



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.

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 are no where near as effective as many believe · *in fact* · there is strong evidence that soap and water combined with good technique and, of course, compliance is the most effective hand care method. **COMMON SENSE** and lots of solid data from highly reputable researchers dictates that Hand Hygiene **must be preceded** by **Environmental Hygiene** in order to mitigate the risk of HAI.

WHY now?

EPA: (6/12/2009) "...approximately one-third of 325 registered hospital disinfectants and 36 of the 72 tuberculocides tested thus far under the Antimicrobial Testing Program (ATP) failed to meet its standards for effectiveness against bacteria.

Union Study-Better cleaning key to infection control (3/2009)
Pathogens such as C. diff, VRE, MRSA, norovirus, influenza ... can survive in the healthcare environment for extended periods," the report says. "Infections are well adapted to survive in dust and on floors, bedrails, phones, call buttons, curtains and other surfaces. We can demand and audit hand-washing all we want, but **without a clean environment, hands will quickly become recontaminated.**

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.

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.

Disinfectants May Help Superbugs Resist Antibiotics (12/29/2009):
Using disinfectants could help superbug bacteria become resistant not only to the disinfectant itself but to antibiotics, even if they have not been exposed to them...

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 bleach disinfectant wipe for all patients on units with high endemic rates of C. difficile infection...

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

WHAT is the cost of doing nothing?

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...**

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

\$40,000 – \$200,000
per treatment

\$35 billion
annually¹



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 prolific patent portfolio. UMF is providing new levels of performance to the health care and pharmaceutical industries.



PerfectCLEAN® is supported by a wide variety of complimentary hardware. All hardware is covered by a Limited Lifetime Warranty.



PerfectCLEAN® Cross contamination 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 waste 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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**Cleaning Up the Environment
One Room at a Time**