

Keep hospitals dry as much as much as possible in order to prevent infections

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Unfortunately, nowadays most hospitals around the world are infected [1], and hospital infections kill patients and sometimes even hospital personnel [2–3]. Also, there are too many costs to ward off infections in hospitals in order to prevent antibiotic resistance, and patients are more likely to suffer an infection [4]. Healthcare practitioners need a better environment in order to serve patients better, so these measurements are necessary and should be performed unquestionably. However, despite all the efforts, infections are still prevalent in hospitals, and the germs are becoming more resistant to antibiotics [5–9]. An instinctual question is whether there is a simpler solution and even though there are probably several solutions, the one that is currently practiced is a thorough disinfection practice of hospitals using different sanitizing products, adding moisture to the dry air. This environment of the hospitals provides the best development habitat for microorganisms, allowing them to develop abundantly. Physicians can transfer germs to patients during an examination, but patients could also spread infections to physicians and other healthcare practitioners. It seems to be better to keep the hospital environment dry as much as possible. However, during hospital transfer or severe cases such as sepsis, it is essential first to use detergent and to ensure the proper use of specific disinfectants and sterilization methods. It is of great significance to share experience in this regard [10], even though the general public is well aware of its importance in order to control the spreading of infections. Keeping the hospital environment dry can help prevent and control hospital infections. Of course, the use of disinfectants is highly recommended in some cases where the infection is confirmed by a piece of evidence or if it is likely to cause an hospital-acquired infection and

affect the lives of patients. Mainly if microbial resistance is seen in the hospital or among doctors and other healthcare professionals, the use of disinfectants is unavoidable. Physicians, along with the hospital's infection control team must take additional care of patients dealing with infections, the collaboration between them being essential.

Conflict of Interest

The authors confirm that there are no conflicts of interest.

References

1. Revelas, A. Healthcare – associated infections: A public health problem. *Nigerian Medical Journal: Journal of the Nigeria Medical Association*, 2012; 53(2), 59–64.
2. Kleven, R. Monina; Edwards, Jonathan R.; Richards, Chesley L.; Horan, Teresa C.; Gaynes, Robert P; Pollock, Daniel A.; Cardo, Denise M. 2007. *Estimating Healthcare-associated Infections and Deaths in U.S. Hospitals*, *Public Health Reports*. 2002; 122(2): 160–166.
3. Mehrabi Tavana A, Chinikar S, Mazaheri V. The seroepidemiological aspects of Crimean-Congo hemorrhagic fever in three health workers: A report from Iran. *Arch Iranian Med* 2002; 5:255–58.
4. Collins AS. Preventing Health Care–Associated Infections. In: Hughes RG, editor. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 41. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK2683/>
5. Ataee RA, Habibian S, Mehrabi-Tavana A, Ahmadi Z, Jonaidi N, Salesi M. Determination of vancomycin minimum inhibitory concentration for ceftazidime resistant *Streptococcus pneumoniae* in Iran. *Annals of Clinical Microbiology and Antimicrobials*. 2014; 13:53.
6. Mehrabi Tavana A, Ataee RA, Gerami ME, Gooya MM, Karami A, Ranjbar R. et al. BRIEF REPORT: A study investigating the

- Streptococcus pneumoniae pattern among Iranian patients. *Arch Pharmacy Practice* 2012; 3:122–27.
7. Ataee RA, Tavana AM, Hosseini SMJ, Moridi K, Zadegan MG. A method for antibiotic susceptibility testing: applicable and accurate. *Jundishapur J Microbiol* 2011; 5:341–5.
 8. Tavana AM. Pandemic influenza A H1N1 in Iran and lessons learnt. *Ann Trop Med Public Health* 2012; 5:295–7.
 9. Mehrabi Tavana A. Recent pandemic influenza and its published articles distribution in the world. *Iranian Journal of Nursing and Midwifery Research* 2012; 17:255.
 10. Tavana AM. My experiences in hospital infection control: We have to learn hospital infection control at the first day of medical education for students, do you agree with me? *Ann Trop Med Public Health* 2017; 10:491–2.