Role of Soft Surfaces in Infection Transmission

Information

**How do soft surfaces contribute to infections?**

Just as on hard, nonporous surfaces, bacteria, viruses and fungi can all thrive on soft surfaces for extended periods of time and contribute to the transmission of microorganisms. When staff touch a contaminated soft surface, their hands can carry microorganisms to other surfaces as well as directly to patients and residents — contributing to the spread of pathogens that can cause infections.

While evidence of soft surface contamination exists, these surfaces can be neglected in healthcare settings. According to a recent APIC survey that asked infection preventionists how often privacy curtains in their facilities are cleaned, 37% of respondents answered “only when visibly soiled,” 13% answered “every month,” 13% answered “every 3 months” and another 13% answered “once per year.”

If left unaddressed, contaminated soft surfaces can pose a risk of infection and can undermine any hard surface disinfection routines your facility may have.

**Which soft surfaces can contribute to pathogen transmission in long-term and post-acute care settings?**

All soft surfaces in long-term and post-acute care settings have the potential to harbor microorganisms and contribute to infections. Pathogenic bacteria can be found on privacy curtains, upholstered furniture, bed linens and employee uniforms.

**What microorganisms live on soft surfaces?**

Any number of microorganism types can be found on soft surfaces. Studies have found privacy curtains contaminated with VRE, MRSA and *Clostridium difficile.* One particular study found staphylococcal species on patient room chairs.

Even more troubling is that enterococci and staphylococci bacteria have been found to survive for months after drying on common fabrics used in hospitals, such as polyester and cotton. Influenza A and B viruses have also been found to survive on absorbent cloth materials for up to 12 hours.

**Can soft surfaces contribute to the spread of infection?**

Yes, there is extensive evidence supporting the link between soft surfaces and infection transmission. Studies have found that bacteria such as VRE can be transferred to upholstery and fabric cushions, and then to people. Another study found that 65% of nurses who treated MRSA patients had MRSA-contaminated uniforms. Further, a multidrug-resistant *Acinetobacter baumannii* outbreak has been linked to contaminated privacy curtains, and clothing and linen have been found to contribute to the spread of *S. aureus* (including MRSA) infections.

**How can you help prevent soft surface-related infections?**

Because microorganisms live on soft surfaces, adding a routine to address soft surfaces as part of your facility’s regular infection-prevention practices may help reduce the transmission of infections. Steps you can take include:

1. **Routine laundering** of privacy curtains, linens, employee uniforms and other soft surfaces in your facility.
2. **Use of a product EPA-registered** to kill bacteria on soft surfaces between laundering and on soft surfaces that cannot be laundered.
3. **Hand hygiene practices** by staff during and between resident care.

For more information, contact your Clorox sales representative or call: 1-800-537-1415.

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References: