EVIDENCE BASED CLEANING

PCS
PROCESS CLEANING SOLUTIONS
Bringing Science to the Art of Cleaning™

1.877.745.7277
WWW.PROCESSCLEANINGSOLUTIONS.COM

SETUP: Depending on the size of the area to be cleaned choose either 1.5, 2.5 or 3.5 gallon charging buckets. Depending on your current process or your preference you may choose your own color coding program.

SAMPLE PROCESS:

BUCKET USAGE AND COLOR	PRODUCT USED
CLEANING "C"	MICROCLEAN
DISINFECTING "D"	PCS 1000
SOILED CLOTHS	NONE
SOILED CLOTHS	NONE

BUCKET SIZE	CLOTHS	AVAILABLE COLORS	CHARGING VOLUME
1.5 GALLON	15		1.5 QUARTS
2.5 GALLON	25		2.6 QUARTS
1.5 OR 2.5 GALLON			
5.5 GALLON			

PROCESS:

Place the folded color coded cloths into their respective buckets. You will need enough cloths (and buckets) to clean, and where required disinfectant for the day. You will also need a bucket to carry the soiled cloths.

Moisten your cleaning cloths "C" with MicroClean

Take a Cleaning "C" cloth and fold it into 4

Begin by wiping the surface in one direction, then wipe in the other.

Using "D" cloth, or wiper disinfect surfaces where required.

Where required apply PCS Oxidizing disinfectant /disinfectant cleaner diluted from concentrate DIN 02356090 or DIN 02314878 PCS 1000 Oxidizing Disinfectant/Disinfectant Cleaner ready to use. Both are registered as generic sodium hypochlorite hospital grade disinfectants at 1000 PPM (parts per million)

Once a cloth is contaminated put it in the soiled cloth container or bag keeping in mind that depending on the task being performed cloths soil at varying levels

Follow your institutions policies and procedures

PCS Health care cleaning and disinfecting process complies with

PIDAC Best Practices for Environmental Cleaning, recommendation for minimum Cleaning and Disinfecting level for Non-Critical Client/Patient /Resident Care Equipment &Environmental Items.

Clinical Practice Guidelines for Clostridium difficile Infection in Adults: 2010 Update by the Society for HealthcareEpidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA)

Provincial Infectious Diseases Advisory Committee (PIDAC) Testing, Surveillance and Management of Clostridium difficile In All Health Care Settings

Ministry of Health and Long-Term Care First published December, 2004 , Revised January, 2009 , Reviewed and revised May, 2010

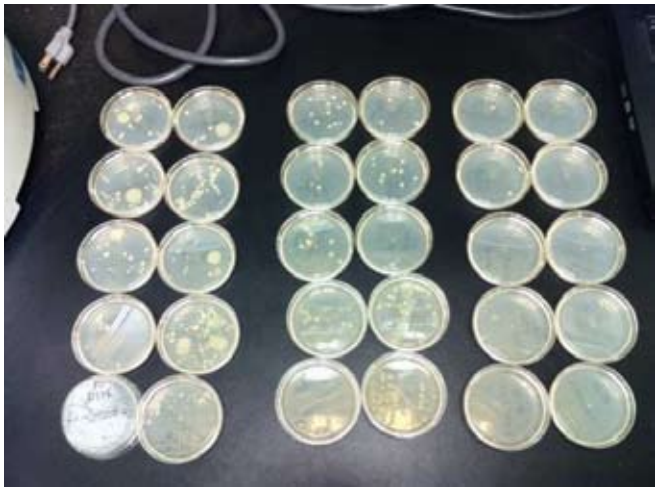
CDC Centers For Disease Control and Prevention Fact Sheet Fact Sheet
Norovirus in Healthcare Facilities Fact Sheet Released December 21, 2006

Process Cleaning Solutions is committed to providing evidence based cleaning practices.

Many recent publications have presented evidence cleaning in health care facilities is less than optimal with some reporting as little as 50 % of surfaces being cleaned to desired levels.

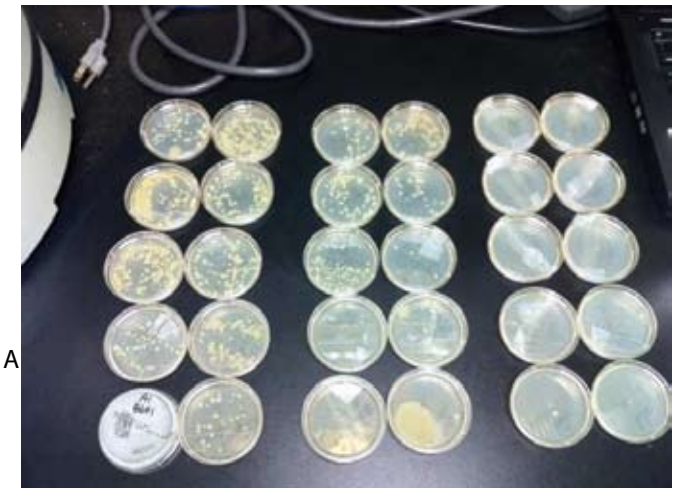
Converting to best practices or embracing cleaning process changes to improve outcome results in cleaner safer health care facilities.

PCS Health Care cleaning practices for acute and long term care facilities recommendations includes cleaning surfaces with micro fiber cloths dampened in a diluted solution of PCS Process MicroClean in a charge bucket.



Where required, apply PCS Oxidizing Disinfectant /Disinfectant Cleaner diluted from concentrate DIN 02356090 or DIN 02314878 PCS 1000 Oxidizing Disinfectant/Disinfectant Cleaner ready to use. Both are registered as generic Sodium Hypochlorite hospital grade disinfectants at 1000ppm (parts per million)

To provide evidence as to the efficacy of the PCS hospital cleaning and disinfecting process, PCS works closely with acute care facilities to test the effectiveness of the process with ATP and microbial testing.



Results from testing in six separate isolation room cleanings by five separate cleaners in two acute care facilities are presented.

ATP tests were performed before cleaning, after cleaning and again after the application of PCS 1000ppm Hypochlorite Disinfectant.

10 microbial surface tests with RODAC plates were done before cleaning, after cleaning and after application of the disinfectant.

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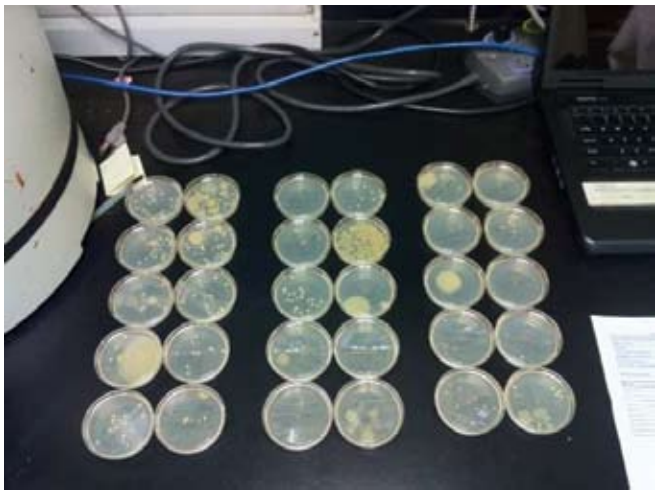

A total of 54 ATP test and 180 rodac plate test for aerobic bacteria counts where performed.

Aerobic bacterial counts where reduced 98 % from pre cleaning values. ATP counts where reduced by 92 % from pre cleaning values.

HOSPITAL CLEANING VALIDATION

Room B 736

Before cleaning

ATP average of three readings	157
Microbial average of ten plates (colony forming units)	75 CFU

After Cleaning.

ATP average of three readings	13
Microbial average of ten plates	16

After application of PCS 1000

ATP average of three readings	1
Microbial average of ten plates	0.9

Room B 641

Before Cleaning

ATP average of three readings	376
Microbial average of ten plates	166

After cleaning

ATP average of three readings	19
Microbial average of ten plates	59

After application of PCS 1000

ATP average of three readings	0.3
Microbial average of ten plates	0.4

Room B631

Before cleaning

ATP average of three readings	125
Microbial average of ten plates	26

After cleaning

ATP average of three readings	31.6
Microbial average of ten plates	35.6

After application of PCS 1000

ATP average of three readings	11
Microbial average of ten plates	4.8

Room 407

Before cleaning

ATP average of three readings	149
Microbial average of ten plates	49.2

After cleaning

ATP average of three readings	53.6
Microbial average of ten plates	30.9

After application of PCS 1000

ATP average of three readings	40.6
Microbial average of ten plates	0.2

Room 410

Before cleaning

ATP average of three readings	64.3
Microbial average of ten plates	33.6

After cleaning

ATP average of two test	38
Microbial average of five test	7

After application of PCS 1000

ATP average of three readings	8.6
Microbial average of ten plates	1.1

Room 404

Before cleaning

ATP average of three counts	115.6
Microbial average of ten plates	13

After cleaning

ATP average of three counts	30.6
Microbial average of ten plates	12

After application of PCS 1000

ATP average of three counts	15.6
Microbial average of ten	0.1

The results from these acute care facilities validate the effectiveness of the PCS process and provide very good correlation in results from ATP testing and aerobic plate counts.

PCS continues to support ongoing monitoring utilizing ATP testing as a very valuable tool for training staff and validating process. The aerobic RODAC plate tests provide good evidence that multiple staff can achieve excellent results when using an effective validated cleaning process.

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