BSC MARKET INTELLIGENCE

Restroom Hygiene & Healthy Buildings

How to turn restroom performance into a measured, documented service clients will pay for.

The restroom is now the building's most visible quality test. "Looks clean" is no longer the standard.

A restroom influences customer confidence, employee perception, complaint volume, and—in high-risk settings—infection-control performance. The winning BSC will sell verified restroom readiness, not merely a fixed number of scheduled visits.

COVER STAT

73%

of respondents said a dirty restroom could make them reconsider returning.

EVIDENCE — BRADLEY 2026 SURVEY, AS CITED IN THE ORIGINAL EDITION.

AUDIENCE

BSC executives, facilities leaders, healthcare EVS leaders, property managers, hospitality/retail operators, and hygiene-program buyers.

CORE THESIS

Restroom performance is a measurable business outcome. It affects customer confidence, complaints, replenishment, infection-risk readiness, and healthy-building positioning. Leading BSCs will sell verified restroom readiness rather than fixed cleaning rounds.

KEY FIGURES

86%
RESTROOM REFLECTS BUSINESS QUALITY
INDUSTRY SURVEY

73%
WOULD RECONSIDER RETURNING AFTER DIRTY RESTROOM
INDUSTRY SURVEY

47%
TARGETED HOSPITAL OBJECTS CLEANED AT BASELINE
PEER-REVIEWED RESEARCH

6,304 in 2024
CANDIDA AURIS CLINICAL CASES
PUBLIC DATA

CONTENTS

00	MARKET MONITOR	Clinical C. auris cases have quadrupled in three years
02	EXECUTIVE DASHBOARD	Restroom performance has become commercial performance
03	BUYER-IMPACT CASE	A restroom changes how people judge the entire building
04	VERIFIED CLEAN	Visual inspection does not prove high-touch surfaces were cleaned
05	PATHOGEN-RISK PLAYBOOK	One cleaning protocol cannot cover every event
06	SMART RESTROOM ECONOMICS	Sensors can change staffing from fixed rounds to demand-triggered service
07	HEALTHY-BUILDING OPPORTUNITY	Cleaning can support a healthy-building strategy—but only when it is documented
08	RESTROOM SERVICE TIERS	Give clients a choice between visits and outcomes

09	VERTICAL SALES PLAYBOOK	Vertical sales playbook
10	90-DAY ACTION PLAN AND SOURCES	90-day action plan and sources

10 figures in this edition. Figures tagged **Altus analysis** are arithmetic derived from the cited sources; figures tagged **Illustration** use stated assumptions and are not forecasts.

Clinical C. auris cases have quadrupled in three years

CDC surveillance shows clinical Candida auris cases rising every year since 2016, from 53 to 6,197 in 2024. Annual growth is slowing, but absolute counts keep climbing and almost every case surfaces in a hospital setting. Restroom-service and washroom-hygiene markets are forecast to grow 4–7% a year through the next decade.

FIGURE 03.1

MARKET DATA

Market at a glance

6,197
Clinical C. auris cases reported to CDC, 2024 (M1)

12,432
Screening cases, 2024 (M1)

94.4%
Of 2022–24 clinical cases found in acute or long-term acute care hospitals (M1)

6.7%
Bathroom-cleaning service CAGR, 2025–2031 (M4)

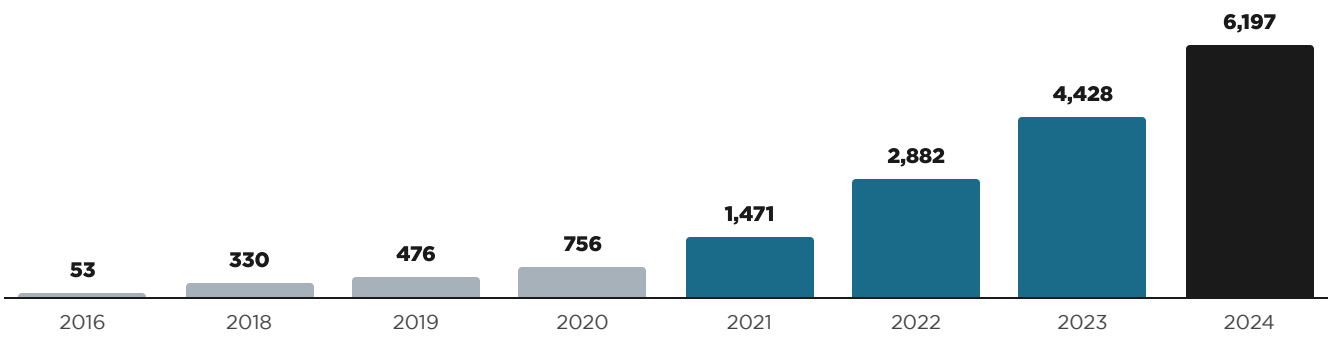
Source — CDC MMWR (M1); Infinity Market Research (M4)

FIGURE 03.2

PUBLIC DATA

Clinical C. auris cases reported to CDC

2016–2021 from CDC data published in the Annals of Internal Medicine; 2022–2024 from the MMWR surveillance summary. The CDC tracking page cited in this edition reports 6,304 for 2024 using later data.



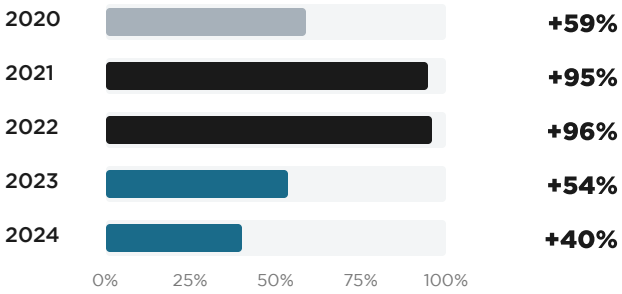
Source — CDC MMWR (M1); CIDRAP / CDC (M2)

FIGURE 03.3

PUBLIC DATA

Growth is slowing — from a much larger base

Year-over-year change in clinical cases.



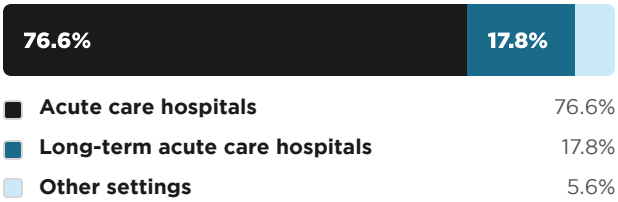
Source — M1–M2 · 2022 computed by Altus

FIGURE 03.4

PUBLIC DATA

Where clinical cases are identified

Share of 13,507 clinical cases, 2022–2024.



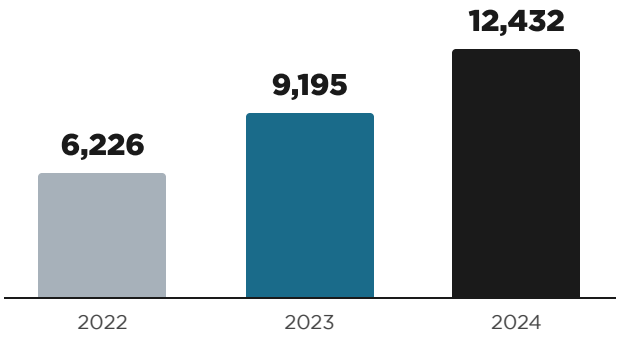
Source — CDC MMWR (M1)

FIGURE 03.5

PUBLIC DATA

Screening cases doubled in two years

Colonization cases detected through screening.

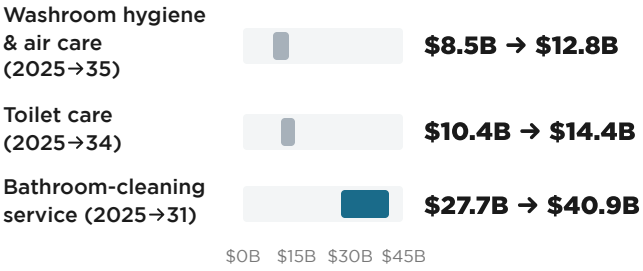


Source — CDC MMWR (M1)

FIGURE 03.6

INDUSTRY INTELLIGENCE

Restroom markets: base year → forecast



Source — M3–M5

FIGURE 03.7

ALTUS ANALYSIS

What it implies

c. 17 mo
Implied doubling time of clinical cases, 2021–2024

4.2×
Clinical cases in 2024 vs. 2021 (6,197 ÷ 1,471)

2.0×
Screening cases per clinical case in 2024 — most carriers show no infection

Source — Altus analysis of M1–M2

MARKET DRIVERS SCORECARD

DRIVER	DIRECTION	SIGNAL STRENGTH	READ-THROUGH FOR BSCS	EVIDENCE
Healthcare-associated pathogens	Rising	High	Disinfection verification becomes a contract term in healthcare accounts	PUBLIC DATA
Restroom-driven perception	Persistent	High	86% judge a business by its restroom — condition is a retention lever	INDUSTRY SURVEY
Restroom-service spend	Growing	Medium	Service markets outgrow product markets — sell programs, not supplies	INDUSTRY INTELLIGENCE
Case growth rate	Decelerating	Medium	Sell measured outcomes, not fear; the absolute count still climbs	PUBLIC DATA

Market Monitor sources

M1 CDC, Surveillance for Candida auris — United States, 2022–2024 (MMWR). https://www.cdc.gov/mmwr/volumes/75/ss/ss7504a1.htm

M2 CIDRAP, CDC reports dramatic increase in US Candida auris cases. https://www.cidrap.umn.edu/antimicrobial-stewardship/cdc-reports-dramatic-increase-us-candida-auris-cases

M3 Market Research Intellect, Washroom Hygiene and Automotive Air Care Market. https://www.marketresearchintellect.com/product/washroom-hygiene-and-automotive-air-care-market/

M4 Infinity Market Research, Global Bathroom Cleaning Service Market 2025–2031. https://infinitymarketresearch.com/report/bathroom-cleaning-service-market/14014

M5 Research and Markets, Toilet Care Market Report 2026–2034. https://www.researchandmarkets.com/report/toilet-care

Restroom performance has become commercial performance

INDUSTRY SURVEY

86%

RESTROOM REFLECTS BUSINESS QUALITY

WHY IT MATTERS
Cleanliness affects brand and service perception

INDUSTRY SURVEY

73%

WOULD RECONSIDER RETURNING AFTER DIRTY RESTROOM

WHY IT MATTERS
Restroom condition can affect repeat visits

PEER-REVIEWED RESEARCH

47%

TARGETED HOSPITAL OBJECTS CLEANED AT BASELINE

WHY IT MATTERS
Visual inspection can miss high-touch cleaning failures

PUBLIC DATA

6,304 in 2024

***CANDIDA AURIS* CLINICAL CASES**

WHY IT MATTERS
Cleaning protocols must match pathogen risk in healthcare

INDEPENDENT RESEARCH

25,000+ in 2024

PROFESSIONAL CLEANING ROBOTS SOLD

WHY IT MATTERS
Technology investment is expanding, but task fit matters

VENDOR-REPORTED

$68,052 per facility/year

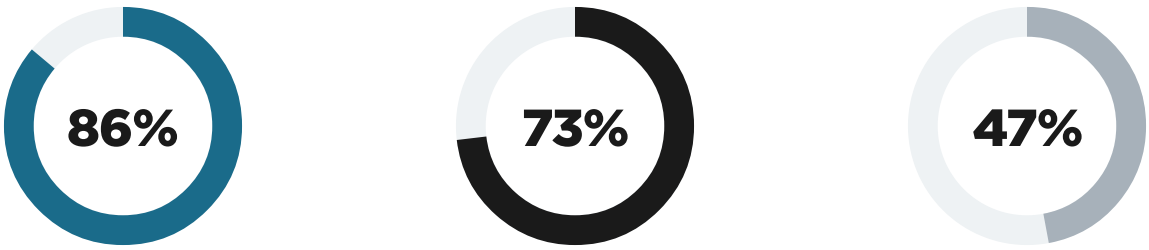
SMART-RESTROOM SAVINGS CLAIM

WHY IT MATTERS
Potential exists, but this remains vendor-reported

FIGURE 03.8

INDUSTRY SURVEY

How restroom condition shapes judgment — and how often cleaning is missed



Say a restroom reflects the quality of the business

Would reconsider returning after a dirty restroom

Targeted hospital objects cleaned at baseline

Source — Bradley 2026 survey (Source 1); Carling et al. 2006 (Source 3)

FIGURE 03.9

ALTUS ANALYSIS

What it implies

53%
Targeted high-touch hospital objects missed at baseline — visual inspection alone would not show it

c. 3 in 4
Visitors who may reconsider returning after one dirty restroom

6,304
U.S. clinical C. auris cases in 2024; cases have risen every year

Source — Altus analysis of Sources 1, 3 and 4

CDC reported 6,304 U.S. clinical cases of *Candida auris* in 2024 and notes cases have risen each year, although the rate of increase has slowed since 2022.

THE SIGNAL

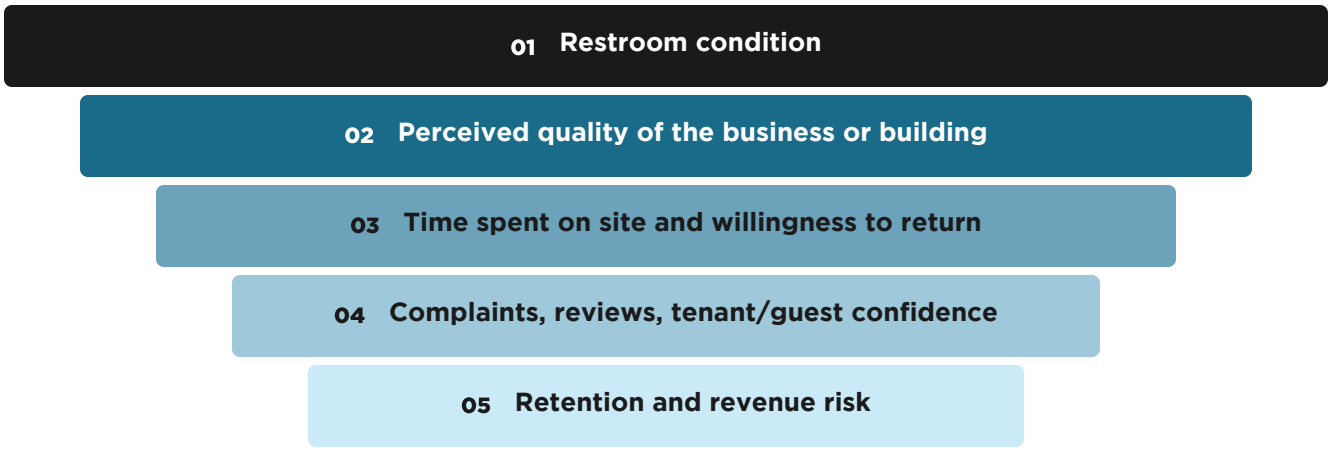
Restroom performance is not merely an inspection issue. It is a customer-experience, risk-management, staffing, and data-management issue.

A restroom changes how people judge the entire building

FIGURE 03.10

Customer-confidence funnel

How one restroom visit travels up to retention and revenue risk.



Source — Altus framework

CLIENT TYPE	WHAT THE RESTROOM AFFECTS	BEST SERVICE OFFER
Retail	Store brand, dwell time, repeat visits	Peak-traffic restroom readiness
Restaurant/foodservice	Food-safety perception and review risk	Response-time and touchpoint verification
Airport/venue	Guest satisfaction and crowd-flow confidence	Sensor-triggered coverage and replenishment
Office	Tenant experience and employer brand	Occupancy-aligned service and reporting
Healthcare	Infection-control support and patient confidence	Risk-tiered disinfection and verification
Education	Student/parent confidence and outbreak readiness	Readiness audits, refill reliability, response protocol

WHAT TO SELL

Restroom Readiness as a Service

- Defined restroom outcome standard
- Refill and stockout service level
- Complaint-response log
- Optional outbreak-response line
- Peak-period response commitment
- High-touch verification
- Client dashboard

Visual inspection does not prove high-touch surfaces were cleaned

The original edition's Carling et al. finding remains important: only 47% of targeted hospital objects were cleaned at baseline, while feedback and measurement substantially improved performance.

METHOD	WHAT IT TELLS YOU	BEST USE	LIMITATION
Visual inspection	Appearance	Routine supervisor review	Does not prove high-touch cleaning
Fluorescent marker	Whether a marked surface was physically wiped	Training and compliance auditing	Requires pre-marking
ATP testing	Organic-material level	Process verification and coaching	Not pathogen-specific
Environmental culture	Presence of microorganisms	Clinical/high-risk investigation	Slower and costlier
QR/task validation	Whether the task was reported complete	Workforce accountability	Does not prove quality
Sensor data	Usage, supply levels, traffic patterns	Demand-triggered service	Does not verify disinfection

OPERATING PRINCIPLE

Use the lightest credible verification method that matches the risk. Do not sell clinical-grade testing to an ordinary retail restroom. Do not rely solely on visual inspection in high-risk settings.

One cleaning protocol cannot cover every event

SITUATION	CORE RESPONSE	PRODUCT/STANDARD	VERIFICATION/DOCUMENTAT
Standard public restroom	Routine cleaning and targeted disinfection	Facility-approved EPA-registered product	Supervisor audit and task log
Seasonal respiratory illness	More frequent high-touch disinfection	Use product exactly per label	High-touch checklist
Norovirus incident	Vomit/fecal-event procedure, PPE, correct disinfectant	EPA List G or label-confirmed product	Incident log and disposal procedure
***C. difficile* risk**	Sporicidal-capable process when applicable	EPA product with appropriate claim	High-risk protocol and audit
***C. auris* setting**	Daily and terminal cleaning/disinfection	EPA List P product effective against *C. auris*	Infection-control-approved documentation
Measles/outbreak event	Follow public-health and facility guidance	Site-specific protocol	Event-response record

CDC states that *C. auris* can persist on surfaces for months and recommends EPA-registered hospital-grade disinfectants effective against *C. auris*. CDC notes that products relying solely on quaternary ammonium compounds are not effective against the organism.

IMPORTANT QUALIFIER This is an operating-service framework, not clinical advice. Healthcare protocols must be approved by infection prevention leadership and follow EPA registrations, product labels, and applicable public-health guidance.

Sensors can change staffing from fixed rounds to demand-triggered service

VENDOR-REPORTED POTENTIAL BENEFITS

- Fewer unnecessary rounds
- Fewer stockouts
- Lower emergency-response burden
- Earlier refill intervention
- Better labor allocation
- Better documentation and reporting

BSC VALIDATION DASHBOARD

METRIC	BEFORE SENSORS	AFTER SENSORS	COMMERCIAL VALUE
Scheduled visits/day	Input	Input	Labor baseline
Demand-triggered visits/day	Input	Input	Route efficiency
Refill stockouts/month	Input	Input	User-experience protection
Emergency calls/month	Input	Input	Supervisor burden
Consumable waste	Input	Input	Supply-cost control
Complaint rate	Input	Input	Client-retention signal
Labor hours per 1,000 users	Input	Input	Productivity benchmark

Annual benefit =

Labor hours avoided × Fully loaded labor rate + Reduced supply waste + Avoidable complaint-response cost

DISCLOSURE The $68,052 annual savings figure in the prior edition is vendor-reported customer data. It should be presented as a case example, not a universal result.

Cleaning can support a healthy-building strategy—but only when it is documented

PROGRAM COMPONENT	BSC CONTRIBUTION
Low-VOC or certified chemistry	Product selection, documentation, dilution control
Written cleaning plans	Site SOPs, schedules, escalation procedures
High-touch cleaning	Defined touchpoint standards and verification
Occupant communications	Restroom-service and outbreak-response messaging
Restroom performance	Stockout, complaint, response-time data
IAQ/ventilation coordination	Cleaning alignment with building teams and readiness plans
WELL/Fitwel/LEED O+M support	Evidence file, product records, operating documentation

COMMERCIAL MESSAGE

Do not sell “healthy building” as a vague promise. Sell a documented operating layer that helps an owner demonstrate readiness, consistency, and occupant care.

Give clients a choice between visits and outcomes

FEATURE	BASIC CLEANING	MANAGED RESTROOM	VERIFIED RESTROOM PERFORMANCE
Service trigger	Fixed schedule	Schedule plus supervisor adjustment	Sensor, occupancy, event, and complaint triggers
Refill approach	Standard rounds	Usage-informed	Predictive and exception-based
High-touch process	General disinfection	Defined high-touch checklist	Verification audits and exception reporting
Proof of work	Supervisor signoff	QR/photo/task records	Dashboard, service-level metrics, audit results
Reporting	Monthly invoice	Basic service report	Performance dashboard and executive review
Best fit	Budget-driven account	Service-minded property manager	High-traffic, premium, regulated, or brand-sensitive asset

COMMERCIAL PRINCIPLE

Create an upgrade path. Do not require every buyer to adopt every technology at once.

Vertical sales playbook

VERTICAL	CORE PROBLEM	BEST PACKAGE	KPI
Retail	Brand and repeat-visit risk	Peak-traffic readiness program	Complaints, stockouts, inspection score
Airports/venues	Event surges and visible service gaps	Sensor-enabled response model	Response time and refill availability
Healthcare	Infection-control support	Risk-tiered protocol and verification	High-touch audit performance
Corporate office	Tenant/employee experience	Occupancy-adjusted restroom program	Tenant feedback and response SLA
Higher education	Heavy use and staffing variability	Readiness audits and replenishment tracking	Stockouts and cleanliness score
Hospitality	Guest reviews and brand perception	Guest-experience restroom standard	Complaint/review mentions and inspections

90-day action plan and sources

90-day action plan

01 Define restroom outcome standards by client segment.

02 Identify the 10 highest-traffic or highest-complaint restrooms in the portfolio.

03 Establish a high-touch checklist for each site type.

04 Choose verification proportional to client risk.

05 Audit disinfectants against relevant pathogen and label requirements.

06 Separate standard service and outbreak-response service in pricing.

07 Pilot sensor, QR, or occupancy-informed scheduling at one high-traffic account.

08 Report monthly on response time, stockouts, complaints, verification, and labor hours.

EXECUTIVE KPIS

- High-touch verification pass rate
- Stockouts per 1,000 restroom users
- Average complaint-to-resolution time
- Labor hours per 1,000 restroom users

Sources

01 Bradley Company, *2026 Healthy Handwashing Survey*, May 2026. Consumer perceptions of restroom condition and business quality. https://www.prnewswire.com/news-releases/bradley-company-survey-illustrates-how-restroom-conditions-influence-user-confidence-and-business-performance-302762388.html

02 Tork/Essity, *Only 1 in 5 public restrooms meet hygiene expectations*, July 2025. https://www.torkglobal.com/us/en/about/press-and-news/only-1-in-5

03 Carling et al., "Improved Cleaning of the Environment Surrounding Patients in 36 Acute Care Hospitals," *Clinical Infectious Diseases*, 2006. https://healthcaresurfacesinstitute.org/wp-content/uploads/2021/08/Improved-cleaning-using-new-targeted-method-Carling.pdf

04 Centers for Disease Control and Prevention, *Tracking Candida auris*, updated March 3, 2026. 2024 clinical case count and surveillance context. https://www.cdc.gov/candida-auris/tracking-c-auris/index.html

05 Centers for Disease Control and Prevention, *Infection Control Guidance: Candida auris*, updated September 22, 2026. Environmental cleaning and disinfectant guidance. https://www.cdc.gov/candida-auris/hcp/infection-control/index.html

06 U.S. Environmental Protection Agency, *List P: Antimicrobial Products Registered with EPA for Claims Against Candida auris*. https://www.epa.gov/pesticide-registration/list-p-antimicrobial-products-registered-epa-claims-against-candida-auris

07 Centers for Disease Control and Prevention, *Norovirus: Prevention and Control*. https://www.cdc.gov/norovirus/prevention/index.html

08 Anderson et al., "Enhanced terminal room disinfection and acquisition and infection caused by multidrug-resistant organisms and Clostridium difficile," *The Lancet*, 2017. https://stacks.cdc.gov/view/cdc/53817

09 International WELL Building Institute, *Global WELL adoption*, July 2025. https://resources.wellcertified.com/press-releases/global-well-adoption-experiences-unprecedented-growth-with-6-billion-square-feet-of-space-now-engaged-with-the-worlds-leading-standard-for-healthy-buildings-organizations-and-communities/

10 ASHRAE, *Standard 241 fact sheet*. https://www.ashrae.org/file%20library/about/government%20affairs/advocacy/toolkit/virtual%20packet/standard-241-fact-sheet.pdf

11 Kimberly-Clark Professional, *How smart restroom technology reduces costs in high-traffic venues*. Vendor-reported customer data. https://www.kcprofessional.com/en-us/workplace-insights/productivity-and-efficiency/how-smart-restroom-technology-reduces-costs-in-high-traffic-venues

Methodology note

All health and infection-control claims should be validated against current CDC, EPA, product-label, and facility-specific guidance before publication. Vendor savings must be visibly labeled. This report provides operational market intelligence, not medical or clinical advice.