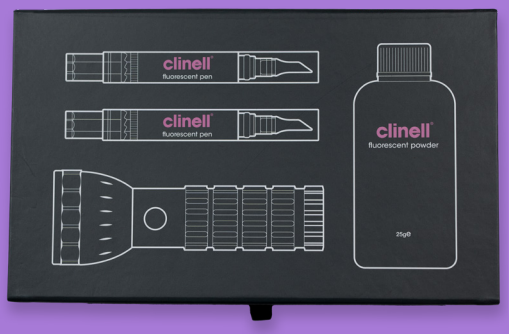
Auditing toolkit

clinell™
SURFACE

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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Auditing introduction

Auditing the cleaning of shared medical equipment, as part of a bundled approach to cleaning and decontamination, can reduce healthcare-associated infections by 34.5%[1]

Auditing overview

Clinell EvaluClean™ uses fluorescent marker gel pens and ultraviolet (UV) light to measure the effectiveness of surface cleaning. Discreetly mark frequently touched/high-touch surfaces or workspaces 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/high-touch surfaces or workspaces can be inspected with UV torches to determine if the 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

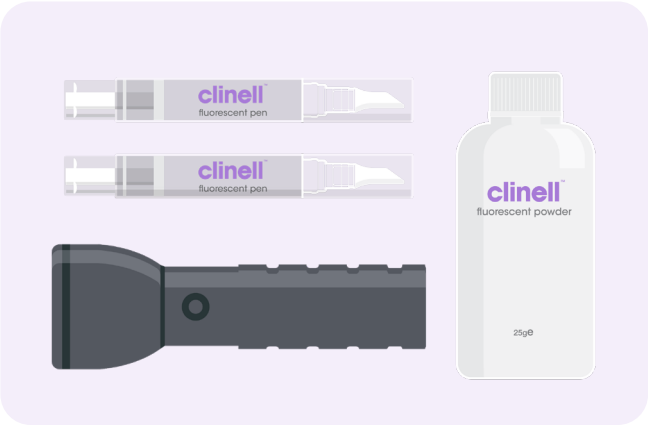
Measuring the effectiveness of cleaning and disinfection in the workplace is an integral part of the decontamination process. Auditing is used to monitor, assess, evaluate and improve environmental cleaning for the safety of patients, residents, staff and the community.

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, 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/high-touch 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.

Twist the pen, 1-3 clicks are advised to release the gel for marking. 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 1 wipe on one surface, then discard to avoid pathogen transference and spread.

Performing an audit

Create an achievable and consistent audit programme to measure improvements

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 microorganism, 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 based on guidance/local policy 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 frequently touched/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: **Effective at killing a broad range of specific organisms***			
Bathroom				
Frequently touched/ high-touch items target compliance	80% of frequently touched/high-touch items must be cleaned	100% of frequently touched/high-touch items must be cleaned	80% of frequently touched/high-touch items must be cleaned	100% of frequently touched/high-touch items must be cleaned
Outbreak frequently touched/high-touch items target compliance	100% of frequently touched/high-touch items must be cleaned on a daily and discharge clean			
Shared equipment	All shared resusable 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.			

*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.

Awareness and acceptance

Auditing is a tool to improve cleaning technique and ultimately patient safety

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 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
    - Follow cleaning protocol for the item to be cleaned for the highest success rate

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

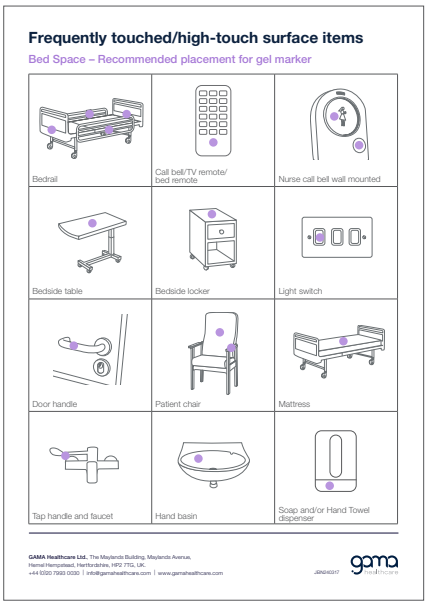
Example –
Pick 10 items in a bed space and 10 items in a bathroom. Mark these items every audit. Audit as per cleaning schedule.

Remember, avoid using this as a performance management tool.

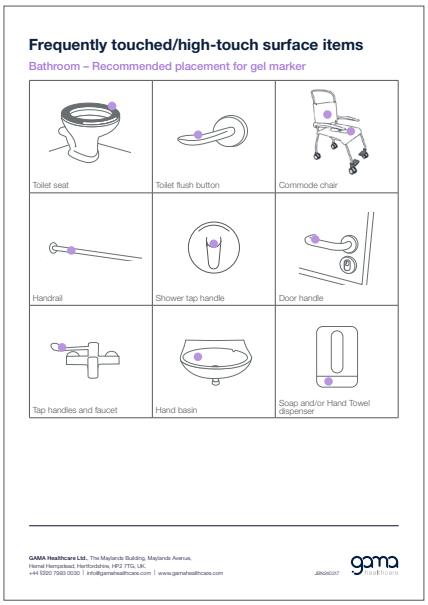
EvaluClean™ resources

Frequently touched/high-touch surface items

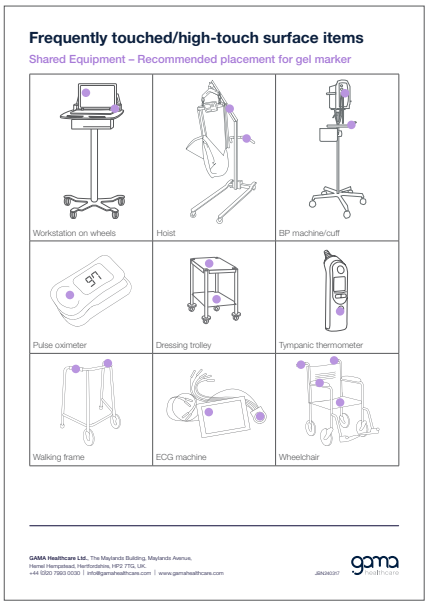
Below are some printable diagrams of some suggested frequently touched/high-touch positions for placement of UV gel marks



Bed Space



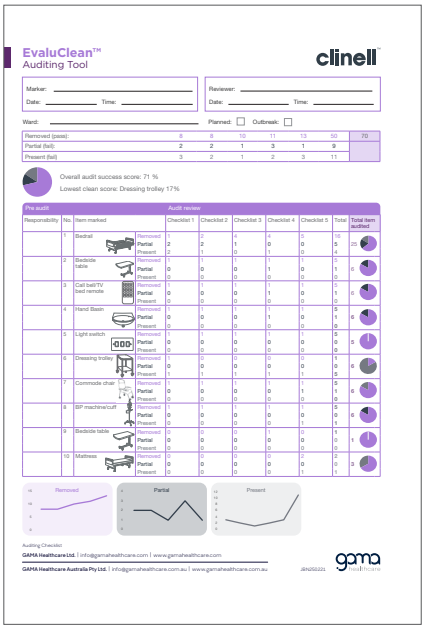
Bathroom



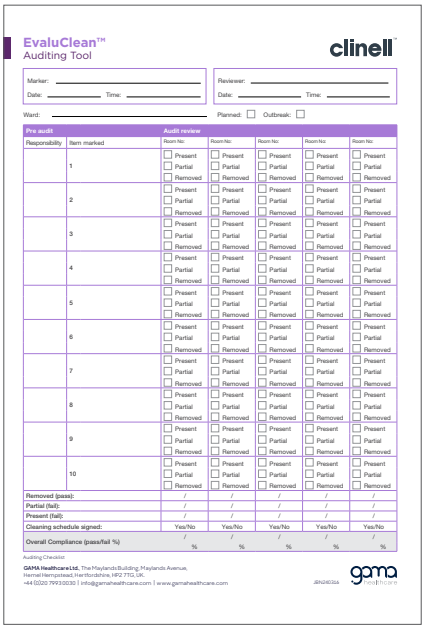
Shared Equipment

Audit form templates

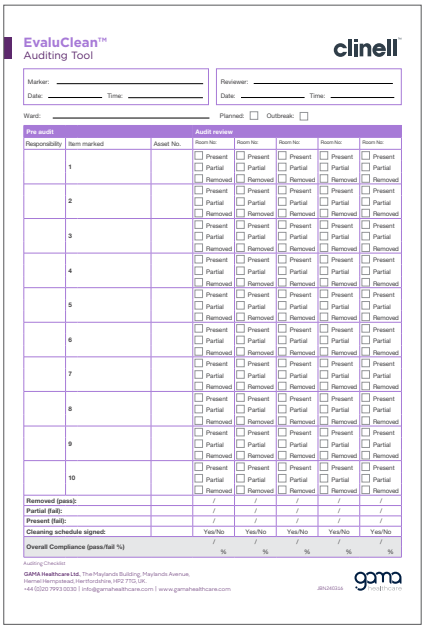
Below are blank and pre-populated forms to use to conduct an audit



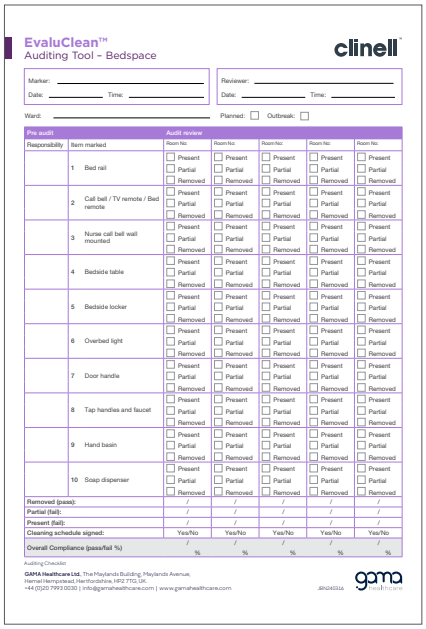
Audit review



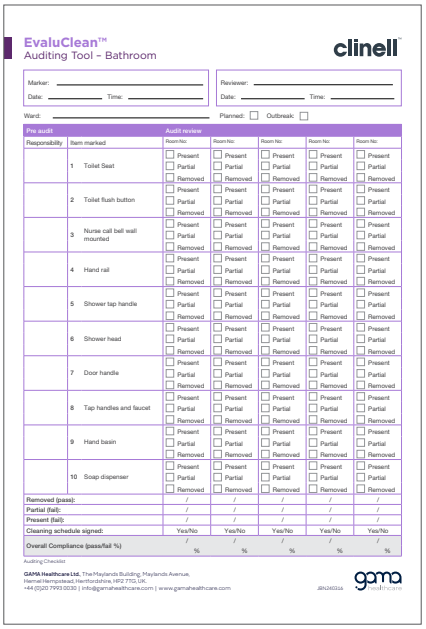
Blank



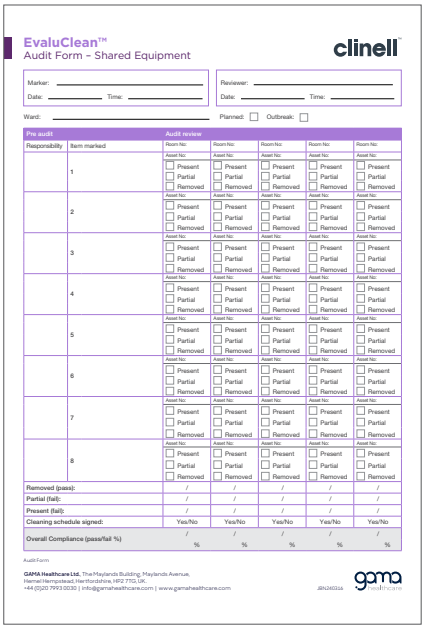
Blank with Asset No.



Bed space



Bathroom



Shared Equipment

Conducting an audit using the Clinell EvaluClean™ auditing Excel

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.

EvaluClean™ Auditing Tool

1

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Marker: _____

Date: _____ Time: _____

Reviewer: _____

Date: _____ Time: _____

2

Ward: Planned: ☐ Outbreak: ☐

Prior to Cleaning

1. Fill out the top of the audit form to identify the location of audit, marker and reviewer.
2. Identify if the audit is "planned" or being conducted due to an "outbreak."

Pre audit			Audit review				
Responsibility	No.	Item marked Note	Room No: 22	Room No: 13	Room No:	Room No:	Room No:
3	1	Bed rail 4	Please select	Please select	Please select	Please select	Please select
George Smith	2	Bedside table 2 UV dots applied	Please select	Please select	Please select	Please select	Please select

3. This section can be used to identify who is responsible for cleaning.
4. Identify the items/surfaces to be audited and apply 2-3 UV dots* (identify how many dots were applied). These markings should be consistent for each room.

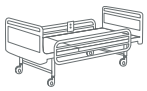
*UV dots can be applied to random spots on the item. This will give a better representation that the whole item is being cleaned and highlight any areas that are being missed (important in providing feedback and education).

Cleaning occurs

Cleaning takes place by the appropriate staff member, as per organisation routine and/or 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.

Pre audit				Audit review			
Responsibility	No.	Item marked	Note	Room No:	Room No: 22	Room No: 13	Room No:	Room No:
George Smith	1	**Bed rail** 		Please select	Please select	Please select	Please select	Please select
George Smith	2	**Bedside table**	2 UV dots applied	Removed	Please select Please select: Present Partial Removed	ease select	Please select	Please select
	3	**Call bell/TV remote/ bed remote**		Please select	Please select	Please select	Please select	Please select

5

Results

5. For each item and room cleaned, identify if item was a pass or fail by selecting if UV dots were removed, present or partially removed

Determining a pass or fail result**

Present	Partial	Removed
Fail The mark is present or partially present		**Pass** The mark is removed
If the fluorescent mark (dot) has not been cleaned off the mark will be illuminated blue, under the UV torch light.	If an item has been marked with multiple marks (dots) and on review only some marks (dots) have been removed.	If the location of the fluorescent mark has been adequately cleaned, the fluorescent mark will be removed.

Removed (pass):	6	5 / 7	1 / 1	1 / 1	0 / 0	0 / 0
Partial (fail):		0 / 7	0 / 1	0 / 1	0 / 0	0 / 0
Present (fail)		2 / 7	0 / 1	0 / 1	0 / 0	0 / 0
Cleaning schedule signed:						
Overall compliance (pass/fail %)		5 / 7	1 / 1	1 / 1	0 / 0	0 / 0
	Target	Fail	Pass	Pass		
	80%	71%	100%	100%	Please update	Please update

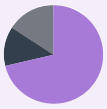
6. Once audits are completed, the EvaluClean™ Auditing tool will automatically tally how many items were a pass, partial or fail and give an overall score. Based on an overall compliance target of **>80%**, the program will give a **FAIL** or **PASS**.

For a **FAILED** room clean, an agreed rectification action can be implemented (e.g., education, feedback and training.)

7

Removed (pass):	8	8	10	11	13	50	70
Partial (fail):	2	2	1	3	1	9	
Present (fail)	3	2	1	2	3	11	

7. In the Audit Review tab, information for reporting can be collected and highlights the total number of items for each date that received a pass, fail (partial) or fail, (present).
8. An overall audit success score is provided for all audits, represented as a percentage of audits passed.
9. For educational and training purposes, the item with the lowest clean score is identified.



8 Overall audit success score: 71 %

9 Lowest clean score: Dressing trolley

Pre audit				Audit review						
Responsibility	No.	Item marked		Checklist 1	Checklist 2	Checklist 3	Checklist 4	Checklist 5	Total	Total item audited
	1	Bedrail	Removed	1	2	4	4	5	16	25
			Partial	2	2	1	0	0	5	
			Present	2	1	0	1	0	4	
	2	Bedside table	Removed	1	1	1	1	1	5	6
			Partial	0	0	0	1	0	1	
			Present	0	0	0	0	0	0	
	3	Call bell/TV bed remote	Removed	1	1	1	1	1	5	6
			Partial	0	0	0	1	0	1	
			Present	0	0	0	0	0	0	

Audit data can then be utilised to:

Identify education needs and areas for improvement

Use the data to drive change

Frequently asked questions

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?

Please contact GAMA Healthcare Customer Services to order a new kit:

GAMA Healthcare Ltd.: info@gamahealthcare.com

GAMA Healthcare Australia Pty Ltd.: info@gamahealthcare.com.au

Can I order more UV fluorescent pens?

Yes, you can. Please contact your Account Manager or GAMA Healthcare Customer Services:

GAMA Healthcare Ltd.: info@gamahealthcare.com

GAMA Healthcare Australia Pty Ltd.: info@gamahealthcare.com.au

How many audits should I do and how often?

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

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.

References

1. Browne K, White NM, Russo PL, et al. Investigating the effect of enhanced cleaning and disinfection of shared medical equipment on health-care-associated infections in Australia (CLEEN): a stepped-wedge, cluster randomised, controlled trial. *Lancet Infect Dis*. 2024;24(12):1347-1356. doi:10.1016/S1473-3099(24)00399-2

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