

HOT TOPICS: PERHAPS COMING SOON . . . TO YOU

AN EMERGENCY MEDICAL CRISIS THAT ENDANGERS ALL

April 2019 – Michel van Schaik, owner & CEO, Aquaiox LLC

Watch this [👉 aquaiox.com/video](https://www.aquaiox.com/video) ... to realize the safety/health impact your facility can introduce TODAY!

YOU'VE SEEN THE HEADLINES:

- **MEDICAL ALERT: Hospitals are releasing deadly superbug fungi into the open air, "colonizing" the population with dangerous pathogens that have a 41% – 88% fatality rate**
- **154 cases of fast-moving and multidrug-resistant deadly fungus in Illinois**

Now that you are aware that **YOUR SAFETY IS AT RISK**, you can evaluate the one effective solution.

HERE IS WHAT FEW UNDERSTAND – EVEN CLEANING CONTRACTORS AND HOSPITAL EV-STAFF:

Cleaning is a 2-step process that must adhere to stated protocol.

To properly and effectively disinfect, **first, the bio-film has to be removed.**

Why?

C. auris, in particular, and drug-resistant Superbugs, viruses, pathogens and fungi **live safely in biofilm.**

How does treatment of **C. auris** by *chemical* (cleaning) guarantee its survival?

Chemical residue "deposited" (left remaining) by (known, toxic) chemical disinfectants help maintain the safety of the (biofilm) home where life-threatening infectious contagions live.

How does **AQUAOX** know this and why does **AQUAOX** have the **unique solution**?

AQUAOX has the good fortune of an Advisory Board that simultaneously combine these interdisciplinary knowledge banks: engineering, physics, chemistry, biochemistry and soil engineering.



x Don't
use hazardous chemicals
if a less hazardous one
is available.

Our Swiss source and advisor, Ronald Schmid, BS, states:

"Once C. auris is established, none of the other hospital treatments attempting to eradicate C. auris can achieve virtually 100% success, like Aquaiox! The root of the issue is ... the hospital's crisis-quick-response-team has a very short time frame to control C. auris colonization from getting established on surfaces and in the air that staff and patients breathe."

So, what can a hospital EV-staff and their cleaning contractor do to prevent the spread of **C. auris colonization** from becoming established?

Rely solely on the **AQUAOX INFECTION CONTROL SYSTEM** – a 2-step disciplinary protocol that uses safe engineered water (a.k.a. Hypochlorous Acid) that is generated on-site (at the hospital) where the **hospital's crisis-quick-response-team** is already supported by EV-staff overseeing a *prevention protocol* that, when properly followed, prevents the establishment of **C. auris** colonization.

Key to the **AQUAOX SYSTEM** protocol is the combination of ... proper removal of biofilm using highest quality applicators (microfiber cloths and mopheads supplied by Greenspeed) ... plus the on-site generated Hypochlorous Acid solution (at least 500 ppm strength) ... plus the use of 360-degree electrostatic spraying of (negatively-charged) Nano-droplets of Hypochlorous Acid that implodes cells on contact when the Nano-droplets attach themselves to (positively-charged) infectious contagions that are in the air and on (properly-cleaned, residue-free) surfaces. Few people know that these (negatively-charged-Hypochlorous Acid) Nano-droplets are able to float behind toilets, under beds, in the crevices of blinds and other furnishings and places not reached by hand.

And, since the **AQUAOX SYSTEM** protocol is already being used throughout the hospital (patient and OR rooms and public areas), (nonexistent) biofilm homes are unavailable for infectious contagions to multiply.

Nevertheless, in the event of **C. auris** being (unknowingly) introduced and/or becoming established in a hospital, the **AQUAOX SYSTEM** protocol is the only time-sensitive solution for controlling **C. auris's** ability to spread.

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READY FOR C. AURIS?

Already have an effective, proactive, preventive crisis plan in place (that is guaranteed to work) for Superbugs, etc.?

OSHA's guiding principle – "Don't use hazardous chemicals if a less hazardous one is available."

In other words, if there is a safer way to perform a job, choose the safer way.

The cost of killing **MRSA, E.coli, C.auris** etc. with *chemicals* comes at great cost – all bad: *Chemical* protocols require long contact time; *chemicals* evaporate toxic vapors into the air we breathe; *chemicals* leave surface residue that can irritate skin, eyes and respiratory and become a home for hard-to-control, resistant contagions. For example, Hydrogen Peroxide treatment takes about 90 minutes to perform, requires a sealed room, may not have sufficient ppm, and does not have the requisite protocol.

AQUAOX INFECTION CONTROL SYSTEM is a *multi-stage*, proactive, defense practice that daily prevents hospital rooms/spaces from being infected and <<if necessary>> the **SYSTEM** can be *martialed* to a shut-down floor or wing to augment the barrier needed for crisis prevention. [Usually, hospitals have 6 or more 360-degree electrostatic carts that can be advanced into infected areas to rid the air of contagions before PPE-equipped staff enters. Then it is safer for them to commence the 2-step disinfection using **Hypochlorous Acid (HOCl with at least 500 ppm strength)** dispensed by electrostatic sprayer, ultra-high-quality microfiber cloths and versatile mopheads) as the first step to establish the hospital's defense system.]

Considering that long-term health and life consequences to staff and patients in crisis due to virus/bacteria/fungi, *chemical* absorption risk is unthinkable, hospitals can proactively lead with the **AQUAOX INFECTION CONTROL SYSTEM**.