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# Are You Ready to Combat the **Next Infection Risk?**



**RD**  
UVC



Even before the Coronavirus epidemic, infections - both HAIs and community-spread pathogens - had long been a major issue for the healthcare industry. Hospitals, outpatient surgical facilities, dental practices, VA health providers, and long-term care facilities regularly seek new strategies to prevent infection with effective, efficient tools that are proven to work.

While the immediate surge and intense focus on combating the current pandemic might have eased, healthcare leaders must be ready to combat the next infection risk while also mitigating known pathogens including MRSA, C. difficile, and the current Coronavirus strain. Ensure your facility is future-proofed for today and tomorrow's infection risks through a reassessment of your processes, procedures, and IP solution investments.





## Focus Efforts on Prevalence and Mortality Factors

When determining if your facility has the best operations and tools to combat infection it's wise to focus on infection-related health concerns that most often occur and most often result in significant health outcomes including death. In terms of specific pathogen focus, according to the Centers for Disease Control:

- Community spread diseases will be an ongoing focus; obviously, Coronavirus is now of specific concern and will likely remain a priority in the future
- One in 31 patients seeking treatment in American hospitals is hit with an HAI each day
- Of those, about half are lung or blood infections
- Pneumonia is very common, particularly post-surgery, with mortality rates as high as 33 percent
- Approximately 30 percent are urinary tract infections, while the remaining 20 percent are surgical wound infections
- Methicillin-resistant *Staphylococcus aureus* (MRSA) infections are particularly problematic with studies showing one in 20 hospital patients either becoming infected or carrying the infection
- *C. difficile* infections, the cause of an estimated 15,000 deaths, is also a substantial cause of infectious disease

Determine where and how do these infections most often occur and which areas of your healthcare facility might be the most at risk. With the CDC's report that Coronavirus can remain infective for up to 16 hours in respirable-sized aerosols, healthcare facilities should also focus on both surface and air as possible areas of concern and mitigation efforts. Understanding the physical confines in your facility can also help - how do patients and staff move throughout the area; where are "hidden" areas that might not get disinfected as regularly; how do you limit spread between areas? These are all factors to consider when planning IP protocols and needs.

Knowing where to focus efforts is an all-hands-on-deck activity. This is the time to engage not only your IP and EVS teams, but also representatives from various departments that might not often be included in infection prevention conversations. For example, your intake staff has likely played a large role in Coronavirus mitigation efforts; they along with other departments likely have valuable insights that can add to your future IP plans.





## Leverage Tools That Provide Evidence-Based IP Results

With the surge in awareness of pathogens and associated infections in healthcare environments, due in part to the COVID-19 Pandemic, there is a significant need for improved disinfection of procedure and treatment rooms both after each procedure and on a continuous basis. With a comprehensive, strategic, and holistic plan in place, IP tools can decrease both HAI and community-spread rates and represent real long-term savings for any healthcare facility. Leveraging tools that offer evidence-based protection is the best way to address IP.

Manual disinfection is a critical component to preventing spread, but given today's pathogen strength, more sophisticated tools should be bundled with traditional IP procedures. WHO and CDC infection prevention guidelines often call for evidence-based solutions; those proven to work through standardized trial data. To address this, healthcare facilities of all types are turning to technology that provides proof of IP delivery and HAI mitigation. UVC disinfection is one of the top evidence-based solutions and, when using the right system, can show proven dosage leading to better IP results. According to the FDA, UVC radiation is a known disinfectant for air and nonporous surfaces.



UVC radiation can only inactivate a virus if the virus is directly exposed to the radiation. The most effective UVC system will measure the actual dosage of UVC delivered to targeted areas throughout a room. This enhances efficacy when compared to time-based UVC exposure. The best UVC systems also automatically capture and report disinfection data. These best-in-class systems enable managers to check real-time status on tablets to ensure the equipment is being used properly and effectively. They also capture and store records via an on-board computer, automatically sending it to a secure cloud system for later analysis and reporting.

Tracking treatment data, monitoring effectiveness, and sharing with necessary stakeholders is an important function of UVC light technology. Ensuring the device selected has been used in clinical trials should be a key decision driver when investing in UVC. An AJIC study showed that Rochester General Hospital saw a 56% reduction of their crude *C. difficile* infection (CDI) rates compared to New York State risk-adjusted rates between 2011-2015 when using the RD UVC system. RGH also saw a 46% reduction between 2012 and 2015 when all available portable equipment was put in rooms for UVC disinfection, and unit common areas were terminally cleaned. Evidence-based data also shows that proven methods of disease prevention empowers hospitals to save money. One study showed that a 20% reduction in *C. diff* cases using RD UVC could save the average hospital more than \$1.3 million annually in healthcare costs.





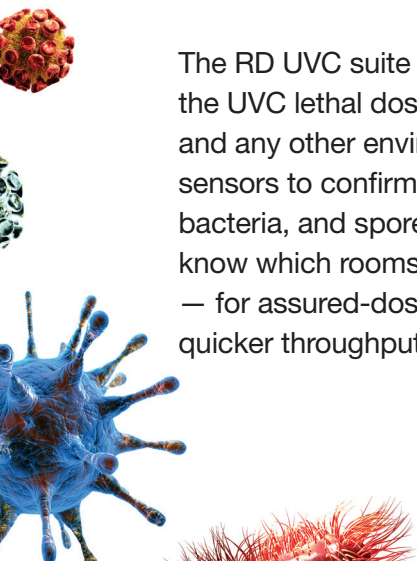
# Invest Today to Combat Tomorrow's Deadly Infections

Technology investments are often one of the largest line items for a healthcare facility. These expenditures must make fiscal sense in the long run, provide cost savings, and have wide-reaching effects throughout the organization. These factors, along with critical IP efforts, make now the perfect time to invest in a UVC system that will protect your patients, staff, and community for years to come.

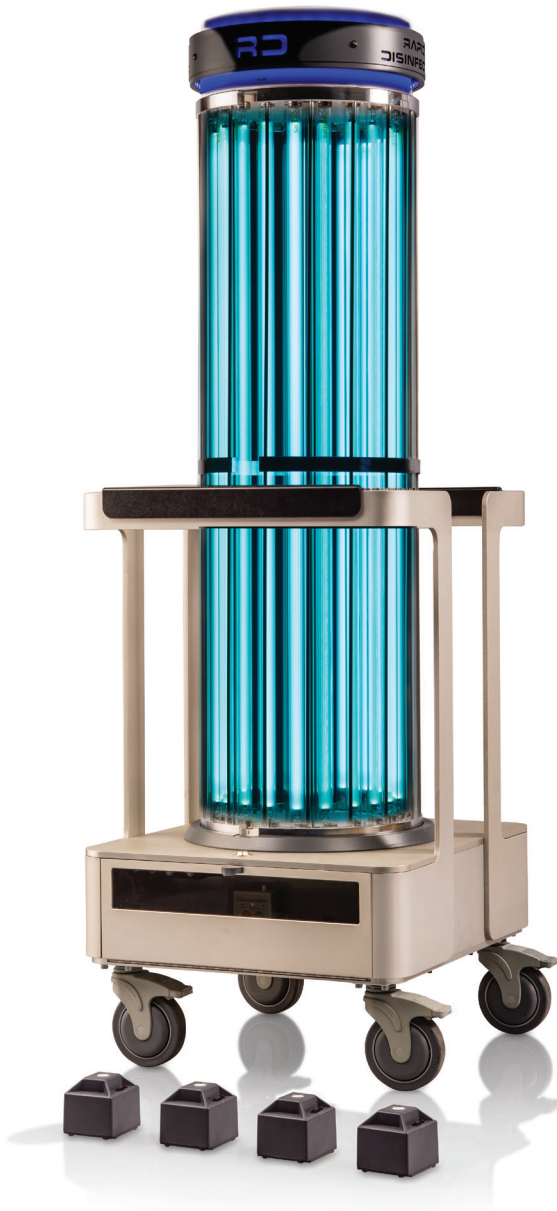
Some key considerations when evaluating potential UVC systems include:

- Select a UVC partner that will comprehensively evaluate your facility to recommend the right solution for your environment. That might be a mobile system that can be repositioned to reach every corner of shadowed space or a fixed system that can disinfect an treatment room in less than 2 minutes.
- 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.
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- 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.
- Ease of use is also a critical factor when selecting the best UVC system. Your staff should be able to incorporate usage into their current routine, which might mean the ability to easily move the device or having a panel outside of the room for simple operation. A UVC system that's easier to use means quicker turnaround time and less chance for infection spread.
- 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. UVC systems that have a pause and reposition feature allows the unit to be moved mid-cleaning to ensure disinfection is happening throughout the entire room.

The RD UVC suite of solutions are the only ones on the market that measures, records and reports the UVC lethal dosage delivered to each part of your patient rooms, treatment rooms, ICUs, ORs and any other environment targeted for disinfection. Both the RD UVC and RD-Fx use patented sensors to confirm that the system delivers the right amount of total UVC light to eradicate viruses, bacteria, and spores in each area of the room. Utilization data you can view on your tablet lets you know which rooms or areas have been treated — by whom, how often, and for how much time — for assured-dose UVC disinfection. Both systems significantly reduce treatment time, enabling quicker throughput and results for your facility's bottom line.



## RD UVC System



- **Reaches Shadowed Areas:** Proper UVC dosing reaches all points of interest in your OR, including those in shadowed areas, so you can be sure that every surface is cleaned.
- **Confirms Completed Disinfection:** Utilization data you can view on your tablet lets you know which ORs have been treated — by whom, how often, and the time spent per OR or ICU — for assured-dose UVC disinfection.
- **Saves Treatment Time:** The system's proprietary “pause and reposition” feature significantly reduces treatment time. Imagine how much faster you can be ready for your next procedure and how much more confident you'll be that your patients are protected against potentially deadly germs.
- **Measures The Right Lethal Dose:** Patented, wireless, remote sensors confirm that the RD UVC System delivers the right amount of total UVC light to eradicate viruses, bacteria and spores, including C.diff. in each area of the room.
- **Records Comprehensive Data:** The RD UVC System allows you to see real-time job status on browser-enabled tablets. It also captures and stores comprehensive records via an on-board computer, and then automatically sends your data to our secure cloud.
- **Reports in Real Time:** You can access your data in real time, online, with industry-leading IN-TRAK™ infection-tracking software via your tablet or desktop computer.



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## RD-Fx™ Fixed Mount System



- **Fixed-Location Placement:** One-time, initial installation – by any licensed electrician using the RD-Fx™ UVC Installation Manual and Steriliz team support – means there's no need to position fixtures with each use. Light fixtures are mounted to the wall or ceiling, depending on the room. Two RD-Fx™ UVC System fixtures are typically used per room – depending on the size and treatment time desired.
- **High-Tech Linear Fixtures:** Feature highly polished, precision tuned reflectors to maximize UVC output and minimize treatment time, thereby keeping your room available for use more of the time.
- **Patent Pending Remote Fixed Sure-Safe™ Sensors:** A patent-pending remote wireless calibration sensor ensures the total amount of UVC light delivered from the fixtures is equal to, or greater than, what is required to inactivate the targeted pathogen.
- **Ultra-Fast Treatment Time:** A location-specialized UVC dose is quickly delivered to target life-threatening HAI pathogens and disinfect an entire room with higher efficacy. Rooms can be disinfected in as little as 2 minutes, minimizing downtime between patient cases.
- **Real-Time, Online Data Capture:** Critical information, including date, time, operator, room number, cycle time, and delivered dose, is captured via In-Trak™ Infection Control Software.
- **Touch-Screen Control Panel:** The user-friendly control panel is located outside the room for safe operation of the system. Additionally, an e-stop button is easily accessible to stop or pause the system in case of an emergency.



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# Are You Ready?

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As your team plans for its ongoing focus to reduce the number of deadly pathogens in your healthcare facility, UVC is the best way to plan for unequalled IP success. Choosing the right system for your environment can help you prepare to combat infection risks today and in the future. No longer can healthcare facilities wait for the next pandemic to maximize their IP solutions - the right investment today will save lives.

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**[sales@datadistributing.com](mailto:sales@datadistributing.com)**

**[www.datadistributing.com](http://www.datadistributing.com)**

**800.635.6779**