Frequently Asked Questions

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Question: How should readers interpret the recommendation about contact time for disinfectants used on noncritical items? There seems to be a disconnect between the label instructions and what the studies show.

In order to get EPA clearance of the CDC Guideline it was necessary to insert the sentences "By law, all applicable label instructions on EPA-registered products must be followed. If the user selects exposure conditions that differ from those on the EPA-registered product label, the user assumes liability from any injuries resulting from off-label use and is potentially subject to enforcement action under FIFRA". There are several points that should be made about this apparent disconnect between label instructions and what studies show to include:

1. Multiple scientific studies have demonstrated the efficacy of hospital disinfectants against pathogens causing healthcare-associated infections with a contact time of at least 1 minute.
2. The only way an institution can achieve a contact time of 10 minutes is to reapply the surface disinfectant 5-6 times to the surface as the typical dry time for a water-based disinfectant is 1.5-2 minutes.
3. Equally important as disinfectant contact time is the application of the disinfectant to the surface or equipment to ensure that all contaminated surfaces and non-critical patient care equipment are wiped.
4. There are no data that demonstrate improved infection prevention by a 10 minute contact time versus a 1 minute contact time.
5. We are not aware of an enforcement action against health care facilities for "off label" use of a surface disinfectant.

Thus, we believe the guideline allows us to continue our use of low-level disinfectants for noncritical environmental surfaces and patient care equipment with a 1 minute contact time. Additionally, all healthcare facilities should reemphasize the thoroughness of cleaning to ensure that all contaminated surfaces are wiped.