Label UVMIST®
UVMIST MaLa©

La Désinfection de Demain
pour la Médecine d'Aujourd'hui

CONSTATS

En France,
plus de 11 320 000 anesthésies par an

Soit 31 000 anesthésies par jour

CONSTATS

La lutte contre les infections nosocomiales, une priorité de l'OMS

- **5% des patients**
- **750 000 victimes par an**
- **4 000 décès par an**

Alertes internationales

- Le Manche de laryngoscope est vecteur de contaminations croisées
- Semi-critique aux USA
- Non autoclavable
- Lingettes désinfectantes inefficaces

L’irréparable…

En 2013,
une patiente décède au Royal Albert Hospital de Lancashire (RU) suite à l'infection d’un manche de laryngoscope.

IDC MEDICAL©
apporte la solution…

… avec UVMIST®

Evaluation of a mist ultraviolet disinfection device for impact on bacterial contamination levels of laryngoscope handles

E Elghouati, I Goeffroy, L Lorant

Introduction

Laryngoscope is the medical device most commonly used for tracheal intubations. The Center for Disease Control and Pervention classifies Laryngoscope Handle (LH) as semi critical device. Failure to disinfect appropriately LH may caused infection and even death [1]. Decontamination technologies that utilize mist ultraviolet light C (M.UV-C) may be effective in reducing bacterial burden of LH

Objective

Compare the automated M.UV-C technology and standard manual protocol with respect to their ability to reduce bacterial contamination of reusable LH

Methods

This prospective study was conducted between 15 decembre 2016 and 15 march 2017 in a 500-bed tertiary care hospital. A before-and-after intervention study was designed to compare the bacterial load of LH according the disinfection procedure. LH from the adult operating rooms were cleaned after each use according two protocols: manual protocol based on disinfectant wipes for 2 months and M.UV-C technology the subsequent 2 months. For each period, 45 sawbs were collected in order to determine bacterial contamination. Samples were collected from LH considered clean and ready for use. LH were swabbed with sterile cotton swabs moisturized with sterile normal saline and placed into a nonnutritive transport medium. A 500-mL aliquot of the transport medium sample was plated directly onto count agar plates and incubated at 37°C for a total of 48 hours. Colony forming units (CFU) were counted on each plate.

Results

In total, 90 samples were collected from 30 LH. Colony counts varied by cleaning protocol: manual protocol (mean = 46.5 CFU /ml) vs M.UV-C (mean = 0.75 CFU /ml). The mean bacterial load of LH decreased significantly from 46.5 to 0.75 UFC /ml (P<0.001, Wilcoxon test) after the cleanning portocol was switched from standard to M.UV-C technology.

Conclusion

The M.UV-C technology appears to be superior vs manual cleaning for bacterial burden. The M.UV-C disinfection device significantly reduces bacterial contamination and mimimze the risk of cross contamination from LH.

Reference : [1] UK Alert .Ref: MDA/2011/0096 27 September 2011

Evaluation of a mist ultraviolet disinfection device for impact on bacterial contamination levels of laryngoscope handles P 198

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Failure to disinfect proprely Laryngoscope Handles (LH) may caused infection and even death (1)

Objective

Compare the mist ultraviolet light C technology vs standard manual protocol in reduction bacterial contamination of reusable LH

Method

Prospective study
From december 15, 2016 to march 15, 2017
In a 500-bed hospital
Before-and-after design
Disinfection protocols:

- the first 6 weeks: manual protocol using alcohol wipes
- the 6 subsequent weeks: M.UV-C device (UVMIST Mala®, Saint-Fargeau, France)

For each period, 45 LH were swabs to determine bacterial contamination of LH

Results

The mean bacterial load decreased from 46,15 to 0,75 CFU/ml (p<0,01, Wilcoxon test) after switching to M.UV-C technology

Table

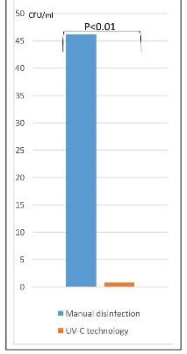
	UV-C technology	Manual disinfection	p-value
Pourcentage cultures positives (%)	11	84	<0.01
Mean bacterial load (CFU /ml)	0.75	46.15	<0.01

Conclusion

The M.UV-C disinfection technology mimize the risk of cross contamination from laryngoscope handles

Graph

Effect of M.UV-C technology compare to standard protocol



Reference : (1) Medicines and Healthcare products Regulatory Agency(UK). Reusable laryngoscope handles, all models and manufacturers, MDA/2011/096

Un procédé innovant validé par une étude clinique française.

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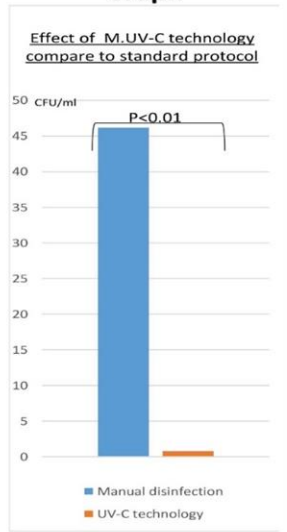

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UVMIST MaLa©

Efficacité
Fiabilité
Traçabilité
Sans Démontage
Rapidité
Simplicité
Automatique

MaLa© est le premier automate d'IDC Medical© utilisant le procédé révolutionnaire de désinfection UVMIST® pour les manches de laryngoscopes