Whether you’re a small business just getting off the ground or a multi-million dollar company, trade shows are a great resource for connecting with your market and showcasing your product in a more intimate setting.

In today’s competitive market, advertising and social media can only do so much in terms of product understanding. The advantages of being able to physically see and feel the product or service, as well as being able to engage with the people behind it, are unsurpassed by traditional forms of advertising.

“One of the most useful aspects of exhibiting in a trade show is being able to speak with consumers one-on-one,” said Heather MacRae, manager of Landscape Ontario’s expo and congress trade shows. “Trade shows allow exhibitors to showcase their product or service in person, rather than trying to convey it through an ad. The personable interaction at trade shows is far more helpful because you are physically there to display and discuss the trade and your product’s usefulness to it.”

Following are some reasons why being a trade show exhibitor can be beneficial:

• Meet prospective clients. This is a great way to connect with people that are already interested in your trade. Give them advice, show your expertise and hand them a business card or brochure with more information.

• Be the trendsetter. Being an exhibitor at a trade show is a good opportunity to show everyone what your business is made of – get creative, inventive and let your display help demonstrate how you are getting ahead of the curve.

• Enjoy the opportunity to be featured in major media publications. Trade shows aggressively pursue media coverage. With an interesting booth, you may catch the eye of a reporter who may want to speak with you about your product or service. Prepare yourself and be ready for potential media coverage that brings additional value.

• Great way to advertise. The fee of purchasing a booth is a good investment considering the amount of exposure your business will get from the media and guests attending the show. Remember, the more attractive and original your display is, the more views it will receive form guests.

Mark your calendars for Wed., Sep. 10, when the Canadian Sanitation Supply Association’s (CSSA) Atlantic Chapter presents the Clean Atlantic 2014 trade show and education conference. The show will be held at The Cunard Centre, 961 Marginal Rd., in Halifax, NS.

If you are a decision maker or end-user of janitorial supplies, Clean Atlantic 2014 is where you want to be. In addition to viewing and testing the latest technologies available on the trade show floor, an outstanding line-up of speakers will provide delegates with information on the most pertinent issues affecting the industry today – infection prevention, green cleaning, sustainability and improving business practices.

For more information, contact CSSA at (905) 665-8001, Toll Free: (866) 684-8273 or visit the association’s website at www.cssa.com.
Addressing Contaminated Surfaces in Hospital Settings

By LEE NESBITT, Virox Technologies Inc.

The transmission routes of pathogens are complicated and difficult to investigate, so studies focused on the role of surfaces in transmission have been rare until relatively recently. The role played by contaminated environmental surfaces in the transmission of nosocomial pathogens was recently addressed in an American Journal of Infection Control article (2013 May; 41) that presented the latest data evaluating the role of contaminated surfaces in transmission and discusses the various strategies available to address environment contamination in hospitals. This article is excerpted from that review.

Data suggesting that contaminated surfaces play a role in transmission come from: studies modeling transmission; microbiologic studies in vitro and in situ; observational epidemiologic studies; intervention studies aimed at improving the efficacy of cleaning and disinfection; and outbreak reports.

Modeling transmission routes can provide “proof of principle” that contaminated surfaces are involved in transmission: for example, monitoring the spread of non-microbial markers, the use of animal models and mathematical modeling.

Microbiologic studies have established that certain hospital pathogens can survive on dry hospital surfaces for extended periods. VRE in particular seems to have remarkable survival properties, with a recent study showing that VRE can remain viable on dry surfaces for almost four years.

The recent discovery of biofilms on dry hospital surfaces may provide a mechanism through which vegetative bacteria could survive on dry surfaces for such extended periods without a nutrient source. Several in vitro microbiologic studies have investigated the transfer of pathogens from surfaces to the hands or gloves of health care personnel in the absence of direct patient contact. Contact with an environmental surface carries approximately the same risk of acquiring MRSA, VRE and C. difficile as touching an infected or colonized patient.

Carefully performed observational epidemiologic studies have established that contaminated surfaces are involved in the transmission of certain pathogens. For example, one study concluded that at least three of 26 patients acquired MRSA directly from contaminated environmental surfaces. It is somewhat difficult to determine the independent role of contaminated surfaces in these studies.

Intervention studies, including the use of a black-light marker or a specific change in cleaning methodology, are often used to evaluate the impact of improved cleaning and disinfection. Several prospective studies have demonstrated that interventions aimed at reducing surface contamination also reduces the transmission of hospital pathogens. These can be broadly divided into studies of a change in disinfection agent, or educational improvements using existing agents.

Outbreak reports, and the finding thereof, are often limited by lack of controls, multiple interventions and the potential for regression to the mean. However, many outbreak reports implicate contaminated surfaces in the transmission of C. difficile, MRSA, VRE, MDR gram-negative rods and noroviruses.

Despite the limitation of the evidence base, more needs to be done to address environmental contamination in hospitals.

7 Reasons Why Trade Shows are Good For Business

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at the trade show and media.

• Meet experts in the field. A trade show is an opportunity to network with other professionals in your field. Look at them as partners instead of competition, and use the opportunity of the trade show to extend your contracts, attract business leads, exchange tasks and complete joint projects.

• Start building sales. Going to trade shows isn’t all about looking pretty; trade shows are good for building brand awareness and, hopefully, generating sales. Make sure you stock up with marketing materials, brochures and business cards to give to prospective clients, but also find a way to get their contact information to keep them updated with new developments.

• Displays in addition to portfolio. Sometimes portfolios just don’t capture the essence of your work, whereas a display is more physical and tangible. Potential clients will be able to see and feel your product, which is always better than a photo or video.

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CSSA Launches Innovative On-line Source Guide Directory

Promoting Members’ Products and Services to End-Users of Janitorial Supplies and Services

The Canadian Sanitation Supply Association (CSSA) has launched a new on-line source guide directory, available in English and French, designed to showcase and promote the products and services of its membership.

The Membership Products Promotion Platform (M3P) is a specialized service resulting from a partnership between Cloud Search Portal, a leading provider of cloud based search technology services, and the CSSA. M3P is specifically designed to meet the needs of CSSA member companies that are looking for an online “Source Guide” solution for promoting their brands, products and services. In addition to providing a needed promotional service for its members, CSSA also offers a unique advertising platform for those who are particularly interested in reaching decision-makers and active participants within the industry.

“CSSA is always trying to find new ways to provide valuable services to our membership,” said Mike Nosko, executive director of CSSA. “This on-line directory presents us with an opportunity to proudly showcase and promote the brands, products and services of our membership to the vast end-user market, not only in Canada, but worldwide. It also offers networking and connection opportunities between manufacturers, distributors, retailers and service providers within the industry. With M3P, CSSA will actually help members increase sales, visibility and market presence.”

M3P works by using Cloud Search Portal technology to automatically index the web sites of all CSSA member companies. As website content is updated with new information, the CSSA source directory will automatically refresh its search index to always present fresh and current member website information.

The CSSA is a non-profit Canadian trade association representing the leading companies engaged in the manufacture, distribution and sale of sanitary maintenance products and services.

Please visit the CSSA web site at www.cssa.com to see the Source Guide service in action.

Using Disinfectants Wisely

The Contract Between the Manufacturer and the User

Cold weather, which continues to grip most of North America, usually means cold and flu season will stick around for a little while longer.

Many cleaning professionals may be asked to use disinfectants more frequently than at other times. While disinfectants can be helpful because of their ability to kill germs and bacteria, they can also pose a risk to cleaning workers, building users and the environment.

Because of this, Charlotte Products / Enviro-Solutions, a manufacturer of traditional and Green cleaning products, offers the following tips on how to use disinfectants wisely:

• Only use disinfectants that have been registered by the Environmental Protection Agency (EPA) – the EPA registration will be clearly printed on the label.
• Look for and take note of signal words such as poison, danger, warning and caution – the warnings are there first and foremost to protect cleaning workers.
• Note the dwell time. The EPA requires that surface dwell time be printed on the label – this is the length of time the product must remain wet on a surface to effectively kill germs.
• Wear personal protective equipment, such as gloves and goggles.
• Read the directions before use – this should provide a clear, step-by-step guide for the safe usage of the product, as well as information on safe storage and disposal.
• Create a list of all disinfectants used in the facility. This includes the names of the products as well as emergency contact information. Keep this information handy.
• Select the type of disinfectant needed

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Strategies to address environmental contamination can be divided into reducing and containing the shedding of pathogens, and improved cleaning and disinfection.

**IMPROVED CLEANING AND DISINFECTION**

Effective cleaning and disinfection relies on the operator to repeatedly ensure adequate selection, formulation, distribution and contact time of the agents used. Educational improvements designed to modify human behaviour can be attempted with the support of various tools including fluorescent markers or adenosine triphosphate assays, and monitoring and feedback can improve the frequency of surface cleaning, reduce the level of environmental contamination and reduce the acquisition of pathogens. However, no studies have evaluated the sustainability of such systematic improvements. Indeed, recent evidence indicates that altering the location of fluorescent dye spots reduced the proportion of objects that were cleaned from 90- to approximately 60 per cent.

Improvements in hospital design and materials, novel disinfectants and cleaning/disinfection technologies should be evaluated to determine their effectiveness in improving cleaning disinfection. For example, there has been recent discussion on “no-touch” automated room disinfection (NTD) systems, which remove or reduce the reliance on the operator to achieve adequate distribution and contact time of the active agents. HPV, aerosolized hydrogen peroxide, ultraviolet C, and pulsed-xenon ultraviolet radiation NTD systems have all shown promise and improved efficacy when compared with conventional methods. HPV has been associated with reductions in patient acquisition and evaluations of other NTD systems with a clinical outcome are eagerly awaited. NTD systems are only appropriate for certain applications and should be introduced in parallel with an educational campaign to improve conventional methods.

The finding that admission to a room previously occupied by a patient with a hospital pathogen increases the risk of acquiring that pathogen, combined with intervention studies showing that this increased risk can be mitigated by improved environmental decontamination, provides the most powerful evidence that contaminated surfaces contribute to transmission and that more needs to be done to improve surface decontamination. The most appropriate strategies to address surface contamination will depend on the setting and on local epidemiology.

Reprinted from the Fall 2013 issue of Virox Technologies’ Solutions newsletter.
Is it Safe for Children to Use Hand Sanitizer?

The following article is posted on the Deb Group Hand Hygiene, Infection Prevention and Food Safety Blog – http://info.debgroup.com/blog.

In 2013 more than 600 comments were posted to the Deb Canada hand hygiene blog – http://info.debgroup.com/blog – and its diligent team of experts tried to respond to everyone as part of the ‘Ask the Experts’ series.

Kayon Abrams, who teaches hand hygiene workshops to children asked, ‘Is it safe for children to use hand sanitizers as there seems to be many different viewpoints.’

Barry Michaels, a regular blog contributor, microbiologist and expert in infectious disease provided the following response:

This is a very good question and has been the subject of much toxicology research. Since the question is about children, I will try to present a trail of information that is available from scientific literature to help answer this aspect of hand sanitizer use.

With normal adult usage, ethanol has found to have stimulatory effect on skin keratinocytes (most common skin cell responsible for high-strength protein keratin) and even some improvement of wound healing has been found. Damaged, abraded or lacerated skin increases risks of transdermal absorption allowing alcohol and anything carried by alcohol to enter the bloodstream and potentially cause systemic effects. In adults with a normal, intact skin surface, the rapid evaporation also limits time that alcohol has to enter the bloodstream. Net/net for normal, healthy adults the preponderance of evidence shows there is no evidence of any toxicological endpoint indicating alcohol sanitizers should not be used.

The best evidence in favour of their use is the skin damage from hand washing necessary to match the repeated germ fighting efficacy of hand sanitizers. Measurement of transdermal absorption with exposure many times above that experienced in normal use shows only miniscule quantities entering the blood stream representing perhaps 100 safety margins. Potential damage from frequent hand washing mentioned earlier is why selection of the right soap is so important and the foundation of any hand hygiene program.

While extremely low sanitizer toxicity is true for healthy adults, there is a subset of the adult population with an aldehyde dehydrogenase (ALDH) deficiency (higher in Asians) who will experience skin irritation and sensitization to alcohol hand sanitizers. Having a non-functional ALDH gene causes oxidative metabolism of alcohol compounds to be prevented with evidence of toxicity. Children without full functional metabolism are going to fall in with these individuals but we need to look further into the story.

So, in otherwise healthy individuals with good skin barrier function of the stratum corneum, alcohol penetration is prevented. Destroy or take away the stratum corneum and penetration is assured. Cleaning up an accident victim with hand sanitizer can even have legal implication as blood alcohol level can be impacted. And, this is where we have to consider young children.

It is generally considered that children under two years of age do not have skin with a fully-developed barrier function and this is the clear cut-off point in terms of toxicology. Experiments performed on children from seven- to nine-years of age with legs wrapped in alcohol soaked cotton and rubber sheeting for four- to nine-hours failed to show measurable blood alcohol levels.

Alcohol and alcohol-free hand sanitizers have been used in a variety of elementary school settings with significant (30 to 50 per cent) reduction of infectious disease rates. Alcohol hand sanitizers have also been used in daycare centres by staff and by children under strict direction from staff, again providing significant infection rate reductions. These are studies conducted in the United States, Finland and Sweden. The latter two countries are known for advanced thinking in terms of dermal compatibility issues and precautionary thinking when it comes to child development.

We definitely have an age where alcohol use in topically applied skin products should not occur (under two years of age). International infection control investigators, whom prior to trials no doubt studied the toxicology, seem to be pointing to day care age as acceptable for use by children as long as it is under careful direction. By elementary school, barrier function is so well established that normal use five to 10 times a day seems to be well accepted with no toxic effects demonstrated. As an alternative, there are also alcohol-free or low alcohol quaternary ammonium hand sanitizers.

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Green Certification Through CSSA’s Canadian Green Sustainability Program

house service providers can achieve independent, third-party certification. CGSCs will be equipped with the knowledge to also achieve “Green Building Status” at no added cost to the building owner or facility manager.

BSCs can visit the CSSA web site (www.cssa.com), locate a certified Expert Sustainability Professional (ESP) for consultation, and arrange for training.

“Since its’ launch, building service contractors have benefitted enormously,” said James Barkman, CGSP facilitator.

For example, the BSC directory was recently added to the CSSA website. This helps to validate a BSC’s commitment to the program for those property managers and building owners seeking their services, or requiring advice on tenders or requesting RFP’s.

According to Barkman, “I won’t go into the nuts and bolts of the program, I will leave that up to the ESP’s (Expert Sustainability Professionals), but I will say the CSSA has done a tremendous service by providing the BSC industry a Canadian program in which they can trust and depend on.”

The cost of the program is also affordable to companies of any size.

The CSSA will be offering a three-and-one-half-hour Certified Green Sustainability Contractor certification program at Clean Atlantic on Wed. Sep. 10, 2014 at the Cunard Centre in Halifax, NS.

To register or obtain more information, contact James Barkman at (613) 503-0086 or e-mail: james.barkman@yahoo.ca.

Is it Safe for Children to Use Hand Sanitizer?

sanitizers that have been used in elementary school settings that would also be better tolerated by individuals with ALDH deficiency.

For adults and children over two years of age (under adult supervision) and not suffering from ALDH it is relatively as per caveats above. For children under two years, it is clearly not appropriate due to their underdeveloped skin barrier function. At the border line, there is a grey area, where adults supervising children need to be aware of the risks and take into account skin science presented here to manage risks not just due to skin issues, but also potential pathogen exposures (e.g. petting zoos, etc.).

Indications are that for healthy adults there are no safety issues with these products with normal and even exaggerated use. All bets are off if skin is damaged for adults and children. Toxicology is not an exact science with a great deal of individual variability having been identified in how we respond to various types of toxic exposure (e.g. even water can be toxic). Therefore, in this borderline region, individual child health constitution must be weighed with respect to skin barrier function, type and extent of potential pathogen exposure, and if there is time to get to a water source to wash hands before that little hand makes it into the child’s mouth.