We All Play A Role In Infection Prevention & Control

HAIs
Healthcare Associated Infections — Due Diligence

Establishing A Common Infection Control Platform
Steps Needed To Minimize the Growth of Infectious Agents
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¹ Clorox Professional Products Company and ClearVoice Research (February 2012). Online Survey of Professional Cleaning Service Industry Decision Makers. (Survey of 933 cleaning industry decision makers across various industries)
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(doorknobs are carriers, just like people)

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News Flash
LEED® updates impact this winter’s de-icers.

Hand Hygiene
We all play a role in infection prevention and control.

Pest Control
Keep out unwanted visitors this winter. Winter is right around the corner and just like humans, pests prefer to stay indoors.

Infection Control
Infected, Colonized and the Iceberg Effect. That which is visible is not always representative of all that is present.

Infection Prevention
Establishing a common infection control platform.

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Infection Control
HAIs – Healthcare Associated Infections – Due Diligence. Although definitive numbers are not available, it appears that these illnesses are on the rise.
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news flash

LEED Updates Impact This Winter’s De-Icers

The Ashkin Group, a professional cleaning industry advocate for green and sustainable cleaning, is advising building owners and managers, jansan distributors and facility service providers that as of January 2015, LEED has redefined the requirements for LEED-compliant de-icers.

This update is especially important for those facilities that are now LEED-certified, are seeking LEED certification or follow LEED’s direction in maintaining a green and sustainable facility.

What is likely the key update is that de-icers used to help melt snow and ice, and prevent slips and falls, must now contain essentially 100 per cent calcium magnesium acetate (CMA). This means that many of the de-icers that previously met LEED requirements are no longer permissible.

According to the update, de-icers that contain more than five per cent of the following ingredients are no longer considered environmentally preferred:

- Sodium chloride
- Calcium chloride
- Magnesium chloride
- Potassium chloride
- Potassium acetate
- Ammonia-based products

These substances are permissible if they are in quantities less than five per cent.

“Because many school districts may not be aware of these updates, jansan distributors are advised to discuss these changes with their clients,” said Stephen Ashkin, president of The Ashkin Group.

Additionally, the new LEED updates require that facilities implement a de-icer quality assurance monitoring program. This involves tracking such things as:

- When and where de-icers were used.
- If the de-icer was used prior to snow events.
- If areas were shovelled prior to de-icer application.
- Climatic issues such as the amount of snow over the season and the temperatures when the de-icer was applied.

“While the update was effective as of January 2015, building owners and manager do have three years to phase out the use of de-icing products that are no longer environmentally preferred,” Ashkin said. “The reasoning behind this update is that CMA is biodegradable, will not harm surrounding vegetation and tends to be less corrosive.”

* Ashkin notes that CMA may damage asphalt and concrete.
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“Our staff works very hard! That, along with our decision to use Buckeye products, produces fantastic results. We are very proud of the appearance of this facility and it is obvious to everyone when they enter the school.”

~ Holy Trinity School
Richmond Hill, Ontario

Pictured (from left to right):
Irene Boutakis, Fernando Tongco, Mary Bramley, Joselito Bermudo (kneeling), Leonard Dobbin

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Keeping a healthcare environment free of infection is an admirable goal. But for over a century, we’ve known that achieving this objective is as hard as a Mission Impossible assignment. Unfortunately, there is no Ethan Hunt to save the day. Instead, the job is tasked to thousands of hard working professionals who do their best to keep every patient safe.

Most of the focus in the art of infection prevention and control has centred on spread. But this is only part of the equation. To have an outbreak, you must first have an origin. Understandably, this has not been given much mental or experimental work. After all, the origin is usually the index case. But, recent evidence suggests this limited view must be expanded to include not just the patient, but the visitors as well.

Take Methicillin Resistant Staphylococcus aureus (MRSA). It was first described in 1961 in England. It once was thought to be solely a healthcare associated infection but changed in the 1980s when it became clear the bacterium was spreading in the community. Instead of being a patient, a visitor could bring in the bug and transmit it to others. Yet, even with this evidence, the focus remained solely on spread, particularly among staff.

The situation didn’t change much until some 25 years later when antibiotic-resistant strains were found in veterinarians. They obviously didn’t pick...
these up from human patients. Instead, this revealed MRSA was in livestock. Although the idea of a pig or cow isolate causing an outbreak in a healthcare facility seemed highly unlikely, it was still given consideration in 2009.

In the last six years, that mindset has changed as livestock associated MRSA (LA-MRSA) has become a significant concern in many countries, such as the Netherlands. In the UK, the situation became even more concerning as researchers found one particular clone – CC398 – was found not in veterinarians, or those without any contact with animals. Instead, they found the strain in agriculturally independent individuals, including neonates.

The likelihood the bacteria naturally found its way to the children is quite low. Somebody had to bring the infection to the kids. That falls within the context of spread. But this still leaves the question as to the origin of the bacterium in the first place. One might believe it was probably due to a farm worker showing up for treatment. Yet, earlier this year, researchers in the United States revealed simply living near a farm locale may be enough to end up in colonization. This opens up the possibility a visitor or some other interested party could have brought the infection to the healthcare facility and shared it.

The premise isn’t all that difficult to believe. Consider this: every person shed millions of bacteria each hour. If any of these happened to be MRSA, they would deposit anywhere in a healthcare facility, and be picked up by patients and staff members. What’s worse is all of this happens under the radar. There are no observational mechanisms in place to monitor people not employed within a facility. An outbreak could initiate even if a perfect infection prevention and control system is in place.

The MRSA example is just one of many potential infectious agents capable of originating from visitors. Others include the influenza virus – *Clostridium difficile*, *Mycobacterium tuberculosis*, Carbapenem-resistant *Enterobacteriaceae*, and *Norovirus*. All of these can easily be imported into a healthcare facility by a visitor and spread.

The answer to preventing this route of infectious spread is to ensure visitors and others play their role. But the concept of controlling visitor actions has been anathema for years. That’s now changed as the Society for Healthcare Epidemiology of America has taken a stand. They’ve released the first ever infection prevention and control guidelines for visitors. With these in place, healthcare facilities now have the ability to widen the scope of patient safety to include those who may be spreading infections without even realizing it.

Of course, guidelines alone are not sufficient. We need to figure out how to adopt and implement them. The best place to start is hand hygiene as it may help to contain 80 per cent of the spread. Granted, trying to get everyone to clean their hands may be hard to achieve. But it’s worth the effort. After all, without this critical addition to the equation, we may never reach our common goal of zero.

About The Author

Jason Tetro is a microbiologist with over 25 years’ experience in research, although he is better known in public as “The Germ Guy™”. Tetro is a self-described germevangelist and strives to improve humanity’s relationship with germs. He writes for The Huffington Post Canada, Popular Science, and other national and international media outlets. His science best-seller – *The Germ Code* (Random House/Doubleday Canada) is now available on shelves all across the nation. You can learn more about Jason Tetro at his website at [http://jasontetro.com](http://jasontetro.com).
Rats, mice, spiders, box elder bugs and stink bugs — these are some of the most loathed pests you may find this winter. Winter is right around the corner and just like humans, pests prefer to stay indoors. Additionally, pests love finding easy-accessible food. Without taking the proper precautions, pests will make themselves at home in your facility. Once inside, they can contaminate your products, cause structural damage and put the health of your employees and customers at risk.

Like many over-wintering pests, the most startling sign is when they invade in staggering numbers. Pests come in all shapes and sizes, but they are able to find the smallest crevices and openings into a facility. In some cases, when doors are open for a short period of time, they can scurry in unnoticed. Furthermore, when shipments arrive, they are likely to hitch a ride inside.

To keep pests from invading this winter, create a facility maintenance plan and work with a pest management professional to help ensure your facility stays pest-free. A great way to keep the pests out of your facility this winter is following a few basic Integrated Pest Management (IPM) tips. These include:

- **Tightly close doors and windows.** With people going in and out of doors every day, it is easy to accidentally leave one cracked. Be cognizant of making sure doors are kept closed at all times. Otherwise, box elder bugs can find a way inside as they tend to congregate around the exterior of buildings. At facilities, service doors must frequently remain open. If this is the case, install plastic strip curtains or roll up screens to create a barrier. Also, it is a good idea to put weather stripping on the bottom and side of all doors and windows.
- **Seal cracks and crevices.** Stink bugs are also known to move inside
cracks and openings to over-winter. Inspect the perimeter of the facility for cracks or crevices that could serve as an opening for pest entry. Mice are able to fit through an opening only 1.75-centimetres-wide and rats can squeeze through holes as small as 2.5 centimetres. Seal any gaps or cracks with a weather-resistant sealant or copper mesh as it serves as a deterrent for rodents.

- **Inspect incoming shipments.** While facilities receive shipments frequently throughout the day, pests will often ride along in cardboard boxes and make a home in there for the winter. It is important to check all incoming shipments to ensure there are no damaged or infested products.

- **Keep the facility clean at all times.** Ensure your facility has regular inspections and good sanitation practices. Clean up any spills or leftover food, particularly in break rooms. Speak with your local pest provider on pest hot spots in your facility and pay closer attention to those areas.

  It is especially important to remain vigilant about rodent control as they can spread diseases such as Hantavirus. Infection with Hantavirus can progress to Hantavirus Pulmonary Syndrome, which can be fatal. While the likelihood of infection is low in Canada, anyone who has contact with rodents, or their urine and droppings, is at risk. Mice alone contaminate 10 times the amount of food they actually consume.

Don’t let pests make a home in your facility this winter. Work with a pest management professional to implement an IPM program and ensure your employees are on board. With close monitoring of your facility and an effective pest management plan in place, you can help keep your facility pest-free this winter.

**About The Author**

Alice Sinia, Ph.D. is the Resident Entomologist – Regulatory/Lab Services for Orkin Canada focusing on government regulations pertaining to the pest control industry. With more than 10 years of experience, she manages the Quality Assurance Laboratory for Orkin Canada, and performs analytical entomology as well as provides technical support in pest insect identification to branch offices and clients. For more information, contact Alice Sinia at asinia@orkincanada.com or visit www.orkincanada.com.
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Contracting an infection while in a healthcare setting challenges the basic idea that healthcare is meant to make people well. Hospitals, long-term care facilities, clinics and home care services are meant to help people get better. Yet it is estimated that more than 200,000 Canadians acquire a healthcare associated infection (HAI) each year and that 8000 of them die as a result.

Although definitive numbers are not available, it appears that these illnesses are on the rise.

The World Health Organization (WHO) suggests that HAIs (also known as nosocomial infections) are universal, affecting healthcare systems in every country. However, noting that Canada is not alone, does not make it less of a problem or any more acceptable. More must be done to keep Canadians safe while they seek treatment and care. A healthcare associated infection (HAI) is an infection that a patient contracts (or acquires) in a setting where healthcare is delivered (e.g. a hospital), in an institution (e.g. a long-term care facility) or in a home care arrangement. The infection was neither present nor developing at the time the individual was admitted (or started treatment).

Some of the HAIs monitored by the Canadian Nosocomial Infection Surveillance Program (CNISP) include the following:
- Methicillin-resistant Staphylococcus aureus (MRSA) infections;
- Vancomycin-resistant enterococci (VRE) infections;
- Clostridium difficile (C. difficile);
- Surgical site infections (SSI); and,
- Central venous catheter-associated bloodstream infections (CVC-BSI).

Preventing HAIs involves the right engineering and the right equipment; attention to hygiene; training of healthcare providers and staff; and the cooperation of patients, and their families and friends.

Washing hands, cleaning environments and sterilizing instruments are the best ways to prevent HAIs. However, following best practices is not always simple. It involves many people and increasing awareness in a complex environment. Educating and encouraging healthcare workers, patients and visitors to wash their hands at the right time and consist-
ently perform other hygiene practices is one challenge. Others include the ever-changing characteristics of infectious agents, as well as the increasing risk of infection associated with advances in medical care and increasingly vulnerable patients.

**BECOMING INFECTED**

People become infected with bacteria, viruses, fungi and parasites when these micro-organisms spread through the air, through direct or indirect contact, or when infected blood or body fluids enter the body (e.g. the bloodstream). The risk of infection is higher in places where people gather, and the impact is magnified in hospitals and long-term care facilities because patients are already ill, and at particular risk of infection due to medical interventions and “hands-on” care.

Approximately eight per cent of children and 10 per cent of adults in Canadian hospitals have an HAI at any given time. The severity is greatest among those who are elderly, very young, have weakened immune systems, or have one or more chronic conditions.

Of the greatest concern are the bacteria that are resistant to multiple types of antibiotics. More than 50 per cent of HAI s are caused by bacteria that are resistant to at least one type of antibiotic.

Some infectious agents can spread easily from people who are infected, to those who are not. They can also spread from healthy individuals who may carry the agent, but do not develop clinical infections or even know they are sick.

Infection can easily spread from patient to patient through the hands of healthcare workers during treatment or personal care, or by touching contaminated shared surfaces, such as bathrooms, toilets or equipment. Even the simple act of holding a loved one’s hand can risk spreading infection if hands haven’t been correctly washed.

While direct person-to-person touch is the primary pathway, the healthcare environment itself can be a route of transmission. Bacteria can exist on many objects in the patient environment (e.g. bedrails, telephones, call buttons, taps, door handles, mattresses, chairs, etc.). Some of these bacteria can survive for a long time – in some cases for many weeks and even months.

**PREVENTING INFECTION IN HEALTHCARE SETTINGS**

Patients, visitors and healthcare workers alike are responsible for preventing infection in healthcare settings. While prolonged hospitalization and being immune-compromised can increase a person’s risk of infection, research shows that applying infection control practices can reduce those risks by significantly decreasing overall rates of infection, thereby reducing exposure. Those practices range from individual behaviours to institution-wide policies.

Addressing infection prevention in healthcare settings involves multiple tactics. Some of those include:

- Educating everyone about how infections occur and how to prevent them;
- Reminding everyone, including visitors, to carefully clean their hands with soap and water, or alcohol-based hand rubs before and after interacting with patients;
- Making hand hygiene options easily available (e.g. having alcohol-based hand rubs and handwashing stations/washrooms accessible in key locations);
- Limiting touching of patients by visitors, especially areas that may be more prone to transmitting infection such as open wounds or sores;
- Working with infection control specialists, and following advice for additional precautions where necessary (e.g. wearing gowns, gloves, limiting number of visitors, need for isolation rooms, etc.);
- Monitoring rates of infection, and evaluating and improving preventive programs;
- Using checklists to ensure best practices in infection prevention are followed; and,
- Detecting and identifying outbreaks of infection with careful and continuous evaluation and improving preventive programs.

**Infected, Colonized and the Iceberg Effect**

An infected individual is one in whom infectious agents have developed to the point where the person gets ill, and shows symptoms such as fever and high white blood cell counts.

An infected person may transmit infectious agents to another person through touch (direct to another person or indirect touching of the same object). However, not all individuals exposed to the infectious agent become infected and sick. Instead, they may become colonized.

Since most colonized individuals have no symptoms, they are unaware they are carrying the infectious agents. As a result, everyone – not just those who are sick – must be vigilant about hygiene and handwashing to protect others.

For some bacteria and viruses the number of colonized people is much higher than the number of infected people (i.e. who are sick). The relationship between the number colonized and the number infected is often referred to as the *iceberg effect*. The smallest part of the iceberg – the tip visible above the water – represents those who are infected and have symptoms. The largest portion of the iceberg – underwater and mostly invisible – represents the number of colonized people with no symptoms.

The key message here is, that which is visible is not always representative of all that is present, and we need to be concerned with what is not always visible.

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*Continue On Page 16*
monitoring and surveillance.

During infectious disease outbreaks such as SARS and H1N1, healthcare facilities became much more diligent in enforcing infection prevention and control practices for staff, patients and visitors. A study of the effect of those stepped-up efforts in an Ontario hospital showed that intensive care patients were more than twice as likely to develop an HAI in the pre-SARS period as in the post-SARS period.

Recognizing the global need for infection control, WHO launched the first Global Patient Safety Challenge in 2005 – an international campaign to encourage member countries to reduce the risk of infection in healthcare settings. The “Clean Care is Safer Care” campaign included several components: clean products, clean practices, clean equipment and clean environment, all within the overall goal of implementing WHO hand hygiene recommendations. Canada joined the Global Patient Safety Challenge in 2006 and later launched the Canadian Patient Safety Institute’s (CPSI) Stop! Clean Your Hands program. This program is part of Canada’s Hand Hygiene Challenge, which is meant to improve hand hygiene practices and compliance in healthcare settings.

CLEANING ENVIRONMENTS

While hand hygiene is a critically important way to fight HAIs, one strategy alone cannot win the battle. Many other practices need to be in place. Cleaning equipment and environments are also very important – and connected to hand hygiene since hands touch equipment and the environment in healthcare settings.

There are policies and guidelines which specify the way in which healthcare environments should be cleaned and disinfected, such as how often, with what types of products and in what way. These guidelines are best practices based on factors such as how often a surface is touched, the risk of infection with the type of activity in the area, the vulnerability of the patients and the probability of contamination from body fluids. For the most part, items should be cleaned and disinfected shortly after use. Finishes on furniture and surfaces on equipment should be made of materials that can be cleaned and, items that have been damaged, should be properly discarded. Many healthcare settings now use external cleaning services. In these situations, it is also essential that proper policies and procedures are followed.

After cleaning and disinfection of the environments in healthcare settings is carried out, there are no national standards in Canada to measure how clean things are. Instead, the level of cleanliness is assessed by how clean things look. But visual assessments are not enough. Researchers in the United Kingdom found that 90 per cent of the wards that looked clean still contained unacceptable numbers of micro-organisms. The researchers proposed bacteriological standards for assessing surface hygiene in healthcare facilities modified from the standards used for food preparation surfaces.

MONITORING INFECTION

Most HAIs are preventable. As many as 70 per cent of some HAIs could reasonably be prevented if infection prevention and control strategies are followed. But this is just one estimate – not enough is known about infections and how many patients could have been affected had programs not been in place.

Monitoring, tracking and prevention activities together work towards reducing the number of HAIs. Nearly all hospitals in Canada routinely monitor the incidence of HAIs through surveillance activities. Surveillance is either broad (assessing all care areas), targeted to specific units (e.g. the intensive care unit) or focused on specific infections that are a priority for a particular hospital.

However, just because some type of monitoring occurs does not mean that it is effective in preventing and controlling HAIs. The U.S. Centers for Disease Control and Prevention Carried out the Study on the Efficacy of Nosocomial Infection Control (SENIC) project to identify the most effective approaches to infection surveillance, prevention and control.

In 2008, a survey of Canadian hospitals with more than 80 beds reported that, on average, only two-thirds (68 per cent) of the recommended surveillance activities based on SENIC project findings, and only 64 per cent of the recommended infection control activities, had been carried out. In addition, only 23 per cent had the recommended number of infection control professionals on staff.
MANDATORY STANDARDS, MONITORING AND PUBLIC REPORTING

Mandatory standards, monitoring and public reporting are necessary to understand and tackle HAIs. Some current practices are inconsistent and uncoordinated, and more could be done to improve monitoring, addressing and reporting of HAIs in Canada.

STANDARDS AND BEST PRACTICES

Daily prevention and control of infectious agents is important everywhere. However, it is particularly important in healthcare environments. Hospitals started to establish infection prevention and control programs in the late 1950s. Initial concerns were with staphylococcal bacteria, and addressing them focused on identifying the infection and isolating patients. During the 1980s, infection prevention and control programs expanded to long-term care facilities and the community. There are now aggressive efforts across various types of healthcare services in Canada to create networks, and uphold standards in infection prevention and control.

The Canadian Patient Safety Institute (CPSI) works with governments, health organizations, leaders and healthcare providers to raise awareness and facilitate best practices to make healthcare safer. Through their primary program – Safer Healthcare Now! – CPSI provides services, tools and resources for all levels of healthcare, including frontline workers, middle managers, senior leaders and boards.

Through a peer review process, Accreditation Canada’s standards assess governance, risk management, leadership and infection prevention and control in healthcare organizations. The organization’s over 600 peer reviewers are healthcare professionals across many fields from different types of healthcare services including physicians, nurses, scientists, therapists and social workers. Accreditation Canada currently has over 1000 client organizations including regional health authorities, hospitals and community programs and services in Canada and internationally.

Patient safety is a priority for accreditation, which is implemented and monitored as part of Required Organizational Practices (ROPs) developed by Accreditation Canada. ROPs are put in place to mitigate risk, reduce the potential for adverse events and foster high-quality care. The ROPs fall into six patient safety areas: safety culture, communication, medication use, workflow/workforce; infection control and risk assessment.

Similarly, the Community and Hospital Infection Control Association – Canada (CHICA-Canada) is a national association that promotes best practices in infection prevention and control. Generally, the focus is to improve patient care and staff health in healthcare facilities and the community by developing united control efforts (involving multi-disciplinary teams), standardizing practices, promoting research and facilitating educational programs for all those working in healthcare settings.

In terms of surveillance, the Canadian Nosocomial Infection Surveillance Program (CNISP) was established in 1994. The CNISP gathers data from participating locations across the country to provide rates and trends on HAIs at Canadian healthcare facilities. This evidence-based data can be used in the development of national guidelines on clinical issues related to HAIs.

ACTIONS FOR SUCCESS

HAIs complicate the lives of Canadians when they are at their most vulnerable, resulting in longer illnesses and greater risk of death. They can impact people even after they are discharged from healthcare facilities. What’s more, the longer patients remain infectious, the longer they can spread infectious agents to others. Continued vigilance is necessary to reduce the numbers of those affected by HAIs.

The nature of healthcare continues to evolve. To be current and ahead of emerging and re-emerging threats, infection prevention and control must also evolve as the nature of infection evolves. Canada can do more to reduce and try to eliminate risk of infection within healthcare settings. All Canadians can be involved in minimizing the spread of infection by taking actions within their control.

Establishing a Common Infection Control Platform

By ATUL K. SINGH, Ph.D., Director of Production & Research, TruClean Solutions

Chemistry applies to all areas in our lives. It is not just something utilized in the formulation of cleaning products, but even connects and creates bonds between people. Interestingly, some chemistries consist of multi-step reactions and have rate-limiting steps.

The rate-limiting step is the slowest step of a chemical reaction and determines the speed at which the overall reaction proceeds. Acknowledging the rate-limiting step is the key to maximizing the final product formation.

During the course of a multi-step reaction, the rate-limiting step is always changing, so a constant assessment of, and improvement to, this process is necessary for a successful result. Similarly, issues that arise during the process can be multi-factorial and, in order to solve it, an understanding of the rate-limiting step is crucial.

In this article, we will discuss the factors associated with microbial infection and the possible steps required to minimize or solve the problem of the growth and proliferation of infectious agents.

Controlling microbial growth has become a daunting task due to the rise in antimicrobial resistance (AMR) around the world. AMR has resulted in prolonged treatment times, increased mortality rates and high economic impacts. With a scarcity of new antibiotics, the world is almost leaning towards a post-antibiotic era where even a small infection would be difficult to treat.

To deal with this alarming situation, a multi-disciplinary approach has been established. Importantly, the World Health Organization (WHO) global action plan and the joint efforts of G7 countries to combat AMR are functioning very effectively. Under this plan, strategies applied in Europe, Canada, Japan and the United States have been shared among the countries, and a best practice to regulate antibiotic use has been established and constantly updated.

By recognizing the importance of a multi-disciplinary approach, in 2013 the Government of Canada proposed to animal and human healthcare practitioners that they control the use of antibiotics. As a result, the entire healthcare sector coordinated and now tightly controls antibiotic use by assessing patient need and severity of infection.

Despite all these efforts the question now is, why is microbial infection still on the rise?

Unarguably, infection control and prevention is a multi-step process, so we need to understand the limiting factors. Are we lacking effective communication between those who are involved in controlling microbial growth from the surfaces and environment, and those working on treating patients infected with microbes? Do we keep track of microbes becoming more difficult to treat (or even untreatable) with antimicrobials in order to develop better strategies to control microbial growth in the environment? How can we be sure that the cleaning agents that we are using today are equally effective tomorrow, and working at optimal levels?

This communication gap necessitates the development of a common platform.
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If you don’t want to give up bagged cleaning, the Sanitaire SC5713A and SC5815A QuietClean® models provide all of the same features, with the addition of a 4.5-quart, allergen bag.

All Sanitaire QuietClean® vacuums are also backed by a two-year Promise of Performance Warranty. For additional information on Sanitaire products, contact Stewart Bowie at stewart.bowie@electrolux.com or by phone at (905) 813-7400 ext. 8430.
WOOD WYANT ACQUIRES CHATTerson JANITORIAL SUPPLIES LTD.

Wood Wyant Canada Inc., a subsidiary of Sani Marc Group Inc., is pleased to announce the acquisition of Chatterson Janitorial Supplies Ltd., based in Regina, SK.

Chatterson specializes in the distribution of sanitation and janitorial equipment and products in the commercial, industrial and institutional markets.

“As a major player in the Regina area, Chatterson Janitorial Supplies has developed and maintained a large local clientele, thanks to their exemplary customer service,” said Pierre Goudreault, president of Sani-Marc Group.

“The integration of the company’s activities will be facilitated by the two organizations’ shared values. This acquisition strengthens Sani-Marc Group’s strategy to increase its presence in every province of Canada.”

“For 48 years and through three generations, my family has operated Chatterson Janitorial Supplies,” said Garth Chatterson, president of Chatterson.

“Wood Wyant values family spirit and great customer service, making it the ultimate choice to ensure the continuance of the company values that have been so important to our success.”

The company was purchased through the acquisition of all of Chatterson Janitorial Supplies shares on Oct. 1, 2015.

IICRC & CIRI TEAM UP TO HELP BUILD CLEANING & RESTORATION SCIENCE

The Institute of Inspection, Cleaning and Restoration Certification (IICRC) and the Cleaning Industry Research Institute (CIRI) have formed a public trust to develop and disseminate cleaning and restoration science. The collaboration of the leading technical, certification and standards-writing organizations serving the cleaning and restoration industries will begin with a joint technical conference and symposium on April 10 and 11, 2016 at the Georgia Tech Hotel & Conference Centre in Atlanta, GA.

“The first conference I attended as an IICRC board member was a CIRI Science Symposium,” said IICRC Chairman Tony Wheelwright. “Since then, I have worked with CIRI leadership to promote the collaboration between our organizations for the good of the general public. The coupling of our new technical conference which was developed as a companion to our peer-review technical journal – The Journal of Cleaning, Restoration & Inspection – with the CIRI symposium is the realization of that dream.”

“This collaboration joins together two major segments of the cleaning industry – facilities cleaning and disaster restoration-mediation,” said CIRI Chairman Jim Harris. “Each organization has been the leading voice for technical proficiency backed by science in its market.”

For more information, contact Carole Onweller at carole@iicrc.org or (740) 616-9633.

TTI COMMERCIAL CLEANING EXPANDING CANADIAN BUSINESS – MARK GRZESKOWIAK APPOINTED

TTI Commercial Cleaning is transforming the commercial cleaning industry in the United States and is now looking to do the same in Canada with the launch of its Hoover® Commercial and Oreck® Commercial brands.

Part of TTI Floor Care N.A., the business is expanding its presence in Canada with new sales leadership, and the introduction of new technology as part of its portfolio of products which includes upright bagged and bagless vacuums, backpack vacuums, carpet cleaners and more.

The focus on innovation includes Hoover Commercial HUSHTONE™ vacuums, which are ideal for day cleaning as they operate at a decibel level that is lower than standard commercial vacs. In addition, TTI has launched a suite of Hoover Commercial and Oreck Commercial cordless cleaning products powered by interchangeable lithium ion batteries which have long run-times and fast charge times.

The cordless cleaning products are designed for offices, hospitality and large commercial facilities where speed and performance are critical.

In an effort to help grow the business in Canada, Mark Grzeskowiak recently joined the company as director of Canadian commercial sales, with 11 years of experience in the commercial cleaning industry.

“(Mark’s) passion for the business, track record for success and expertise in the industry promises to be a strong asset for TTI and its Canadian customers,” said Craig Baxter, president of TTI Canada Inc.

“We’re very excited about our HUSHTONE and cordless technology, and their benefits to commercial cleaning,” said Grzeskowiak. “They’re just another example of the innovative, high quality products and superior customer service Canadian operators can expect from TTI Commercial Cleaning.”

For more information, visit www.hoovercommercial.com and www.oreckcommercial.com.

OHHA HOSTS FIFTH ANNUAL ‘PACK YOUR BACKPACK’ CONFERENCE & TRADE SHOW

The Ontario Healthcare Housekeepers Association will host its popular ‘Pack Your Backpack’ conference and trade show from May 31 to Jun. 2, 2016 at Oakwood Resort in Grand Bend, ON.

The fifth annual conference will feature an array of profession-specific educational workshops; industry expert suppliers and manufacturers displaying the latest product innovations at the trade show; great networking opportunities; Dragon Boat races; 18 hole par 70 golf course and Best Ball Tournament; and a special dinner event (dress to impress).

So pack your backpack because “you are great; you are the best of the best... Baby you’re a rock star!”

For more information, please contact OHHA at www.ohha.org or search “Pack Your Backpack - You’re a Rock Star” on Facebook.
WHEN WINTER DOESN’T PLAY NICE

ProGuard® 10
70% to 80% of dust and dirt is tracked in from the outside on people’s feet

ProGuard® LI 3 Cordless
Slip-and-fall accidents lead to 95 million lost workdays annually**

ProBlitz® XP AirMover
85% of Workers Compensation claims are attributed to employees slipping on slick floors*

WHATEVER THE WEATHER, BE PREPARED WITH PROTEAM.

* National Floor Safety Institute, Industrial Safety & Occupational Health Markets 5th Edition  ** Scot Young Research

The American Lung Association and ProTeam are partners in an educational campaign about Indoor Air Quality Issues. The American Lung Association does not endorse products.

Pro-Team.com
between cleaning product researchers, infection control practitioners and antimicrobial innovators to share their current findings and help one another fight against infection causing organisms.

A recent report, published in a prestigious research journal, suggested that anti-microbial resistance existed in nature well before the use of antibiotics for treating infection. So even with a very controlled prescription, resistance would arise on its own.

As cleaning product researchers, we should watch closely and understand the current trends with the antimicrobial resistance issue.

Several world-class scientists and healthcare practitioners are working diligently to discover antimicrobials to control infections. We can contribute equally, if not more so, in controlling the dissemination of Healthcare Associated Infections (HAI).

Not all disinfectants are active against all types of microbes. Their activity is generally confined to a certain group. Thus, we recommend and specify cleaning products based on the type and severity of the infection in a particular area. For example, spore forming bacteria – Mycobacteria, etc. – require a specific cleaning routine. Additionally, consideration must be given to those within the environment.

We need to take extra care when cleaning areas dominated by individuals with low immunity – i.e. the elderly, young children, etc. We may also need a more specific cleaning process or additional cleaning products (combination treatment) to completely remove the infection threat. Overall, we can have generalized, as well as targeted cleaning, depending on the type and prevalence of the infectious agents. All of these steps require proper communication between all groups involved – healthcare practitioners and environmental services personnel.

Although a variety of quality cleaning products are available, we should constantly work on enhancing product potency, acceptability and increase awareness of the importance of cleaning. I wonder why people don’t become more interested in the cleaning products they use. Have we not worked hard enough to develop the quality products that attract people to use them?

Given that environmental factors contribute significantly to a healthy lifestyle, we should not compromise with a cleaning product’s non-toxic and eco-friendly quality.

Our focus should always be on developing products that work effectively, without negatively affecting the professionals who use them. Last, but not least, infection control and prevention demands a holistic approach, and we must constantly review and scrutinize all the limiting factors with great care.

Dr. Atul Singh is a Ph.D. in Biochemistry and has extensive research experience in the field of antibiotic resistance development in various infectious bacteria. He did his post-doctoral research work at the Department of Microbiology and Immunobiology, Harvard Medical School and Illinois State University. Dr. Singh works as Director, Research & Production at TrnClean Solutions, a Toronto-based Canadian manufacturer of high quality cleaning products. He may be reached at atul@trnclean.ca.

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ANSI/IICRC S500 Standard & Reference Guide for Professional Water Damage Restoration Published


ANSI / IICRC S500 provides a specific set of practical standards for water damage restoration. It does not provide comprehensive water damage restoration procedures; rather, it outlines the foundation for basic principles of proper restoration practices. The primary revisions made to the include the following:

• Re-defined the classes of water intrusion to offer a more objective means of estimating the evaporation load in a building, basing it on amount of affected materials to be dried rather than by vague descriptions.

• Structured the inspections and

• Provided a rationale for air mover placement based on the amount of wet, affected surfaces that is applicable to all classes of water intrusions.

• Strengthened the third-party references in the building science, microbiology, psychrometrics and drying technology chapters to reflect third party research and enhance their credibility.

To purchase a copy of the new ANSI / IICRC S500: 2015 and other standards, visit http://webstore.iicrc.org. For more information, visit www.iicrc.org.
QuietClean® Bagless Upright

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For more information on Sanitaire products, contact Stewart Bowie at stewart.bowie@electrolux.com or 905-813-7400 ext. 8430.