

Examining the ever-present threat: HAIs

Healthcare associated infections (HAIs) are a constant concern in hospitals and treatment facilities. CDC statistics state that on any given day, about one in 31 hospital patients contract at least one healthcare associated infection³. These include central line-associated bloodstream infections, surgical site infections and drug-resistant staph infections, most notably MRSA. More often than not, these infections result from insufficient disinfecting and unintentionally allowing microorganisms to thrive on equipment and surfaces.

With the introduction of COVID-19, the risk of infection among patients is substantially higher in healthcare settings. The CDC lists Ventilator-associated pneumonia as a potential HAI, and where COVID-19 is primarily associated with respiratory complications, any patient experiencing this condition would be extremely susceptible to contracting the virus. Be aware that in addition to those suffering from Ventilator-associated Pneumonia, any individual with a preexisting condition naturally faces an increased risk of infection.

What about antimicrobials?

Supplementing cleaning and maintenance regiments with antimicrobials can actually create more harm than good over time. Where disinfectants are designed to kill bacteria cells on contact, antimicrobials focus on depleting resources for bacterial reproduction on a cellular level. The goal behind this is to halt bacteria accumulation by making the surrounding environment uninhabitable for microscopic pathogens, reducing the overall risk of contracting an infection.

Compounds specifically made to inhibit the growth and spread of viruses are classified as antiviral. It is important to note that while the broader antimicrobial term includes viruses in its list of susceptible pathogens, products claiming to have antimicrobial properties are not always antiviral. To make matters worse, prolonged exposure to a particular antimicrobial additive or ingredient can prompt mutations in bacteria and viruses, contributing to the development of advanced pathogens with improved resistances.



Things to consider when choosing surfaces

Combing appropriate surfaces with CDC recommended cleaning and disinfecting practices could help prevent the spread of COVID-19 in healthcare environments. As a result, cleanability should be the top priority when specifying floor and wall products for these applications. Factors such as water ingress, durability and composition can affect cleanability, and determine whether a particular surface promotes the safety of patients and staff.

Carpet

- Composed of absorbent fibers that trap dust, dirt and bacteria
- Daily vacuuming does not kill existing viruses and bacteria
- Detergents can lead to over-wetting, producing mold and odors over time

Tile

- Susceptible to cracking and chipping upon impact
- Porous grout between tiles is difficult to clean, can lead to water ingress
- Detergents and chemicals can damage grout over time
- Damaged tile and grout is a common breeding ground for bacteria and other microorganisms

Paint

- Thin and easily chipped
- Sheetrock substrate is porous and susceptible to damage
- Wet cleaning and detergents remove paint each time
- COVID-19 virus lives up to 72 hours on paint (W.H.O.)
- Requires frequent detergent cleaning to effectively kill viruses

Sheet vinyl

- Smooth, uniform surface
- Improved durability, can endure high-impact and consistent usage without damage
- Heat-welded seams prevent water ingress and bacteria accumulation compared to porous grout and carpet fibers
- Non-shedding and inherently hygienic

Sources

- $1. \qquad \text{https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html} \ \ \text{Last updated 7/10/2020}$
- 2. List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19) EPA, last updated 7/16/2020
- 3. https://www.cdc.gov/hai/data/index.html

