

Update

NPMA LIBRARY UPDATE

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I.P.M. in Hospitals and Related Accounts

In recent years, I.P.M. in schools and best management practices for schools have become part of the pest management industry's focus. Many of us service these accounts regularly now and the sensitive accounts depend on us for responsible pest management.

It is hard to imagine a more sensitive account than hospitals, and while not at the forefront of I.P.M. historically, hospitals are now beginning to require I.P.M. practices. There are 5,810 registered hospitals in the U.S. that see about 32 million inpatients, 83 million outpatients and 108 million emergency room patients per year (CDC, 2002. "Hospital Utilization." National Center for Health Statistics. Center for Disease Control and Prevention. U.S. Department of Health and Human Services. Hyattsville, M.D.). Today's pest management firms need to think about how to service hospitals with an I.P.M. approach. Hospitals and related accounts in many ways constitute an *even more* sensitive environment than a school, and many consumer groups are now pushing for responsible, targeted I.P.M. measures in hospital environments.

The Obvious Concerns

Hospitals and related accounts, such as nursing homes, assisted living centers, adult daycare, hospice centers, emergency care centers, even veterinary hospitals, all house patients who are ill and temporarily or permanently immuno-compromised (unable to easily fight disease). The patients may inhabit a room only once daily or be in the account long term. Like a school, these accounts will have administrative staff offices, a kitchen, (or several kitchens, sometimes on different floor levels), cafeterias, snack and vending rooms, and employee lounges. But, unlike most schools, these accounts also often have other areas for a PCO to think about, such as: research laboratories, pharmacies, imaging and x-ray centers, waiting rooms,



nurses' stations, special wards for various procedures and care (neonatal, oncology, cardiac, intensive, pediatric, and psychiatric), radioactive materials areas, sterile operating rooms, morgues, and biohazards and sharps storage areas. Hospitals have no shortage of sensitive areas. This leads to important questions, such as:

- Will you be servicing the entire hospital, or just the kitchen, loading docks and cafeteria?
 - What and who are the pests involved?
 - Who is your main contact and what are their expectations for your service?
- Do they have thresholds of tolerance for the particular pests involved?
 - Does the hospital's landscaping contribute to the pest pressures?
 - Have you talked with the hospital's Board of Health, the administration, the housekeeping and environmental and facilities staffs?
 - Are they *all* participating in your program?

These issues will all make a huge difference in the way a pest management firm approaches its account. A comprehensive I.P.M. strategy with ongoing communication and documentation with the staff involved will be needed in planning for the next hospital account.

Responsible I.P.M. in Hospitals:

Several hospitals belong to a group that is becoming more and more pest

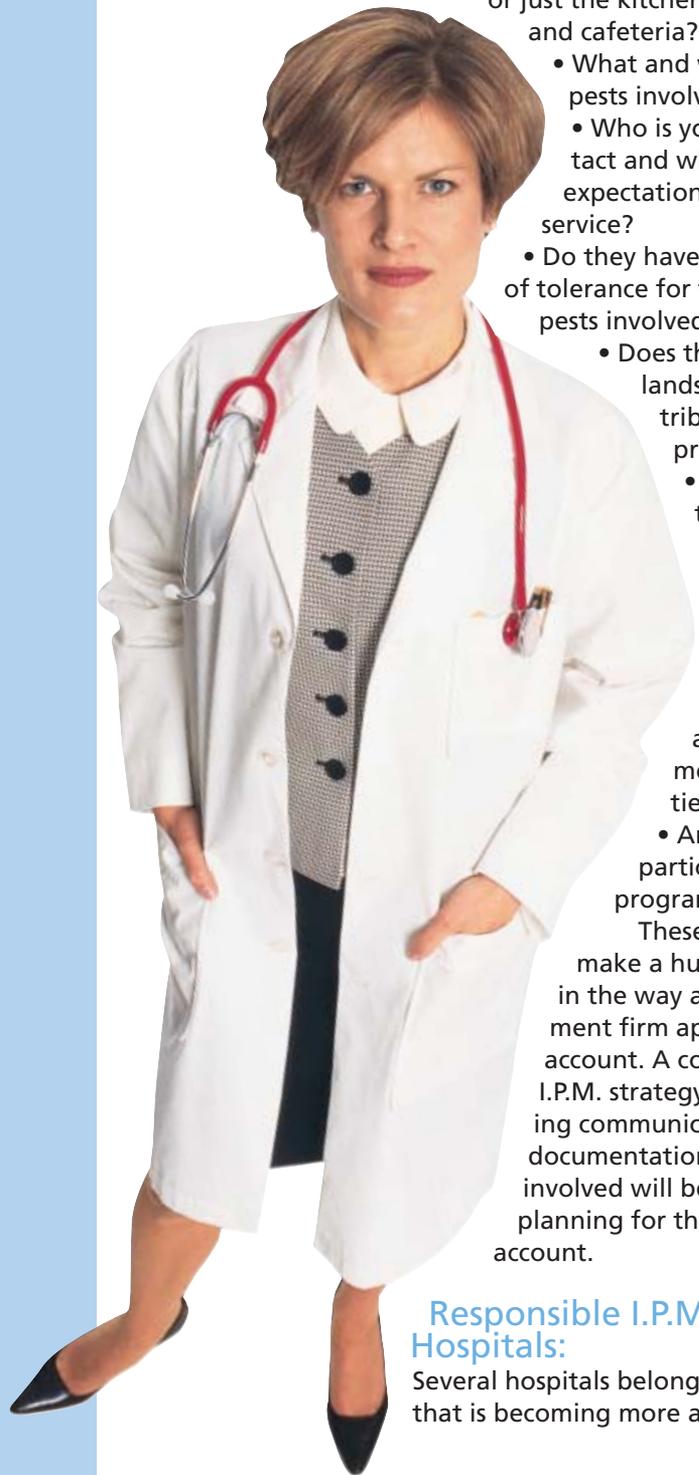
management savvy, called Hospitals for a Healthy Environment, or "H2E". They have read the I.P.M. in schools literature and done their research and are now making recommendations for pest management service providers to include the following when servicing their accounts:

- 1) Hospitals should adopt least toxic pest management policies and practices in order to reduce or eliminate pesticide use, and should select the least toxic pesticides in situations where pesticide use is deemed to be essential. (Least toxic here includes alternatives such as boric acid, pyrethrin and pyrethroid formulations.)
- 2) If pesticides are used, hospitals should notify all members of the hospital community in advance. Before and after pesticides are applied, warning signs should be posted around the treated area. (This is taken from the posting and notification requirements of I.P.M. in schools.)
- 3) All hospitals should maintain detailed information about what pesticides are being applied, where, how, why, and by whom. (Thorough documentation in logbooks housed at main contacts' and at nurses' stations housing service tickets, labels, and M.S.D.S. sheets all become very important.)
- 4) Hospitals should put their pest management policies in writing and make these policies public. (Further notification measures.)

(Excerpted from *IPM in Hospitals* Office of the Attorney General, New York, December, 1995)

H2E tells their client hospitals to consider the following when speaking with I.P.M. pest management vendors:

- 1) Have a clear vision of what constitutes integrated pest management. (This may differ from client to client, and sometimes between pest management firms.)
- 2) Make pest management a central administrative function. (Which office will handle it and sign the contract?)
- 3) If using an outside contractor, make contract specifications clear and unambiguous. (Use of approved pesticide lists, specific times of day for treatments, escorts required, areas to avoid, etc.)



4) Keep records. (Labels, M.S.D.S., Service tickets and Logbooks)
(Excerpted from *IPM in Hospitals* Office of the Attorney General, New York, December, 1995)

So, who are the typical potential pests in a hospital account?

- *Ants*-Odorous House ant, Argentine ant, Fire ant, Pharaoh ant, Little Black ant, Pavement ant, Acrobat ant, Carpenter ant
- *Cockroaches*-German cockroach, American cockroach, Australian cockroach, Brown banded cockroach, Oriental cockroach, Smokey brown cockroach
- *Flies*-Phorid fly, Fruit fly, Fungus gnat, House fly, Bottle fly, Moth fly, Mosquito, Cluster fly
- *Occasional Invaders*-Springtails, Box-elder bugs, Lady bugs, Ground beetles, Bees and Wasps, Silverfish, Millipedes, Centipedes, Clover mites, Spiders
- *Pantry pests*-Indian Meal Moth, Red and Confused flour beetle, Saw-toothed grain beetle
- *Termites*
- *Rodents*-Mice, Rats, Squirrels
- *Various other mammals*-Bats, Raccoons, Feral Cats, Possums, Woodchucks, Moles
- *Birds* - Pigeons, Sparrows, Starlings, and Geese; (however, Geese are federally protected.)
- *Bed bugs*
- *Various therapy pet pests*-Fleas, Mites, Ticks
- *Lice*-Head and Body Lice, Crab Lice (A pest management firm should **never** treat for a louse infestation, but may recommend that a dermatologist get involved!)

Basic Elements of I.P.M. that Should be Included in a Hospital Account

1. A Thorough Inspection
 2. Identification of Pests Involved
 3. Education of Hospital Staff
- This may involve an in-service seminar for employees to change their habits, including:
- to empty sharps boxes more often
 - to rid lobby of decorative plantings
 - to water office plants less often
 - to not snack at desks in administrative offices
 - to regularly maintain trash and recycle bins

- to smoke only in designated areas-no propping of door open or cutting of holes in screens
- to upend cleaning mops and squeegees
- to change mop heads more frequently
- to store used moist, cleaning cloths in air tight containers and have them regularly laundered
- Modification of Environment of the Pest's Requirements (Food, Water, and Harborage concerns)-this may involve:
 - better sanitation efforts
 - changes in landscaping
 - reduction of standing water
 - vacuuming
 - steam cleaning of drains
- Mechanical Means -this may involve:
 1. exclusionary measures, like applying door sweeps or caulking of utility line entry points into the structure, or caulking of tiles that are coming up, or plugging of exterior building weep holes with screen, or use of air curtains over doors and loading docks
 2. use of fly lights and their proper placement
 3. use of glue traps for rodents and insect pests
 4. use of curiosity rodent traps
 5. Chemical Means, if allowed and/or required-this may involve:
 6. utilization of exterior rodent baits in locked labeled and secured stations
 7. use of interior cockroach or ant baits, strategically placed in cracks or cervices
 8. application of biodegradable enzymes into drains for flies
 9. treating exterior building weep holes with dusts for ants
- Documentation to include:
 1. use of logbooks at each nurses station and in house-keeping, or main contact's office to communicate pest occurrence,



date and location to the servicing technician since his/her last visit; (who in turn can communicate his/her findings and what was done on this latest visit)

2. thoroughly filled out service tickets
 3. notification and posting
 4. labels and M.S.D.S.
- Evaluation and Follow-up to include:
 1. ongoing communication and regular meetings with hospital staff
 2. periodic (quarterly, semi-annual or annual) inspection and report by management/entomologist of pest management vendor

Areas in Which to Focus an I.P.M. in Hospitals Effort to Handle These Pests

On the Interior:

- Kitchens
- Cafeterias
- Food storage/pantries
- Vending areas
- Staff lounges
- Employee locker areas
- Janitorial Areas
- Utility/electrical closets
- Laundry rooms
- Bathrooms
- Drinking fountains
 - Decorative plantings
 - Administrative offices
 - Nurses stations
 - Recycle and trash bins
 - Basement areas
 - Physical plant areas with steam tunnels, etc.

On the Exterior:

- Dumpsters
- Special Biohazard dumpsters
- Recycle dumpsters
- Landscaping
- ponds, mulch, trees, shrubs
- Employee picnic areas
- Roof
- Doors/loading docks
- Building perimeter
- Utility line access points
- Weep holes into buildings
- Underground watering systems

Caveats for Any Technician Treating in a Hospital Setting:

- Never treat a patient room with a patient present.
- Never treat a patient room without permission, even when it is vacant. *(Some patients may be on respirators, and materials like dusts would negatively impact the machinery and potentially the patient that uses them.)*
- Always read and check the pesticide label
- Park and enter the hospital account discretely.
- Use the steps instead of crowded elevators when carrying your materials.
- Be professional.
- Use caution around sharps and biohazard bags and bins.
- Know your signs. "Do not enter" placards on doorways truly mean, "do not enter." *(A good motto to follow is: If in doubt, stay out!)*
- Wash hands frequently.
- Wear gloves while performing service, and change between treatment application types.
- Never contaminate a sterile environment. (Know the airflow and floor plan for the facility; and speak with the facilities engineers.)

Conclusion:

I.P.M. in hospitals is a growing opportunity for pest control companies. Similar to I.P.M. in schools, such I.P.M. will require the education and professionalism that we continue to embrace and will put our industry squarely in the realm of being protectors of health. ●

