Dramatic Differences in Human Norovirus Test

Purell VF 481 Product A Product B Product C Product D

<table>
<thead>
<tr>
<th>Product</th>
<th>Average Reduction</th>
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</thead>
<tbody>
<tr>
<td>Purell VF 481</td>
<td>3.74</td>
</tr>
<tr>
<td>Product A</td>
<td>1.48</td>
</tr>
<tr>
<td>Product B</td>
<td>1.27</td>
</tr>
<tr>
<td>Product C</td>
<td>0.11</td>
</tr>
<tr>
<td>Product D</td>
<td>0.10</td>
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</tbody>
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These results clearly show that care must be taken in selecting alcohol hand sanitizers where norovirus is the concern. Norovirus is far and away the most common source of long term care outbreaks and is introduced via human contact, fecal-hand-oral. The more patients, the more caregivers, the higher the risk. In this side-by-side study, VF481 reduced on average over 1000 human norovirus particles from the hands while Product D practically does nothing, less than 10 particles. It is recommended for all hospitals and long term care facilities for that preventable “24 hour stomach flu” which is more accurately diagnosed as norovirus.

Interested parties can look up the complete scientific poster on our website, www.handwashingforlifehealthcare.org

Best Practice Products

Purell’s anti-norovirus VF481 can be located convenient to the staff and the patient with this touch-free dispenser. It is available in tabletop, pedestal and wall mount versions, ready to break the fecal-hand-oral chain of contamination.

Endorsements:

These hand sanitizing systems are endorsed by the Handwashing For Life® Institute for hospitals, long term care facilities, and rehabilitation centers. The Handwashingforlife® Institute actively supports and recommends the products and services of members who meet the criteria for leadership in hand hygiene related interventions. These criteria include:

- Product or service must meet Institute standard of Best Practice within applicable category.
- Forum member must demonstrate commitment to advancing the Science of Hand Hygiene and be a top quartile supplier, as measured by: Customer satisfaction with initial product or service and follow-up support.
Fact vs Fiction
Myths typically live well beyond the science.
These facts help lower healthcare acquired infection rates.

1] Not all hand sanitizers use the same ingredients in the same concentrations.
To insure a hand sanitizer will meet performance requirements check for these elements:
✓ Uses alcohol as the single active ingredient and at an effective level.
✓ Is Food Code compliant.
✓ GRAS list formulated.

2] A new synergized formula, tested for the first time on human norovirus by Emory University’s Dr. Moe, shows dramatic improvement over previously available options.
See graph on reverse for details.
A norovirus-effective product helps establish a barrier in common areas where visitors frequently introduce norovirus into the property. It also serves to add an extra degree of protection for caregivers and offers them a convenient option for between-wash hand sanitization.

3] No, less. Soaps contain surfactants that lift soil off the skin… unfortunately, they can also lift essential skin lipids. Hand sanitizers contain moisturizers that get left behind on the skin after the alcohol kills germs and evaporates.

4] Not true. Misinterpreted regulations have resulted in temporary removal in some states. Flammability issues have been resolved.


6] Knowledge alone doesn’t change behavior and poor service gets you fired!
Service often trumps safety.
Make hand cleansing convenient, especially at remote locations. (See SaniTwice™)

7] No, it eliminates a “no-handwash.” It can also provide an added safety margin to compensate for poor washing in high risk situations or “rush” environments. Effectiveness of a log one wash, removing the heaviest soil, can be multiplied with alcohol hand sanitizer.

8] Don’t be confused by the words “hand antiseptics” which are hand sanitizers and are covered in § 2.301.16 and as towelettes in § 5.203.11.

9] No, many are not based on GRAS - Generally Regarded As Safe. It is an FDA (CFSAN) maintained database of ingredients safe for use in direct and secondary food contact. http://vm.cfsan.fda.gov/~dms/eafus.html

10] Both handwashing and hand sanitizing significantly reduce the population of any bacteria on the skin. The transient (“bad”) germs are eliminated or pushed below an infectious dose, whereas the resident (“good”) bacteria rapidly repopulate the skin after a hand hygiene event. The bottom line: hand hygiene does not impact our normal flora or put us at risk in any way!

Myth:
All hand sanitizers are the same.

Hand sanitizers are ineffective on Norovirus.

Dries skin more than handwashing.

Can’t be located in hallways because of flammability.

Good for hospitals but no place in long term care.

Once trained, caregivers will return to handwash sinks as needed when working remote locations.

Use of hand sanitizer in the kitchen eliminates a handwash.

Use of hand sanitizer is not recommended in the Model Food Code.

All hand sanitizers are GRAS list formulated.

Hand sanitizers kill resident bacteria, the good bacteria.