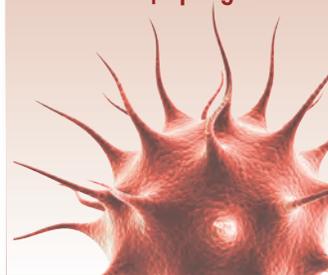


incontrol™

Infection Control News for the Health of Your Practice

Volume 6 | Spring 2013



SURFACE DISINFECTANTS



Every Day
Every Patient
Every Time

**CHECK OUT
THE HELP CENTER
FOR FREE CE
CREDIT COURSES**

See pages 11, 15

**KEEPING
DOCTORS'
OFFICE
SURFACES
PRISTINE**

See page 3

**EXAM ROOM
EASY
ORDER
FORM
TEAROUT**

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Every Day, Every Patient, Every Time

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According to the CDC, transfer of health care associated pathogens from environmental surfaces to patients is largely via hand contact with the surface. The CDC Guidelines for Environmental Infection Control in Healthcare Facilities, states, "Although hand hygiene is important to minimize the impact of this transfer, cleaning and disinfecting environmental services as appropriate is fundamental in reducing their potential contribution to the incidence of health-care associated infections (HAI)."

READ THE LABEL! There are some key things you want to look for when selecting a surface disinfectant.



- Is the product an intermediate-level disinfectant?
- Is the product EPA registered?
- What is the active ingredient?
- What is the contact time for TB?
- Can the product clean as well as disinfect?
- Is the product compatible with my surfaces and equipment?

Keeping Doctors' Office Surfaces Pristine Can Help Reduce Infectious Diseases – for Patients and Staff

Kim LaFreniere, Ph.D., Clorox Professional Products Company

Patients seek healthcare to get better, not worse.

But alarmingly, many patients become infected with community-acquired diseases in the very place where they come for treatment – healthcare facilities.

While hospitals, long-term care facilities, same-day surgical centers and other acute care locations are where most healthcare-associated infections (HAIs) are transmitted, doctors' offices are not immune to the problem. In fact, 75 percent of infections¹ from *Clostridium difficile* (*C. difficile*), a bacterium that causes diarrhea and other health issues, occur in people recently cared for in doctors' offices, clinics or nursing homes.

As anyone who has suffered from *C. difficile* can attest, many infectious diseases acquired in healthcare facilities are oftentimes worse than the original affliction. According to the U.S. Centers for Disease Control and Prevention (CDC), about 1.7 million HAIs and 100,000 deaths occur each year as a result of infections contracted while in a healthcare facility – with both patients and healthcare staff being vulnerable.

The growth of outpatient care – in doctors' offices, clinics and other facilities where patients do not spend the night – has increased the need to diligently adhere to infection prevention guidelines.

And if infection prevention has not been on your radar because your office is not a clinic or hospital, it is time to change your thinking.

In fact, doctors' offices and other outpatient settings are particularly vulnerable to germ contamination since – unlike a hospital room – these facilities often have no “zone” that is dedicated exclusively to a patient. Often, the space allocated to the delivery of care accommodates numerous successive patients, meaning that the likelihood of thorough, post-patient environmental cleaning is reduced.

The problem exists in waiting rooms too, especially in pediatrician offices. Studies have found that one in five toys in a pediatric waiting room test positive for rhinoviruses or influenza B². Since these and other pathogens can stay alive on surfaces for 24 hours or more, the failure to disinfect toys and table tops, doorknobs, remote controls and similar surfaces can further spread colds, “superbugs” and other ailments.

An Ounce of Prevention ...

Strict guidelines and procedures are in place for infection prevention in hospitals, long-term care facilities and other acute care locations. However, doctors' offices do not answer to the Society for Healthcare Epidemiology of America (SHEA) or the Association for Professionals in Infection Control and Epidemiology (APIC) requirements.

But that doesn't mean doctors' offices can or should shirk their infection control responsibilities. All doctors' office staffers should be educated on basic procedures for preventing the spread of

Dr. Kim LaFreniere



Dr. LaFreniere is employed as an Associate Research Fellow in the Healthcare Division of the Clorox Professional Products Company and is an expert in infection

prevention and control. She has focused her career on environmental hygiene and skin antiseptics. Dr. LaFreniere is a member of the Association for Professionals in Infection Control and Epidemiology, the Association of Perioperative Registered Nurses, and the Michigan Society for Infection Prevention and Control. Dr. LaFreniere has published several articles on environmental hygiene.

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³Gastmeier, P; Stamm-Balderjahn, S; Hansen, S; et al; “How Outbreaks Can Contribute to Prevention of Nosocomial Infection.” Infection Control Hospital Epidemiology, 2005.

⁴Lam, et al; “Investigative Ophthalmology & Visual Science,” 2005.

⁵Stone, PW; Larson E; Kowar LN. “A systematic audit of economic evidence linking nosocomial infections and infection control interventions: 1990-2000.” American Journal of Infection Control.

⁶Infection Control and Hospital Epidemiology, vol. 26, no. 3, 2005.

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disease. By breaking the cycle of infection – when germs are transmitted by hand from an infected individual to another, often through a static surface – your patients and staff will be healthier and your practice will reduce the financial and reputational burden often associated with a disease outbreak.

The preventative measures outlined by the CDC are easy to understand and can be quite simple to follow for all healthcare workers. The recommended procedures include:

- **Washing hands** with antimicrobial soap and water after contact with patients, and at various other times according to hand-hygiene guidelines.
- **Removing and washing** contaminated clothing or linens, and wearing disposable gloves while doing so.
- Following proper **Personal Protective Equipment (PPE)** guidelines for the use of gowns and gloves, especially when in contact with symptomatic patients.
- **Excusing from work** staff that show symptoms of an infectious disease.
- **Routinely cleaning and disinfecting** high-touch surfaces and equipment, using products registered with the U.S. Environmental Protection Agency (EPA) and containing sodium hypochlorite, hydrogen peroxide or other actives that kill hardy viruses.

“Maintaining a clean and safe environment is everyone’s job,” said Ruth Carrico, associate professor, Division of Infectious Diseases, Department of Medicine at the University of Louisville School of Medicine.

That is especially true in doctors’ offices, where – unlike hospitals – no one person or department is necessarily responsible for infection prevention, especially with regard to high-touch surfaces and equipment.

While the two most common sources of infections are individual patients and medical equipment/devices, a close third are **surface environments**³, such as exam room beds and tables, waiting room furniture and toys, and even the pens used for patient sign-in. If these surfaces are contaminated, the germs can be directly transmitted – by touching – to susceptible patients or staffers directly or through the hands of an unsuspecting doctor, nurse or office worker. Surprisingly, often the culprit can be a doctor.

Studies have revealed that physicians’ hands are often culture-positive for transient or resident organisms. For example, more than 97 percent of ophthalmologists⁴ were found to be culture positive for one or more resident organisms and more than 22 percent for one or more transient organisms.

These and numerous other proof points illustrate **the importance of prevention by emphasizing thorough cleaning and disinfection of environmental surfaces**, paying close attention to frequently touched surfaces by using appropriate disinfectants.

Getting the Job Done

While procedures and practices for cleaning and disinfecting patient-facing settings may vary according to local, state and federal requirements, the following procedures for cleaning and disinfecting devices and environmental surfaces are strong guidelines for most healthcare facilities. They also align with Occupational Safety and Health Administration (OSHA) guidelines and standards for workplaces, including medical offices.

BEST PRACTICES: The Who, What, Why & How to Surface Disinfection

- **Who is Responsible?**

Designate an individual who is primarily responsible for cleaning and disinfecting environmental surfaces and medical equipment. During hours of operation, it may be one designated staffer who regularly cleans or replaces high-traffic and patient-facing surfaces, such as doorknobs, faucets, waiting rooms, toys, check-in pens, counters and even the sides of patient tables/beds where they may place their hands for leverage in standing up. After hours, it may be outside contractors. Regardless, they must be trained and regularly reminded.

- **Which Cleaning Products?**

A wide range of Environmental Protection Agency (EPA) - registered infection control cleaning products are available, specifically for use in healthcare facilities to break the cycle of germ transmission. In choosing which products are appropriate for your office, the main criteria are often cost, safety, product-surface compatibility and employee compliance. Choices typically include ready-to-use (RTU) sprays or wipes.

For intermediate-level disinfection areas, **bleach-based or hydrogen peroxide-based disinfectant wipes or sprays** are effective against a wide range of microorganisms. Low-level disinfection areas – with hard, nonporous surfaces – are lower-risk areas for spreading infections and can be cleaned with a gentler, **quaternary disinfectant cleaner**. Check OSHA guidelines for specific recommendations, and closely follow the manufacturers' instructions for product use – paying special attention to the recommended dwell times required to kill specific microorganisms.

- **How Often Should Cleaning Occur?**

While it is important to be diligent and consistent in your surface cleaning regimen, the frequency of cleaning will vary depending on the type of items and their location.

Patient rooms and other intermediate-level disinfection areas, where the most interaction with patients and others occur, must be disinfected more often than low-level disinfection areas. The former – which would include patient-care areas, medication prep rooms and bathrooms – should be cleaned at least once each day; of course, if an area is particularly busy, known to have had direct contact with blood, diarrhea or vomit, or is visibly soiled, it should be cleaned after the patient has used it. The latter – which would include low-risk items like waiting room tables or computer keyboards – may be cleaned less frequently than daily unless it is known to be contaminated.

Regardless of the type of cleaning/disinfection being done, the staff member conducting the cleaning must take adequate safety precautions. That may include wearing gloves or facemasks depending on the product being used and the area being cleaned; check the cleaning products' label for specific instructions.

Spend Money to Save Money

While accelerating the frequency and thoroughness of environmental surface disinfection in doctors' offices may result in added expenses for proper cleaning products and supplies, those costs are surely not as daunting as the financial burden that a facility incurs when an outbreak occurs. For example, a serious outbreak of a highly-contagious disease can lead to increased costs, staffing shortages, and reduced revenues at the impacted facility.



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The numbers are especially formidable when viewed through a macro lens. Specifically, methicillin-resistant *Staphylococcus aureus* (MRSA) – a common infection contracted in doctors' offices and other medical facilities – is a serious problem, resulting in 2.7 million extra days in the hospital with an average cost of \$35,367.⁵ Much of that additional expense comes out of the patients' pockets.

The cost for individual facilities can be quite extensive, too. For example, a matched case study⁶ found that the financial impact of an outbreak of a norovirus was over \$65,000, due to infection control expenses, office closures, additional lab testing and loss of labor from infected staff. However, those facilities that took aggressive action in increasing surface disinfection following the detection of just a single case of norovirus were found to offset costs by as much as \$40,000.⁷ The savings more than double if as many as five cases of norovirus were detected, and further increase if coupled with a more stringent hand hygiene policy.

Of particular interest to doctors' offices is the potential impact of a serious outbreak or repeated problems on reimbursement. A provision of the Affordable Care Act that goes into effect in 2015 is that physicians' payments will be calculated based on the quality of care a patient receives, not the number of visits. As a result, offices may be at risk for reduced compensation if it can be determined that healthcare-contracted infections are regularly resulting in increased visits to a particular facility for additional treatment.

In addition, when doctors get sick they often – out of dedication and responsibility – continue to work. In fact, an article in the *Journal of General Internal Medicine* reported that 80 percent of doctors continue to work when sick. While his or her intentions are good, the negative impact of so-called “presenteeism,” or going to work despite a serious medical illness, can often lead to lower productivity and the likelihood that the infection will be further transmitted to patients and staff.

Speed Kills ... Germs

The costs of prevention and mitigation can be reduced by choosing the right product for the right situation. For instance, if a disinfectant wipe cannot keep large surface areas wet long enough to kill the pathogens, it can lead to costly re-wiping. Less wipes means better value and less worrying; for those reasons, choose wipes that keep larger surfaces wet for a longer period of time, thereby increasing the likelihood that a wide range of pathogens will be eliminated.

At Clorox, we have made advances in that area with our Clorox Healthcare™ Hydrogen Peroxide Cleaner Disinfectant Wipes, a non-bleach solution that has more EPA-registered kill claims for antibiotic-resistant organisms than any of its competitors. In other words, our wipes leave larger surface areas wetter longer, allowing for the longer contact times needed to effectively kill as many as 37 types of bacteria and viruses with just one wipe.

These wipes are just one option of many offered by manufacturers in the industry that have broadened the choices available for disinfecting surface environments. Some eliminate or reduce

Upholding standards of hygienic cleaning requires "cleaning for the unseen." In other words, surfaces might be visually gleaming, but may still harbor pathogens on the microbial level. "Clean" in all instances needs to reflect the absence of soil, unwanted matter and illness-causing germs, leaving surfaces in an aseptic state to reduce the risk of disease transmission.

Source: Health Facilities Management

the use of bleach, which can be malodorous and cause respiratory irritation for some individuals; however, guidelines from the CDC and other agencies recommend bleach – which is used in many Clorox® products – as a broad germicide to disinfect surfaces contaminated by blood and hard-to-kill pathogens.

When used as directed, bleach products are suitable for use on a variety of hard, nonporous surfaces, including stainless steel, plastics, glazed ceramics, glass, porcelain and other materials. Use bleach with confidence to clean and disinfect such surfaces as bedrails, tables, equipment surfaces, countertops, floors, toilets, sinks, trash cans, desktop keyboards, telephone receivers, light switches, desks, and mobile devices such as IV stands, carts and glucometers.

Train your team on how to clean and disinfect your doctors' office with the proper tools and supplies. The result will be a greater likelihood of preventing the spread of infections in high-risk areas or situations, thus improving the health of patients and staff – not to mention the financial health of your office.

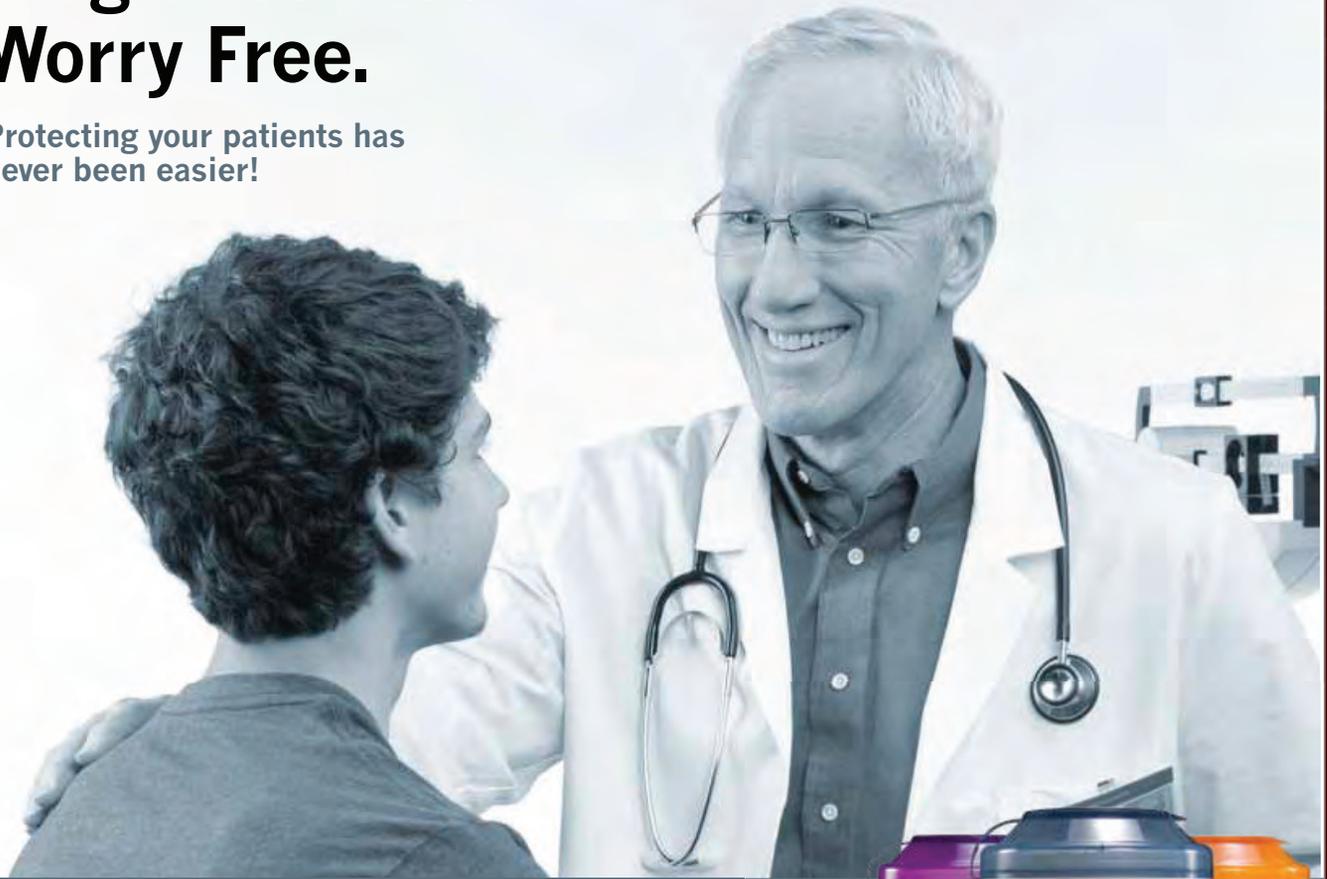
Disinfectants are generally grouped into three categories: low level, intermediate level and high level. Low and intermediate-levels are used to disinfect environmental surfaces. High-level disinfectants are used to disinfect heat-sensitive semi-critical items (mucous membranes or nonintact skin) and should never be used on environmental surfaces.

- **High-Level Disinfectant** is a disinfection process that inactivates vegetative bacteria, mycobacteria, fungi, and viruses but not necessarily high numbers of bacterial spores. The FDA further defines a high-level disinfectant as a sterilant used under the same contact conditions except for a shorter contact time.
- **Hospital Disinfectant** is a liquid germicide that is registered by the EPA for use on inanimate objects in hospitals, clinics, or any other medical-related facility. Efficacy has been demonstrated against *Salmonella enterica* (formerly *Salmonella Choleraesuis*), *Staphylococcus aureus*, and *Pseudomonas aeruginosa*.
- **Intermediate-Level Disinfectant** is a liquid chemical germicide that is registered by the EPA as a hospital disinfectant and with a label claim of potency as a tuberculocidal. Destroys vegetative bacteria, most fungi, and most viruses; does inactivates *Mycobacterium tuberculosis var:bovis*. Not necessarily capable of killing bacterial spores.
- **Low-Level Disinfectant** is a liquid chemical germicide that is registered by the EPA as a hospital disinfectant. Destroys most vegetative bacteria, some fungi, and some viruses. Does not inactivate *Mycobacterium tuberculosis var: bovis*.



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- **Ideal for use around patients and staff**
Fragrance free formulation. No harsh odors.
- **Effective against 44 microorganisms in 3 minutes**
Quat-based disinfection against the most prevalent MDROs.
- **Perfect for equipment and other hard surfaces sensitive to alcohol**
Compatible with most healthcare equipment.



SANI-CLOTH® AF3

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Surface Cleaning: Definition of Terms

A form of decontamination that renders the environmental surface safe to handle or use by removing organic matter, salts, and visible soils, all of which interfere with microbial inactivation

Source: Health Facilities Management

Cleaning solution. Any combination of soap (or detergent) and water, with or without a chemical disinfectant, used to wash or wipe down environmental surfaces such as floors, chairs, bench tops, walls and ceilings.

Disinfectant. Chemical that destroys or inactivates microorganisms. Disinfectants are classified as low-, intermediate- or high-level depending on their ability to kill or immobilize some (low- or intermediate-level) or all (high-level) microorganisms (but not all spores). Phenols, chlorine or chlorine-containing compounds and QUATs are classes of disinfectants frequently used to clean noncritical surfaces such as floors, walls and furniture.

Disinfectant cleaning solution. Products that are a combination of a detergent (soap) and a chemical disinfectant. Not all detergents and disinfectants are compatible. Several combinations are available commercially or can be prepared, such as alkaline detergents with chlorine compounds, alkaline detergents with quaternary ammonium compounds (QUATs), or other nonionic surfactants, and acid detergents with iodophors.

Environmental controls. Standards specifying procedures to be followed for the routine care, cleaning and disinfection of environmental surfaces, beds, bedrails, bedside equipment and other frequently touched surfaces.

Environmental hygiene. Process of maintaining a clean, healthy and pleasing patient and work environment.

Sanitizer. Chemical that reduces the number of bacterial contaminants to safe levels on inanimate objects based on public health requirements (i.e., a chemical that kills 99.999% of the specific test bacteria in 30 seconds under the conditions of the test).

Soaps and detergents (terms used interchangeably). Cleaning products (bar, liquid, leaflet or powder) that lower surface tension, thereby helping remove dirt, debris and transient microorganisms from hands. Plain soaps require friction (scrubbing) to mechanically remove microorganisms; antiseptic (antimicrobial) soaps kill or inhibit the growth of most microorganisms.

Sterilants. Chemicals used to destroy all forms of microorganisms, including endospores. Most sterilants are also high-level disinfectants when used for a shorter period of time. Sterilants are used only on inanimate objects (e.g., surgical instruments) that are used in semicritical and critical areas (e.g., surgery). Sterilants are not meant to be used for cleaning environmental surfaces.

Surfactant. Agent that reduces the surface tension of water or the tension at the interface between water and another liquid; a wetting agent found in many sterilants and disinfectants.

Type of detergent: Commercial cleaning product (liquid or powder) that are composed of a hydrophilic (water-seeking) component and a lipophilic (fat-seeking) component and can be divided into four types: anionic, cationic, amphoteric and nonionic detergents.



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Guidelines & Recommendations

To help healthcare facilities prepare for and prevent HAI outbreaks, Kim LaFreniere, PhD, associate research fellow at Clorox Professional Products Company, offers professionals the following five tips:

1. Choose the right disinfectant. Always use an EPA-registered disinfectant and follow the product manufacturer's instructions for use. Ready-to-use disinfecting wipes can offer an easy solution for disinfecting surfaces because they are pre-moistened to deliver the proper concentration of active ingredients every time they are used.
2. Don't ignore dwell times. Products that contain bleach are generally effective against a broad range of microorganisms, including *C. difficile*, and have short dwell times. It is always best to consult the manufacturer's instructions first and examine the label for kill claims for relevant pathogens.
3. Follow the proper disinfecting procedure. Allow the surface to remain wet for the recommended contact time and then wipe any residue with a clean, damp cloth if necessary. For the best results, areas that are visibly soiled with feces, blood or other bodily substances should be pre-cleaned before disinfecting.
4. Pay close attention to hot spots. Areas that see the most daily interactions from patients, visitors and staff are the most easily contaminated and require disinfecting on a frequent basis. Some important high-touch patient areas and items to disinfect include:
 - IV stands
 - BP monitors and cuffs
 - Stethoscopes
 - Glucometers
 - Bedrails
 - Bedside tables
 - Bathroom handrails
 - Toilet seat handles
 - Drawer and door handles
 - Light switches
 - Nurse call buttons
5. Ongoing staff training is critical. Staff needs to understand existing and emerging pathogens, contact precautions, hand hygiene, and recommended environmental cleaning and disinfecting procedures. Healthcare professionals should adopt a comprehensive infection control plan that includes these measures as they are all necessary to reduce the spread of HAIs.



EZ-Kill® Disinfecting/Deodorizing/Cleaning Wipes

For use on hard surfaces where control of cross contamination is required. EZ-Kill® Disinfecting Wipes are effective against the following pathogens at room temperature: 2-minute kill time on staphylococcus, pseudomonas, herpes SV2, salmonella, MRSA, VRE and influenza A; 1-minute kill time on HIV-1; 5-minute kill time on trichophyton.

- A nonwoven, disposable cloth
- Absorbs, removes and retains contaminants
- Releases fluid uniformly
- No-hassle threading



6" x 6¾" (437-7034).....160/cont
10" x 10" (437-0003)65/cont



Clorox® Germicidal Wipes with Bleach

Destroys tough bacteria, mold, and mildew at their source, eliminating the potential for transmission of various microorganisms, germs, viruses, and allergens. Specifically formulated for cleaning hard, nonporous surfaces. These products offer expanded kill claims, and a shorter contact kill time (30 seconds on most bacteria, 1 minute on most viruses). Complies with OSHA's Bloodborne Pathogen Standard and AOAC testing requirements for hospital disinfectant. Wipes are 8¾" x 9".



70 per Canister (250-9245).....Ea.



CaviWipes™ Disinfecting Towelettes

The only cloths proven to kill TB in 3 minutes and HBV in 2 minutes. These disposable towelettes are presaturated with CaviCide Surface Disinfectant Cleaner. They are recommended for all nonporous surfaces. In canisters.



Large, 6" x 6¾" (640-2805)160/cont
X-large-10" x 12" (640-8482)65/cont
Flat Pack, 7" x 9" (640-2566)45/pkg
Individually Wrapped, X-large, 10" x 12" (640-2854)50/box
Wall Mount (640-2856)ea



Sanitex Plus® Wipes

Low-alcohol (14.85%) disinfecting wipes that kill hepatitis B and C in 2 minutes, TB, MRSA, and VRE in 5 minutes, and HIV-1 in 30 seconds. Tubs feature unique deep-well lids that provide secure seal to prevent moisture loss. Elongated, extra-large 8" x 15" size provides enhanced surface coverage. Made in the USA.

Large, 6" x 6¾" (107-2963)160/cont
X-large, 8" x 14" (107-4962)65/cont



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Germicidal Disposable Cloths
Quaternary/low-alcohol formula (14.85%). One-step cleaner/disinfectant (except for a precleaning step required for blood and body fluids). Bactericidal, tuberculocidal, and virucidal. Unique deep-well lids on canisters seal securely to prevent moisture loss.



#Q89072, Large, 6" x 6¾" (267-0721)160/cont
#Q85084, X-large, 7½" x 15" (267-0010)65/cont

Germicidal wipes are registered with the EPA and the germicide has a specific contact time as part of that EPA approval process. This means that the wipe must enable the user to wet the surface being disinfected for the contact time noted on the label in order to destroy the organisms on the surface being cleaned. Therefore, it is important to use wipes for the right type of job.

Source: www.InfectionControlToday.com



Super Sani-Cloth®

Germicidal Disposable Wipes

EPA-registered germicidal, disposable cloths. Thick and strong, distinctive hexagonal-embossed material contains 40% wood-based fibers for a more cloth-like feel. Highly absorbent material has better fluid capacity and is presaturated with the correct amount of germicidal solution.

- Quaternary/high-alcohol formula: 55%
- Bactericidal, tuberculocidal, and virucidal
- One-step cleaner/disinfectant (however, a precleaning step is required for blood and body fluids)
- Kills a broader range of bacteria and viruses including TB and RSV in 1 minute; HBV and HIV-1 in 2 minutes; and MRSA, VRE, *Staphylococcus aureus*, *Pseudomonas aeruginosa*, *E. coli*, *Klebsiella pneumoniae*, adenovirus Type 5, *Rhinovirus vaccinia*, influenza A2/Hong Kong, and herpes simplex type 2 in 5 minutes
- Also kills *Candida albicans* and rhinovirus
- Unique deep-well lid seals securely to prevent moisture loss
- Natural, latex-free, bleach-free and phenolic-free

#Q55172, Large, 6" x 6¾"
(113-5423)160/cont
X-large, 7½" x 15"
(267-0005)65 per Canister
Contains:
#U87295, X-Large, 11½" x 11¾"
(29.21 cm x 29.84 cm)
50 wipes/box
(373-2662)3 boxes/case



Sani-Cloth® HB

Germicidal Disposable Wipes

- Quaternary-based formula
- Bactericidal, fungicidal, and virucidal
- Kills HBV and HIV-1 in 10 minutes
- Kills more than 100 additional microorganisms
- Unique deep-well lid on canisters seals securely to prevent moisture loss

#Q04672, Canister, Large, 6" x 6¾"
(101-5818)160/cont



X-Large-7½" x 15"
(267-0006)65 per Canister

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SCOTT® Disinfectant
Wipes**



- Dispenses a fresh, clean wipe for each task
- Provides the right sanitizing chemical at the right concentration, every time
- Kills 99.9% of bacteria and viruses on hard, nonporous surfaces, including *Staphylococcus aureus*, influenza A, *E. coli*, listeria, and salmonella
- EPA and NSF registered formulations
(643-0224)35/pkg



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Disposable towels premoistened with DISPATCH Hospital Cleaner Disinfectant with Bleach. Convenient alternative to liquid DISPATCH. One-minute germicidal efficacy, including staphylococcus, HIV-1, HSV-2, and poliovirus.

#69101, Single-Wrapped Towel, 7" x 8"
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Reusable Soft Pack, 9" x 10"
(120-3318)60/pkg
Towel Canister
(120-7875)150/canister



**The Help Center:
CDC Guidelines**

A complete guideline for Disinfection and Sterilization in Healthcare Facilities
<http://www.cdc.gov>

**To Bleach Or Not To Bleach.
How Do You Know?**

APIC's Guide to the Elimination of *Clostridium difficile* in Healthcare Settings recommend limiting bleach to outbreak situations.
www.metrex.com

**A Best Practice for Infection
Prevention: Surface Disinfection**

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A Step By Step Approach for Success
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for Infection Prevention –**

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<http://www.infectioncontrolday.com/webinars/2012/04/evidence-based-guidelines.aspx>

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Buy 4 gallons CaviCide (640-0012), Get 2 CaviWipes Large FREE (640-2805)

Buy (1) Case 2.5 Gallons CaviCide (640-5006), Get 2 Cans CaviWipes Large FREE (640-2805)

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- Strong, real-cloth wipes are presaturated with the correct amount of solution
- No mixing, no measuring—just pull, wipe, and throw away
- Eliminates hazards of airborne sprays
- Kills TB in 5 minutes; HBV, MRSA, and VRE in 3 minutes; and RSV in only 1 minute
- Unique deep-well lid seals securely to prevent moisture loss
- EPA registered



Large
(106-6794)160/cont
X-Large
(112-5305)......65/cont

MAXISPRAY® PLUS

Hospital-level, general-purpose disinfectant/cleaner proven to kill TB in 5 minutes; and HBV, HIV, and HCV in 3 minutes. It is also EPA-registered as a broad-spectrum disinfectant for both surface and immersion use. Bactericidal, virucidal, tuberculocidal, and fungicidal. Ready to use in cleaning and disinfecting equipment surfaces and noncritical areas.

- Easy, ready-to-use formula: no mixing, measuring, or rinsing required
- Compatible with most medical/dental device material
- Safe to use in neonatal and infant-care areas
- Contains no phenols
- Nontoxic and nonirritating
- Satisfies OSHA's Bloodborne Pathogens Standard



24-oz Trigger-Spray Bottle
(101-4114)ea
1-gal Refill
(101-0285).....ea

MadaCide-1

Hospital Level Disinfectant/Cleaner

THE Solution for Infection Control

A Broad Spectrum, Multipurpose, Disinfectant formulated to meet demands for high performing Infection Control.

— Now kills Mycobacterium TB, Canine Parvovirus, Poliovirus, HIV (Auds) plus Fungicidal.

- *Alcohol-Free*
- *More Economical, Lower Unit Cost*
- *Kills Hepatitis A, B, C, TB, HIV, & MRSA*

MADA MEDICAL

MadaCide-1

Ready-to-Use, hospital-level disinfectant and cleaner. Broad-spectrum activity in 10 minutes.

(923-8594) Gal.
(923-6805)32 oz. Spray Bottle



Every Day, Every Patient, Every Time

Guidelines & Recommendations

The summer months give environmental service departments time to recharge and prepare for the next flu season. To assist environmental services (ES) directors in developing their summer maintenance strategy, Cintas Corp. has issued a checklist of best practices for cleaning healthcare facilities in the summer:

1. Deep clean all soft surfaces, such as carpet, in clinical and non-clinical areas throughout the building. Use a carpet cleaning service that allows floors to dry quickly, limiting downtime and poor indoor air quality.
2. Deep clean all hard surfaces outside the building. This includes cement walkways leading into the hospital where chewing gum or stains may have developed. Stains and dirt outside the building may cause patients to question the cleanliness inside the building.
3. Deep clean all hard surfaces inside the building. Pay particular attention to areas between hard surfaces, such as grout lines, which can be breeding grounds for organic soils and bacteria.
4. Conduct training sessions to instruct ES workers on proper infection control and best practices for preventing cross-contamination when cleaning patient rooms and high-risk areas.
5. Review the building matting program. Entryway mats are the first line of defense when preventing dirt from entering the building, so it is important mats are the right length and regularly cleaned.
6. Assess opportunities for environmental savings. Even if you're not using green chemicals, you can limit the environmental impact of your business by reducing the amount of water and energy consumed, which can reduce costs.
7. Review your microfiber program. Ensure microfiber is laundered at the correct temperatures to prevent deterioration and is compliant with OSHA standard 1910.1030. Educate staff regarding the dangers associated with cross-contamination.



CaviCide® Surface Disinfectant

Hospital-level, general-purpose disinfectant and cleaner that is proven to kill TB in 3 minutes; MRSA and hepatitis B and C in 2 minutes. EPA registered as a broad-spectrum disinfectant for both surface and immersion use. Bactericidal, virucidal, tuberculocidal, and fungicidal. Ready to use for cleaning and disinfecting equipment surfaces and noncritical instruments.

- #13-1002, 2-oz Spray Bottle (955-3769)48/case
 - #13-1008, 8-oz Spray Bottle (618-1109)12/case
 - #13-1024, 24-fl-oz Trigger-Spray Bottle (640-2261)ea
 - #13-1000, 1-gal Bottle (640-0012)ea
 - #13-1025, 5-gal Set (640-5006)ea
- Contains: 2-2½-gal bottles.



Germicidal Solution Cleaner, Disinfectant & Deodorizer

A ready-to-use, dual-chain quaternary ammonium/alcohol disinfectant that provides intermediate-level disinfection of hard, nonporous environmental surfaces/articles. Bactericidal, tuberculocidal, fungicidal and virucidal.

- Gallon (261-3685)ea
- Quart (114-4823)12/case



Envirocide®

Hospital-grade, general-purpose disinfectant/cleaner that is proven to kill TB in 5 minutes and HBV in 3 minutes. EPA registered as a broad-spectrum disinfectant for both surface and immersive use. Bactericidal, virucidal, tuberculocidal, and fungicidal. Ready to use for cleaning and disinfecting equipment surfaces and noncritical instruments.

- #13-3324, 24-oz Spray Bottle (176-7246)ea
- #13-3300, 1 Gallon (176-3988)ea



Dispatch® Hospital Cleaner Disinfectant with Bleach

Rapid-acting spray cleans and disinfects surfaces and medical equipment in one step. Unique detergent and bleach solution is slightly stronger than the 1:10 solutions recommended by the CDC for disinfecting. One-minute germicidal efficacy includes staphylococcus, MRSA, *Clostridium difficile* (vegetative), HIV, HBV, and HCV.

- #68967, 22-oz Trigger-Spray Bottle (120-7082)ea
- #68970, 32-oz Trigger-Spray Bottle (120-8623)ea
- #68973, 64-oz Refill Bottle (120-6123)ea
- #68978, 128-oz Refill Bottle (120-1736)ea
- 1-gal Bottle (101-5778)ea



Clorox® Broad Spectrum Quaternary Disinfectant Cleaner

Fast Acting Cleaner Disinfectant

- 33% faster than a leading quat*
 - Only quat registered to kill representatives of all ESKAPE pathogens*, which cause two-thirds of all HAIs
 - Kills MRSA, HIV, TB, VRE, Hepatitis B and C, and more
 - 90 kill claims
 - Kills bacteria in 2 minutes
 - Fragrance-free
 - Cuts through grease with powerful cleaning agents
 - Gentle on surfaces
- *Based on Federal Master Label as of 8/16/2011.
- 32-oz Spray Bottle (309-0093)ea
 - 1-gal Refill (309-0094)ea



One of the most critical interventions that can be routinely performed to decrease the risk for cross transmission and development of Healthcare Associated Infections (HAI) is routine cleaning and disinfection of the healthcare environment. This includes both medical equipment and environmental surfaces. Cross-contamination can occur in a variety of ways, but most often the environment surface becomes contaminated and then serves as a reservoir for microbial growth.

Source: J.Hudson Garrett Jr., Ph.D. Senior Director, Clinical Affairs, PDI Healthcare

PALMERO
HEALTH CARE
DisCide® ULTRA



Ready-to-use dual-chain, quaternary ammonium/high-level alcohol solution that has been used in hospitals for years. Clinically proven to kill microorganisms on hard, inanimate, nonporous surfaces, reducing the risk of infection and cross-contamination. Effectively kills HBV, HCV, human coronavirus, SARS, TB, MRSA, VRE, HIV-1 (AIDS virus), herpes, adenovirus, staphylococcus, *Pseudomonas aeruginosa*, *Salmonella choleraesuis*, *E. coli*, and is fungicidal—all in just 1 minute. This cleaner and disinfectant has a safe formula that is noncorrosive and nonstaining, and it leaves behind a pleasant herbal scent with no messy residue. EPA registered: meets disinfection requirements of OSHA's Bloodborne Pathogens Standard.

- 1-qt Trigger-Spray Bottle (134-6297)ea
- 1-gal Refill (134-0661)ea

Citrus II®
Innovative Products, Inc.



Citrus II® Hospital Germicidal Cleaner

A ready-to-use formula that disinfects, cleans, and deodorizes without the use of toxic chemicals such as phenols, glutaraldehydes, or harsh alcohols. An effective broad-spectrum antimicrobial for use against TB, *Staphylococcus aureus*, including MRSA & VRSA, *Pseudomonas aeruginosa*, salmonella, Poliovirus type 1, VRE, *E. coli* and HIV-1. Has a pleasant citrus scent.

Safe on:

- Countertops
- Exam tables, chiropractic adjusting tables, and massage tables
- Wheelchairs, canes, and walkers
- Waiting rooms and exam rooms
- Patient rooms

- 22-oz Trigger-Spray Bottle (101-9859)ea
- 1-gal Refill (101-7621)ea

Metrex
Protecting People

CaviCide1™

The only low-alcohol, "next generation" surface disinfectant that offers 1-minute kill times for tuberculocidal, bactericidal, fungicidal and virucidal claims, in a materials-compatible formulation.



- 2-oz Spray Bottle (640-0016)48/case
- 8-oz Spray Bottle (640-0020)ea
- 24-oz Spray Bottle (640-0018)ea
- 1 Gallon (640-0019)ea
- 2½ Gallon (640-0017)2/case
- 55-Gallon Drum (640-0021)ea

HealthLink
A Family of Medical Products



Clorox Professional Ultra Clorox® Germicidal Bleach

Concentrated formula ideal for sanitizing and disinfecting washrooms, shower stalls, toilets, countertops, food prep areas and virtually all nonporous surfaces. Effective against *E. coli*, HIV-1 (AIDS virus), salmonella, staph, TB and hepatitis A. Complies with OSHA Bloodborne Pathogens Standard. Meets FDA guidelines for sanitizing food contact surfaces. NSF/USDA Classification C1. EPA registered.



- 96-oz Bottle (114-8259)6/case

HealthLink
A Family of Medical Products



Clorox Healthcare™ Hydrogen Peroxide Cleaner Disinfectant

Proprietary and patented activated hydrogen peroxide technology.



- 30–60 second contact time for most bacteria and viruses (see product label for specific kill claims)
 - Kill claims for 32 different microorganisms, including germs of high concern such as 9 antibiotic-resistant bacterial strains (including MRSA and VRE), norovirus, rhinovirus, rotavirus, RSV, influenza A and *E. coli*
 - No harsh chemical odor or fumes
 - Noncorrosive, nonflammable
- 32-oz Spray Bottle (437-0024)ea
 - 1-gal Spray Refill (437-0025)ea

The Help Center:

Cleaning in Healthcare Facilities: Reducing Human Health Effects and Environmental Impacts
www.noharm.org/lib/downloads/cleaners/Cleaning_in_Healthcare_Facilities.pdf

Infection Control in Healthcare Facilities: Eligible for 1.0 CE Credit – Creating an Environment for Healing
<http://continuingeducation.construction.com/crs.php?L=97&C=610>

Environmental Infection Prevention Toolkit

The ASC Quality Collaboration has assembled a variety of resources and information that may be used to supplement your current processes to enhance existing environmental infection prevention practices.
<http://www.ascquality.org/EnvironmentalInfectionPreventionToolkit.cfm>

Clean Spaces Healthy Patients - Webinars

A collaboration between APIC & AHE the leaders in infection prevention and environmental services working together for better patient outcomes.
<http://cleanspaces.site.apic.org/>

CDC Evaluating Environmental Cleaning Toolkit

www.cdc.gov/hai/toolkits/evaluating-environmental-cleaning.html

OSHA

The U.S. Occupational Safety and Health Administration (OSHA) provides standards and required training on the prevention of exposure to bloodborne and airborne pathogens. OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030) requires employers to provide information and training to workers. This training not only keeps workers safe, but also provides an excellent foundation for understanding the associated risks of and the proper procedures for effective hygienic cleaning.

More information and additional resources are available at www.OSHA.gov.

incontrol

Infection Control News for the Health of Your Practice



Visit www.henryschein.com/medical for the latest version of our **Infection Control Quarterly**

Disinfectant Helpful User Guide

Disinfectant	Uses	Advantages	Disadvantages
Alcohols	Intermediate level disinfectant Disinfect thermometers, external surfaces of some equipment (e.g., stethoscopes). Equipment used for home health care Used as a skin antiseptic	Fast acting No residue Non staining	Volatile Evaporation may diminish concentration May harden rubber or cause deterioration of glues Intoxicating
Chlorine	Intermediate level disinfectant Disinfect hydrotherapy tanks, dialysis equipment, cardiopulmonary training manikins, environmental surfaces. Effective disinfectant following blood spills; aqueous solutions (5000 ppm /1:10 bleach) used to decontaminate area after blood has been removed; sodium dichloroisocyanurate powder sprinkled directly on blood spills for decontamination and subsequent cleanup. Equipment used for home health care. Undiluted bleach can be used as a high-level disinfectant.	Low cost Fast acting Readily available in non-hospital settings	Corrosive to metals Inactivated by organic material Irritant to skin and mucous membranes Use in well-ventilated areas Shelf life shortens when diluted (1:9 parts water)
Iodophors	Intermediate-level disinfectant for some equipment (hydrotherapy tanks, thermometers) Low level disinfectant for hard surfaces and equipment that does not touch mucous membranes (e.g., IV poles, wheelchairs, beds, call bells)	Rapid action Relatively free of toxicity and irritancy	Note: Antiseptic iodophors are NOT suitable for use as hard surface disinfectant Corrosive to metal unless combined with inhibitors Disinfectant may burn tissue Inactivated by organic materials May stain fabrics and synthetic materials
Peracetic acid	High level disinfectant or sterilant for heat sensitive equipment Higher concentrations used as chemical sterilants in specially designed machines for decontamination of heat sensitive medical devices	Innocuous decomposition (water, oxygen, acetic acid, hydrogen peroxide) Rapid action at low temperature Active in presence of organic materials	Can be corrosive Unstable when diluted
Phenolics	Low/intermediate level disinfectants Clean floors, walls, and furnishings Clean hard surfaces and equipment that do not touch mucous membranes (e.g., IV poles, wheelchairs, beds, call bells)	Leaves residual film on environmental surfaces Commercially available with added detergents to provide one-step cleaning and disinfecting	Do not use in nurseries Not recommended for use on food contact surfaces May be absorbed through skin or by rubber Some synthetic flooring may become sticky with repetitive use
Quaternary ammonium compounds	Low level disinfectant Clean floors, walls, and furnishings Clean blood spills	Generally nonirritating to hands Usually have detergent properties	DO NOT use to disinfect instruments Non-corrosive Limited use as disinfectant because of narrow microbicidal spectrum

It's All on the Surface

Establishing Protocols for Cleaning and Disinfecting Environmental Surface Areas.

Housekeeping schedules should be planned, written and closely followed. Cleaning schedules should be developed according to the needs of each area.

Source: Joint Commission

Walls, windows, ceilings and doors, including door handles: Spot clean when visibly dirty with a damp cloth, detergent and water. In general, routine damp dusting is adequate for these areas (disinfection is unnecessary). These surfaces are rarely heavily contaminated with microorganisms, as long as the surfaces remain dry and intact.

Chairs, lamps, tables, tabletops, beds, handrails, grab bars, lights, tops of doors and counters:

Wipe daily and whenever visibly soiled with a damp cloth containing disinfectant cleaning solution. A disinfectant should be used when contamination is present, such as for blood or other body fluid spills as described below.

Noncritical equipment (e.g., stethoscopes and blood pressure cuffs): Wipe daily and whenever visibly soiled with a damp cloth, detergent and water. If the equipment is visibly soiled with blood or other body fluids or the patient is under contact precautions, it should be cleaned and disinfected before it is reused.

Floors: Clean floors frequently (daily and as needed) with a wet mop, detergent and water. A disinfectant should be used when contamination is present, such as for blood or other body fluid spills as described below.

Sinks: Scrub frequently (daily or more often as needed) with a separate mop, cloth or brush and a disinfectant cleaning solution. Rinse with water.

Toilets and latrines: Scrub frequently (daily and more often as needed) with a separate mop, cloth or brush and a disinfectant cleaning solution.

Patient rooms: Clean daily and after patient discharge, using the processes described above. The same cleaning process applies to rooms of patients who are under isolation precautions. Any cleaning equipment used in the rooms of patients under isolation precautions should be cleaned and disinfected before used in another room.

Procedure rooms: Wipe horizontal surfaces, equipment and furniture used for the procedures with a disinfectant cleaning solution after each procedure and whenever visibly soiled. Clean blood or other body fluid spills as described below.

Examination rooms: Wipe horizontal surfaces with a disinfectant cleaning solution after each procedure and whenever visibly soiled. Linen or paper on the examination table should be changed after each patient. Clean blood or other body fluid spills as described below.

Laboratory: Wipe countertops with a disinfectant cleaning solution after each shift and whenever visibly soiled. Clean blood or other body fluid spills as described below.

Curtains: Change and clean curtains according to the routine schedule and when visibly soiled.

Carpets: Vacuum carpets daily in patient rooms, or weekly in offices or conference rooms.

Soiled linen: Collect soiled linen daily (or more often as needed) in closed, leakproof containers.

Waste: Collect waste from all areas at least daily (or more frequently as needed). Avoid overflowing.



Note: Environmental surfaces are rarely associated with disease

Every Day, Every Patient, Every Time

Guidelines & Recommendations

Ten Questions to Answer before Selecting a Disinfectant-Cleaner

1. Does the product have an EPA Registration Number?
2. What is the active ingredient? (Quats, Phenolics, Chlorine Bleach, Iodophors, or Alcohol?)
3. Is it safe for daily use by the user?
4. Will it damage the surfaces cleaned with it?
5. What germs does it kill?
6. What is the dilution ratio of the product?
7. Is it a "one-step" disinfectant-cleaner, disinfectant, food contact sanitizer?
8. Is it effective in hard water?
9. Is it effective in the presence of organic soil?
10. What is the end-use cost of the product?

REMEMBER...

When using cleaning, sanitizing, or disinfecting products ALWAYS:

- Consider the safety of children.
- Choose a product appropriate for the task.
- Follow the label instructions for mixing, using, and storing solutions.
- Read the warning labels.
- Store these products safely out of reach of children.
- Clean soiled surfaces and items before using sanitizers or disinfectants.



CitriFoam® Hospital Disinfectant Cleaner

- Phenolic-based broad spectrum germicide
- Heavy-duty cleaning power
- Fresh, clean lemon citrus scent
- Thick, rich foam spray
- Can be used almost anywhere
- Economical—broad, circular spray covers areas faster, reducing spraying time per application



20-fl-oz Aerosol Spray Can (484-3341)ea



CITRACE® Germicidal Deodorizer

Hospital Germicide and Deodorizer

Kills 99.9% of the bacteria that cause odor in just 30 seconds, eliminating odor instantly. The light, natural citrus scent disappears rapidly but CITRACE keeps working on clinical surfaces to kill dangerous pathogens, including influenza, rhinovirus (common cold), and dangerous MDROs (multidrug-resistant organisms) in 5 minutes or less.



14-oz Aerosol Spray Can (120-5256)ea



SaniGuard® Total Release Room Fogger

For prevention against harmful germs, bacteria, and viruses, the Centers for Disease Control and Prevention (CDC) recommends that you "sanitize areas where there are both high concentrations of dangerous germs and a possibility that they will be spread to others." With SaniGuard Room Foggers, sanitizing these "hot zone" areas is effortless and instantaneous. SaniGuard is an EPA-registered and patented sanitizer that kills 99.9% of all germs, bacteria, and viruses on contact. "No waiting, no wiping, no mess."

8 oz—Covers 620 sq ft area (288-7766)ea

3 oz—Covers 125 sq ft area (288-5316)ea



Lysol® I.C.™ Disinfectant Spray with Control Flo™ Valve

Disinfects nonporous environmental surfaces. Hospital-grade disinfectant is effective against TB, HIV-1, and poliovirus type 1 on hard surfaces. Control Flo valve provides a wetter spray to enhance surface coverage. Light, pleasant fragrance—not overpowering.



19-oz Bottle (358-0385)ea



Clorox® Disinfecting Spray II

Bleach-free, phenol-free, broad-spectrum disinfectant and deodorizer that meets AOAC Germicidal Spray Product Test efficacy standards for hospital disinfectants. Kills 99.9% of bacteria and viruses including HIV, TB, hepatitis A, poliovirus, E. coli, influenza, and more. Fresh scent.



19-oz Can (250-1203)ea



Lysol® I.C.™ Brand Foaming Disinfectant Cleaner

Hospital disinfectant effective against HIV-1 (AIDS virus) and poliovirus type 1. Ready-to-use formula cleans and disinfects. Pleasant fragrance.



24-oz Aerosol Spray Can (358-2719)ea

The Centers for Disease Control and Prevention (CDC) reports that approximately 1 in 20 patients will acquire an infection during a visit or stay in a healthcare setting where they are receiving medical or surgical treatment. These healthcare-associated infections (HAI) result in nearly \$33 billion dollars in preventable healthcare costs per year. With Medicare and Medicaid payments now tied to how well healthcare providers protect patients from hospital-acquired infections, reducing HAIs has become an even larger priority for healthcare facilities. One of the major components to reducing HAIs is effective cleaning and disinfecting. Removing surface contamination within patient exam rooms is an important step to reducing HAIs.

Source: Infection Control Today



Lysol® Aerosol Spray

- 12½-fl-oz Aerosol Spray, Spring Waterfall (358-3570)ea
- 12-oz Bottle Liquid (358-4921)ea
- 19-oz Spray Can (358-8587)ea
- 19-oz Aerosol Spray, Spring Water Scent (952-8281)12/case
- 19-oz Lysol II Scented Spray (358-1511)ea



DisCide® Foam Cleaner

- Hospital disinfectant that cleans and deodorizes. Tuberculocidal, bactericidal, virucidal, germicidal, and fungicidal. Prevents mold and mildew. Phenolic base. 20-oz Aerosol Spray Can (134-9141)ea



CitraStat® Air Freshener

- Quickly eliminates odors, leaving the air naturally fresh without chemicals. Non-aerosol. Made from concentrated purified oils extracted from freshly ripened citrus fruit. 100% natural, completely organic, and nontoxic. Completely biodegradable and environmentally safe.
- Non-toxic
- Biodegradable
- Hypoallergenic
- Quickly stops and eliminates odors
- Instantly freshens the air
- 7-oz Spray Canea



- Specify:
- Orange (331-0667)
- Lemon (331-7522)
- Lime (331-5327)
- Grapefruit (437-0794)



Kimberly-Clark

KimCare® Continuous Air Fresheners

- Provide continuous air freshening for 24 hours a day, 7 days a week. Each cartridge lasts for 60 days. No batteries to replace: it's completely self-powered.
- Cartridgesea
- Specify:
- Natural Scent (643-0143)
- Summer Fresh Scent (643-0145)
- Mango Scent (643-0146)
- Citrus Scent (643-0228)
- Ocean Scent (643-0229)
- Dispenser, White (643-2021)ea

The Help Center:

AHA

The American Hospital Association (AHA) established a Certification Center with a mission to create, facilitate and administer the healthcare industry's premier certification programs. The Association for the Healthcare Environment (AHE), an affiliate of AHA, is the professional organization of choice for patient and resident environments across all settings, including hospitals, long-term care facilities, continuing care retirement communities and ambulatory care providers.

More information, including the plethora of educational materials and certification programs that are available, can be found at www.AHA.org.

AORN

The Association of Perioperative Registered Nurses (AORN) is a nonprofit membership association that represents the interests of more than 160,000 perioperative nurses by providing nursing education, standards and clinical practice resources. While the organization primarily serves the nursing community, they can provide a tremendous amount of educational resources and standards for effective hygienic cleaning processes.

Videos, written standards and other educational materials can be found at www.AORN.org.

APIC

The Association for Professionals in Infection Control and Epidemiology (APIC) is the leading professional association for infection preventionists with more than 14,000 members. Their mission is to create a safer world through the prevention of infection. APIC offers a comprehensive collection of clinical education and professional development programs in both live and archived formats for those of all career levels and in all healthcare settings.

More information on the infection prevention resources offered can be found at www.APIC.org.

The Joint Commission

The Joint Commission, an independent, not-for-profit organization, accredits and certifies more than 19,000 healthcare organizations and programs in the U.S. The Joint Commission offers a wealth of tools for organizations to assess and improve their infection control activities and provides support materials that can help educate cleaning workers on proper hygienic cleaning.

More information about The Joint Commission and all of the resources they have to offer can be found at www.JointCommission.org.



Exceptional
Workplaces™

Optimize your Cleaning and Disinfecting Practices with the WETTASK® System.

Easy to Use

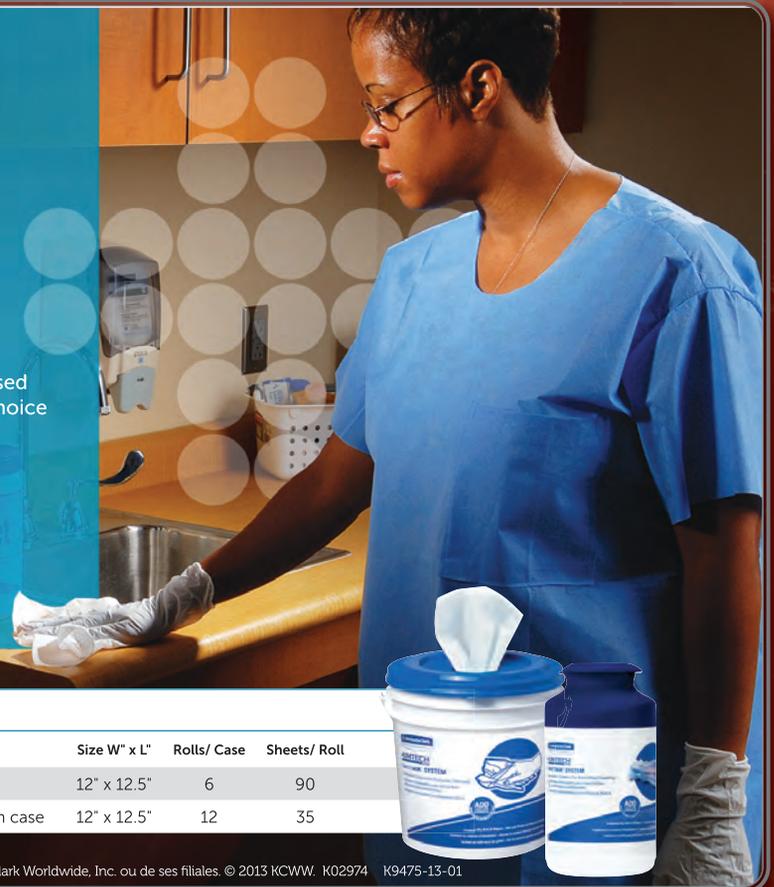
- System consists of a dry roll of wipers in a reusable closed bucket or small canister, add the disinfectant of your choice

Safe

- Closed bucket system helps avoid accidental cross-contamination caused by re-dipping of wipers

Efficient and Cost Effective

- Helps control chemical usage and related costs



WETTASK® System

Item Code	Description	Size W" x L"	Rolls/ Case	Sheets/ Roll
643-0139	WETTASK® System - Free bucket included with case	12" x 12.5"	6	90
643-0215	WETTASK® System - Free small canister included with case	12" x 12.5"	12	35

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A QUICK REFERENCE GUIDE TO CHOOSING A DISINFECTANT:

	Speed	Toxicity	Odor	Staining Ability	Corrosive Ability	Convenience	Price
Glutaraldehyde (concentrate)	P	XP	P	G	G	G	G
Phenol (concentrate)	P	XP	G	G	G	P	E
Phenol (RTU)	P	XP	G	G	G	E	G
Indophore (concentrate)	P	G	G	P	E	P	E
Bleach (RTU)	E	G	XP	G	P	E	G
Quat (RTC)	P	E	E	G	E	E	G
Quat (<0.20%) Alcohol (>10%) (RTU)	E	E	G	E	E	E	G
Quat (<0.20%) Alcohol (<40%) (RTU)	P	E	G	E	E	E	G

Ratings; E = Excellent; G = Good; P = Poor; XP = Extremely Poor • Concentrate = requires dilution with water prior to use • RTU = ready to use

Source: Jeffrey Cittos D.M.D., FALD

Environmental Cleaning and Disinfection

1. Why is it important to clean the environment?

Microorganisms (bacteria, fungi, viruses) are present throughout the environment and can cause infection. The environment can serve as a breeding ground for these organisms. Cleaning and disinfecting housekeeping surfaces and medical equipment, especially those that are frequently touched, is important to decrease and prevent the spread of these organisms to people.

2. Does environmental cleaning and disinfection really work in preventing the spread of harmful microorganisms?

Yes. But how well it works depends on many things, including the nature of the object, the type, number, and location of microorganisms, how well the organisms resist the physical processes or disinfectants, the presence of organic and inorganic matter, the concentration and potency of the disinfectant, other physical and chemical properties (i.e., temperature, pH), the duration of exposure, and the contact time. Remember that environmental cleaning and disinfection is just one of several steps needed to prevent the spread of germs.

3. Which disinfectant should I use when disinfecting environmental surfaces?

Only use disinfectants registered with the U.S. Environmental Protection Agency (EPA). See www.epa.gov/oppad001/active-hospital-disinf.pdf. Remember to always follow the instructions on the product label. Pay close attention to the purposes indicated on the product label, the proper dilution rates (if provided), the contact time required, the product shelf-life, and all safety instructions for handling and use. Do not mix cleaners and disinfectants unless the product label says that it is safe to do so.

4. Can I use the same disinfectant for all situations?

No. There are special instructions for blood spills or when certain microorganisms (e.g., *Clostridium difficile* and norovirus) are known to be present.

5. What other microorganisms require special disinfectants?

When an outbreak of *Clostridium difficile* is suspected or confirmed, special instructions for cleaning and disinfection need to be followed. This is because the organism produces spores that can live in the environment for many months and these spores are highly resistant to cleaning and disinfection. During a suspected outbreak, first clean the area or objects (i.e., wash and scrub using a detergent). Then disinfect the area or objects using a diluted bleach solution (1:10 dilution or 1 part bleach to 9 parts water that is prepared daily). A diluted bleach solution is recommended because no EPA-registered disinfectant is specific for inactivating *Clostridium difficile* spores. Allow a contact time of one minute by thoroughly wetting the surface with the diluted bleach solution and then allowing it to air dry. When norovirus is suspected or confirmed, diluted bleach with a minimum concentration of 1:50 and a contact time of one minute is recommended. However, bleach is substantially and quickly inactivated in the presence of organic matter. In areas with high levels of soiling and resistant surfaces, a 1:10 diluted bleach solution and a contact time of up to 10 minutes may be necessary. Because these concentrations are much higher than is allowed for a no-rinse food contact surface sanitizer according to the FDA Food Code, if the area is a food contact area, this disinfection procedure must be followed by a clear-water rinse and a final wipe down with a sanitizing bleach solution of 1:200 to remove residual high levels of bleach.

Source: State Department of Health

Every Day, Every Patient, Every Time

Restock the Supplies Your Practice Needs Exam Room Easy Order Form

cut along dotted line

Account Number: _____

Your Name: _____

Facility Name: _____

Facility Phone: _____

Facility Location: _____

Today's Date: _____

Item # Description Size Qty.

Item # Description Size Qty.

SURFACE DISINFECTANTS

101-0285 Maxispray Plus gallon Ea. ___
 101-4114 Maxispray Plus 24 oz. Btl. ___
 106-6794 Maxiwipe Germicide Cloth - Large 160/Can ___
 112-5305 Maxiwipe Germicidal Cloth - X-Large 65/Can ___

GLOVES

111-8533 Criterion PF Nitrile Glove - X-small 100/Box ___
 111-8535 Criterion PF Nitrile Glove - Small 100/Box ___
 111-8536 Criterion PF Nitrile Glove - Medium 100/Box ___
 111-8537 Criterion PF Nitrile Glove - Large 100/Box ___
 111-8539 Criterion PF Nitrile Glove - X-Large 90/box ___
 102-5418 Criterion PC Glove PF Latex - X-Small 100/Box ___
 102-5419 Criterion PC Glove PF Latex - Small 100/Box ___
 102-5421 Criterion PC Glove PF Latex - Medium 100/Box ___
 102-6730 Criterion PC Glove PF Latex - Large 100/Box ___
 102-5422 Criterion PC Glove PF Latex - X-Large 90/Box ___

HAND SOAPS, SANITIZERS AND WIPES

900-4444 Hand Foaming Sanitizer Non-Alcohol 18.6/Btl. ___
 900-4445 Hand Foaming Sanitizer Non-Alcohol 2oz/Btl. ___
 900-4442 Hand Gel Sanitizer (Alcohol) pump 16oz/Btl. ___
 900-4443 Hand Gel Sanitizer (Alcohol) pump 8oz/Btl. ___
 900-4446 Hand Lotion Pump 8oz/Btl. ___
 900-4439 Schein Hand Soap w/Treaded bottle 8oz/Btl. ___
 900-4440 Hand Soap Antibacterial - gallon Ea. ___
 900-4441 Hand Soap Foaming Antibacterial - pump 18.6/Btl. ___
 900-4438 Hand Soap Liquid Antibacterial - pump 16oz./Btl. ___
 431-0099 Maxiclens Antimicrobial Soap Gal./Btl. ___
 431-0032 Maxiclens Antimicrobial Soap Qt./Btl. ___
 104-4176 Quick Wipes 150/Ea. ___

MASKS, SHOE COVERS & EYE WEAR

104-3809 Earloop Mask - Blue 50/Box ___
 104-6611 Earloop Mask - White 50/Box ___
 104-7799 Earloop Mask Procedural - Blue 50/Box ___
 104-4632 Earloop Mask Sensitive - White 50/Box ___
 104-6809 Tie On Surgical Mask Low Barrier - Blue 50/Box ___
 104-9452 Cover Shoe Unisex Blue 50 Pr/Box ___
 101-2254 Disposable Face Shield 24/Bx ___
 900-4436 Maxi-Gard Protect Eyewear Clr Lns - Black Ea. ___

Maxiclens® Instant Hand Sanitizer

112-5988 800 mL Bag for Manual Dispenser Ea. ___
 112-5991 800 mL Bag for Automatic Dispenser Ea. ___
 112-5984 Manual Dispenser Ea. ___
 112-5986 Automatic Dispenser Ea. ___

DISPOSABLES

900-4214 Facial Tissue 100/Box ___
 100-0468 Cotton Ball Medium Non-Sterile 4000/Ca. ___
 100-4752 Cotton Ball Medium Sterile 500/Box ___
 100-9249 Cotton Tipped Applicator - Sterile 6" 100-Pk./2 ___
 100-9175 Cotton Tipped Applicator N/S - 6" 1000/Box ___
 104-9869 Cups Plastic 5 oz. - Translucent 100/Pk. ___
 100-1797 Exam Drape Sheet 40" x 48" - White 100/Ca. ___
 100-5728 Exam Gown Deluxe 30" x 42" - Blue 50/Ca. ___
 100-2392 Exam Gown Deluxe 30" x 42" - White 50/Ca. ___
 100-5800 Disposable Lab Gown White - Med/Lg 10/Pk. ___
 104-5806 Maxi-Guard Disposable Gown 15/Box ___
 100-0177 Table Paper Smooth White 21"x225 12/Ca. ___
 100-9491 Table Paper Smooth White 18"x225 12/Ca. ___
 100-1657 Table Paper Crepe White 21"x125 12/Ca. ___
 100-9865 Table Paper Crepe White 18"x125 12/Ca. ___

Maxiclens® Instant Antimicrobial Soap

112-5987 800 mL, Bag for Manual Dispenser Ea. ___
 112-5990 800 mL, Bag for Automatic Dispenser Ea. ___
 112-5983 Manual Dispenser Ea. ___
 112-5985 Automatic Dispenser Ea. ___

INFECTIOUS WASTE BAGS

100-9305 Infectious Waste Bag-10 gallon 100/Ca. ___
 100-8878 Infectious Waste Bag-18 gallon 100/Ca. ___
 100-3416 Infectious Waste Bag-33 gallon 100/Ca. ___

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3M Learning Connection



Announcing the 2013 Webinar Series for Safeguarding the Patient Care Environment

Are you interested in learning more about the latest trends and approaches for effective patient care - including hand and environmental hygiene?

3M Infection Prevention Solutions is proud to announce the 2013 Learning Connection Webinar series for Safeguarding the Patient Care Environment. This series was developed to support your facility's efforts to limit HAIs. These one-hour programs are interactive, web-based and hosted by experts to help you lead by implementing best practices in your organization.

Register now for our March-May webinars using the links below. Webinar titles for our June-December have also been provided and registration pages will open soon at www.3m.com/PEducation. If you register for, but are unable to attend a live event, you'll be sent an email with a link to the archived version of the webinar.

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