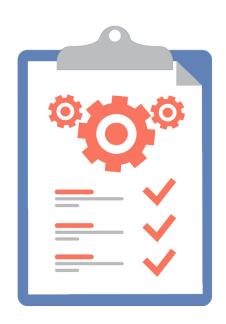


# Current's 365DisInFx<sup>™</sup> Technology

The ideal germicidal UV solution for any occupied space









### **The Problem**

There is potential for Healthcare
Associated Infections (HAIs) in
nearly every hospital environment.
While all hospitals address
infection control through various
methods, a single HAI can be
costly, detrimental to a hospital's
reputation, and potentially
devastating for impacted patients.



### **The Solution**

Every precaution counts in environments where quality of patient care is crucial. Imagine a ubiquitous solution designed to reduce the potential for HAIs in virtually any hospital room by leveraging existing lighting infrastructure.

Lab and clinical testing has shown that **Current's Disinfection** products have the ability to significantly reduce pathogens commonly present in hospital environments.

- \* Up to 99.7% reduction of common pathogens on surfaces over 8 hours at 3 W/m2 via in-vitro testing.
- \* Current's Disinfection technology is safe for human exposure, per the IEC guidelines

Note: 99.7% kill rate achieved on MRSA only.

\*All claims are based upon the proper installion of fixture as detailed in Current's installation guide.



### **The Cost**

Hospital readmissions represent a major health and financial burden. A 2007 CDC study estimated approximately 1.7 million annual HAIs in the U.S. alone, resulting in approximately 99,000 associated deaths<sup>1</sup>. There is a significant economic cost associated with treating these infections, with estimates reaching as high as \$45 billion annually in the U.S.<sup>2</sup>



- (1) Klevens RM, Edwards JR, Richards CL, Horan TC, Gaynes RP, Pollock DA, Cardo DM. Estimating Health Care-Associated Infections and Deaths in U.S. Hospitals, 2002. Public Health Reports. 2007;122(2):160-166. doi:10.1177/003335490712200205.
- (2) Scott RD. The direct medical costs of healthcare-associated infections in U.S. hospitals and the benefits of prevention. 2009.



# Highlights



### **Protected**

Current's patented Disinfection lighting technology has shown to combat common pathogens via in-vitro testing

(MRSA, bacteriophage MS2, Staphylococcus aureus, Enterococcus faecalis, Escherichia coli, Acinetobacter baumannii, Pseudomonas aeruginosa, Candida albicans and auris.)



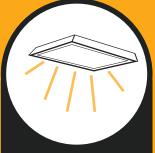
### Safe

- \*Safe for employees and patients in accordance to the IEC photobiological safety standard 62471
- \*365nm UVA light emitted from the fixture is invisible to the human eye.



### **Controls**

Controls are integrated in fixtures with standard white light. Disinfection light can be controlled independently of white light using wired or wireless controls.



### Periodic vs Continuous

- \* The 8-Hour Cycle:
  Provides an increased
  disinfection kill rate
  through high-intensity
  irradiance with no
  disruption to workflow.
- \* The 24-Hour Cycle: Provides low-level, continuous disinfection kill rate through low-intensity irradiance with no disruption to workflow.

# Safer than the Sun\*



## Did you know?

\*Less than 3 minutes of exposure to direct sunlight is equal to the maximum amount of actinic UV-A light a person may be exposed to in a typical workday under Current's Disinfection lights.





#### The actinic dose of 8 hours from our Disinfecting light at:

- 10W/m<sup>2</sup> is equal to being in direct sunlight for about 2m 40s; and
- 3W/m<sup>2</sup> is equal to being in direct sunlight for about 47s.

Note: All claims are based upon the proper installation of fixture as detailed in Current's installation guide.

### **Current's UV-A lighting follows IEC 62471 Standards**

### IEC 62471 – Photobiological safety of lamps and lamp systems

- Actinic UV Hazard Skin/eye exposure to UV
- Near-UV Hazard Eye exposure to UV-A
- Blue Light Hazard Eye exposure to blue light



### What is IEC 62471?

IEC 62471 photobiological safety standards weren't developed overnight; its origins can be traced from efforts going even further back than the 1990s. Since then, there have been several modifications to keep up with LED technology, ultimately leading to the development of IEC 62471, Photobiological Safety of Lamps and Lamp Systems. Today, IEC 62471 is recognized in many countries as the key standard addressing photobiological safety issues related to lamps, lamp systems and other non-lamp sources of optical radiation.<sup>3</sup>

IEC 62471 assesses the level of harmful radiation of a given product through two key radiometric parameters: irradiance and radiance.

- Irradiance measures the rate at which radiation falls onto a surface and evaluates the potential hazard it may have on skin and front of the eyes.
- Radiance measures the amount of light collected by the pupil and evaluates the risk of hazards to the retina of the eye.3

Once a product's effective radiance and irradiance are determined and compared to the hazard limits defined by the IEC 62471 standards, the product is then placed into specific categories to communicate the overall level of risk.<sup>3</sup>

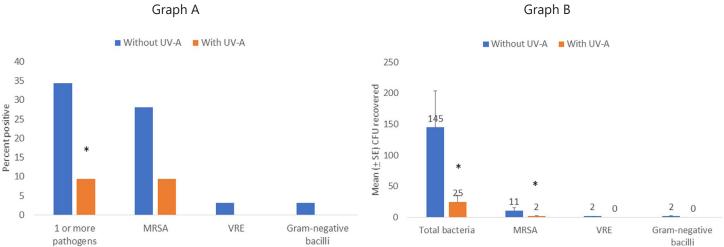
<sup>(3)</sup> Henderson, Winn. "Assessing the Photobiological Safety of LEDs." UL, n.d. Accessed February 26, 2020.

## **Study Overview:**

Efficacy of an ultraviolet-A lighting system for continuous decontamination of health care—associated pathogens on surfaces

#### **Abstract:**

We found that ultraviolet-A (UV-A) light exposure resulted in a modest reduction in recovery of methicillin-resistant Staphylococcus aureus (MRSA), Candida auris, bacteriophage MS2, and bacteriophage Phi X174, but not Clostridioides difficile spores, on steel disk carriers. Four hours of UV-A exposure from a ceiling light fixture resulted in a significant reduction in pathogenic microorganisms recovered from in-use medical equipment. These findings suggest that UV-A could be useful as a means to provide continuous low-level decontamination of surfaces in health care facilities.



NOTE: Graphs above showcase the percent recovery of pathogenic microorganisms from in-use medical equipment before versus after exposure to ultraviolet-A light from the ceiling light fixture for 4 hours. The asterisk indicates P < .05. Error bars indicate SEM. MRSA, methicillin-resistant Staphylococcus aureus; UV-A, ultraviolet-A; VRE, vancomycin-resistant enterococci.

### **Key Findings:**

- Reduction of microorganisms with 365nm UVA at 3 W/m² via inoculated steel Disc.
- Greater than 1 log10 (90%) reduction of MRSA and bacteriophage MS-2 with a single 8-hour treatment
- 0.7 log10 (80%) reduction of Candida auris with a single 8-hour treatment
- Reduction of pathogens on in-use medical equipment (see graphs A and B)
- Significant reduction in the frequency of recovery of pathogens from medical equipment with a single 4-hour exposure
- Significant reduction of mean CFU of total bacteria and MRSA recovered with a single 4-hour exposure

**Full Publication** 

Livingston SH, Cadnum JL, Benner KJ, Donskey CJ (2020) Efficacy of an ultraviolet-A lighting system for continuous decontamination of health care-associated pathogens on surfaces. Am. J. Infect. Control 48: 337-339. https://www.ajicjournal.org/article/S0196-6553(19)30746-1/pdf



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Our products embody quality and reliability. With over 100 years of experience designing lighting solutions, you can trust our products and the warranties that back them. **GE Current, a Daintree company** builds on a legacy of quality and a tradition of providing reliable, trusted products.



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