Nasal Antiseptic Swabs

Decolonize the nose without the risk and complexity of antibiotics*

Shown to safely and efficiently reduce S. aureus†

Can be used as part of a bundled intervention for patient decolonization.

*Risk” refers to growing evidence of resistance of S. aureus and MRSA to mupirocin; "complexity" refers to the 5-day, twice-daily application protocol of mupirocin.
†Reduces 99.4% of S. aureus at 1 hour and maintains persistence through 12 hours (shown in an in-vitro study)**
Surgical Site Infections (SSIs) Are Common

- SSIs account for approximately 23% of all healthcare-associated infections (HAI). Infections due to *S. aureus* are the most prevalent.¹
- 2%-5% of inpatient surgery patients develop an SSI.² The mortality rate from SSIs is around 3%, and 75% of those deaths are directly attributable to the SSI.³

SSIs Result in Significant Cost to Healthcare Facilities

- The average per-patient cost for an SSI ranges from $12,000 to $35,000 and can be as high as $60,000 for an SSI caused by resistant strains of *S. aureus*.⁴
- SSIs increase average hospital stays from 7 to 11 days.⁵
- Healthcare costs associated with SSIs include:

  **DIRECT COSTS**
  - Prolonged hospital stay
  - Readmissions
  - Additional procedures
  - Testing
  - Labor
  - Facility use

  **INDIRECT COSTS**
  - Lost wages and productivity
  - Worsened overall health
  - Decreased patient satisfaction and HCAHPS scores
  - Out-of-pocket expenses
  - Decreased referral
  - Litigation

*S. aureus* Nasal Colonization Is a Major Risk Factor Associated with SSIs

- Approximately 30% of the population is colonized with *S. aureus* in the nares.⁶
- 80% of *S. aureus* infections are caused by the patient’s own (clonal) nasal flora.⁷
- Nasal carriage of *S. aureus* is a significant risk factor for developing SSI with *S. aureus*.⁸
Nasal Decolonization as Part of Preoperative and Inpatient Protocols Has Been Shown to Reduce the Risk of SSIs

Preoperative Decolonization
• APIC and SHEA/IDSA guidelines to reduce SSIs suggest that nasal decolonization using mupirocin ointment to remove S. aureus from the nose as part of preoperative protocols may be effective in reducing SSIs.9, 10
• Universal nasal decolonization or decolonization of S. aureus-colonized patients may be a cost-effective intervention to protect against SSIs associated with S. aureus.11

Inpatient Decolonization
• In routine ICU practice, universal nasal decolonization with mupirocin ointment was more effective than targeted decolonization or screening and isolation in reducing infection from any pathogen.12
• Universal decolonization of ICU patients can reduce healthcare costs compared with screening and isolation or screening and isolation coupled with targeted decolonization.13

Nasal Decolonization with Antibiotics May Contribute to Bacterial Resistance
• There is growing evidence of resistance of S. aureus and MRSA to mupirocin. High-level resistance has been associated with nasal decolonization failure.14
• The CDC notes that antibiotic stewardship, the commitment to use antibiotics only when necessary to treat or prevent disease, is the single most important action needed to greatly slow down the development and spread of antibiotic-resistant infections.15

Povidone Iodine Is an Effective Alternative to Mupirocin for Nasal Decolonization
• Nasal povidone iodine may be considered as an alternative to mupirocin as part of a bundled intervention to reduce SSIs.16
• Universal decolonization using intranasal povidone iodine, in conjunction with preoperative chlorhexidine gluconate bathing and oral rinse results in a 70% reduction in SSIs compared to no decolonization strategy.17
The Solution
Clorox Healthcare™
Nasal Antiseptic Swabs

Non-Irritating Antiseptic Alternative for Nasal Decolonization

Safety  Clinically shown to be non-irritating and well-tolerated in the nares after 10 applications

Efficacy  Reduces 99.4% of S. aureus at 1 hour and maintains persistence through 12 hours (shown in an in-vitro study)

Acceptability  Determined by patients to be both comfortable during application and an overall positive user experience

96% of participants experienced no discomfort throughout product application

96% of participants were satisfied with the overall nasal decolonization experience

How to Use

NASAL APPLICATION:

1. Use a tissue to clean the inside of both nostrils, including the inside tip of nostril. Discard.

2. Insert swab comfortably into one nostril and rotate for 30 seconds, covering all surfaces. Discard swabstick.

3. Using a 2nd swab, repeat step 2 with the other nostril.

4. Repeat the application in both nostrils, using the 3rd and 4th swabs.

5. Do not blow nose. If solution drips, gently wipe with a tissue.

No Evidence of Bacterial Resistance

• Studies have not shown that bacteria develop resistance to povidone iodine antiseptic.

• Use of antiseptic instead of antibiotic for nasal decolonization enables antibiotic stewardship.

Simple & Easy to Use

• Presaturated, ready-to-use swabs simplify application.

• Applied by healthcare provider one hour before surgery, increasing likelihood of compliance.

Inexpensive Decolonization Method

• Cost-effective decolonization method.

• Decolonize the nose for less than the cost to screen for S. aureus.
19. Clorox Study #9550-005.

Ordering Information

Description:
Clorox Healthcare™ Nasal Antiseptic Swabs

Reorder No.: S-1972

Customer Service:
TEL: 800-760-3236
FAX: 203-630-4876
www.CloroxHealthcare.com
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