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Improperly laundered mops and contaminated floors are a source of HAIs

By JoAnn Petaschnick

At any given time, about 1 in 25 inpatients contracts an infection while staying in a hospital, leading to the loss of thousands of lives and cost to the U.S. healthcare system of billions of dollars each year. The devastating financial, medical and emotional consequences of healthcare-acquired infections (HAIs) have the industry searching for answers.

Make no mistake, most hospitals prioritize cleanliness. They may even exceed infection-control guidelines by doing things like replacing curtains between patients or cleaning the rooms of infected patients more than once a day. Unfortunately, it turns out this is not enough.

Experts consistently recommend better surface sanitation and hand washing as the two most significant environmental controls to reduce HAIs. Research shows the contaminated surface environment in hospitals plays a huge role in the transmission of MRSA, vancomycin-resistant Enterococcus spp (VRE), Clostridium difficile (C diff.) and norovirus. Improved surface cleaning and disinfection are key to reducing transmission of these pathogens.

Countertops are the surfaces that typically have been studied for contamination. But substantially less has been said about some other surfaces ... until recently. The idea, with some studies to back it up, that hospital floors are a source of bacteria that lead to HAIs has become a subject of concern.

Most hospitals previously ignored floors as a potential source of HAIs, but this may not have been a smart decision, as pointed out by the 2017 report titled "From The Floor Up," compiled by Jack McGurk, a medical waste consultant, and co-author David Harry.

The report states, "Floors have the potential to return to pre-disinfection bacterial levels within several hours after mopping. Pathogens are consistently introduced to the floor throughout the day by shoes, transport equipment such as wheelchairs and beds, treatment devices or computer carts, and non-slip patient socks that traverse the floors and frequently, directly into a bed. More importantly, there is a consistent potential for cross-contamination on and across the floor by an item expected to be clean and often handled without gloves — a freshly laundered mop."

Writing this report was an eye-opener for McGurk.

"We were looking at HAIs from so many different aspects, but we were ignoring the floors and how they were cleaned," he says.

Laundering Problems

A couple of decades ago, hospitals began using microfiber mops to clean floors. The densely constructed, polyester and polyamide (nylon) fibers enable a microfiber mop to hold six times its weight in water, making it more absorbent than the long-used cotton string mops.

"These characteristics make microfiber a very effective mopping material. At the same time, however, the density that makes the fibers hold on to whatever they mop up make it difficult to release that dirt," says McGurk. "A lot depends on the laundering process."

McGurk's report states that the "distinctive particulate retention properties" found in microfiber mops can ultimately inhibit the laundering process, resulting in reduced mop efficiency as laundering is repeated and "bioburden" or pathogens remain. In other words, the more the mops are washed, the less functional they become.

A 2013 study done in Arizona hospitals to determine the effectiveness of laundering microfiber reusable mop heads backs up McGurk's report, showing that the mops did indeed hold on to some pathogens even after being washed. Thirty-five percent of newly laundered microfiber flat mops from 11 hospitals tested for microorganisms were contaminated with microbes. Furthermore, the test showed that 27 percent of those mops were positive for pathogens.

hospitals see the value of moving from string mops to single-use microfiber mops

This information makes infection control practitioners extremely nervous. A recent study revealed that a majority of these professionals have little faith in their own hospital's laundering systems. Of those surveyed, 72 percent stated they would not wipe their coffee mug or drinking glass with a freshly washed hospital mopping pad. In fact, 42 percent indicated that they have seen trash, debris or hair in the freshly cleaned mop heads. These same survey respondents said they would not recommend certain facilities to their own families because cleaning wasn't being done correctly.

"We have had a false sense of security about using these mop heads — how clean they are," says McGurk. "We need to be looking at these things a little closer to ensure we are being effective in the cleaning process we are using. Periodic verification testing should be done to check the cleanliness of the mops."

Improper laundering of microfiber is commonplace among facilities that launder their own cloths and mops. Mike Dyer, specialist for the dietary/laundry division of HP Products, a distributor based in Indianapolis, says it is extremely important to follow the manufacturer's recommendations for laundering.

"Most formulas are similar, but due to the type of microfiber, they may require different temperatures and different amounts of chemicals," says Dyer.

The Centers for Disease Control and Prevention (CDC) in its Guidelines for Laundry in Health Care Facilities, recommends a

temperature of at least 160 degrees Fahrenheit for a minimum of 25 minutes for hot-water washing and then at 140 degree Fahrenheit maximum for dry cooling. After drying, one should immediately remove the mop heads from the dryer. Chlorine bleach provides an extra margin of safety, according to the guidelines, but it tends to damage the face and backing of the mop pads.

The CDC also suggests using wash cycle water with a pH under 11, in order to maintain the integrity of the mop heads. Higher alkalinity apparently degrades both the face and the backing of the mop pads. Also, it is important never to use fabric softener. Microfiber works so well because of the open spaces in the fibers. When microfiber products are washed with fabric softener, these open spaces become clogged.

Unfortunately, there is no incentive for hospitals to adhere to the proper laundering process.

"There is no penalty if hospitals don't follow [the guidelines] because CDC is not a regulatory agency," says Darrel Hicks, industry consultant and author of "Infection Control For Dummies."

Things get even trickier if a hospital outsources the laundering of their mops and cleaning cloths. If they are mixed with another facility's laundry, it is unknown what kind of contamination exists on the other facility's mops.

"I am not a proponent of mops that cannot be laundered by CDC guidelines," says Hicks. "High temperatures destroy the products mentioned in the reports, which makes disposable mops more attractive to hospitals."

Advantages Of Single-Use

Despite the reservations of some, hospitals have already begun using disposable mops or wipes on floors and other surfaces. Some hospitals are dipping a toe into the water slowly — using disposable mop heads in certain specific areas only, like isolation rooms or intensive care units.

The biggest benefit: single-use mops provide virgin microfiber in every use while eliminating the risk of loss of effectiveness through structural breakdown of the microfiber, or retention of pathogens in the mop as the result of an ineffective laundering process.

For those making the switch, waste implications are not as great as one might expect, according to McGurk's report. For example, in a fully occupied 500-bed hospital, daily single-mop waste would equal about 39 pounds, using two mops per room. This represents a 0.25 percent increase in waste generation, according to the report.

The real factors to consider in switching to these disposables are the use of less water and energy by eliminating laundering.

The truth is, microfiber mops are most effective the first time they are used.

"More hospitals are beginning to see the value of moving from the string mop to single-use microfiber mops," says McGurk. "Using a disposable mop could help knock that problem down. Compared to the cost of treating HAIs, the cost is low. This is something that has the potential to grow in the future." SM

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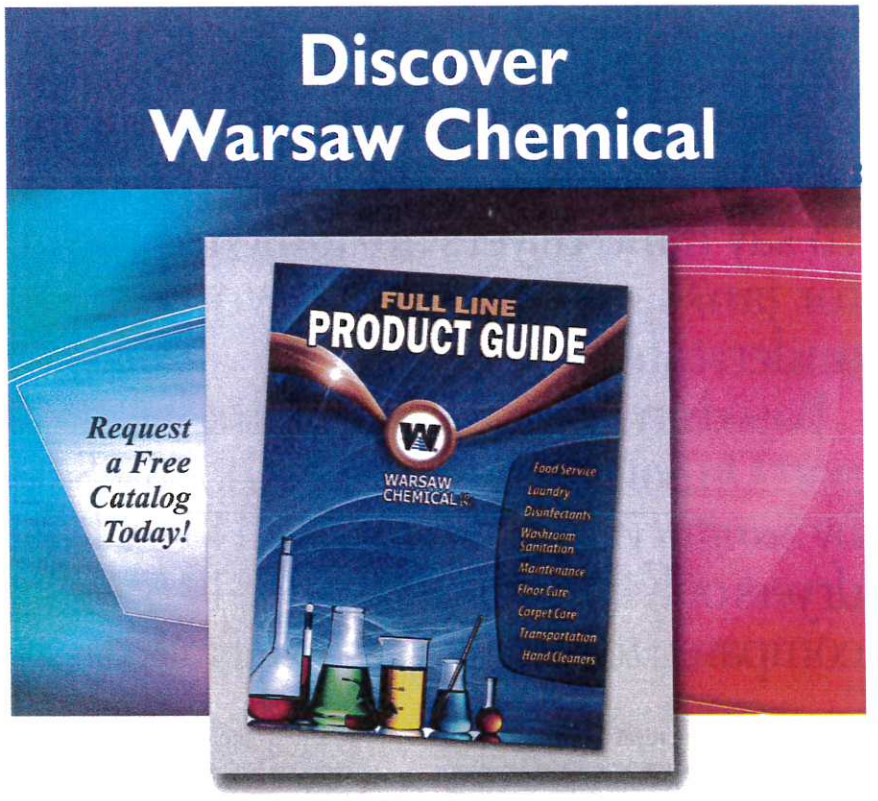

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