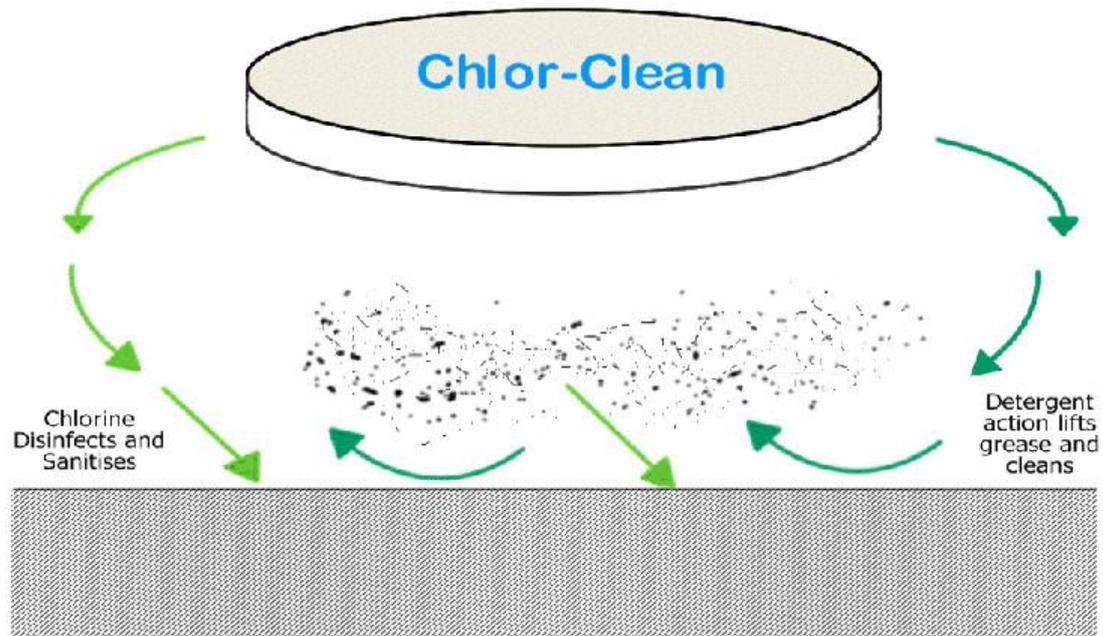


Chlor-Clean Tablet (Disinfectant)



For ‘Terminal Cleans’, ‘Isolation Cleans’ and Outbreaks of Infection.

In their Guidance Document, ‘*Clostridium difficile* infection: How to deal with the problem’, (January 2009) the Department of Health and the Health Protection Agency recommend the use of “...chlorine-containing cleaning agents (at least 1,000ppm available chlorine)...” for daily environmental cleaning of rooms or bed spaces, cleaning of all commodes, toilets and bathroom areas and for the ‘terminal cleaning’ of mattress, bed space, bay or ward areas associated with patients with *Clostridium difficile* infection.¹ Further, the *epic2* guidelines, published by the DoH in February 2007, recommend the use of ‘hypochlorite’ (or chlorine producing agent) with detergent during outbreaks of infection where the pathogen concerned survives in the environment.² Unfortunately it is not always recognised that most detergents prevent chlorine working properly, hence the chlorine and detergent cannot be mixed together. When used separately the detergent residues must be washed off surfaces with clean fresh water before using the chlorine, thus a three-stage process is necessary. This is rarely done properly in the health-care setting today due to time and cost pressures.



Cleaning and Disinfection in One Operation

Chlor-Clean has been developed to solve this problem. By creating a new surfactant that will work with the chlorine we have produced a tablet that, once dissolved in water, will give a solution that will both clean and disinfect at one and the same time. This not only reduces the time taken to perform the cleaning process but improves the efficiency of the disinfection at the same time. Chlor-Clean tablets incorporate Troclosene sodium (NaDCC), the chemical shown by Wilcox et.al., (2007) to be more effective against *Clostridium difficile* spores than hypochlorite, stating that "... the combined body of evidence suggests that dichloroisocyanurate (i.e., chlorine-release) germicides currently represent the optimum choice for the removal of *C. difficile* from healthcare environments."³ The Chlor-Clean solution produces 1,000 p.p.m. available chlorine, as recommended by the DoH and HPA¹. It is now established as the product of choice in many U.K. hospitals for Terminal Cleaning, Isolation Cleaning and Outbreak Cleaning. It has been shown to be an invaluable aid during outbreaks of hospital infection, including norovirus and *Clostridium difficile* outbreaks.

Proven by Independent Testing to BS EN Standards

Tests using the BS EN 1276 Standard (bactericidal) have shown Chlor-Clean solutions to be effective against the representative organisms: E. Coli, Pseudomonas, Klebsiella, Staphylococcus (M.R.S.A.), Enterococcus, Acinetobacter and *Clostridium difficile*.

Further, using BS EN 1275 we have demonstrated yeasticidal effectiveness using *Candida albicans* and *Aspergillus niger*.

Testing has also shown Chlor-Clean to exceed the requirements of BS EN 13704 (sporicidal) Standard against *Clostridium difficile* spores.

More recently Chlor-Clean has passed the BS EN 16615: 2015 (dirty conditions) Standard requirements for bacteria and yeasts. This new surface test used on wipes for the 'medical area' includes a very high organic challenge and is therefore most suitable for the applications where Chlor-Clean is most commonly used.

In addition, Chlor-Clean has been shown to pass the BS EN 14476 (viricidal) Standard covering non-enveloped and enveloped virus types as well as murine norovirus.

For full testing data please contact our offices.

References:

1. *Clostridium difficile* infection: How to deal with the problem. DoH & HPA, January 2009 available from DoH publications, or take the link from our useful links page.
2. *epic2*: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. 2007: *Journal of Hospital Infection* 65S, S1 – S64
3. Wilcox et. al., Efficacy of Hospital Cleaning Agents and Germicides Against Epidemic *Clostridium difficile* Strains. *Infection Control and Hospital Epidemiology*, 2007(Aug), 28, 920 – 925

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