

# 5 Tips for Incorporating UVC into Your IP Plan

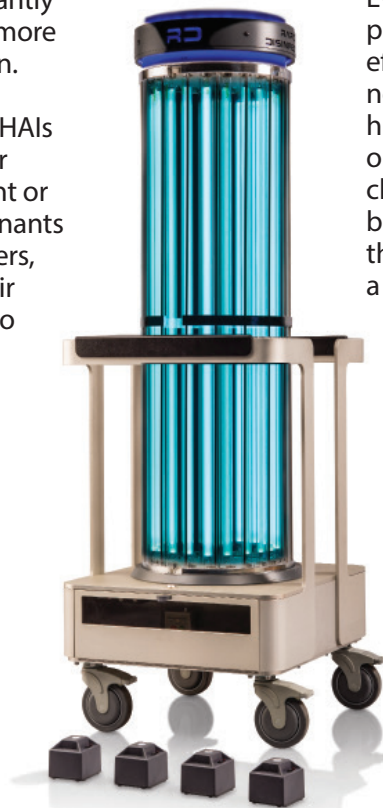
It is ironic that hospitals are one of the most dangerous places to be, especially for those who are already ill. 1.7 million healthcare-associated infections, also known as HAI, are reported in the US every year. Tragically, close to 100,000 of those cases will end in death. Experts say that 55 to 70 percent of all HAIs are preventable so cleaning procedures are constantly undergoing revision in search of more effective ways to combat infection.

An estimated 20 to 40 percent of HAIs are passed by a healthcare worker after they touched another patient or a contaminated surface. Contaminants like rolling carts, healthcare workers, and high touch surfaces have their own set of issues when it comes to disinfection.

Manual cleaning techniques like using chemicals to wipe down surfaces are used universally but leave much to be desired. Even with the best manual cleaning plan in place, this type of IP isn't fully effective for three reasons: human error, non-effective cleaning agents, and high resistance of antibiotic resistant organisms. A study published in American Journal of Infection Control showed that the risk of multidrug-resistant organisms being passed from patient to patient when they occupied the room after each other was 1.5 to 3.5 percent more likely.

For manual cleaning, it's also critical to maintain a clear cleaning schedule that is visible to all staff and able to be monitored by your IP management team. There are risks with both

wasted time cleaning the same equipment twice and with possible not cleaning a room because you thought someone else had. Your entire IP team should understand roles and responsibilities when it comes to infection control.



Even with the best manual cleaning plan in place, this type of IP isn't fully effective for three reasons: Human error, non-effective cleaning agents, and high resistance of antibiotic resistant organisms. The thoroughness of cleaning is not 100 percent consistent because it depends on who is doing the cleaning, how rushed they are, and a variety of other factors that affect them personally. Humans aren't perfect; so hospital rooms just won't be cleaned perfectly every time. Beyond that, even if they could clean them perfectly, the cleaning agents we use are ineffective for killing certain resistant organisms. Based on these facts, there is an obvious need for a more consistent and effective tool to combat infection.

Combining manual cleaning with UVC technology as a "bundled" approach is one of the most effective ways to reduce HAIs.

UVC technology uses UV light to penetrate the cell walls of bacteria and viruses and render them unable to replicate. Dangerous pathogens can't reproduce and spread after being treated with UVC energy.

1

Select a UVC partner that will evaluate your hospital to recommend the solutions that provide measurable efficacy. UVC disinfection should be a key component of your IP plan which means your UVC provider should be your partner in ensuring efficacy. Instead of relying on staff to evaluate efficacy before and after cleaning, your UVC partner should offer actual proof of compliance back to your IP team.

2

Make sure your UVC system is smart and can monitor bulb life cycle, required delivered dosage, and regular service so you can focus on other parts of your IP plan.

3

While delivering the right dosage to ensure a clean room is an obvious necessity, you should also take ease of use into consideration when incorporating UVC into your IP planning. Being able to easily move your UVC device to ensure that all areas receive the necessary direct light in the fastest time helps address quick room turnaround time needed in today's busy hospital settings.

4

UVC devices should be easily accessible to high-touch surface areas. Those surfaces need the most direct light to completely rid them fast and effectively. The best UVC solution measures actual UVC dosage using multiple sensors throughout the room vs. estimated time-based systems that only rely on length of exposure. This is a critical difference when trying to prevent life-threatening infections.

5

Not all environments are perfect rectangles so the best UVC systems address variables such as room shape and other obstacles that might affect how light hits every part of the room. Verify your chosen system has a pause and reposition feature that allows the unit to be moved mid-cleaning to ensure disinfection is happening throughout the entire room.

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[Learn more](#) about how RDUVC can be a part of your infection control plans

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