

Purpose

This document provides Infection Prevention and Control direction on conducting environmental marking audits to provide quality assurance and improvement.

Scope

This document is applicable to all Fraser Health owned and operated and affiliated long-term care providers as well as assisted living facilities.

Environmental Marking Audits

Environmental marking audits can assist in reducing transmission by assessing cleaning practices. Environmental marking involves placing “markers,” that are not visible to the naked eye on surfaces that are expected to be cleaned. Following cleaning, the markers are checked using an UV light or detector to assess whether effective cleaning (defined as full removal of the marker) has occurred. The continued presence of the marker infers continued presence of organisms, and therefore inadequate cleaning. In most cases, we are satisfied with an 80% pass rate for cleaning (80% of markers no longer visible following cleaning). For COVID-19, we are requesting a 90% pass rate.

Frequency: Monthly and twice a week during outbreaks

Suggested Products: UV Gel or ASSURE tracer

Supplies required:

- UV LED Light
- UV Marking Gel (i.e. Fluorescent lotion or powder), or ASSURE Tracer (Step 1), Detector (Step 2)
- Gloves
- Record of where markers were placed (10 markers are recommended but more may be used, see Marking Documentation in [Appendix 1](#))

Steps for marking:

1. Inform unit manager, CNE, PCC and housekeeping that UV marking will be occurring.
2. Gather supplies listed above and ensure that items are in good working condition.
3. Review Environmental Marker High Touch Points Checklist ([Appendix 1](#)) and unit layout to determine high touch points on unit that would be significant to highlight/place the markers.
4. Go to the unit that is receiving the marking.
5. Perform hand hygiene and don gloves if using UV Marking Gel. Gloves are not required for ASSURE.
6. Using a gloved hand, apply UV Marking Gel to finger and proceed to place UV marks (~10) on the unit without identifying the location to the other parties.
7. Record the location of the markers on the Marker Audit Tool ([Appendix 2](#)).
8. Next day, go to environmental marked areas/items and determine if placed marker is still present.
9. For every environmental marker that was placed, record ([Appendix 2](#)) if it remains present (fail) or not (pass) by using the UV light or ASSURE detector.
10. Once you have completed revisiting all the placed markers, add up the number of markers that were no longer present.

11. Divide the number of placed but not found markers by the number of placed markers (i.e. if you placed 25 markers and were not able to find 22 of those, but did find 3 that remained, then you would divide $22/25=88\%$).
12. Determine if the cleaning has successfully passed. A minimum of 80% is considered a passing score. For COVID-19 we are requesting a 90% pass rate.
13. If the unit does not achieve the minimum pass rate, request a second clean and reassess missed markers using UV light or ASSURE.
14. If a passing score was achieved, if there are any items that may have failed, request that those items are re-cleaned and then reassess.

Appendix 1: Environmental Marker High Touch Points Checklist

Auditor to select high touch points from the list below for marking (do not need to mark all items listed).

High-Touch Surfaces in Resident/Tenant Rooms	
<input type="checkbox"/> Nurse call button and cord	<input type="checkbox"/> Hand sink (including counter, faucet and handles and sink basin)
<input type="checkbox"/> Light switches	<input type="checkbox"/> Under sink
<input type="checkbox"/> Television	<input type="checkbox"/> Telephones
<input type="checkbox"/> Television remote control	<input type="checkbox"/> ABHR dispenser
<input type="checkbox"/> Chair	<input type="checkbox"/> Glove dispenser
<input type="checkbox"/> Bed hand rails and controls	<input type="checkbox"/> Door knobs and plate (inner and outer)
<input type="checkbox"/> Bed footboard and controls	<input type="checkbox"/> Resident/tenant equipment (e.g., dynamap, thermometer, etc.)
<input type="checkbox"/> Bed headboard	<input type="checkbox"/> IV pump
<input type="checkbox"/> Nightstand	<input type="checkbox"/> IV poles
<input type="checkbox"/> Over bed table	<input type="checkbox"/> Resident/tenant monitor (including controls, screen and cables)
<input type="checkbox"/> Mirrors	<input type="checkbox"/> Ventilator control panels
<input type="checkbox"/> Storage locker	
Resident/Tenant Bathrooms	
<input type="checkbox"/> Nurse call button and cord	<input type="checkbox"/> Grab bars/hand rails
<input type="checkbox"/> Light switches	<input type="checkbox"/> Hand sink (including counter, faucet and handles and sink basin)
<input type="checkbox"/> Toilet bowl	<input type="checkbox"/> Under sink
<input type="checkbox"/> Toilet seat	<input type="checkbox"/> Soap dispenser
<input type="checkbox"/> Toilet flush handle	<input type="checkbox"/> Bathroom inner door knob and plate
Non-Resident/Tenant Care Areas	
<input type="checkbox"/> Resident/tenant charts	<input type="checkbox"/> Pill crusher
<input type="checkbox"/> Resident/tenant chart rack	<input type="checkbox"/> Medication room sink (counter, faucets, handles)
<input type="checkbox"/> Resident/tenant MAR's	<input type="checkbox"/> Medication carts/Pyxis machine
<input type="checkbox"/> Whiteboard markers	<input type="checkbox"/> Whiteboards at nursing station
<input type="checkbox"/> Couch/seating	<input type="checkbox"/> Staff bathroom
<input type="checkbox"/> Computer keyboard	<input type="checkbox"/> Staff break room Television and control
<input type="checkbox"/> Computer mouse	<input type="checkbox"/> Desk surfaces at nursing station
<input type="checkbox"/> Clean linen cart	<input type="checkbox"/> Telephone at nursing station
<input type="checkbox"/> Television remote	<input type="checkbox"/> Clean equipment (e.g. wheelchair, walkers etc.)
<input type="checkbox"/> Resident/tenant lounge area	<input type="checkbox"/> Glucometer machine/supplies
<input type="checkbox"/> Visitor chairs	

Appendix 2: Environmental Marking

Date & Time: _____ Unit/Neighbourhood/Room _____			
Location	Marked	Pass/Fail	Comments
MAIN ROOM			
Door handle			
Light switch			
HH sink handle			
HH sink counter			
RESIDENT BED SPACE			
Overbed Table			
Bed Rail			
Call button			
RESIDENT WASHROOM			
Light switch			
Door handle			
Sink handle			
Sink counter			
Hand Rail			
Toilet Flusher			
Toilet Seat			
Other?			
Compliance rate			