March 10, 2020

Dear ServiceMaster Clean Customer,

As experts in creating clean, safe and healthy environments, we at ServiceMaster Clean would like to share our expertise to help you enhance preventive protocols for your office.

The current flu season, along with the outbreak of a newer pathogen, the coronavirus (COVID-19), offers an opportunity to reinforce for your employees the importance of keeping their workspaces clean, safe, and healthy. Our experience and training in health care spaces afford us the ability to promote safe practices for infection prevention within all businesses.

The CDC has published interim guidance for non-health care employers that provides some direction (https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html). Our preventive recommendations during the current COVID-19 situation are similar to our recommendations during a regular flu season:

- Encourage sick employees to stay home, including separating sick employees or sending home.
- Emphasize respiratory etiquette (e.g., coughing into one's elbow, immediately disposing of used tissues) and hand hygiene by all employees.
- Provide routine environmental cleaning, especially on high-touch surfaces with general cleaning agents, followed by disposable wipes provided to employees.
- Advise employees to take safe travel steps.
- Additional measures with COVID-19: Employees who are well but have a family member with COVID-19 should notify their supervisor and other employees in the workplace.

It is important to keep in mind that COVID-19 is a new and emerging pathogen. Regulators are just beginning to understand COVID-19 — how it spreads, the incubation period, length and severity of illness — knowledge that will continue to develop over time. We will continue to update you as the CDC, EPA, FDA, and OSHA provide more information.

We also want you to know that, while we hope it will not be necessary, ServiceMaster is qualified and equipped with the required protocols and processes should any pathogen outbreak occur within your facility. Please call us if we can be of service.

Best Regards,

Brent Alexander

Preventive considerations for mitigating infection risk

Prevention: Coronavirus Disease 2019 (COVID-19) pre-contamination protocol

As experts in creating clean, safe and healthy environments, we at ServiceMaster Clean would like to share our expertise to help you enhance preventive protocols for your office.

The current flu season, along with the outbreak of a newer pathogen, COVID-19, offers an opportunity to reinforce the importance of keeping employees' workspaces clean, safe, and healthy. Our experience and training in health care spaces afford us the ability to promote safe practices for infection prevention within all businesses. Aligned with the CDC recommendations, ServiceMaster has preventive solutions for all types of illnesses as well as COVID-19.

Actionable plans for businesses today:

CDC Recommendations	ServiceMaster Solutions
1. Emphasize hand hygiene by all employees.[1]	A. Perform frequent hand washing using soap and water for 20 seconds (sing Happy Birthday twice) or use hand sanitizers that contain at least 60% alcohol. B. If possible, use no-touch dispensers (e.g., paper towels, sinks, soap). C. Post ServiceMaster hand hygiene process posters in hand washing areas. D. Keep an adequate supply of products and monitor shelf life.
2. Emphasize respiratory etiquette by all employees.[1]	A. Employees should cover the nose and mouth nose with a tissue when coughing or sneezing. If tissue is not available, use elbow or shoulder to cover your mouth. B. Provide tissues and no-touch trash cans and other disposal receptacles for use by employees.

3. Perform routine environmental cleaning focused on high-touch surfaces.[1]	A. Clean and disinfect high-touch surfaces in the workplace nightly, focusing on common gathering areas (e.g., door handles, light switches, stair rails, elevator buttons, phones, microwaves, coffee stations, sink handles, water fountains, chair arms, shared workstations or learning materials, dining tables). B. Provide disposable wipes for employees to clean and disinfect commonly used or high-touch surfaces between use.
4. Encourage sick employees to stay home, separating and avoiding close contact with people who are sick.[1]	A. Actively encourage employees who have symptoms of acute respiratory illness to stay home until they are free of fever (100.4° F or lower as measured by an oral thermometer) and other symptoms for 24 hours without medication. B. Maintain flexible policies, consistent with public health guidance, that permit employees to stay home . C. Avoid close contact with people who are sick. D. Avoid touching your eyes, nose, and mouth.
5. Advise employees to take safe travel steps.[1]	A. Check CDC travelers' health notices, especially when traveling internationally. B. Have a plan for employees if they become sick during travel; promptly call a provider for help if needed.
6. Additional measures with COVID-19: Employees who are well but have a family member with COVID-19 should notify their supervisor and other employees in the workplace.[1]	A. Make sure employees notify their supervisors if they have a family member who is sick at home with COVID-19. B. In that case, notify other employees of potential exposure while maintaining confidentiality. C. If possible, have plans in place for working remotely in the event of an outbreak.

Frequently asked questions:

What is Coronavirus, COVID-19?

COVID-19 is an enveloped virus causing mild to severe respiratory illness that can spread from person to person. It was first identified during an investigation into an outbreak in Wuhan, China.[2]

What are the symptoms of COVID-19?

Symptoms can include fever, cough, and shortness of breath, which may appear 2-14 days post exposure.[2]

How does COVID-19 spread?

The virus is thought to spread mainly from person to person between those in close contact (within ~6 feet) and through respiratory droplets produced when an infected person coughs or sneezes. It may be possible for a person to get the virus by touching a surface or object and then touching their own nose, mouth, or possibly eyes, although at this time this is not thought to be the main way the virus spreads.[2]

What are simple, everyday actions to help prevent the spread of respiratory viruses?

- Avoid close contact with people who are sick.
- Avoid touching your nose, mouth, and eyes with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. If soap and water are unavailable, use alcohol-based hand sanitizer with at least 60% alcohol.[2]

Which disinfectants are effective against COVID-19?

Because the virus is so new, the EPA has not tested and established efficacy protocols or inactivation claims. The EPA has issued "Guidance to registrants: process for making claims against emerging viral pathogens not on EPA-registered disinfectant labels,"[3] which at this time establishes approved products. An eligible product must meet the criteria in the document in order to make limited claims about disinfectant efficacy.

ServiceMaster disinfectants that can make this claim in line with dwell times and product labels are Peridox, Virex Plus, Sanimaster 7, Sanimaster 6, and Decon 30.

What is disinfectant dwell time?

Dwell time is the required period that a surface must remain wet in order for a disinfectant to achieve full efficacy.

In closing:

It is important to keep in mind that COVID-19 is a new and emerging pathogen. Regulators are just beginning to understand COVID-19 — how it spreads, the incubation period, length and severity of illness — knowledge that will develop over time. We will continue to update you as the CDC, EPA, FDA, and OSHA provide more information.

We also want you to know that, while we hope it will not be necessary, ServiceMaster is qualified and equipped with the required protocols and processes should any pathogen outbreak occur within your facility. Please call us if we can be of service.

References:

1. CDC interim guidance for employers: https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html
2. CDC how COVID-19 spreads: https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html
3. Environmental Protection Agency, Emerging Viral Pathogen Guidance for Antimicrobial Pesticides: https://www.epa.gov/pesticide-registration/emerging-viral-pathogen-guidance-antimicrobial-pesticides

For More Information

Centers for Disease Control and Prevention, Coronavirus Summary. https://www.cdc.gov/coronavirus/index.html

Preventing COVID-19 Spread in Communities CDC: https://www.cdc.gov/coronavirus/2019-ncov/community/index.html

Food and Drug Administration, Coronavirus: https://www.fda.gov/emergency-preparedness-and-response/mcm-issues/novel-coronavirus-covid-19

World Health Organization, Coronavirus: https://www.who.int/health-topics/coronavirus

Occupational Safety and Health Administration, 2019 Novel Coronavirus: https://www.osha.gov/SLTC/novel_coronavirus/

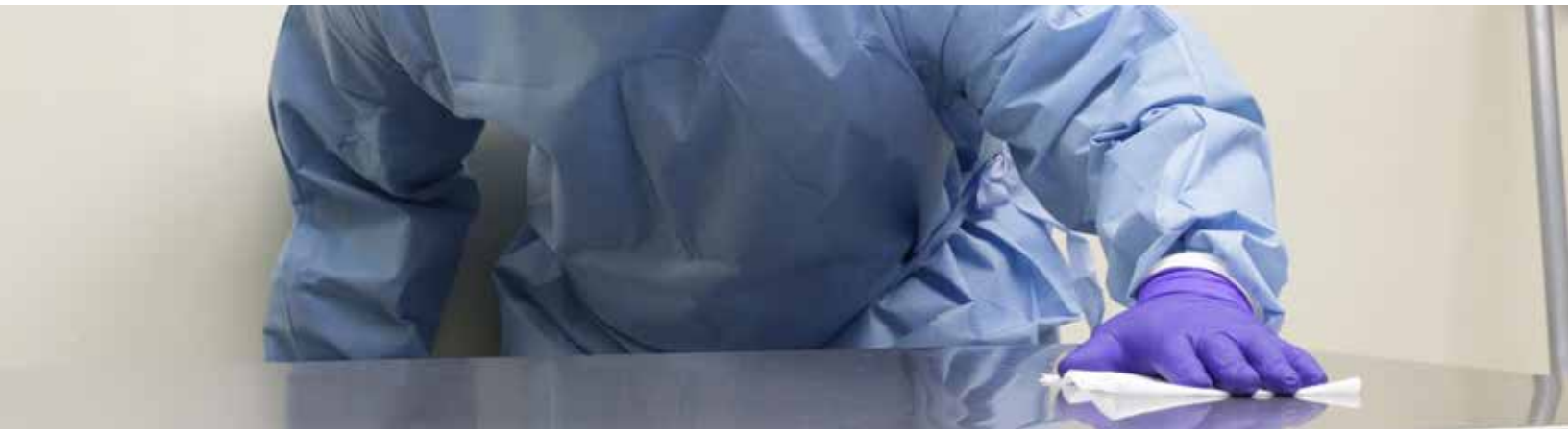
Outsourcing Environmental Services at Rural Hospitals

One hospital's transition and outcome

ServiceMASTER Clean

Steve Zimmerman,
MBA, CHESP, T-CSCT
Director, Healthcare Services
ServiceMaster Clean

EXECUTIVE SUMMARY



Many rural hospitals across the United States are in danger of closing. Economic, cultural and lifestyle issues often make it difficult to maintain profitability and attract qualified healthcare professionals. Additionally, increasing regulation, aging facilities and diminishing resources create significant management challenges. However, new approaches to these problems can provide important relief for rural hospital management and help keep these facilities viable, even thriving. One area where rural and small hospitals can improve significantly is environmental services (ES). Outsourcing ES is becoming a reasonable alternative that produces improved infection prevention, regulation compliance and better patient outcomes. Outsourcing ES has attractive long-term cost efficiencies and, when done well, positively impacts existing personnel.

INTRODUCTION: Rural Healthcare

The American Hospital Association reports that nearly 2,000 small hospitals in rural areas serve approximately 51 million people.[1] Many of these hospitals serve agricultural communities, others are in remote mountain areas. Per capita income is often less in rural areas and there are far fewer doctors and medical specialists to serve these patients.

	Rural	Urban
Percentage of population	19.3	80.7
Physicians per 10,000 people	13.1	31.2
Specialists per 100,000 people	30	263
Percentage of population age 65+	18	12
Average per capita income	$45,482	$53,867
Percentage covered by Medicaid	16	13

(source: RuralHealthWeb.org [2])

REGULATORY AND MANAGEMENT ISSUES:
Same problems, fewer resources

Since 2007, Centers for Medicare and Medicaid Services (CMS) has tied hospital Medicare reimbursement to Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey results. Some of the "hospital experience" issues covered in the survey may be affected by issues that are common to rural healthcare facilities, including availability of clinical and support staff, older facilities and technologies, and lack of advanced training. Small hospitals with lower HCAHPS scores are penalized by CMS, further squeezing already strained budgets. The CMS also can penalize hospitals for high infection rates (healthcare acquired infections or HAIs). Environmental services is a valuable partner in preventing HAIs as well as providing a consistently clean and well-maintained facility that results in good first impressions as well as ongoing satisfaction and confidence from patients and staff.

Regulations governing infection control are generally becoming more stringent and require ongoing training for clinical and environmental services staff. CMS and insurance companies also frequently change reporting and certification criteria for many healthcare services, creating additional burdens on hospital staff.

State and local rules governing healthcare increase the burdens on rural hospitals. Bidding and ethics laws and other administrative regulations require time and attention. State regulations also may encumber hospital managers who seek new solutions to the problems rural hospitals face.

Infection control liability and the extended hospital stays that may result are also growing concerns for rural hospitals. Some rural facilities lack the human resources or professional training to successfully eliminate the threat of HAIs. All of these problems create difficult budget issues for hospital directors who face all of the challenges of larger urban hospitals, but with fewer resources.

> **"Managing a rural hospital is very challenging and it's not getting less complicated."**
>
> *– Blake Kramer, Administrator, Franklin Medical Center, Winnsboro, Louisiana*

A SOLUTION: Outsourcing ES

Environmental services are the first line of defense against HAIs, but many rural hospitals lack either the manpower or the professional training and technology needed to eliminate pathogens. Also, without proper organization and tools, housekeeping efficiencies are diminished.

As a result, infection risk is greater, employee morale is lower, and patient care may suffer. Faced with these issues, rural hospital administrators typically have three alternatives: continue status quo, hire a consultant or outsource environmental services.

Franklin Medical Center is a 34-bed hospital with 255 employees in Winnsboro, Louisiana. The hospital's management, faced with significant housekeeping issues, carefully considered its ES alternatives. The debate revolved around these questions:

- **Would a consultant, who would visited only occasionally, have the desired impact on ES outcomes?**
- **Would outsourcing result in a loss of local jobs?**
- **What are the budget implications of either choice?**
- **Is it possible to get the desired results with the current ES staff?**

Blake Kramer, Franklin Medical Center administrator, chose to endorse outsourcing to address his hospital's ES needs. "We felt a consultant would not provide the daily oversight and training we needed at our facility," he said. "We wanted to change our processes and our culture with regard to infection control and housekeeping. We needed a professional provider who could help us in these areas."

Franklin Medical Center is a public hospital with a board of directors. The potential loss of local jobs by outsourcing was an important consideration, especially in a rural area where good jobs can be scarce. In discussions with potential suppliers, Kramer was surprised to find one bidder who preferred to retain the hospital's existing ES staff. ServiceMaster Action Cleaning in nearby Monroe, La., assured Kramer and the board that keeping and retaining the current housekeeping staff was a high priority. Now, two years into the outsourcing arrangement, only one former ES staffer is no longer on the team.

> "Roughly 1.7 million hospital-associated infections occur annually in acute-care hospitals, which result in tens of thousands of patient deaths and cost billions of dollars to the healthcare system."
>
> *– Becker's Hospital Review*[3]

"It's not always possible to retain staff, but we prefer to keep personnel in place," said Terry Howard of ServiceMaster Action Cleaning. "In this case, the entire ES team was very willing and eager to accept training and new ways of doing things. It was clear they wanted to excel at their jobs."

THE TRANSITION: A culture of clean

Changing the cleaning culture at a hospital requires buy-in from management, clinical staff and the ES team. For Franklin Medical Center, it was essential that everyone at the hospital recognize that the environmental services staff is much more than a janitorial service – they are essential to a healthy, safe hospital environment.

The new ES training program introduced by ServiceMaster Clean focused on the "how and why" of infection control. Every cleaning process was explained in detail so that ES technicians understood not only how to do a task correctly, but why they do things a specific way. Training covered many topics and techniques including:

- Using only EPA-registered, hospital-grade disinfectants and knowledge of associated Safety Data Sheets.
- New and better cleaning equipment such as self-propelled ride-on floor cleaning machines, battery-powered backpack vacuums, and disposable lint-free cleaning pads.
- The importance of carefully following product label directions to know the dwell times of disinfectants that eliminate C. Difficile and other application information.
- CDC guidelines and protocol, systematically moving from high to low, clean to dirty, etc. Identifying and cleaning all high-touch areas for better infection prevention.
- The proper and consistent use of hand hygiene and protective equipment.

In addition to technical training, ES personnel were instructed in how best to interact with clinical staff and patients. The new cleaning culture at Franklin Medical Center is "patient centered." The ultimate goal of the ES staff is to help improve patient satisfaction. That includes infection control to prevent HAIs and creating a friendlier environment for patients and guests. The ES staff was taught how to properly greet patients when cleaning a room, how to explain their presence and how to convey friendliness and warmth. They also work more closely with clinical staff to assure faster turnaround of discharged patient rooms, infection isolation and general hospital cleanliness.

> **"Sure, we clean the floors, but environmental services does much more than that; we are the first line of defense against infection. Eliminating pathogens and preventing infection is what we train to do."**
>
> *– Terry Howard, ServiceMaster Action Cleaning*

Part of the outsourcing agreement between Franklin Medical Center and ServiceMaster Action Cleaning was an investment in new equipment and products. Virtually all ES cleaning is now accomplished with disposable, lint-free cloths and pads. Brooms and dust mops are no longer used; they now use microfiber flat mops and vacuums to prevent airborne dust particles. Also, the entire facility is cleaned with basically only two products – a quaternary disinfectant and a sporicidal disinfectant.

THE OUTCOME:
A cleaner, safer hospital with more satisfied patients

There are at least five identifiable improvements at Franklin Medical Center as a result of outsourcing environmental services.

HCAHPS scores. Patient assessments of the hospital's cleanliness are up significantly. From 2012-2015 – prior to outsourcing – cleanliness scores generally hovered at 70 percent. Soon after ES outsourcing began in 2016, cleanliness scores jumped to the mid-80s and have risen above 90 percent – higher than almost every other facility in AHA Region 7.[4]

Efficiency. An improved cleaning regimen, combined with better communication, training and technology has produced much better ES efficiency throughout the hospital. More cleaning is done in less time with fewer staff than before outsourcing.

Safety. There have been no incidents of HAIs to patients, clinical staff or the ES team in the two years since ES outsourcing began.

Morale. Clinical staff and ES personnel report higher morale and better communication among all employees as well as greater engagement and higher esteem for the ES staff, which can be counted on to reliably provide the first line of defense in infection prevention and contribute to better patient outcomes.

Cost. The hospital spends slightly more on environmental services than before outsourcing began, but the costs included raises for ES personnel, along with new equipment and cleaning products. The hospital received sophisticated ongoing infection control training and frequent quality control reviews. Meanwhile, the hospital's management team has reduced the amount of time spent on personnel issues, risk avoidance and patient satisfaction problems.

"We spend far less time on environmental service issues and more time on patient care than we used to. I think our quality of care overall is better and our HCAHPS scores prove it."

– Jason Emfinger, Assistant Director of Nursing

REAL-LIFE EXPERIENCE

"About eight months after we brought ServiceMaster Clean in to manage our ES services, we had an elderly lady admitted to the hospital in an emergency situation. Her granddaughter was decidedly not a fan of Franklin Medical Center due to a past experience here and she was adamant about her displeasure that her grandmother was in this hospital. However, after a day or so, her opinion changed completely, largely because of the cleanliness of the facility and the experience she had with the staff, including the ES staff. She made it a point to tell me how pleased she was with her family's overall experience here. I attribute much of her change of attitude to the performance of our ES staff."

– Blake Kramer, Hospital Administrator

A FINAL WORD

Franklin Medical Center is typical of many rural hospitals that today are facing the challenges of American healthcare in the 21 Century. More regulation, higher patient expectations and diminishing resources make it difficult for hospitals that are seeking profitability and a better patient experience. Outsourcing certain services can reduce the burden on management and improve outcomes. Circumstances may vary widely depending on location and available vendors, but outsourcing is definitely a viable option for rural healthcare providers.

LINKS AND REFERENCE

1 https://www.aha.org/statistics/fast-facts-us-hospitals

2 https://www.ruralhealthweb.org/about-nrha/about-rural-health-care)

3 https://www.beckershospitalreview.com/quality/how-hais-lead-to-direct-indirect-and-unintended-hospital-costs.html

4 Press Ganey report, Franklin Medical Center, March 2018-May 2018

CORONAVIRUS

COVID 19

EXPOSURE REDUCTION

HAND WASHING

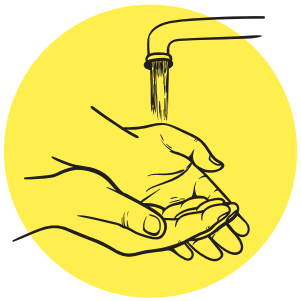
PREVENT THE SPREAD OF INFECTION

Proper hand hygiene is the #1 way to reduce the risk of infection. It is important to wash hands frequently and properly with soap and water for at least 20 seconds.

Recommendations from the

Centers for Disease Control & Prevention

- Soap and water is the best & preferred method of performing hand hygiene.
- Hands should be washed for at least 20 seconds. An easy way to remember this is to sing Happy Birthday twice.
- If soap and water are not available, an alcohol-based hand sanitizer containing at least 60% alcohol is an acceptable alternative. Enough product should be used to thoroughly wet hands.
- If using hand sanitizer, hands should be rubbed together until the product has fully dried.



01. Wet hands under running water.

02. Apply soap and rub palms together to ensure complete coverage.

03. Spread the lather over the back of the hands.

04. Make sure the soap gets in between the fingers.

05. Grip the fingers on each hand.

06. Pay particular attention to the thumbs.

07. Press fingertips into the palm of each hand.

08. Dry thoroughly with a clean towel.

While we hope it will never be necessary, ServiceMaster Clean is qualified and equipped with the required protocols and processes should any pathogen outbreak occur within your facility.

PLEASE CALL US IF WE CAN BE OF SERVICE

› 318-325-6400

ServiceMASTER Clean®

SARS-CoV-2

COVID 19

EXPOSURE REDUCTION

High Touch Cleaning Checklist

Hand hygiene is the #1 way to prevent the spread of pathogens. Because high touch items are common pathogen transmission vectors, raise awareness of frequent hand hygiene while performing routine cleaning and disinfecting these items to help reduce infection risk.

- [ ] DOOR HANDLES
- [ ] ELEVATOR BUTTONS
- [ ] EMPLOYEE CELL PHONES
- [ ] FLOORS
- [ ] GATHERING PLACES & RESTROOMS FROM JANITORIAL
- [ ] IV POLES
- [ ] KEYBOARDS
- [ ] LIGHT SWITCHES
- [ ] LINEN & TRASH RECEPTACLES
- [ ] MEDICAL EQUIPMENT
- [ ] MONITORS
- [ ] PATIENT CARE BEDS/TABLES & ATTACHMENTS
- [ ] PATIENT EXAM LIGHTS
- [ ] TELEPHONES

DON'T OVERLOOK THESE COMMON GATHERING PLACES

- [ ] ALL BREAK ROOM AREAS
  (APPLIANCES, SINKS, CHAIRS AND TABLES)
- [ ] CONFERENCE ROOM TABLES & CHAIRS
- [ ] OPEN SHARED WORKSPACES
- [ ] RESTROOMS
  (RESTROOM FLUSH HANDLES, TOILET PAPER DISPENSERS)

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PLEASE CALL US IF WE CAN BE OF SERVICE

› 318-325-6400

ServiceMASTER Clean®

CERTIFICATE OF DISINFECTION

This certifies that ServiceMaster Clean disinfected
ULM School of Pharmacy
Office_____ Area_____
on DATE_____ at TIME_____

The ServiceMaster Clean disinfection protocol consists of:

Wearing appropriate PPE as determined by the most up-to-date CDC guidelines and taking your privacy into consideration when it comes to donning and doffing PPE.

N

Using EPA registered and approved products from the EPA's List N, which specifically meet the criteria for use against SARS-CoV-2, the virus that causes COVID-19.

Cleaning before disinfecting, a step that is required for true disinfection. We apply specific cleaning techniques to reduce reapplication of soil on surfaces.

Disinfecting after a proper cleaning. We always apply the disinfectant following the product label protocol, including selecting the equipment to apply the product and leaving the surface wet for the required dwell time for the disinfection to be effective as specified by the EPA registered label.

Cleaning up discarded materials and single-use PPE, sealing our soiled materials for proper disposal.

Diversey™

Virex® Plus

One-Step Disinfectant Cleaner & Deodorizer

Format	Pack Size	SKU
RTD®	2 x 50.7 oz. / 1.5 L	100842025
J-Fill®	2 x 84.5 oz. / 2.5 L	100842024

• Gram-Positive Bacteria	3 minutes
• Gram-Negative Bacteria	3 minutes
• Enveloped Virus	3 minutes
• Non-Enveloped Virus	3 minutes*
• Fungicidal	3 minutes
• Non-Food Contact Sanitizer	15 seconds

*Unless otherwise noted.

		Organism	Contact Time
Viruses	Non-Enveloped	*Norovirus*	*5 minutes @1:128*
		Rotavirus	*3 minutes*
	Enveloped	*Hepatitis B Virus (HBV)*	*3 minutes*
		Hepatitis C Virus (HCV)	*3 minutes*
		Herpes Simplex Virus Type 1	*3 minutes*
		Herpes Simplex Virus Type 2	*3 minutes*
		HIV-1 (AIDS Virus)	*1 minute*
		Human Coronavirus	*3 minutes*
		Influenza Type A	*1 minute*
		Pandemic 2009 H1N1 influenza A virus	*3 minutes*
		Respiratory Syncytial Virus (RSV)	*3 minutes*
		Vaccinia	*3 minutes*
	Animal Virus	*Canine Distemper Virus*	*3 minutes*
		Newcastle's Disease Virus	*3 minutes*
Bacteria	Gram Negative	*Acinetobacter baumannii*	*3 minutes*
		Bordetella bronchiseptica	*3 minutes*
		Bordetella pertussis	*3 minutes*
		Campylobacter jejuni	*3 minutes*
		Escherichia coli (E. coli) Escherichia coli O157:H7	*3 minutes*
		Klebsiella pneumonia	*3 minutes*
		Klebsiella pneumonia –Carbapenum-resistant	*3 minutes*
		Proteus vulgaris	*3 minutes*
		Pseudomonas aeruginosa	*3 minutes*
		Salmonella enterica	*3 minutes*
		Shigella dysenteriae	*3 minutes*
		Shigella flexneri serotype 1B	*3 minutes*
		Shigella sonnei	*3 minutes*
		Vibrio cholera	*3 minutes*
		Yersinia enterocolitica	*3 minutes*
	Gram Positive	*Enterococcus faecalis*	*3 minutes*
		Enterococcus faecalis - Vancomycin resistant (VRE)	*3 minutes*
		Listeria monocytogenes	*3 minutes*
		Staphylococcus aureus	*3 minutes*
		Staphylococcus aureus – Community Associated Methicillin-Resistant (CA-MRSA) (08001) (USA300)	*3 minutes*
		Staphylococcus aureus – Methicillin-Resistant (MRSA)	*3 minutes*
		Staphylococcus aureus – Vancomycin Intermediate Resistant (VISA)	*3 minutes*
		Streptococcus pyogenes	*3 minutes*
Fungi		*Candida albicans*	*3 minutes*
		Trichophyton mentagrophytes	*3 minutes*
Non-Food Contact Sanitizer		*Enterobacter aerogenes*	*15 seconds*
		Klebsiella pneumoniae	*15 seconds*
		Listeria Monocytogenes	*15 seconds*
		Staphylococcus aureus	*15 seconds*
		Staphylococcus aureus, Methicillin-resistant (MRSA)	*15 seconds*

EPA Number 6836-349-70627

*All claims at 1:256 dilution unless otherwise noted.

For more information, contact your local Diversey representative or call 800.626.5015

www.diversey.com