



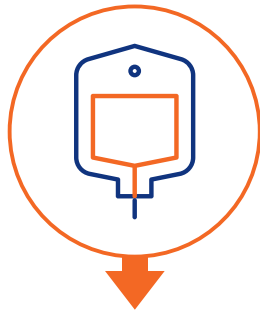
BD PureHub™ Disinfecting Cap

Designed to help optimise outcomes

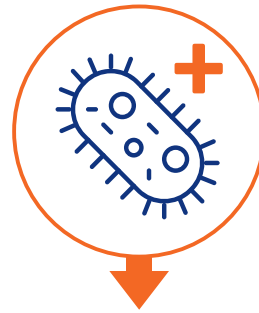


Clear Evidence: Contaminated Intravenous (IV) access points are portals for infection

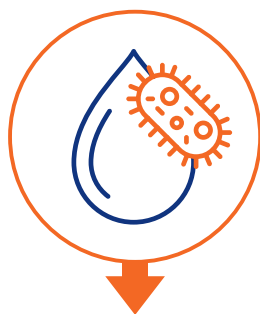
Consider the impact of catheter-related bloodstream infection (CRBSI)



Up to **90%** of hospital inpatients **require IV therapy**¹



CRBSIs are one of the most **frequent and costly** related complications²



CRBSIs account for up to **20%** of **Healthcare Associated Infections (HAIs)**; a potentially **life-threatening** complication from a routine procedure²



On average, **CRBSI** in intensive care units cost around **€8,000** to **€11,000** per patient occurrence³

Expert clinical guidelines support the use of **disinfecting caps**



The Joint Commission
National Quality Approval

The Joint Commission CRBSI Toolkit: Valve disinfection guidance⁴

If you continue to have a high rate of infections, **consider using alcohol-impregnated port protectors**, scrubbing devices and needleless neutral displacement connectors in addition to scrubbing the hub.



Infusion Nursing Standards (INS) of Practice⁵

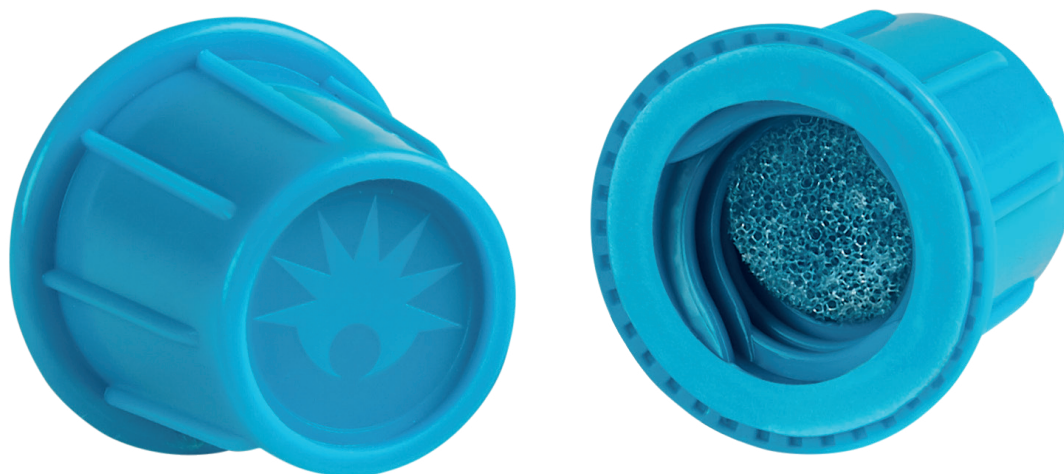
The BD PureHub™ Disinfecting Cap complies with the Infusion Nursing Society (2021) recommendation to perform passive disinfection on needle-free connectors by applying a cap or covering containing a disinfectant agent (eg, 70% isopropyl alcohol, iodinated alcohol) to create a physical barrier to contamination between uses.

Royal College of Nursing

The Royal College of Nursing Infusion Therapy Standards⁶

Use of passive disinfectant caps containing agents (such as isopropyl alcohol) should be in line with local policies.

BD PureHub™ Disinfecting Cap is designed for rapid disinfection and secure protection



Efficacy

- Rapid disinfection in just 60 seconds
- Disinfects with a sterilised 70% isopropyl alcohol solution
- Provides a >4 log (99.99%) reduction in bacteria*

Intended use

BD PureHub™ Disinfecting Cap is intended to be used as a disinfecting device for swabbable needle-free luer connectors prior to I.V. access and to act as a physical barrier between line accesses.

Security

- Maintains a physical barrier to contamination for up to 7 days, if not removed**

Easy to use

- Easy to apply
- Designed for compatibility with needle-free connectors

Warning: 70% Isopropyl Alcohol is not considered sporicidal and may not prevent Central Line-Associated Blood Stream Infection arising from bacterial spores (e.g., *Bacillus spp.*, *Clostridia*)

*Demonstrated reduction on *Staphylococcus aureus*, *Staphylococcus epidermidis*, *Pseudomonas aeruginosa*, *Escherichia coli*, *Candida glabrata*, *Candida albicans* and *Acinetobacter baumannii* as tested in a laboratory.

†As demonstrated through in vitro studies.

**Bench Test results may not necessarily be indicative of clinical performance.

BD PureHub™ Disinfecting Cap ordering information

Material number	Description	Packaging	Units per box	Units per case
306598	BD PureHub™ Disinfecting Cap	Singles	300	3,000 (10 boxes)
306599	BD PureHub™ Disinfecting Cap	Strips (10 units)	30 strips	4,500 (15 boxes)

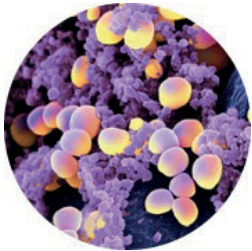


BD PureHub™ Disinfecting Cap delivers enhanced antimicrobial performance

Tested for effectiveness

BD PureHub™ Disinfecting Cap demonstrated in a laboratory a **99.99% (>4 log) reduction** on the most common causative agents in CRBSI including:

Staphylococcus aureus, *Staphylococcus epidermidis*, *Pseudomonas aeruginosa*, *Escherichia coli*, *Candida glabrata*, *Candida albicans*, *Acinetobacter baumannii*.*



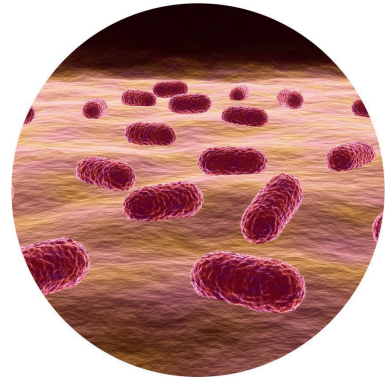
Staphylococcus aureus



Staphylococcus epidermidis



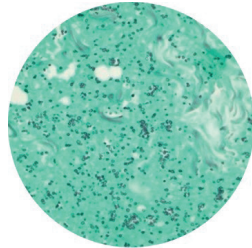
Escherichia coli



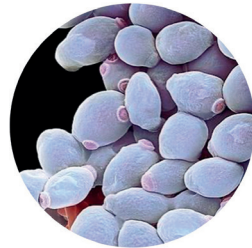
Acinetobacter baumannii



Pseudomonas aeruginosa



Candida glabrata



Candida albicans

BD PureHub™ Disinfecting Cap demonstrated reduction of *Acinetobacter baumannii*

A. baumannii is **the third most common gram-negative pathogen** responsible for hospital-acquired infections (HAIs)⁷

- BD PureHub demonstrated to reduce *A. baumannii* by 99.99%*
- It is one of **the most common HAIs in children**, and is on the rise⁸
- An *A. baumannii* infection can easily spread via contact, and its control in healthcare settings is challenging⁷

*Bench Test results may not necessarily be indicative of clinical performance.

Part of the BD™ Vascular Access Management (VAM) portfolio

Designed to help reduce complications

BD™ Vascular Access Management is an integrated approach designed to help reduce vascular access related complications that may help improve patient care.



There is robust evidence that the BD™ Vascular Care Solution, which included BD PureHub™ Disinfecting Cap along with BD PosiFlush™ Prefilled syringe, BD MaxZero™ Needle free Connector, and BD Nexiva™ PIV Catheter, reduced the relative risk of PIVC failure by **27%** as compared with the standard approach.⁹

References:

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- 2 Gahlot R, Nigam C, Kumar V, Yadav G, Anupurba S. Catheter-related bloodstream infections. *Int J Crit Illn Inj Sci.* 2014 Apr-Jun; 4(2): 162–167. doi: 10.4103/2229-5151.134184
- 3 Tacconelli E, Smith G, Hieke K, Lafuma A, Bastide P. Epidemiology, medical outcomes and costs of catheter-related bloodstream infections in intensive care units of four European countries: literature- and registry-based estimates. *J Hosp Infect.* 2009;72(2):97-103. doi:10.1016/j.jhin.2008.12.012
- 4 The Joint Commission. CLABSI infographic. <https://www.jointcommission.org/resources/patient-safetytopics/infection-prevention-and-control/central-line-associatedbloodstream-infections-toolkit-and-monograph/>. Accessed November 7, 2022.
- 5 Gorski LA, Hadaway L, Hagle ME, Broadhurst D, et al. Infusion therapy standards of practice. *J Infus Nurs.* 2021;44(suppl 1S):S1-S231.
- 6 Royal College of Nursing. Standards for infusion therapy, 4th ed. London, UK: *RCN IV Therapy Forum*; 2016.
- 7 Guenezan J, Marjanovic N, Drugeon B, et al. Chlorhexidine plus alcohol versus povidone iodine plus alcohol, combined or not with innovative devices, for prevention of short-term peripheral venous catheter infection and failure (CLEAN 3 study): an investigator initiated, open-label, single centre, randomised-controlled, two-by-two factorial trial. *Lancet Infect Dis.* 2021. Feb 1:S1473-3099(20)30738-6. doi: 10.1016/S1473-3099(20)30738-6
- 8 Drexel University College of Medicine. Department of Surgery: Surgical Infections Research. <https://drexel.edu/medicine/about/departments/surgery/research/surgical-infections-research/>. Accessed October 17, 2018.
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