Sage Products believes that evidence-based interventions lead to improved clinical outcomes. Our market-leading, innovative products solve real problems in the healthcare industry and are backed by proven clinical evidence. They make it easier for nurses to deliver essential patient care, helping to prevent healthcare-acquired infections and skin breakdown.

REDUCE INFECTION RISK

Oral Hygiene
Skin Antiseptics
Prepackaged Bathing

Focused on infection prevention with innovative comprehensive solutions and clinically proven products
THE IMPORTANCE OF ORAL CARE IN ADDRESSING HAP AND VAP RISK FACTORS

Hospital-acquired pneumonias (HAPs), including ventilator-associated pneumonia (VAP), often start in the oral cavity.\(^1\) Bacteria, including dental plaque, can colonize in the oropharyngeal area,\(^2\) and these pathogens can be aspirated into the lungs, causing infection.\(^3\) VAP is the most frequent infection occurring in patients after admission to the intensive care unit (ICU).\(^4\) In a large European observational study, almost 25% of patients developed an ICU-acquired infection, and the respiratory site accounted for 80% of these infections. VAP can be linked with increased duration of ventilation, ICU and hospital length of stay, and significantly increased costs.\(^5\) Prevention of VAP is possibly one of the most cost-effective interventions currently attainable in the ICU.\(^6\)

THREE RISK FACTORS FOR VAP\(^2\)
- Colonization of dental plaque with respiratory pathogens
- Bacterial colonization of the oropharyngeal area
- Aspiration of subglottic secretions\(^*\)

* Routine suctioning minimizes oral secretions which can migrate to the subglottic area.

IMPLEMENTING ORAL CARE PROTOCOL IMPROVES OUTCOMES\(^8\)

<table>
<thead>
<tr>
<th>Time (h)</th>
<th>Compliance (%)</th>
</tr>
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<tbody>
<tr>
<td>3h</td>
<td>60%</td>
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<tr>
<td>5h</td>
<td>70%</td>
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<td>12h</td>
<td>95%</td>
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<tr>
<td>13h</td>
<td>100%</td>
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NURSING STAFF SATISFACTION
- 100% agreed that the Q•Care system saved nursing time
- 96% agreed that the protocol was easier to comply with when using the Q•Care system
- 88% agreed that using a one-piece instead of a two-piece tool allowed for better compliance

CONTRIBUTED BY: "Dental plaque biofilm: normal oral flora and their plaque-like properties attach respiratory pathogens to the surface of the teeth forming a multi-organism biofilm. This biofilm can fragment and travel in oral secretions, aspirated, may lead to infection (pneumonia)."\(^4\)

HOSPITAL-ACQUIRED PNEUMONIA RATES IN THE UNITED KINGDOM\(^7\)

- 26% England
- 28% Northern Ireland
- 20% Scotland
- 18% Wales

REFERENCES:
BEATING BIOFILMS WITH COMPREHENSIVE ORAL CARE

Toothette® Oral Care addresses key VAP risk factors with a comprehensive approach based on cleaning, debriding, suctioning and moisturising the entire oral cavity. The Toothette brand incorporates 24-hour systems, innovative tools and clinically effective solutions, all while facilitating compliance to your oral care protocol.

PROFESSIONAL GUIDELINES

BACCN PROCEDURE GUIDELINES—CARE OF THE ORAL CAVITY

- 10. Rinse daily with oral antiseptics, such as chlorhexidine 0.12%.
- 15. To moisten mouth between brushing: Moisten lips frequently (as necessary) with lubricant.

HIGH IMPACT INTERVENTION - CARE BUNDLE TO REDUCE VENTILATOR-ASSOCIATED PNEUMONIA

- 3. Oral Hygiene
  - The mouth is cleaned with chlorhexidine gluconate 1-2% gel or liquid 6 hours (as chlorhexidine can be inactivated by toothpaste, a gap of at least 2 hours should be left between its application and tooth brushing).
  - Teeth are brushed 12 hourly with standard toothpaste.

SOCIETY FOR HEALTHCARE EPIDEMIOLOGY OF AMERICA (SHEA)

A Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals

- 4. Perform regular antiseptic oral care in accordance with product guidelines. *


PROVEN CLINICAL OUTCOMES

REDUCING VENTILATOR-ASSOCIATED PNEUMONIA THROUGH ADVANCED ORAL-DENTAL CARE: A 46-MONTH STUDY

- 33.3% reduction in VAP

VENTILATOR-ASSOCIATED PNEUMONIA AND ORAL CARE: A SUCCESSFUL QUALITY IMPROVEMENT PROJECT

- 90% reduction in VAP rate over 3 years

PREVENTION OF VENTILATOR-ASSOCIATED PNEUMONIA BY MECHANICAL ORAL CARE OCCURRING SEVERAL TIMES PER DAY

- 25% reduction in VAP

REFERENCES:


TOOTHEETTE® SUCTION TOOTHBRUSH

Helps remove dental plaque, debris and oral secretions, all known to harbor potential respiratory pathogens. 1,2

- Available with sodium bicarbonate to mechanically cleanse.
- Soft foam head gently on delicate oral tissues.
- User-friendly thumb port provides easy suction control.
- Three suction ports to avoid clogging. Keeps open path for debris.

TOOTHEETTE® SUCTION SWAB

Helps remove debris and oral secretions while stimulating oral tissues 1,3 between brushings.

- Available with sodium bicarbonate to mechanically cleanse.
- Soft foam head gently on delicate oral tissues.
- User-friendly thumb port provides easy suction control.
- Non-suction swabs available.

COVERED YANKAUER

Helps remove debris and secretions.

- Soft tip gentle on fragile oral tissues.
- User-friendly, one-piece design.

INNOVATIVE TOOLS AND SOLUTIONS PROVEN EFFECTIVE AGAINST VAP AND HAP RISK FACTORS

Toothette® Oral Care delivers a comprehensive approach based on cleaning, debriding, suctioning and moisturizing the entire oral cavity. This complete system incorporates innovative tools and solutions to produce proven clinical outcomes.

INNOVATIVE TOOLS AND SOLUTIONS PROVEN EFFECTIVE AGAINST VAP AND HAP RISK FACTORS

Sage Oral Solution

- Promotes oral hygiene
- Cleans and refreshes oral cavity
- Burst pouch allows for consistent dosing
- Ingredients: Water (aqua), alcohol, glycerin, PEG-40 sorbitan dioleate, aroma, chlorhexidine digluconate, sodium saccharin, Blue 1 (CI 42090)

Perox-A-Mint® Solution

- Mechanically cleans and debrides with 1.5% hydrogen peroxide

EASY BURST POUCHES DISPENSE SOLUTION IN SECONDS!

Premoistened swabs right in the package. Ready to use, no waste in product or nursing time due to mixing your own solutions.

Alcohol-Free Mouthwash

- Cleans and refreshes oral cavity with pleasant mint flavor
- Water-based formula can be used inside mouth

Mouth Moisturiser

- Soothes and moisturises with vitamin E and coconut oil

Q•CARE® 24-HOUR SUCTION SYSTEMS

For mechanically ventilated patients

Suctioning and removal of biofilm plus enhanced protocol compliance. Convenient q4 and q8 packaging for complete 24-hour care.

- Intuitive packaging lays out each step of oral care to easily match your q4 or q8 protocol.
- Ready to perform oral care in under 10 seconds.
- Suction Toothbrush helps remove biofilm (plaque) and oral secretions. Suction Swab helps remove debris and secretions between brushings. Both mechanically clean and refresh with sodium bicarbonate while stimulating oral tissue.
- User-friendly thumb port (6934-BP) provides easy suction control. Suction handle (6808-X) provides variable suction control and allows quick tool changes.
- Burst pouches release cleansing solution right in the package; no mixing needed.
- Space-saving Bedside Bracket helps increase compliance to protocol.
- Thumb port provides easy suction control.

REFERENCE:

THE THREAT OF HEALTHCARE-ACQUIRED INFECTIONS

Interventions designed to reduce Hospital-Acquired Infections (HAIs) including those from Multiple Drug Resistant Organisms (MDROs) are vital to reduce risk from morbidity and mortality.

The European Centre for Disease Prevention and Control (ECDC) estimates that on any given day, about 80,000 patients, i.e. one in 18 patients, in European hospitals have at least one healthcare-associated infection. Of particular significance are bacteraemia, a leading cause of HAIs. Patients with bacteraemia have nearly twice the mortality rate, significantly longer hospital stays, and significantly higher median hospital costs.

RISK FACTORS FOR MRSA HAI COLONIZATION
- Severe underlying illness or comorbid conditions
- Prolonged hospital stay
- Exposure to broad-spectrum antimicrobials
- Presence of foreign bodies such as central venous catheters
- Frequent contact with the healthcare system or healthcare personnel

RATES OF HEALTHCARE-ACQUIRED INFECTIONS IN THE U.K.

- 7% Bloodstream Infections (BSI)
- 15% Surgical Site Infection (SSI)
- 17% Methicillin-sensitive Staphylococcus aureus (MSSA) bacteraemia
- 66% Escherichia coli (E. coli) bacteraemia

PROFESSIONAL RECOMMENDATIONS

EPIC 2: IVAD 21
“Consider the use of daily cleansing with chlorhexidine in adult patients with a central venous catheter as a strategy to reduce catheter-related bloodstream infection.” – CLASS B recommendation

THE IMPORTANCE OF A MEDICINE LICENSE

Granted by the Medicines and Healthcare products Regulatory Agency (MHRA) only when:
- High standards of safety and quality are met during the whole development and manufacture of a medicine.
- Clinical outcomes, including multiphase studies about the medicine must be completed:
  - Phase 3 – information gathered from a large number of people (often several thousand) to see how well it works and how safe the medicine (formula) is.
  - Phase 4 – happens after a license has been granted and it involves studies to monitor the medicine on an ongoing basis to see if there are any unexpected side effects or if the medicine causes problems in certain categories of people.

TRUST THE LICENSED PRODUCT

CHLORHEXIDINE GLUCONATE SOLUTION

Sage Chlorhexidine Gluconate 2% w/v Impregnated Pad addresses pathogens on the patients’ skin—a known risk factor for both BSIs and SSIs.

Be sure you’re getting the most from your product with approved claims that deliver real infection prevention outcomes.

REFERENCES:

EFFECTIVE AGAINST PREVALENT GRAM-NEGATIVE PATHOGENS

- Acinetobacter baumannii
- Bacteroides fragilis
- Enterobacter aerogenes
- Escherichia coli
- Klebsiella pneumoniae
- Proteus mirabilis
- Pseudomonas aeruginosa
- Serratia marcescens

* In vivo testing

TRUST THE LICENSED PRODUCT

Chlorhexidine Gluconate 2% w/v Impregnated Pads is a licensed medicinal product for general skin antisepsis and skin antisepsis as part of an advanced prophylactic cleansing regimen.

- Granted marketing authorisation July 2010.
- Licence number PL 27821/0004.
- Proven to reduce resistant organisms including MRSA, VRE, Acinetobacter baumannii, Pseudomonas aeruginosa and more on your patients’ skin.

Be sure you’re getting the most from your product with approved claims that deliver real infection prevention outcomes.
EVIDENCE-BASED SOLUTION:
TARGETED VERSUS UNIVERSAL DECOLONIZATION TO PREVENT ICU INFECTION: IMPLICATIONS OF THE REDUCE MRSA TRIAL
PUBLISHED IN THE NEW ENGLAND JOURNAL OF MEDICINE

For a hospital with 1,000 annual admissions per year, we estimate that universal decolonization would prevent 9 additional BSIs and potentially save approximately $171,000 USD annually compared with screening and isolation. The majority of the estimated savings ($155,000 USD) are associated with expected reductions in BSIs.

STUDY METHODOLOGY:
- Multi-center trial
- 74,256 patients
- 43 hospitals
- 74 Intensive Care Units

STUDY TAKE-AWAY:
Universal decolonization was more effective than targeted decolonization or screening and isolation in reducing rates of MSRA clinical isolates and bloodstream infection from any pathogen.

GROUP 1: Screening and Isolation
No significant reduction of BSI

GROUP 2: Targeted Decolonization
21% BSI reduction for any pathogen

GROUP 3: Universal Decolonization
44% BSI reduction for any pathogen

PROVEN RESULTS:
EFFECT OF DAILY CHLORHEXIDINE BATHING ON HOSPITAL-ACQUIRED INFECTION
PUBLISHED IN THE NEW ENGLAND JOURNAL OF MEDICINE

STUDY METHODOLOGY:
- 7,727 patients
- 6 hospitals (9 intensive care and bone marrow transplantation units)
- Conducted for 18 months
- Random daily bathing assignment by unit for 6 months

STUDY TAKE-AWAY:
The authors recommend the use of 2% CHG washcloths for all patients in an ICU as an effective means of source control to reduce MDRO transmission and BSI.

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The authors recommend the use of 2% CHG washcloths for all patients in an ICU as an effective means of source control to reduce MDRO transmission and BSI.

COST SAVINGS OF UNIVERSAL DECOLONIZATION TO PREVENT INTENSIVE CARE UNIT INFECTION: IMPLICATIONS OF THE REDUCE MRSA TRIAL
PUBLISHED IN THE JOURNAL OF INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY

For a hospital with 1,000 annual admissions per year, we estimate that universal decolonization would prevent 9 additional BSIs and potentially save approximately $171,000 USD annually compared with screening and isolation. The majority of the estimated savings ($155,000 USD) are associated with expected reductions in BSIs.

REFERENCES:
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**PAEDIATRIC PATIENTS BENEFIT FROM BATHING WITH CHLORHEXIDINE GLUCONATE 2% w/w IMPEregnATED PADS**

**DAILY CHLORHEXIDINE BATHING TO REDUCE BACTERAEMIA IN CRITICALLY ILL CHILDREN: A MULTICENTER, CLUSTER-RANDOMISED, CROSSOVER TRIAL**

*The Lancet*

**METHODS:**

- Unmasked, cluster-randomised, two-period crossover trial.
- Ten paediatric ICUs at 5 hospitals in the USA.
- Admitted patients older than 2 months were randomly assigned either standard bathing practices or a daily bathing routine using a cloth impregnated with 2% CHG for a 6-month period.
- Units switched to the alternative bathing method for a second 6-month period.

**RESULTS:**

- CLABSI rates decreased during the intervention period for CHG-bathed neonates.
- There were no reported adverse events.

**PREOPERATIVE SHOWER VISITED: CAN HIGH TOPICAL ANTIbSEPTIC LEVELS BE ACHIEVED ON THE SKIN SURFACE BEFORE SURGICAL ADMISSION?**

*Published in the Journal of American College of Surgery*

Provides statistically significant, higher CHG concentrations on skin surfaces vs CHG soap 2% CHG Washcloths delivered significantly higher CHG skin concentrations, ranging from 90 to 364 times above MIC90 for skin Staphylococcal isolates."

**CHLORHEXIDINE BATHING IN A TERTIARY CARE NEONATAL INTENSIVE CARE UNIT: IMPACT ON CENTRAL LINE–ASSOCIATED BLOODSTREAM INFECTIONS**

*Infection Control and Hospital Epidemiology*

**METHODS:**

- A secondary data analysis of the HAI surveillance database at Montreal Children’s Hospital was performed.
- Use a retrospective cohort design that included all infants with a central venous catheter admitted to MCH NICU between April 1, 2009, and March 31, 2013.
- Infants with a CVC were bathed with mild soap until March 31, 2012 and with a 2% CHG-impregnated cloth starting April 1, 2012.

**RESULTS:**

- Crude treatment incidence per 1000 at-risk days (95% CI) for CHG-bathed neonates was 3.33 (2.11–5.00) compared to 4.93 (3.28–7.65) for control.
- 65% decrease in CLABSI

**PROVEN RESULTS:**

**AGAINST MRSA, VRE & ACINETOBACTER**

**PRESENTED AT SCCM CRITICAL CARE CONFERENCE**

- In a 9-year UK study, introduction of Antiseptic Body Cleansing Washcloths in 2007 has been associated with sustained reduction and near elimination of MRSA bacteraemia and additional reduction in MRSA acquisitions."

**PATIENTS WITH MRSA - 2002 THROUGH 2010**

**Daily CHlorhexidine bathing to reduce bacteraemia in critically ill children: a multicenter, cluster-randomised, crossover trial**

*The Lancet*

**METHODS:**

- Unmasked, cluster-randomised, two-period crossover trial.
- Ten paediatric ICUs at 5 hospitals in the USA.
- Admitted patients older than 2 months were randomly assigned either standard bathing practices or a daily bathing routine using a cloth impregnated with 2% CHG for a 6-month period.
- Units switched to the alternative bathing method for a second 6-month period.

**RESULTS:**

- CLABSI rates decreased during the intervention period for CHG-bathed neonates.
- There were no reported adverse events.
BATHING WITH CHLORHEXIDINE GLUCONATE 2% w/v IMPREGNATED PADS REDUCE SSI RISK

CHLORHEXIDINE REDUCES INFECTIONS IN KNEE ARTHROPLASTY

METHODS:
- Records were reviewed over a 3-year period (2007-2010) to identify deep incisional and periprosthetic infections.
- 478 patients used CHG cloths.
- 1,735 patients did not use CHG cloths.

RESULTS:
- Patients using Chlorhexidine Gluconate 2% w/v Impregnated Pads the evening before and morning of surgery had fewer SSIs compared to patients undergoing in-hospital perioperative skin preparation only.

73% DECREASE in SSI (p=0.021)

PRE-ADMISSION CUTANEOUS CHLORHEXIDINE PREPARATION REDUCES SURGICAL SITE INFECTIONS IN TOTAL HIP ARTHROPLASTY

METHODS:
- Records of total hip arthroplasty patients were reviewed over a 3-year period (2007-2010) to determine the incidence of deep incisional and periprosthetic infections.
- 557 patients used CHG cloths.
- 1,901 patients did not use CHG cloths.

RESULTS:
- The incidence of SSIs was significantly lower for patients using Chlorhexidine Gluconate 2% w/v Impregnated Pads protocol compared to the patients who received only in-hospital perioperative skin preparation.

71% DECREASE in SSI (p=0.0420)

HCAI TECHNOLOGY INNOVATION PROGRAMME SHOWCASE HOSPITALS REPORT NUMBER 9 SAGE 2% CHLORHEXIDINE GLUCONATE CLOTH

- Sage 2% CHG cloths were used prior to caesarean section delivery (CSD) in seven NHS Showcase Hospitals for four months. The overall rate of Surgical Site Infections (SSIs) following CSD fell from 10.4% to 7.6% with use of the Sage 2% CHG cloths, a reduction in incidence of 27%.

HCAL TECHNOLOGY INNOVATION PROGRAMME SHOWCASE HOSPITALS REPORT NUMBER 9 SAGE 2% CHLORHEXIDINE GLUCONATE CLOTH

REFERENCES:
HOSPITAL TAP WATER: A PROVEN SAFETY RISK

More than 29 studies incriminate the hospital water system as the source of serious waterborne hospital-acquired infections. Reports recommend minimizing exposure to tap water for all patients who are immunocompromised, have fresh surgical wounds, or are at higher risk for infections.

- Bioluminescent pathogens can create potent biofilms in hospital pipes, hot water tanks, sinks and even touchless faucets, contaminating water on contact.

BATH WATER: ANOTHER INFECTION SOURCE

- The high bacteria count in bath water is similar to the number in urine from patients with UTIs.
- Nurses frequently make contact with equipment, including sink handles and macerators, where contaminated water is disposed. This can expose patients in the unit to potential contamination.

WATER SYSTEMS AND POTENTIAL INFECTION

PHELIM QUINN, DIRECTOR OF REGULATION AND NURSING AT THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

"...incidents...involving water systems which were infected with pseudomonas organisms."

REFERENCES:
1. Voots reveals that once the water system is contaminated, control of Legionella may be protracted, difficult, and expensive, and cases of hospital-acquired Legionnaires’ disease are likely to recur.
2. A study conducted in a Surgical Intensive Care Unit and 12 peripheral wards found Pseudomonas aeruginosa in 150 of 259 (61%) tap water samples taken from patient rooms.
3. The same study concludes, ‘tap water from faucets contaminated with P. aeruginosa plays an important role in the propagation of this pathogen among patients. A high number of transmissions were shown to occur both from faucet to patient and from patient to faucet.'

A PROBLEM ACROSS EUROPE

GERMANY
- Legionella spp. was found in 86.8% of hot water samples taken from 11 private Italian healthcare facilities over a one-year period. L. pneumophila was found in 82.6% of samples.
- In 2005, samples tested positive. Measures to eradicate Legionella included replacing showerheads and flexible pipes, descaling and treating pipes with chlorine, and thermal shock to the central water system. Follow-up samples tested positive. Two months later, another sample tested positive. All eradication measures had to be performed again.

FRANCE
- In a new wing of a teaching hospital in Tours, France, tests for Legionella were negative for two years after routine water sampling.

ITALY
- Legionella spp. was found in 86.8% of hot water samples taken from 11 private Italian healthcare facilities over a one-year period. L. pneumophila was found in 82.6% of samples.
- One report concludes that "once the water system is contaminated, control of Legionella may be protracted, difficult, and expensive, and cases of hospital-acquired Legionnaires’ disease are likely to recur."
COMFORT BATH® CLEANSING WASHCLOTHS:
A MICROBIOLOGY-TESTED* ALTERNATIVE TO WATER AND DISPOSABLE WASHBOWLS

Comfort Bath eliminates the contamination risk from standard baths and helps facilities comply with CDC infection control guidelines.1

Comfort Bath’s formula contains USP/EP purified water,2 so you never have to worry about contaminated tap water. These disposable washcloths also eliminate cross-contamination because each body area is cleansed separately. An AAKC study found that Comfort Bath effectively cleansed while offering fewer opportunities to recontaminate the skin.2

SKIN-FRIENDLY WASHCLOTH
Even so-called neutral soaps have a pH too high for patient’s skin. The end result being that soap has the tendency of drying the skin. The ultra-soft, thick washcloth delivers the right amount of cleanser and moisturizes to the skin.

* Sage data on file.

COMFORT BATH® CLEANSING WASHCLOTHS:
for basinless bathing

Comfortless bathing has set the standard for total body cleansing and skin assessment with all-in-one, premoistened cloths.

- High-quality, polyester blend washcloths are ultra-soft, yet durable.
- Maximum amount of rinse-free cleansing solution and moisturizers. Enriched with aloe and vitamin E, they thoroughly nourish and soften skin.
- Dermatologist-tested formula; proven hypoallergenic, gentle and non-irritating. Available in refreshing clean scent, or fragrance free.
- May be warmed in a 1,000W microwave or Comfort Personal Cleansing® Warmer.
- Fully insulated, resealable packaging helps keep washcloths warm.
- Latex-free; contains USP/EP purified water.

OUTCOMES:
SKIN CONDITION & SATISFACTION
- One hospital study found 96% of patients said they preferred Comfort Bath over baths. 100% felt clean afterward, 96% said their skin felt soft, and 97% said it was warm, comfortable and easy to use.4

REMOVE WATER, SOAP & BASINS:
REDUCE CAUTI RISK FACTORS
Basins were completely eliminated from two medical/surgical units, and were replaced with Comfort Bath. This reduced CAUTI rates to zero within one month and remained at zero for five months.5

This facility found infection rates reduced by 89% after removing basins5

REFERENCES:
2. Meets standards set by the United States Pharmacopeia (USP)