UV Marker Audit Toolkit

Long-Term Care, Mental Health Substance Use (MHSU) Operated Sites and Hospice Settings

Infection Prevention and Control

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Contents

UV Marker Audit Fact Sheet

What are UV Marker Audits?

- UV Marker Audits are used to assess cleaning practices and determine if sufficient mechanical action, required for cleaning, was performed to remove soiling on a surface. It is not used to determine the bioburden on a surface.
- UV Marker Audits may be used for educational purposes and to guide cleaning practices.
- Each audit focusses on a selection of 10 high touch surfaces from a pre-defined list.
- Before cleaning is conducted on the selected surfaces, UV markers, also known as fluorescent markers, are applied. These may come in different forms, such as a gel.
- The surfaces are assessed with a UV flashlight to determine whether the applied UV marker residue has been removed after at least one cleaning has occurred, and within 48 hours.

When are UV Marker Audits Performed?

- Audits can be performed to assess cleaning practices, such as a daily clean, discharge clean or isolation discharge clean.
- Audits can also be performed at the discretion of Housekeeping Services and/or Infection Prevention and Control.

How are UV Marker Audits Performed?
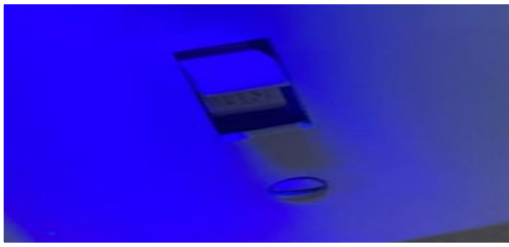
Applying UV Marker

1. Gather audit tools such as the UV marker gel, applicator, disposable cup, and audit form.
2. Pour 1 mL of UV marker gel into one disposable cup.
3. Perform hand hygiene and don PPE, as required. See Donning and Doffing Instructions for more information.
4. Apply UV marker gel on a high touch surface and record on the UV Marker Audit Form. Dispose the applicator after each use. Repeat until 10 surfaces are marked.
5. After completion, perform hand hygiene and doff PPE, as required. See Donning and Doffing Instructions for more information.
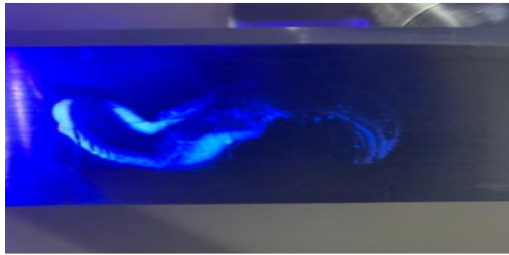
Assessment of UV marker

6. With a UV flashlight, return to the marked high touch surfaces after at least one cleaning has occurred, and within 48 hours.
7. Perform hand hygiene and don PPE, as required. See Donning and Doffing Instructions for more information.
8. Using the UV flashlight, evaluate the marked surfaces and indicate on the UV Marker Audit Form which surfaces are clean and not clean. See UV Marker Gel Identification sheet for more information.
9. After completion, perform hand hygiene and doff PPE, as required. See Donning and Doffing Instructions for more information.

UV Marker Gel Identification Sheet

The tables below provide guidance for assessing UV marker gel on a surface. See criteria below to help distinguish surfaces as 'Clean' and 'Not Clean' based on fluorescence identification.

Clean	
	• Gel is removed from surface • Fresh UV marker **not apparent**
	• Gel is removed from surface, with visually minor staining • Fresh UV marker **not apparent**
	• Gel is removed from surface, with visually significant staining* • Fresh UV marker **not apparent**

Not Clean	
	• Gel is not removed from surface • Fresh UV marker **apparent**
	• Gel is partially removed from surface • Fresh UV marker **apparent**

UV Marker Audit Form Sample

Audit Information			
Site		**Unit**	
Room number		**Precaution type**	
Date Marked		**Date Read**	
Time Marked		**Time Read**	

High Touch Surfaces	Surface Marked	Clean	Not Clean	Comments
Room Area				
1. Bed Control				
2. Left Bed Rail				
3. Right Bed Rail				
4. Over Bed Table Surface				
5. Light Switch				
6. Wall Mounted Soap Dispenser Head				
7. Sink Faucet Handle				
Bathroom Area				
8. Wall Mounted Soap Dispenser Head				
9. Sink Faucet Handle				
10. Inner Door Handle				
11. Outer Door Handle				
12. Light Switch				
13. Toilet Handrail				
14. Toilet Seat				
15. Toilet Flush Handle				
COMPLIANCE RATE	= [(Total number of 'Clean' surfaces) ÷ (Total number of marked surfaces)]*100%			

How to Complete the UV Marker Audit Form

Section: Audit Information

1. Complete observer data fields**: *Site* name, *Unit* name, *Room* number, *Date/Time Marked, Date/Time Read*, and *Precaution* (if any).

Section: Surface Marked

2. Apply UV marker on 10 high touch surfaces from the pre-defined high touch surfaces list.
3. On the audit form, identify which high touch surfaces you applied UV marker on.

Section: Clean/Not Clean

4. Return to conduct the audit after at least one cleaning has occurred, and within 48 hours.
5. Evaluate the surfaces marked using the UV flashlight to determine if the UV marker was removed.
6. Identify the surfaces that had the UV marker removed (*Clean*) and not removed (*Not Clean*).
7. To find the compliance rate, divide the number of *Clean* items (numerator) by the number of *Surface Marked* items (denominator) and multiply by 100[1]. Include this in the *COMPLIANCE RATE* section.

[1] If certain surfaces were not assessed after marking, the denominator will need to be adjusted for compliance rate accuracy.

Examples of Marked Surfaces

Additional High Touch Surfaces

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

High-Touch Surfaces in Resident/Tenant Rooms	
☐ Nurse call button and cord	☐ Hand sink (including counter, faucet and handles and sink basin)
☐ Light switches	☐ Under sink
☐ Television	☐ Telephones
☐ Television remote control	☐ ABHR dispenser
☐ Chair	☐ Glove dispenser
☐ Bed handrails and controls	☐ Doorknobs and plate (inner and outer)
☐ Bed footboard and controls	☐ Resident/tenant equipment (e.g., dynamap, thermometer, etc.)
☐ Bed headboard	☐ IV pump
☐ Nightstand	☐ IV poles
☐ Over bed table	☐ Resident/tenant monitor (including controls, screen and cables)
☐ Mirrors	☐ Ventilator control panels
☐ Storage locker	

Resident/Tenant Bathrooms	
☐ Nurse call button and cord	☐ Grab bars/handrails
☐ Light switches	☐ Hand sink (including counter, faucet and handles and sink basin)
☐ Toilet bowl	☐ Under sink
☐ Toilet seat	☐ Soap dispenser
☐ Toilet flush handle	☐ Bathroom inner doorknob and plate

Non-Resident/Tenant Care Areas	
☐ Resident/tenant charts	☐ Pill crusher
☐ Resident/tenant chart rack	☐ Medication room sink (counter, faucets, handles)
☐	☐ Medication carts/Pyxis machine
☐ Whiteboard markers	☐ Whiteboards at nursing station
☐ Couch/seating	☐ Staff bathroom
☐ Computer keyboard	☐ Staff break room (television and control)
☐ Computer mouse	☐ Desk surfaces at nursing station
☐ Clean linen cart	☐ Telephone at nursing station
☐ Television remote	☐ Clean equipment (e.g. wheelchair, walkers, lifts etc.)
☐ Resident/tenant lounge area	☐ Glucometer machine/supplies
☐ Visitor chairs	