

# UVC Disinfection Overview



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## Adjunct to EVS

### Historical Perspective

- 1892 UV is discovered to be germicidal
- 2003 CDC supports UV germicidal irradiation
- 2018, 25+ mobile devices on the market

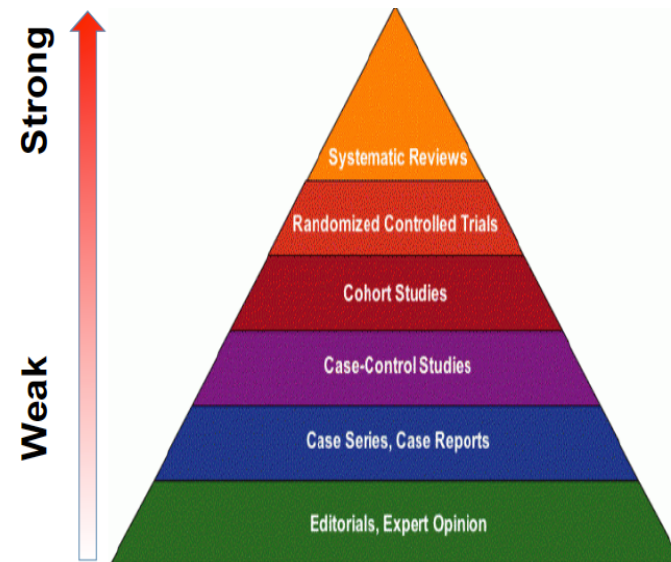
New, Innovative, but...[perceptions and questions to address](#)

- Patient throughput
- What device should we choose? Why?
- Primary step of disinfecting will decline
- Additional resources will be needed (FTEs)
- Struggle to develop a program – where do we start?
- Who owns the program? EVS? Infection Prevention? Quality?
- Limited use due to hospital at full capacity
- How do we capture data?
- How do we correlate utilization to HAI reduction?

# Mechanism

## Practical Understanding of Evidence Based Research

- Evidence
  - Wealth of clinical studies
  - Comparative analysis
    - Team approach
      - Epidemiology
      - Infection Prevention
      - EVS Professional
      - Bed control
      - Nursing
  - Editorials spark your interest
  - Variety of studies build knowledge
  - Controlled trials secure trust



*Understanding and Interpreting Research Studies for Deciding When to Integrate Evidence into Practice, Terri Rebmann, APIC 2016*

# Mechanism

## Practical Integration of a Device into Existing Program

- Lightweight, ease of movement
- User friendly
- Safe, effective conversion of energy
- Positioning device(s) – error free
- Capability to sense and measure dose
- Assessible Data
- Correlation to HAI Reduction

# Successful Integrations

1. Minimal impact to patient throughput (BET-R Study)
2. Program Management Plan
  - a) Collaborative planning, execution, implementation
    - i. Team
    - ii. Training, certification, rewards & recognition and long term relationships
3. Labor Management
  - a) Customized ROI developed from shared data
  - b) Program Models defined and collaborative plan
4. Assessible data from Hospital and Device Manufacturer
  - a) Trusted data and customized reports
  - b) Easy access, and vendor produced