



# WHY INTERVENTION?

**C. Diff remains at Historic Highs: CDC** (March 6, 2012): Hospitals and other healthcare facilities **need to improve their efforts to prevent Clostridium difficile infections**, which continue to grow at an unacceptable rate.

**NOROVIRUS Is the Leading Cause of Infection Outbreaks in US Hospitals** (Feb. 1, 2012) - *American Journal of Infection Control (AJIC)* – **Norovirus responsible for 18.2 percent of all infection outbreaks and 65 percent of closures in U.S. hospitals ...**

**Active Surveillance, Barrier Precautions Have Little Effect on Bacterial Spread** (April 13 2011): The hypothesis of the study — intervention that included expanded use of barrier precautions would reduce the spread of MRSA and VRE in the ICU. **“We were surprised by the ‘no effect’ result ...MRSA or VRE positive patients were cared for using barrier precautions for their entire ICU stay,”** says W. Charles Huskins, M.D., Mayo Clinic.

**Boyce et al. Infect. Control Hosp. Epidemiology;** 42% of **nurses tested who had NO DIRECT CONTACT WITH PATIENTS were contaminated** by touching objects in rooms of patients with MRSA in a wound or urine.

**Mayo Research: Intervention Drops Hospital Infection Rate By a Third** (3/19/2010): The process involves **consistent daily cleaning of all high-touch surfaces** with a spore-killing disinfectant...

**Sharing a Hospital Room Increases Risk of Superbugs** (01/05/2010): **“Each time you get a new roommate your risk of acquiring these serious infections increases by 10 percent,”** says a new study led by infectious diseases expert Dr. Dick Zoutman.

**AHRQ** reported on November 4, 2010 that **preventing Hospital Associated Infections (HAI) is now a NATIONAL PRIORITY.**

**March 16, 2012: Dr. Margaret Chan, Director General of the World Health Organization** warned that bacteria were starting to become so resistant to common antibiotics that it could bring about **“the end of modern medicine as we know it.”**

## WHAT is the cost of doing nothing?

**HAI's responsible for 27+ MILLION Incremental Hospitals patient days per year** <sup>2,3</sup>

**HAI-Related Litigation: What Infection Preventionists Need to Know** (Kelly M. Pyrek 12/18/2009): **“...a jury in Suffolk County, New York awarded \$13.5 million to a 40-year-old woman who died of a flesh-eating bacteria that she contracted during chemotherapy treatment at Dana-Farber Cancer Institute. “...Mary Coffey, an attorney at Coffey Nichols, recently won a \$2.58 million verdict for a 69-year-old man who contracted MRSA...**

<sup>1</sup> EPA, Mid-Atlantic Sustainable Healthcare Newsletter – August, 2009

<sup>2</sup> Pennsylvania HAI 2010 Report

<sup>3</sup> Estimating Health Care-Associated Infections and Deaths in U.S. Hospitals, 2002 Klevens, R.M. et al.

Pathogens that lead to infection in the healthcare environment can cost from

**\$40,000 – \$200,000**  
per treatment

**\$35 billion**  
annually<sup>1</sup>



# WHY environmental hygiene?

For over 100 years hospitals have been using cotton string mops, cotton rags and non-woven disposables as a vehicle to deliver a wide range of **disinfectants** to a surface trusting that the manufacturers claims will be realized in achieving the level of disinfection required for a **“safe patient environment.”** New evidence, now widely published, confirms that these expectations are not only unrealistic but are **unachievable** in the current **“DO MORE WITH LESS”** economic environment.



Bobulsky GS et al; CID 2007: Imprint of a health care worker's gloved hand after examining a patient with C. difficile. The large yellow colonies are the spore forming C. dif. The patient had showered within an hour of the examination.

“The *“ONEperROOM”* methodology combined with PerfectCLEAN's unique color coded system virtually eliminated patient room-to-room cross contamination. Furthermore, in the first 12 months we will have saved over 800,000 gallons of water and reduced chemical usage by 3,000 gallons.”

*Stan Robinson –  
Executive Director of EVS,  
University of Chicago  
Medical Center*

## Facts:

- Organic matter and cotton inactivates Quaternary ammonium disinfectants!
- The 10 minute dwell time required by most disinfectants is rarely achieved!
- Studies show that cleaning a patient room should take upwards of 40 minutes!
- The CDC reports that HAI is the 6th leading cause of death in the USA.
- EPA: Approximately one-third of 325 registered hospital disinfectants and 36 of the 72 tuberculocides tested FAILED.

## WHY PerfectCLEAN®?

Recent emphasis on **Hand Hygiene** as “the cure all” for reducing Hospital Associated Infections (HAI) is controversial if not misguided. Numerous peer reviewed studies show that the alcohol based products have no efficacy against C diff and Norovirus · *in fact* · there is strong evidence that soap and water combined with good technique and, of course, compliance is the most effective hand hygiene method. **Common Sense** and **Extensive Research** dictates that Hand Hygiene **Must Be Combined with Environmental Hygiene** in order to mitigate the risk of HAI.

Products*	Application	Hospitals, Surgical Centers		Extended Care	
		OR	Patient, Isolation, ICU, Recovery room	Resident room	Common areas
Orange Wiper – 12"	Washroom faucets & PCP		●	●	●
Orange flat mop – 12"	Washroom floor / wall / shower		●	●	●
Orange Mitt	Washroom - commode		●	●	●
Blue Wiper – 12" / 16"	Room cleaning		●	●	
Blue Flat Mop - 18" / 20"	Room mopping		●	●	
Blue Fringe Mop – 20"	Room dusting		●	●	●
Flexible Duster & Sleeve	Shelves, blinds		●	●	●
Red Dust Mop – 36"	Larger areas				●
Green Flat Mop – 18"	Floor - all finishes	●			
Gray Tube Mop	General Purpose				●
Green Wiper – 16"	General cleaning	●			
Green Tube Mop	High volume	●			
Lenstronic	Diagnostic, Plasma, Optics	●	●		
Green SuperSilk	Nurses stations, plastics		●	●	●

\* Products mentioned are typically used, but represent only a portion of products available.

## umf Corporation – Unique & Innovative

UMF is unique to North America – we design and manufacture our own proprietary conjugated bi-component micro-denier fibers with patented built-in antimicrobial product protection. This ensures that the performance level required to support Environmental Hygiene and Infection Prevention programs is achieved. PerfectCLEAN® products are the only products developed to exceed CDC guidelines for Blood Borne Pathogens (BBP) and supported by a robust patent portfolio. UMF is providing new levels of performance to the health care, hospitality and pharmaceutical industries.



## ONEperROOM™ Protocol

PerfectCLEAN products have been designed to meet the many challenges our customers face in providing a “safe patient environment.” To ensure that you realize the full benefits of PerfectCLEAN products, our expert team of product specialists is ready to train your EVS staff on the “BEST PRACTICES” for Environmental Hygiene using PerfectCLEAN’s true color coded system combined with UMF’s ONEperROOM™ protocol.

The ONEperROOM™ protocol emphasizes cleaning procedures for the critical People Contact Points (PCP) in every patient room. The use of color coded products for specific rooms (e.g. washrooms - orange), simplifies training and emphasizes compliance with current best practices. And, in-service validation proves that the use of chemical, disposables and water is dramatically reduced. But the most important fact is that the end-user is very satisfied and appreciates the performance and ergonomic benefits of PerfectCLEAN.



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**Safety is Material.**

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