that are the most frequently touched by multiple people. This suggests the items have the potential to be highly contaminated by a micro-organism, therefore, at a high risk of onwards transmission, (pass on pathogens to the next person who touches it, and so on).

Setting Cleaning Standards

Before you begin auditing, check that you have organisational policies and/or procedures for environmental cleaning. Set the cleaning standards for the organisation.

The level of risk associated with the environment can vary depending on the specific organisms and mode of transmission. Factors such as organism survival on surfaces, molecular structure and volume of infectious fluid excreted by patients each play a role in the level of risk that the environment plays in transmitting an infection.

Develop an Expected Standard of Cleaning for Your Unit/Organisation

Develop an expected standard of cleaning for your unit/organisation based on National Health and Medical Research Council (NHMRC) Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) that identifies environmental transmission risk of infectious organisms.

A Cleaning Standard Example As per Table Below:

	General clean		Isolation clean	
	Daily	Discharge	Daily	Discharge
Bed space	All high touch items to be cleaned using a detergent and disinfectant based cleaning solution, single use wipe. i.e.: Clinell Universal. The product must be: <ul style="list-style-type: none"> • TGA registered • Effective at killing a broad range of specific organisms* 			
Bathroom				
High touch items target compliance	80% of high touch items must be cleaned	100% of high touch items must be cleaned	80% of high touch items must be cleaned	100% of high touch items must be cleaned
Outbreak high touch items target compliance	100% of high touch items must be cleaned on a daily and discharge clean			
Shared equipment	All shared re-usable medical devices (RMD) and patient shared equipment must be cleaned between patient use using a detergent and disinfectant based cleaning solution, single use wipe. i.e: Clinell Universal, that is a TGA registered Class IIB instrument grade disinfectant (as per AS 4187).			

*For known or suspected infectious organisms, a detergent and disinfectant should have scientific evidence to support claims in killing specific organisms and is fit for purpose when in use i.e: relevant contact times, drying times, log reduction claims.

Check That Your Policies, Procedures, and Cleaning Schedules Are in Line With the:

- [NSQHS Standard 3 – Preventing and controlling healthcare associated infections – clean environment](#)
- [National Health and Medical Research Council \(NHMRC\) Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\). For a guide to cleaning frequency refer to pages 222-229.](#)
- [AS 5369:2023 – Reprocessing of Re-usable Medical Devices](#)

Create Awareness and Acceptance

If fluorescent auditing is new to staff, create awareness and acceptance of the new process:

- Let the staff know that you will be auditing compliance with their cleaning schedules
- Show them the UV torch and fluorescent marker kit
- Demonstrate how it works and let them use the kit
- Explain the auditing process; what items you will place the dots on and why, what constitutes a 'pass', 'partial' or 'fail' result
- Discuss the target compliance rate for daily cleans and discharge cleans as well as shared medical equipment
- Explain what the data will be used for i.e. to guide specific educational needs and who the results will be reported to
- Explain what the rectification process for failed areas will be to the staff
- Apply the same size dot every time. One tap is recommended i.e.: 1 cm diameter.

Tips to Implementing a Fluorescent Audit Program

1. Ensure you have performed a risk assessment, set cleaning standards and created an awareness of these.
2. Check that you have cleaning schedules, that reflect the items and frequency set in the 'cleaning standard for the organisation'.
3. Determine what will be marked in a bed space, bathroom and on shared equipment.
 - Use the pre-filled guide in this booklet or choose your own items
 - Choose items that are consistent in most rooms/areas, avoid items that cannot be identified or may be hard to track e.g.: IV pole
 - Avoid items that cannot be marked with the fluorescent gel or cleaned properly e.g.: fabric/porous items, items with rough/textured surfaces
 - Test the item you will audit with the fluorescent gel marker – confirm that the dot can be easily removed after 24hrs. i.e.: avoid rough or porous surfaces.
4. Once you have selected your items, determine where or what area you will apply the dot(s).
 - Avoid crevices or hard to clean areas where fluorescent gel would remain present after cleaning.


5. Identify how many dots will be placed on each item/element.
 - A good number is 2–3 dots on each part of the elements on that item. Some items may have multiple dots. i.e.: bed rails / bed
 - Placing multiple dots on an item when auditing or teaching identifies if the entire item has been cleaned.
6. Determine whose responsibility it is to clean all the items to be marked.
7. Ensure responsible staff are aware of their cleaning duties.
 - Who cleans what
 - Frequency of cleaning required for each item
 - What cleaning product or equipment is required to clean each item
 - Correct product chosen.
8. Determine a rectification process for failed items; especially for discharged rooms that have failed and have or are awaiting a new admission.
9. Determine an escalation process for repeat failed areas or failed items.
 - This may be targeted education for a ward or education on how to clean a specific item correctly.
10. Determine how staff will be educated on how to clean effectively.
 - Contact the cleaning product supplier and arrange education for correct use of their cleaning products
 - Supervisors and managers may need to demonstrate correct technique – use the fluorescent gel and UV torch for educational purposes.
11. As an organisation determine pass/fail percentages for:
 - General and isolation cleaning
 - Daily and discharge cleaning
 - Shared medical equipment.

Conducting an Audit Using the Clinell EvaluClean Torch Kit

Prior to Cleaning

Fill out the top of the audit form. Identify if the audit is "planned" or being conducted due to an "outbreak."

Clinell EvaluClean
Auditing Tool



Marker: _____

Date: _____ Time: _____

Reviewer: _____

Date: _____ Time: _____

Ward: _____

Planned: Outbreak:

Apply fluorescent marks/dots to the chosen items and document on the audit form under the column 'item marked'. Place 2-3 fluorescent dots on each item (these can be placed in random spots on the item) – this gives a better representation that the whole item gets cleaned.

Pre audit		Audit review				
Responsibility	Item marked	Room No:	Room No:	Room No:	Room No:	Room No:
	1	<input type="checkbox"/> Present	<input type="checkbox"/> Present	<input type="checkbox"/> Present	<input type="checkbox"/> Present	<input type="checkbox"/> Present
		<input type="checkbox"/> Partial	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial
		<input type="checkbox"/> Removed	<input type="checkbox"/> Removed	<input type="checkbox"/> Removed	<input type="checkbox"/> Removed	<input type="checkbox"/> Removed
	2	<input type="checkbox"/> Present	<input type="checkbox"/> Present	<input type="checkbox"/> Present	<input type="checkbox"/> Present	<input type="checkbox"/> Present
		<input type="checkbox"/> Partial	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial
		<input type="checkbox"/> Removed	<input type="checkbox"/> Removed	<input type="checkbox"/> Removed	<input type="checkbox"/> Removed	<input type="checkbox"/> Removed
		<input type="checkbox"/> Present	<input type="checkbox"/> Present	<input type="checkbox"/> Present	<input type="checkbox"/> Present	<input type="checkbox"/> Present

Cleaning Occurs

Cleaning takes place by the appropriate staff, as per routine and/or the cleaning schedules.

Post Cleaning

The area and items are reviewed using the UV torch for the presence or removal of the fluorescent marks/dots.

Check that the rooms or areas correlate with what has been signed off on the cleaning schedule.

Results

Pre audit		Audit review				
Responsibility	Item marked	Room No:	Room No:	Room No:	Room No:	Room No:
	1	<input type="checkbox"/> Present <input type="checkbox"/> Partial <input type="checkbox"/> Removed	<input type="checkbox"/> Present <input type="checkbox"/> Partial <input type="checkbox"/> Removed	<input type="checkbox"/> Present <input type="checkbox"/> Partial <input type="checkbox"/> Removed	<input type="checkbox"/> Present <input type="checkbox"/> Partial <input type="checkbox"/> Removed	<input type="checkbox"/> Present <input type="checkbox"/> Partial <input type="checkbox"/> Removed
	2	<input type="checkbox"/> Present <input type="checkbox"/> Partial <input type="checkbox"/> Removed	<input type="checkbox"/> Present <input type="checkbox"/> Partial <input type="checkbox"/> Removed	<input type="checkbox"/> Present <input type="checkbox"/> Partial <input type="checkbox"/> Removed	<input type="checkbox"/> Present <input type="checkbox"/> Partial <input type="checkbox"/> Removed	<input type="checkbox"/> Present <input type="checkbox"/> Partial <input type="checkbox"/> Removed
		<input type="checkbox"/> Present	<input type="checkbox"/> Present	<input type="checkbox"/> Present	<input type="checkbox"/> Present	<input type="checkbox"/> Present

Record the results that are identified in the relevant column 'Room No.' under the section called 'Audit review'.

Determining a Pass or Fail Result		
Present	Partial	Removed
		
<p>Fail The mark is present or partially present</p> <p>If the fluorescent mark (dot) has not been cleaned off the mark will be illuminated blue, under the UV torch light.</p>		<p>Pass The mark is removed</p> <p>If the location of the fluorescent mark has been adequately cleaned, the fluorescent mark will be removed.</p>

Tally up the results for all items and all rooms and record the results in the section at the bottom of the audit form (see below).

Calculating the Cleaning Compliance Results for Each Room

10	<input type="checkbox"/> Present	<input type="checkbox"/> Present	<input type="checkbox"/> Present	<input type="checkbox"/> Present	<input type="checkbox"/> Present
	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial
	<input type="checkbox"/> Removed	<input type="checkbox"/> Removed	<input type="checkbox"/> Removed	<input type="checkbox"/> Removed	<input type="checkbox"/> Removed
	Removed (pass):	/	/	/	/
Partial (fail):	/	/	/	/	/
Present (fail):	/	/	/	/	/
Cleaning schedule signed:	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Overall Compliance (pass/fail %)	/	/	/	/	/
	%	%	%	%	%

Auditing Checklist GHA210279

All dots removed = **PASS**:

- Number of items "pass"/Total number of items.

Dot removal = **FAIL**:

- Number of items "partial"/Total number of items marked.

Dots present = **FAIL**:

- Number of items "present"/ Total number of items marked.

Overall Compliance Percentage % (for that room):

- Number of items "pass" / The Total number of items marked x 100 = % compliance pass
- If the % compliance for the room is equal to or greater than the target set (for the type of room clean) then that room has PASSED
- If the % compliance for the room is less than the target set (for the type of room clean) then that room has FAILED

For a FAILED room clean – initiate the agreed rectification action.

Send out report of audit results to the relevant stakeholders.

Turning an Audit Into a Report

Audit data should be presented and shared in a format that can be easily understood. This may require it to be presented in different ways to different stakeholders. It is important the data reaches the staff performing the task that is being audited.

You can use the audit report template provided to display the results.

Using Audit Data to Drive Positive Improvement and Change

The aim of auditing cleaning and disinfection in healthcare and community settings is to improve performance and sustain those improvements. Compliance targets are an important part of using audit data to drive and maintain improvement. They should be set before an auditing program begins. The agreed target should be evidence-based against best practice and relevant standards and/or guidelines.

Keep Auditing Technique Consistent to Ensure Valid and Reliable Data

- Use the data to identify education needs and areas for improvement
- Use the data to drive change.

Example:

Pick 10 items in a bed space and 10 items in a bathroom. Mark these items every audit. Audit as per cleaning schedule.

Remember, avoid using this as a performance management tool.




Resources

High Touch Surface Items

Below are some printable diagrams of some suggested high touch positions for placement of UV gel marks.

High Touch Surface Items
Bed Space – Recommended placement for gel marker










		
Bedrail	Call bell/TV remote/ bed remote	Nurse call bell wall mounted
		
Bedside table	Bedside locker	Light switch
		
Door handle	Patient chair	Mattress
		
Tap handle and faucet	Hand basin	Soap and/or Hand Towel dispenser

GAMA Healthcare Australia Pty Ltd,
 Suite 1, 33-37 Laurind Street, Footing Hill, VIC 3206, Australia
 T: +61 (0)3 9358 6600 E: info@gamahealthcare.com.au www.gamahealthcare.com.au

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Bed Space

High Touch Surface Items
Bathroom – Recommended placement for gel marker










		
Toilet seat	Toilet flush button	Commode chair
		
Handrail	Shower tap handle	Door handle
		
Tap handles and faucet	Hand basin	Soap and/or Hand Towel dispenser

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 Suite 1, 33-37 Laurind Street, Footing Hill, VIC 3206, Australia
 T: +61 (0)3 9358 6600 E: info@gamahealthcare.com.au www.gamahealthcare.com.au

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Bathroom

High Touch Surface Items
Shared Equipment – Recommended placement for gel marker

		
Workstation on wheels	Hoist	BP machine/cuff
		
Pulse oximeter	Dressing trolley	Tympanic thermometer
		
Walking frame	ECG machine	Wheelchair

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Shared Equipment

FAQs

Can I wipe the pen tip after marking items?

Yes. The pen has been designed by infection prevention nurses with a silicone tip specifically designed to be cleaned between uses.

Do I have to put multiple dots on an item, or can I just put one?

You can put as many or as few dots as you like, if you keep it consistent throughout all your audits (even if it is different people doing the marking for every audit).

The rationale behind putting multiple dots is to get an indication if the entire item has been cleaned. A half-cleaned item is still a contaminated or dirty item. This enables you to audit both cleaning process and outcomes.

What happens if my kit breaks?

You can purchase a new kit through GAMA Healthcare.

Can I buy more UV fluorescent pens?

Yes, you can. Contact your Sales Manager or GAMA Healthcare.

How many audits should I do and how often?

The frequency of auditing is often dependant on the organisation. Each state may also have different guidelines on the frequency of auditing required. Check your local state or national guidelines for guidance.

Australian Commission on Safety and Quality in Health Care, Principles of environmental cleaning:

[Click here](#)

GAMA Healthcare is a dynamic, innovative company at the forefront of infection prevention technology. We specialise in the manufacture and distribution of revolutionary IPC products and the provision of exceptional aftercare support.



GAMA Healthcare Australia Pty Ltd.,
Suite 1, 33-37 Duerdin Street, Notting Hill, VIC 3168, Australia.
T: +61 (0)3 9769 6600 E: info@gamahealthcare.com.au
www.gamahealthcare.com.au