

9 COMMON DISINFECTION MISTAKES

During training and any later staff coaching on infection control expectations and protocols, pay attention to these common mistakes:

1 Eyeballing disinfectant solution mixtures.

Always follow label instructions for dilution and use of a disinfectant. Measure everything. The tendency can be to go light on the disinfectant, leading to a disinfectant solution that is too weak to work properly.

2 Failing to reach designated contact time.

In other words, the surface being cleaned does not stay wet with the right level of diluted disinfectant for the full length of time required for efficacy.

3 Confusing sanitized with disinfection.

To claim something is sanitized, the product must have reduced the pathogen load by 99.9%. Disinfecting requires reducing the pathogen load by 99.9999%.

4 Not knowing the shelf life of the disinfectant being used.

The shelf life of diluted disinfectant can be dramatically reduced, sometimes as little as only 24 hours, or as much as 90 days. So, be sure you're not wasting product by mixing up too much at once or using expired product.

5 Topping off diluted disinfectant bottles, rather than starting each time with a cleaned bottle and fresh batch.

Making this mistake means you've just mixed old disinfectant with new. This can lead to an overdiluted or inactivated mixture. In other words, it won't work as well.

6 Mixing cleaning chemicals.

In addition to the potential for dangerous interactions, there's a chance that adding one chemical to another will cause the disinfectant to not work properly. For example, if you add a scented product to your disinfectant simply because you like the smell better, there's a chance the chemical mixture won't be as potent as it needs to be.

7 Spraying a surface and then wiping it with a dry cloth.

Contact times for disinfectants means how long the surface needs to stay wet with disinfecting solution for full efficacy. If you wet a surface down via spray bottle and immediately wipe the surface dry, it won't be effective.

8 Not giving or receiving product specific training to veterinary team members.

Great housekeeping skill does not necessarily equate to great infection prevention skill, and not all disinfectants are created equal. Different disinfectants work in different ways with various dilution rates, contact times, and safety precautions. Disinfectant manufacturers or sales reps can provide training materials or lead staff training sessions. Just ask.

9 Not getting buy-in from team members on a switch to a new product.

Change can be hard for individuals and teams. If people do not like or do not understand a new disinfectant product, your infection control program can be at risk of failing.