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| **Protocol for Advanced Surface Disinfection Treatment**  **CORE** Prevention Strategies = Strategies that should **always** be in place.  **ENHANCED** Prevention Strategies = Strategies to be **considered** in addition to core strategies **when**:   1. There is evidence that the core strategies are being implemented and adhered to consistently 2. There is evidence of on-going transmission HAI, active events in not contained 3. There is evidence that rates are not decreasing as expected\*, such as “outbreaks” 4. There is evidence of change in pathogenesis as appropriate (e.g. ↑ morbidity/mortality) | | | | |
| **Safe from HAI** | **Specific Actions(s)** | **Audit Questions** |  |  |
|  | **ENHANCED PREVENTION**   1. Establish enhanced cleaning & disinfection practices | 1. The facility has a process for Total Room Disinfection, via “No Touch” technology that is **EPA Registered** for six log kill for C-Diff Spore**., (Throughout the entire room) Sanosil Halo (HPV 5% & .01% Ionic Silver) Disinfection System**   **Enhanced Level Primary Treatment Targets**  Daily known MDRO/C-Diff discharges[[1]](#footnote-1)  Rooms C-Diff Patients were T/F to/Tx/Diagnostic areas |  |  |

\*Multistate Point-Prevalence Survey of Health Care–Associated Infections, N Eng. J Med 2014; 370:1198-1208[March 27, 2014](http://www.nejm.org/toc/nejm/370/13/)DOI: 10.1056/NEJMoa1306801

**Halo Disinfection System - Category Protocol - Three Threat Levels**

1. **IMMEDIATE 2. URGENT 3. STANDARD/ROUTINE**

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| --- | --- | --- | --- |
|  | Description | Specification | Detail |
| **IMMEDIATE** | The pathogen transmission **threat is at highest level**, with strong evidence of increased mortality and morbidity risk to patients, staff and visitors | * Acute Outbreaks, typically 2-3+ cases in short period of time (i.e., Ebola, Enterovirus-D68,C-Diff, MRSA, VRE, CRE, H1N1) * Uncontrolled infection spread that is not resolving with standard procedures * Specific patients are at extremely risk due to compromised defense capabilities. | Immediately after discharge, following gross contaminate clean, treat primary infection rooms, then extend to other high risk rooms on/off the unit, including utility rooms, shower rooms, etc. Remember to include putting moveable equipment in the Halo Treatment rooms. |
| **URGENT** | **High threat and time sensitive need**, usually required to complete that day or before new admission into the room, not urgent | * Daily discharges (empty room) * In-facility transfers * Patient leaving unit for a test, leaving the room open for treatment while gone | These are not emergencies, The treatment opportunity should be taken as soon as they depart the room (and after CDC standard cleaning if indicated) |
| **STANDARD/**  **ROUTINE** | No immediate known threat, execute when time and access allow, but within a routine regular schedule | * Develop room treatment plan by unit, to schedule atleast one treatment per month for each room | Implement the rotating schedule to insure that each room is Halo Disinfected at least once per month, including moveable equipment. |

1. Pennsylvania Hospital and Southwest Vermont Hospital both experienced over a 65% reduction in C-Diff rates by specifically focusing on only the discharges with known C-Diff infections, then included other targeted pathogen threats [↑](#footnote-ref-1)