



USING ULTRAVIOLET LIGHT FOR SURFACE DISINFECTION

EA Bryce MD

Division of Medical Microbiology and Infection Control
Department of Pathology, Faculty of Medicine, UBC



DISCLOSURE



Research Biomerieux, Teck

A scenic view of a canal in Amsterdam at dusk. The canal is lined with trees and buildings, and a bridge is visible in the background. The water reflects the warm lights from the street lamps and buildings. The sky is a mix of blue and orange, suggesting the time is twilight. The overall atmosphere is peaceful and picturesque.

OBJECTIVES

1

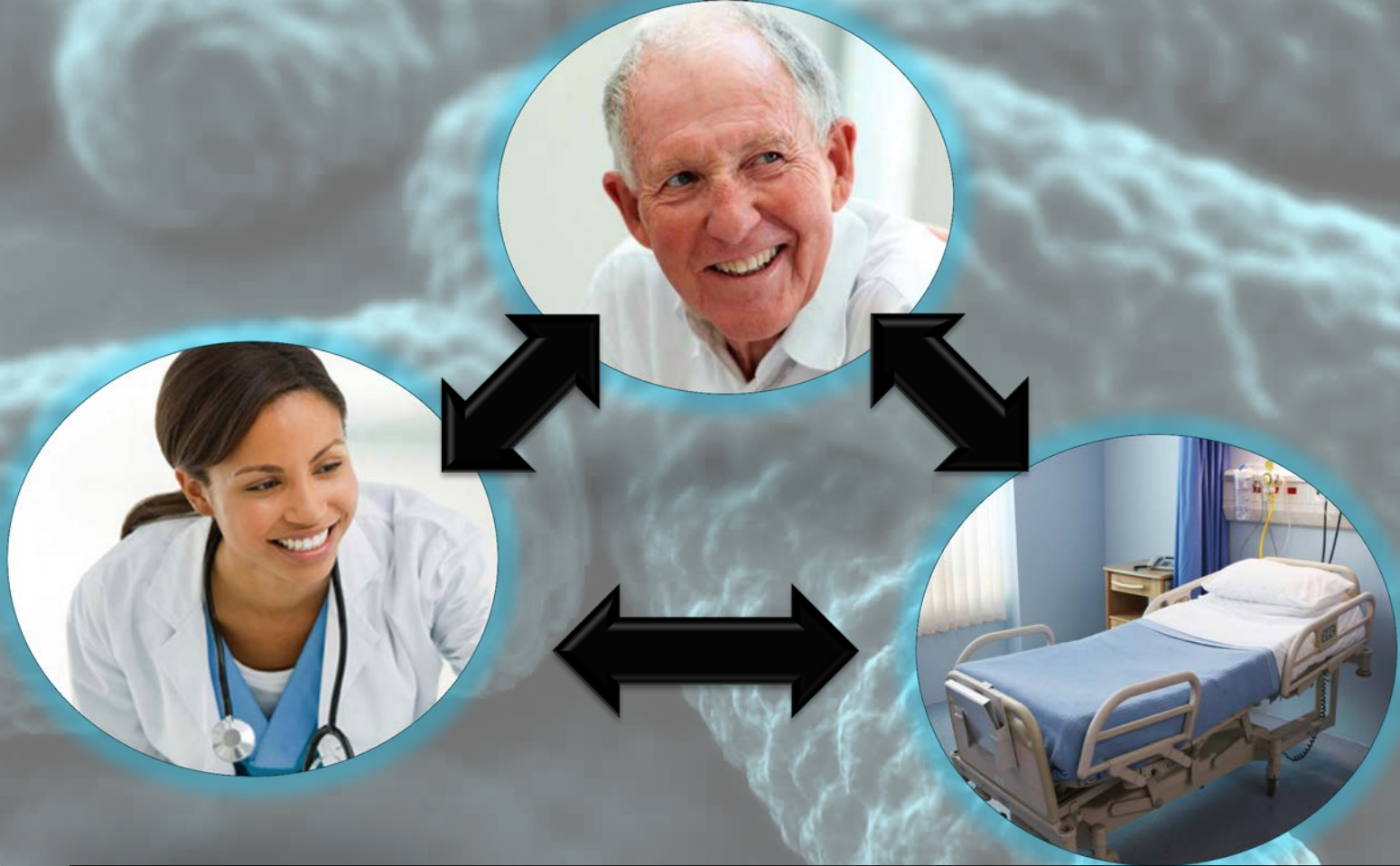
Describe how UVC light works

2

Discuss UVC strategies to reduce HAIs

3

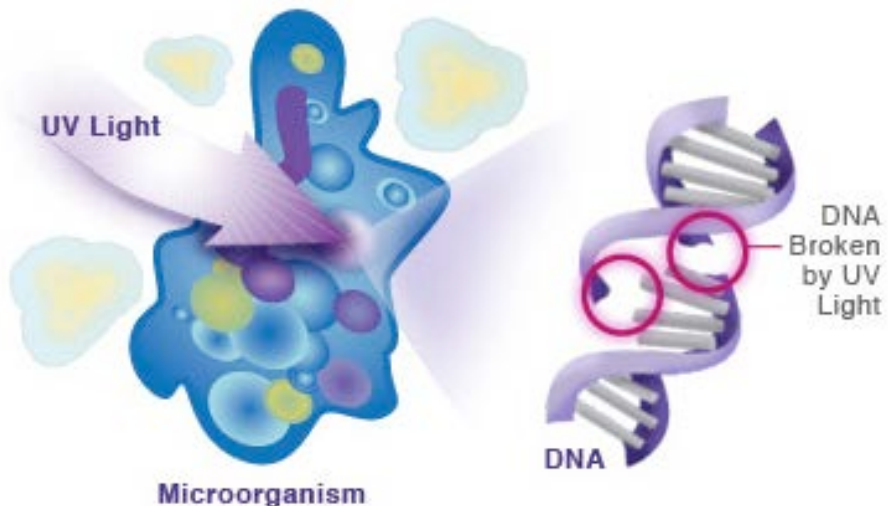
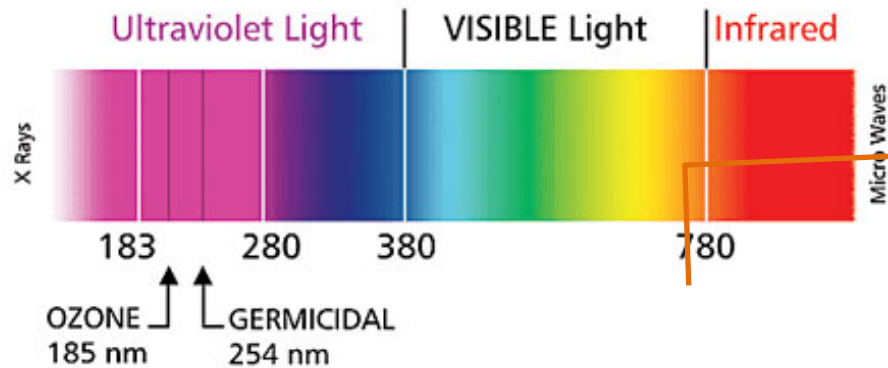
Review the evidence that support use of UVC to reduce HAIs



- Risk of an ARO increases with prior occupancy by a patient with an ARO
- Manual cleaning is imperfect
- UVC may be an effective adjunct

An abstract image featuring vibrant, multi-colored light trails (blue, yellow, and red) against a black background. The trails are dynamic and flowing, suggesting movement and energy. The text "The Power of Light" is centered over the image in a white, sans-serif font.

The Power of Light



UV SURFACE DISINFECTION

used in laboratories for years

new literature demonstrates value
as an adjunct to cleaning

reduces CD spores, MRSA, VRE in
hospital rooms

evaluation must include ability to
integrate technology into workflow



COMMON QUESTIONS

IS IT SAFE?

Yes, sensors and barriers prevent
accidental human exposure
UVC does not penetrate glass

DOES IT WORK?

Yes, both in laboratory and clinical
setting

CONTINUOUS UCV

Low pressure mercury 254 nm
Cycle time: 5 to >60 min
Machines as to how they determine the length of a cycle
One study suggests more effective than pulsed xenon
Purchase prices vary significantly

PULSED XENON

Pulsed light from 200 to 320 nm
Cycle time 5-7 min
As per continuous UVC

Types of UVC Technology Available

Tru-D
SmartUVC

Full Disclosure!

Effect of Variation in Test Methods on Performance of Ultraviolet-C Radiation Room Decontamination

Jennifer L. Cadnum, BS;^{1,2} Myreen E. Tomas, MD;¹ Thriveen Sankar, MNO;^{1,2} Annette Jenson, CIC;¹ J. Itty Mathew, MLS;² Sirisha Kundrapu, MD;² Curtis J. Donskey, MD^{2,3}

OBJECTIVE. To determine the effect of variation in test methods on performance of an ultraviolet-C (UV-C) room decontamination device.
DESIGN. Laboratory evaluation.

METHODS. We compared the efficacy of 2 UV-C room decontamination devices with low pressure mercury gas bulbs. For 1 of the devices, we evaluated the effect of variation in spreading of the inoculum, carrier orientation relative to the device, type of organic load, type of carrier, height of carrier, and uninterrupted versus interrupted exposures on measured UV-C killing of methicillin-resistant *Staphylococcus aureus* and *Clostridium difficile* spores.

RESULTS. The 2 UV-C room decontamination devices achieved similar log₁₀ colony-forming unit reductions in the pathogens with exposure times ranging from 5 to 40 minutes. On steel carriers, spreading of the inoculum over a larger surface area significantly enhanced killing of both pathogens, such that a 10-minute exposure on a 22-mm² disk resulted in greater than 2 log reduction in *C. difficile* spores. Orientation of carriers in parallel rather than perpendicular with the UV-C lamps significantly enhanced killing of both pathogens. Different types of organic load also significantly affected measured organism reductions, whereas type of carrier, variation in carrier height, and interrupted exposure cycles did not.

CONCLUSIONS. Variation in test methods can significantly impact measured reductions in pathogens by UV-C devices during experimental testing. Our findings highlight the need for standardized laboratory methods for testing the efficacy of UV-C devices and for evaluations of the efficacy of short UV-C exposure times in real-world settings.



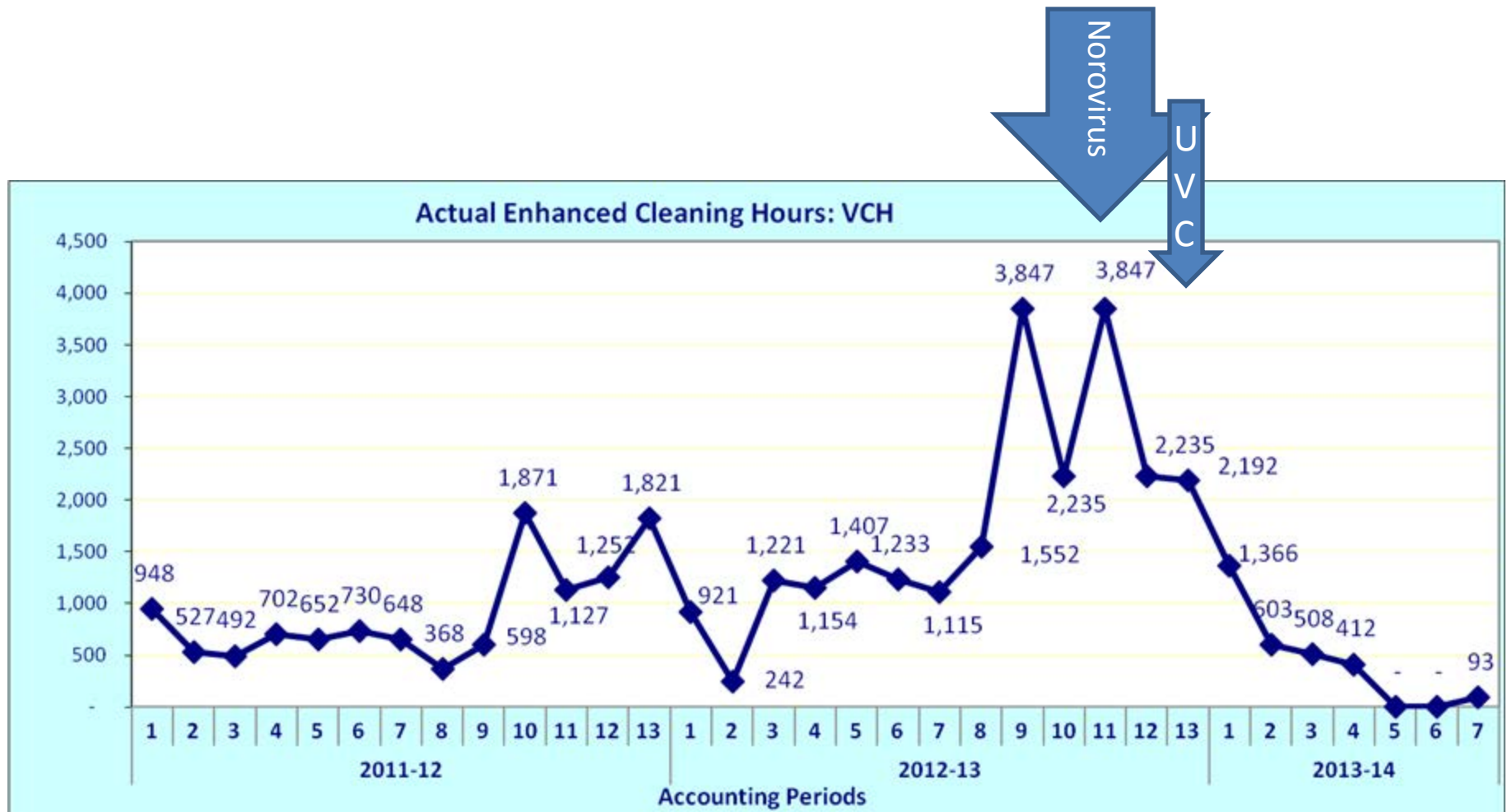
DOES UVC WORK CLINICALLY?

Many studies show decrease in
bioburden
Limited studies on impact on HAI
reduction

Vianna PG AJIC 2016;44:299-
303

Napolitano NA AJIC
2015;43:1342-6

Anderson D Lancet January 16,
2017 pii: S0140-6736(16)31588-
4. doi: 10.1016/S0140-
6736(16)31588-4.



Please note that the decluttering and VRE risk management approach began with Wave 1 in September 2012.

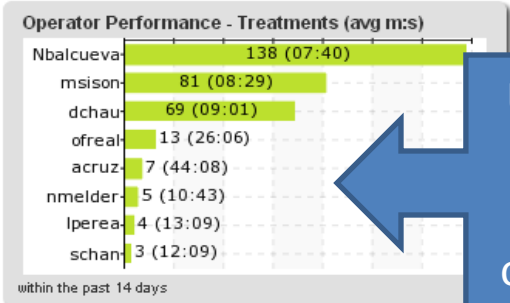
Vancouver General Hospital	
10/29/2015	Hot Spot Alert JPN 02, JPS 02, JPS 06, JPS 09, JPS 11, JPS 14
10/29/2015	Device Event Alert RD-205: [14] Possible lamp failure, count[15]
10/28/2015	Hot Spot Alert CP 06, CP 08, JPN 02, JPS 06, JPS 09, JPS 10
10/27/2015	Hot Spot Alert JPS 02, JPS 07, JPS 09, JPS 10, JPS 12

R-D Unit	Renewal	Amount	Status
Vancouver General Hospital			
203	11/12/2015	\$5,000	Expires in 15 days
205	11/12/2015	\$4,000	Expires in 15 days
206	11/12/2015	\$4,000	Expires in 15 days

ESA provides access to this portal, your services and misc services including maintenance and support.

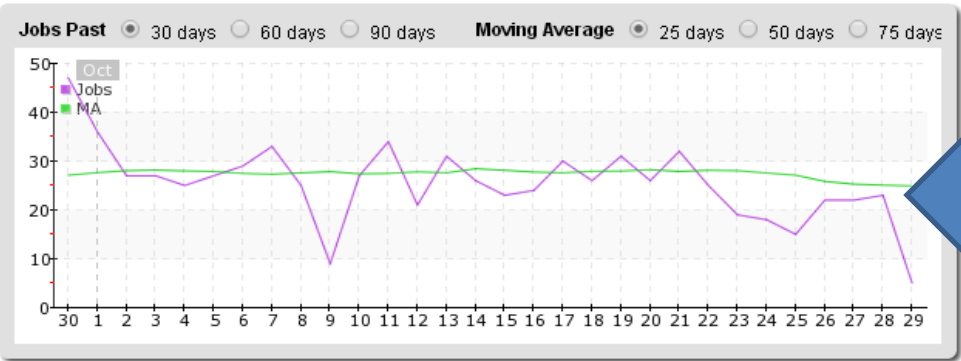
Recent Sync:			
R-D Unit	Last Sync	Installed	Last Job
203	18 hrs	11/12/14	10/28/15 6:05 pm
205	2 hrs	11/12/14	10/29/15 10:17 am
206	1:28 m.s	11/12/14	10/29/15 5:44 am

Last Synchronization		Last Job	
State	Period	State	Period
Ok	< 5 minutes	Ok	< 2 days
Slow	< 2 hours	Slow	< 1 week
Late	< 2 days	Late	< 2 weeks
None	> 2 days	None	> 2 weeks
Unknown	Never synced	Unknown	Unknown



Use of a non-existent operator

Pending Work Requests
Location Date Comments



Decline in UVC use with shift to new HK team

Recent Jobs		Work Request
Location	Time	
Vancouver General Hospital		
16430	10/29/15 10:17 am	
16430A	10/29/15 10:10 am	

Vancouver General Hospital			Job Report: 10/26/2015 to 10/31/2015					
Device	Job ID	Create Time	Operator	Location	Dose	Sensor Readings	Elapsed Time	Final Status
RD2 206	927	2015-10-28 19:01:09	dchau	2407	Spore (46000)	(2061) 150375 (2062) 46020 (2063) 142653 (2064) 149173	10m 14s	Completed
RD2 206	926	2015-10-28 18:23:20	dchau	2407	Spore (46000)	(2061) 97500 (2062) 46018 (2063) 71269 (2064) 94048	6m 42s	Completed
RD2 206	925	2015-10-28 12:44:15	dchau	2407	Spore (46000)	(2062) 46468 (2064) 46019	3m 20s	Completed
RD2 206	920	2015-10-28 01:56:15	acruz	2407	Spore (46000)	(2061) 50287 (2062) 46076 (2063) 57127 (2064) 54411	4m 0s	Completed
Records		4						

The advantages of software for process monitoring



**And now
of course,
there's
Angus to
help!**



PURCHASE CONSIDERATIONS

Canadian facilities work at 100% capacity.
No ability to extend “down time” for
rooms

Most UVC machines are microbiologically
effective

Functionality, integration into workflow ,
operator considerations become the
primary determinants for purchase
Cycle time may become paramount

**Consider how your
facilities operates when
selecting UVC machines**



PERMANENT UVC INSTALLATION IN BATHROOMS

J Cooper, G Astrakianskis, K Bartlet, E Bryce

The Problem: Common shared hallway bathrooms with limited sink access

The background: Toilets generate aerosols of bacteria and viruses that follow air currents for long distances or land on surfaces.

The question: Is permanently installed UVC light effective in decreasing microorganisms in the air and on surfaces



THE STUDY DESIGN

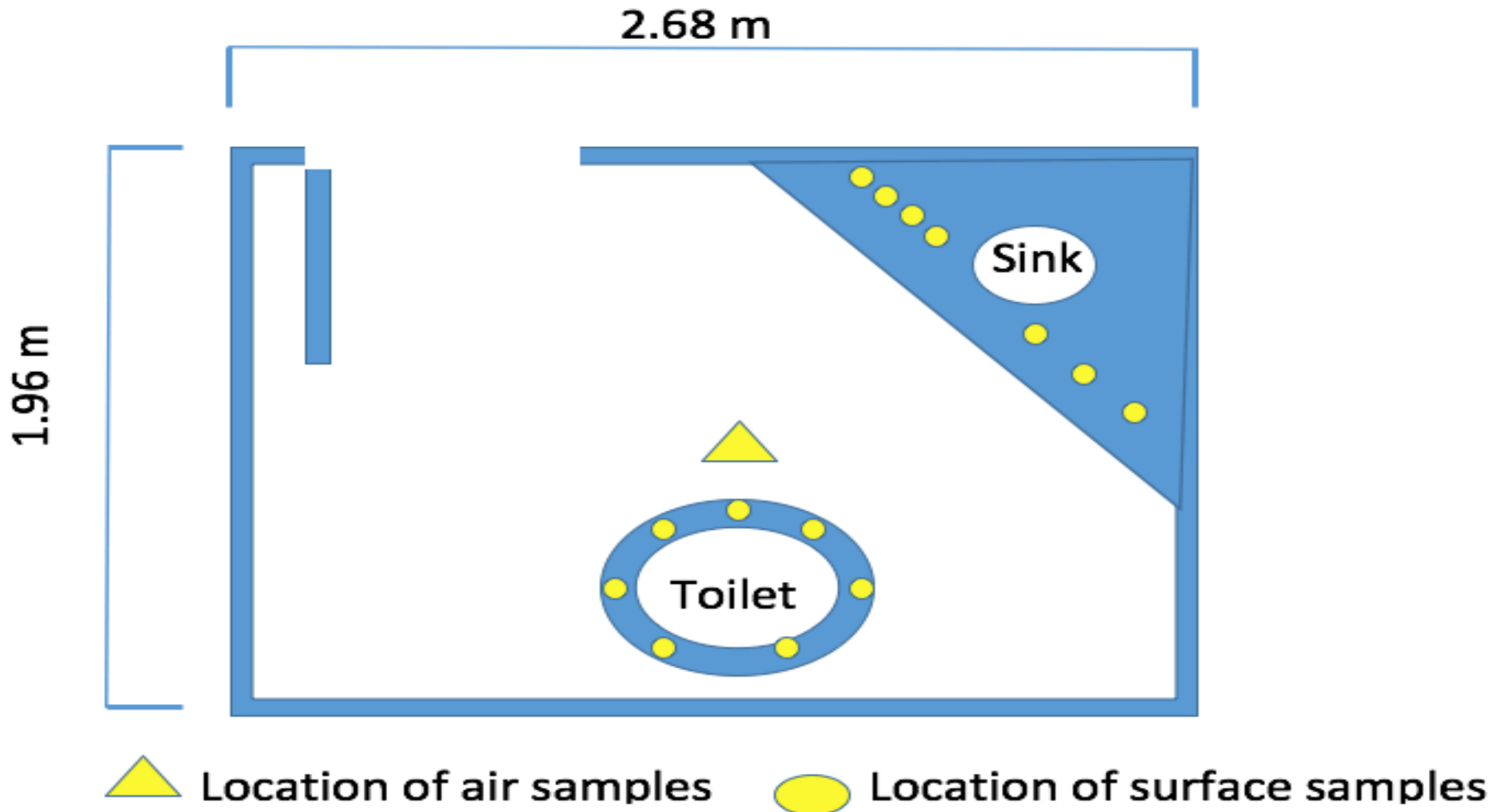
J Cooper, G Astrakianskis, K Bartlet, E Bryce

Shared hallway washrooms of similar design and size with either UVC (with 5 minute run time)

150 litre air samples were collected 5 minutes and 30 seconds after patient use and cultured

Surface samples from toilet and counter cultured

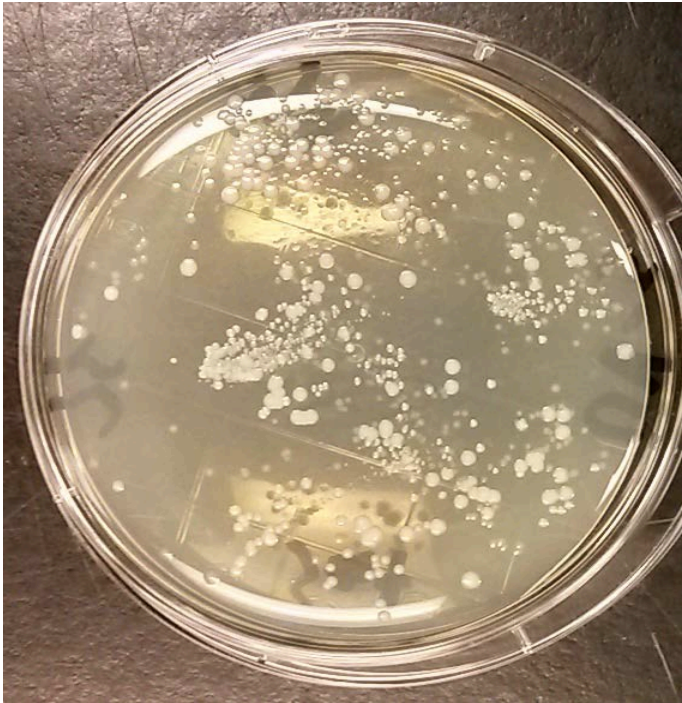
Washroom Layout and Sampling Locations



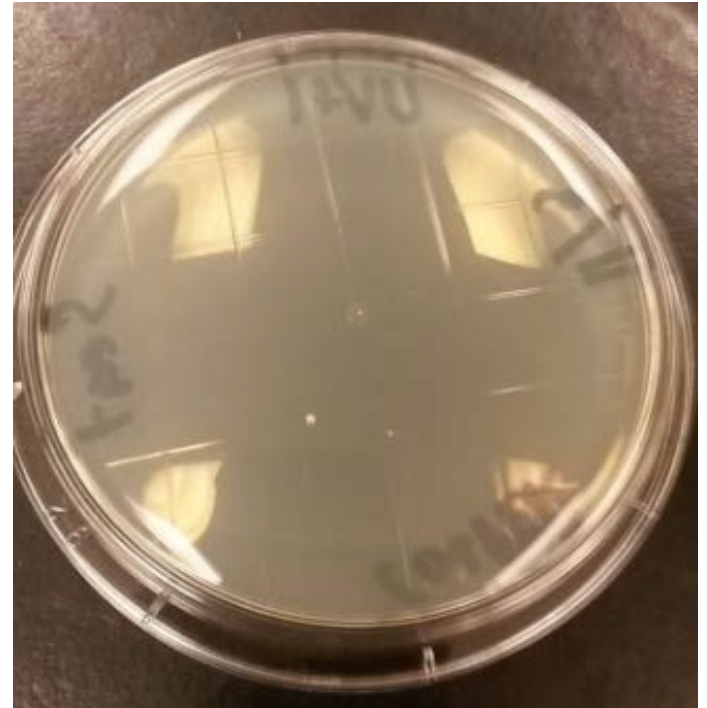


Sample	Geometric Mean Concentration	Geometric Standard Deviation	% Reduction in Mean Concentration
Seat Bacteria ¹ UV+ve	7.7	5.5	97*
Seat Bacteria ¹ UV-ve	224	7.5	
Counter Bacteria ¹ UV+ve	1.6	2.2	95*
Counter Bacteria ¹ UV-ve	31	3.1	
Anaerobic Bioaerosol ² UV+ve	45	2.4	47.7**
Anaerobic Bioaerosol ² UV-ve	86	2.8	
Aerobic Bioaerosol ² UV+ve	153.2	1.7	35.2**
Aerobic Bioaerosol ² UV-ve	236.5	1.4	

Counter Contact Plate
UV-ve



Counter Contact Plate
UV+ve





STUDY CONCLUSIONS

J Cooper, G Astrakianskis, K Bartlet, E Bryce

Automated, permanent UVC lights
can decrease exposure to potential
pathogens

Again, careful consideration of
where these devices are placed –
AND WHY – is required.

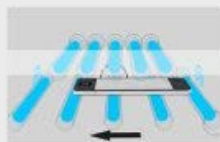
REDEFINE SANITIZATION OF MOBILE HAND HELD DEVICES



mobile devices represent an often-ignored reservoir for pathogenic bacteria

recent studies demonstrate that 82% of mobile phones show **bacterial contamination**

these devices are used by **patients, visitors and healthcare practitioners**



it sanitizes in just 35 seconds with a **360-degree UV exposure**

ALUVIS – a unique ultraviolet system for mobile devices – **fills the gap** in your hand sanitizing procedure

even with appropriate hand sanitization we need to prevent pathogen growth on these devices in order to **reduce cross-contamination**



greater than 99.9% effective against most common pathogens, and always ready for the next device, **eliminating waiting time**

table top machine may be placed in **high-risk areas** such as emergency room, nurses' and doctors' lounges, ICU, outpatient registration and ambulatory care center

come visit Angelini Pharma at **BOOTH 347** and bring this insert with you to receive a **special gift!**



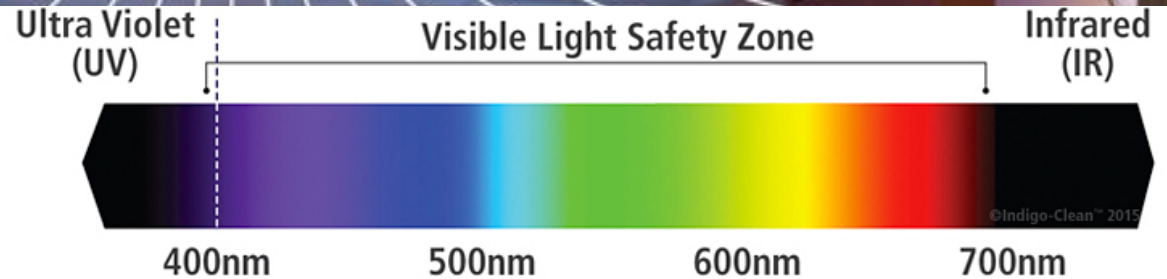
UVC FOR MOBILE EQUIPMENT

Li, Wong, Rose, Wickham, Bryce Am J Infect Control 2016

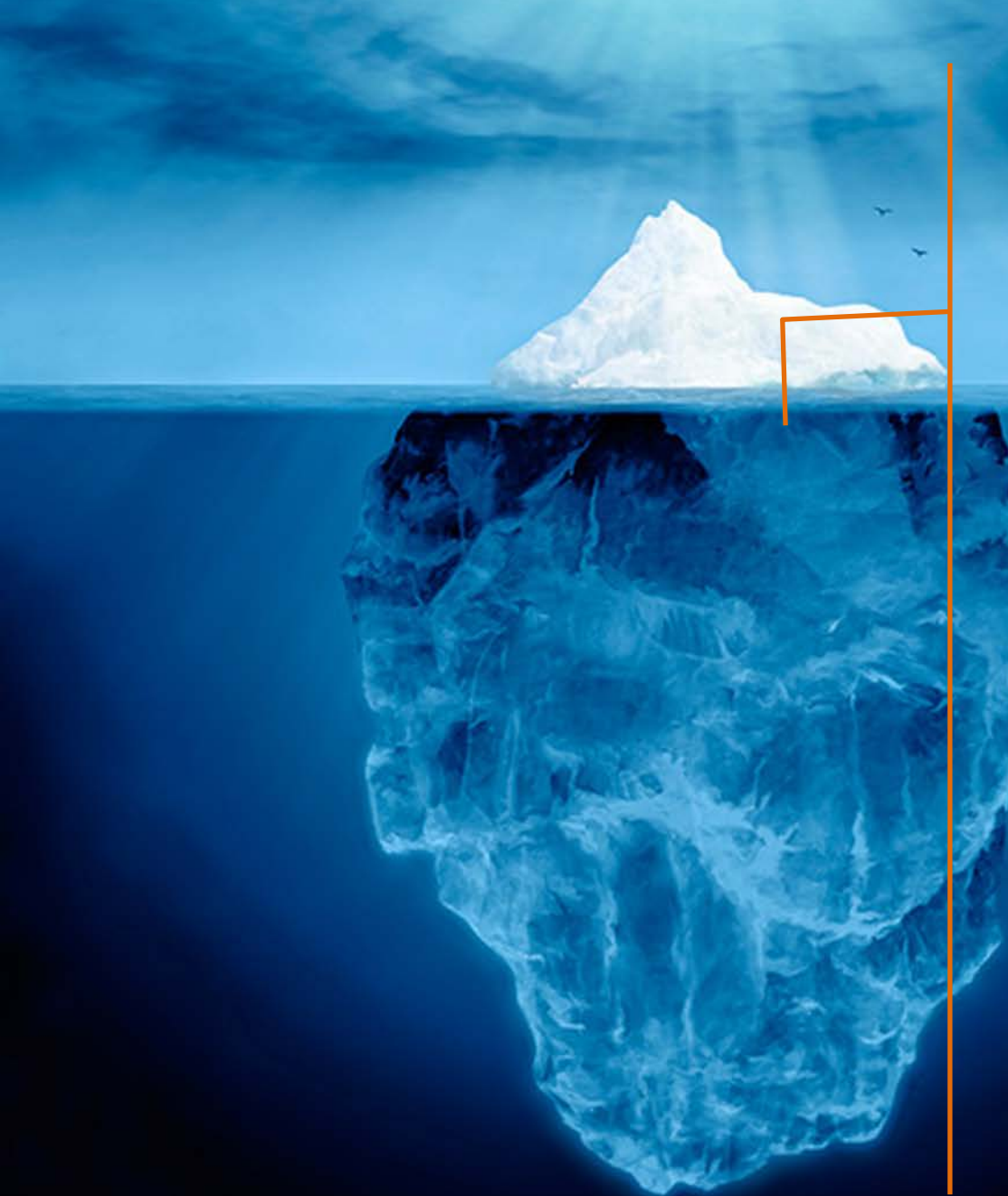
hand-held equipment can be fomites for microbe transmission

Aluvis machine is effective at disinfecting hand-held devices, but requires some human factors optimization

Ambient LED and White Light



405 nanometers: Peak germicidal activity via photoexcitation of porphyrin molecules



CONCLUSION

We are entering into an exciting new world of technology

Need to balance cost with efficacy

And consider human factors into the equation



THANK YOU

elizabeth.bryce@vch.ca

Vancouver
CoastalHealth



THE UNIVERSITY
OF BRITISH COLUMBIA

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