



BUSINESS CASE FOR ENVIRONMENTAL SERVICES

Integrated Pest Management (IPM)

INSTITUTE OF MEDICINE (IOM) SIX AIMS CONNECTIONS: *Efficacy, Safety, Efficiency*

PURPOSE

- To achieve better pest management results and reduce pest-related problems.
- To achieve economies in terms of the time, personnel and materials required to maintain the desired level of control.
- To reduce the use of pesticides and any potential negative impact they may have on human health and the environment of care.

PLAN/IMPLEMENTATION

The Association for the Healthcare Environment (AHE) offers comprehensive IPM planning and implementation guidelines in its *AHE Recommended Practice: Integrated Pest Management*, co-authored by experts from AHE and Orkin, LLC, and available from the AHA Online Store (under “Environmental Services”). The following is an overview of a typical IPM implementation based on this best-practices guide.

1. Implementation should start with a **comprehensive facility inspection** by a trained and licensed IPM professional. This inspection should identify potential areas of high pest pressure, taking into account past pest management issues experienced at the facility and any available documentation of past pest management activities.
2. **Remediation of any existing pest activity and implementation of preventive measures** based on inspection (typically mitigating food and water sources, harborage areas and access points).
3. After this initial “setup” phase, the IPM program should follow a **collaborative and ongoing cycle of the following basic activities**:
 - **Inspection** – Regular floor-level inspections of the facility are critical, and must cover all five pest-activity zones:
 - entry points,
 - water sources,
 - food sources,
 - harborage points, and
 - employee areas.

All potential problem areas, both inside and out, must be noted. Ideally, inspections will be conducted as part of routine, proactive surveillance by trained specialists. Employees should be trained to serve as a vast pool of “inspectors” who report pest sightings promptly, helping to limit the magnitude of new infestations and the time required to resolve pest problems.

- **Preventive Action** – Sanitation and exclusion measures that reduce pest presence by minimizing their food, harborage, and access are the heart of the IPM process and fundamental to its success. IPM requires a thorough knowledge of building operations and pest biology and, typically, coordinated initiatives to upgrade sanitation, housekeeping, maintenance and occupant practices.

- **Identification** – In the case of observed pest problems, the first response of an IPM program must be proper identification of the target pest, including identification of different species and their various growth stages.
- **Analysis** – After identification, the next step is to ascertain the reason the pests are there and how they are gaining access. Often one of the more difficult steps, accurate analysis usually requires knowledge of pest biology, behavior, structural design and construction, and the facility’s supply chain.
- **Treatment Selection** – Once the pests and sources of the pest problems are identified, the proper treatment must be selected. Non-chemical responses should be considered first.
- **Monitoring and Documentation** — Monitoring and documentation go hand in hand. Together, they provide opportunities to evaluate corrective actions and treatments, identify and address fledgling pest problems before they become worse, and assess the efficacy of an IPM program as a whole.

RESPONSIBILITY

Because IPM, as its name implies, *integrates* a variety of pest management techniques versus relying on pesticide treatments alone, the actions required – and thus the responsibility for ongoing maintenance – can be diverse. Cooperation and commitment from everyone involved – Environmental Services, facility staff, infection control committee and, in most cases, a contracted pest management professional – are essential for success.

That said, because IPM supports several of the Joint Commission’s Environment of Care standards, many facilities place operational responsibility for implementing and managing the IPM effort with Environmental Services (ES) or the equivalent department. Some facilities place pest management under Facilities Management, but because daily sanitation and housekeeping are so critical to success with IPM, one can make a strong case for ES managing IPM activities.

Regardless of who manages the IPM effort from within, the vast majority of healthcare facilities outsource their IPM programs to trained and licensed providers. *AHE Recommended Practice: Integrated Pest Management* provides guidelines to selecting and contracting with such a provider.

DESIRED OUTCOMES

1. Fewer reports of pest-related problems.
2. Reduction in time, personnel and materials required to maintain the desired level of control.
3. Reduction in volume of pesticides used, without sacrificing Outcome 1 above.

RISKS FOR FAILURE TO IMPLEMENT

- Non-compliance with widely accepted best practices and Joint Commission standards for pest management (*see Joint Commission Environment of Care Standard 3.10, Elements of Performance 1, 2, 3, 7 or visit www.HealthcarePestControl.com to download a free Joint Commission Pest Control Checklist*).
- Occurrence of preventable pest problems that can damage the healthcare provider’s reputation and/or be expensive to remediate.
- Increased risk of pesticide exposure among sensitive groups, including immuno-compromised patients, the elderly, children, pregnant women, and others.
- Increased risk of litigation by patients and other claimants affected by pests or misapplied pesticides.
- Missed opportunity to improve operational efficiency.
- Missed opportunity to support other green initiatives in your facility.