GAMA GLOBAL WEBINAR SERIES

Waterless Bathing: Challenging traditional methods

OCTOBER 2022

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GLOBAL WEBINAR SERIES

Objective:
To provide our partners and healthcare workers the best support in IPC knowledge and our innovations.

Format:
1 global webinar per month, 30 minutes + Q&A in English.

Possible contact sessions:
Due to different time zones, the webinars will be recorded and shared. Live Q&A sessions with the speakers can be arranged for those who cannot attend the webinar. Please contact your sales rep/channel marketeers if needed.

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BEFORE WE BEGIN

- Make sure you are **on mute** and your **camera is off** for the duration of the webinar.
- Please place any questions in the **Q&A** section for answering at the end of the webinar.

- Feel free to introduce yourself and where you are joining from in the **chat box**!
- Due to the intellectual property of the presenter, please **refrain from recording** or **taking screen shots** during the webinar.
- Contact your salesperson for the webinar content & certificate.

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ENG

OUR SPEAKERS

Karen Wares
Clinical Director

Karen has over 20 years of experience of nursing, with Master's degrees in Nursing and Infection Control. Karen's passion for infection prevention and control is evident by the many roles she has alongside her role with GAMA Healthcare.

Dr Georgina Saviolaki
Clinical Specialist

Georgina has over 12 years of experience as a Clinical Pharmacist. Georgina's passion for supporting HCP's in the facilitation of clinical information has extended to her current role as Clinical Specialist for Skin Care at GAMA Healthcare.

Carol Francis
Head of Acute Sales UK

Carol has worked for GAMA Healthcare for 12 years within the Acute Sales team and now is Head of Acute Sales UK. Over the years, she has supported Trusts by implementing waterless bathing.

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AGENDA

1. Basic principles of bathing
2. Waterless bathing vs traditional bathing
3. Basins/sinks as a source of infection
4. Clinical studies on waterless bathing
5. Benefits of waterless bathing and application in a university hospital

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We help **prevent infections** to **save** and **improve lives.**

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THE BASICS OF BATHING

Includes care of the:

- Hair
- Body areas:
  - Face and neck
  - Chest/back
  - Arms/legs
  - Groin, perineal & buttocks

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KW0

WHY DO WE BATHE SKIN?

- Personal hygiene
- Reducing or preventing healthcare associated infections (HAIs)
- Preventing incontinence-associated dermatitis (IAD)
- Supports skin integrity, cleanliness and enhanced patient comfort[1]

Konya I, Nishiya K, Yana R. Effectiveness of bed bath methods for skin integrity, skin cleanliness and comfort enhancement in adults: A systematic review. Nurs Open. 2021;8(5):2284-2300. doi:10.1002/nop2.836

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HOW CAN WE BATHE THE SKIN?

- Shower
- Bath
- Sink wash
- Bed bathing

- Choice of selected procedure depends on the patient – remember to ask the patient!
- Choice product depends on rationale for use.

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TRADITIONAL BED BATHING

Generally requires:

- Water
- Soap/cleansing product
- Basins (either reusable plastic/stainless steel or more commonly pulp/disposable ones)
- Dry wipes/wash cloths
- Towels

- +/- items to shampoo hair

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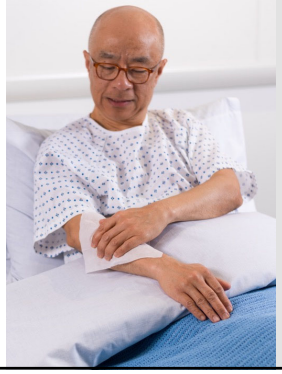
WATERLESS BATHING

Generally requires:

- Single use disposable wipes, cloths, gloves or mitts in a simple step

- +/- items to shampoo hair



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BASINS A POTENTIAL SOURCE OF INFECTION

- Prospective study at 3 acute hospitals, 92 bath basins, including including basins from 3 intensive care units.

- Bacteria grew in 98% of samples - organisms with the highest positive rates of growth.
  - Enterococci (54%) – VRE (135)
  - Gram-negative organisms (32%)
  - *Staphylococcus aureus* (23%) - methicillin-resistant *S aureus* (8%)
  - *Pseudomonas aeruginosa* (5%)
  - *Candida albicans* (3%)

Johnson D, Lineweaver L, Maze LM. Patients' bath basins as potential sources of infection: a multicenter sampling study. *Am J Crit Care*. 2009;18(1):31-40. doi:10.4037/ajcc2009968

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BASINS A POTENTIAL SOURCE OF INFECTION

- 44-month study period, a total of 1,103 basins from 88 hospitals in the United States and Canada were sampled.
- Local IPC Team cultured the first 10 basins encountered when entering a unit using a uniform standardised sampling method.

- Basins were considered clean and ready to use.
- Between use standard practice was rinse with tap water and soap.
- 62% cultured at least one pathogen (22% with 2 pathogens).
  - 45% gram-negative bacilli
  - 35% Vancomycin-resistant enterococci
  - 4% methicillin-resistant *Staphylococcus aureus*

Marchaim D, et al. Hospital bath basins are frequently contaminated with multidrug-resistant human pathogens. *Am J Infect Control*. 2012;40(6):562-564. doi:10.1016/j.ajic.2011.07.014

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WATER AS A SOURCE OF CARBAPENEM RESISTANT ORGANISMS

Table 2. Water Reservoirs Containing Carbapenem-Resistant Organisms[a]

Water Reservoir	Studies, No. (N = 32)	References
Drains/drainage systems	17	Peña et al [35], Kotsanas et al [26], La Forgia et al [28], Betteridge et al [7], Leitner et al [20], Wendel et al [29], Breathnach et al [21], Leung et al [24], Snitkin et al [22], Tofteland et al [32], Vergara-López et al [33], Yomoda et al [9], Stjarne Aspelund et al [12], Odom et al [11], Knoester et al [25], Landelle et al [37], Seara et al [34]
Sink surfaces	14	Betteridge et al [7], Wendel et al [29], Knoester et al [25], Podnos et al [23], Wang et al [27], Biswal et al [8], Hong et al [30], Bukholm et al [31], Kouda et al [38], Landelle et al [37], Dewi et al [10], Kaiser et al [13], Ito et al [14], Leung et al [24]
Faucets	8	Odom et al [11], Knoester et al [25], Majumdar et al [17], Pitten et al [36], Hong et al [30], Bukholm et al [31], Alter et al [15], Leung et al [24]
Water	3	Knoester et al [25], Ambrogi et al [18], Bukholm et al [31]
Inflatable hair wash basin	2	Wendel et al [29], Knoester et al [25]
Sensor mixer taps	1	Durojaiye et al [16]
Water/tea dispenser	2	Wong et al [19], Ito et al [14]
Shower/shower equipment	3	Betteridge et al [7], Leung et al [24], Seara et al [34]
Toilet bowl/brush	2	Breathnach et al [21], Kouda et al [38]

Kizny Gordon AE, Mathers AJ, Cheong EYL, et al. The Hospital Water Environment as a Reservoir for Carbapenem-Resistant Organisms Causing Hospital-Acquired Infections-A Systematic Review of the Literature [published correction appears in Clin Infect Dis. 2017 Oct 15;65(8):1431-1433]. *Clin Infect Dis*. 2017;64(10):1435-1444. doi:10.1093/cid/cix132

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IMPORTANCE OF TRAINING AND EDUCATION

- Assisting patients with bathing is a fundamental aspect of maintaining the patient's hygiene.
- Patients are used to traditional bed bathing e.g. solution and cloth.
- Application techniques varies, some pour solution into a bath, rather than apply neat to skin.
- Inconsistent amounts may be applied to the skin e.g when washing with chlorhexidine.
- Staff need to be trained in how to use waterless bathing products correctly.
- Patients need to be trained in how to use waterless bathing products correctly.
- Need to consider the effects of change from solution to washcloths.
- Familiar with the traditional bed bathing approach.

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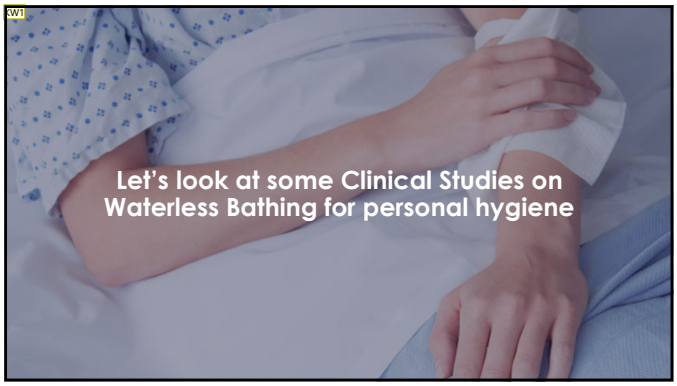

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COMFORT DURING THE BED BATH - A RANDOMISED CROSSOVER TRIAL ON THE EFFECT OF WASHING WITHOUT WATER VERSUS WATER AND SOAP IN NURSING STUDENTS

Groven FMV, Zwakhalen SMG, Odekerken-Schröder G, Tan F, Hamers JPH. Comfort during the bed bath-A randomised crossover trial on the effect of washing without water versus water and soap in nursing students. *J Clin Nurs*. 2021;30(15-16):2234-2245. doi:10.1111/jocn.15610

Aim:
- To compare the washing without water method with the water and soap method regarding comfort perceptions of the bed bath.

Results:
- Washing without water method was less physically demanding than the water and soap method.
- A large difference was found in the duration of the bed bath, which was 36% shorter for the washing without water method.
- Authors indicate that there is no difference in physical nor emotional comfort, between the bed bathing methods for people being bathed.

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HOW DOES WASHING WITHOUT WATER PERFORM COMPARED TO THE TRADITIONAL BED BATH: A SYSTEMATIC REVIEW

Groven FM, Zwakhalen SM, Odekerken-Schröder G, Joosten EJ, Hamers JP. How does washing without water perform compared to the traditional bed bath: a systematic review. *BMC Geriatr*. 2017 Jan 25;17(1):31. doi: 10.1186/s12877-017-0425-4. PMID: 28118815; PMCID: PMC5264342.

Aim:
- To provide a comprehensive overview of the evidence on outcomes of the washing without water concept compared to the traditional bed bath.

Results:
- Washing without water is not inferior to, and on some outcomes even outperforms the traditional bed bath.
- Washing without water performed significantly better than the traditional bed bath with respect to skin abnormalities, skin dryness/hydration and nurse satisfaction.

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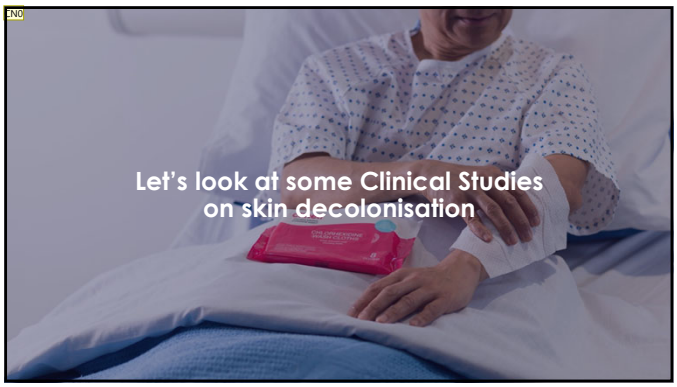

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RECENT GUIDANCE FROM HIS/FIS


Journal of Hospital Infection

Guidelines

Joint Healthcare Infection Society (HIS) and Infection Prevention Society (IPS) guidelines for the prevention and control of meticillin-resistant *Staphylococcus aureus* (MRSA) in healthcare facilities

Recommendation recognises waterless bathing options in latest guidance.

If 4% chlorhexidine wash is used, moisten the skin, apply the wash, and leave for 1-3min before rinsing off; **if 2% chlorhexidine wipes** are used, do not rinse off.

Cola JE, Wilson JA, Bak A, et al. Joint Healthcare Infection Society (HIS) and Infection Prevention Society (IPS) guidelines for the prevention and control of meticillin-resistant Staphylococcus aureus (MRSA) in healthcare facilities [published correction appears in J Hosp Infect. 2022 Jul;125:92-93]. *J Hosp Infect*. 2021;118S:S1-S39. doi:10.1016/j.jhin.2021.09.022

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DAILY BATHING STRATEGIES AND CROSS-TRANSMISSION OF MDROS

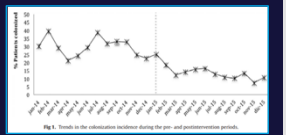
Ruiz J, ramirez P, villarreal E, gordon M, saez I, rodríguez A, castañeda MJ, castellanos-ortega A. Daily bathing strategies and cross-transmission of multidrug-resistant organisms: impact of chlorhexidine-impregnated wipes in a multidrug-resistant gram-negative bacteria endemic intensive care unit. *Am J Infect Control*. 2017 oct 1;45(10):1069-1073.

Aim:

- To evaluate the effectiveness of CHG impregnated wipes in the daily bathing of patients in an ICU to prevent cross contamination and colonisation by multidrug resistant organisms (MDROs).
- A prospective intervention study was performed in a 24 bed mixed-speciality ICU in a Spanish hospital over two years. Clinell 2% Chlorhexidine Wash Cloths were implemented after 11 months, to provide pre and post intervention data for the daily bathing of patients on mechanical ventilation, and for those patients colonised by MDROs.

Results:

- A significant decrease was observed in the incidence of colonisation by MDROs over the months and in the number of patients colonised compared with the equivalent period of the previous year (22.0% vs 18.4%; P = .01).



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EFFECT OF DAILY CHLORHEXIDINE BATHING ON THE ACQUISITION OF MRSA

Kim JS, Chung YK, Lee SS et al. Effect of daily chlorhexidine bathing on the acquisition of methicillin-resistant Staphylococcus aureus in a medical intensive care unit with methicillin-resistant S aureus endemicity. *Am J Infect Control* 2016; 44: 1520-5.

Aim:

- A Korean hospital undertook a 14-month control period and 16-month chlorhexidine bathing period in a medical intensive care unit (ICU) to evaluate the effect of daily chlorhexidine bathing on the acquisition of methicillin-resistant *Staphylococcus aureus* (MRSA) in a medical ICU with MRSA endemicity.

Results:

- Daily bathing using Clinell 2% Chlorhexidine Wash Cloths showed a significantly decreasing trend of MRSA acquisition rates.
- There was no shift of chlorhexidine-resistant MRSA strains during the chlorhexidine bathing period.

Rates of prevalence and acquisition of methicillin-resistant *Staphylococcus aureus* before and after an introduction of daily chlorhexidine bathing

Variable	Control period	Chlorhexidine bathing period
ICU admissions	1,514	2,110
No. of patients <18 y of age	17	11
No. of patients admitted <48 h	904	1,380
No. of admission of eligible patients*	593	719
No. of prevalent cases	158	174
Prevalence rates (%)	26.4	24.3
At risk patient days	2,768	3,350
No. of incident cases	57	52
Incident density	21.0	16.1

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EFFECT OF DAILY CHLORHEXIDINE BATHING ON ACQUISITION OF CRAB

Chung YK, Kim JS, Lee SS, Lee JA, Kim HS, Shin KS, Park EY, Kang BS, Lee HJ, Kang HJ. Effect of daily chlorhexidine bathing on acquisition of carbapenem-resistant Acinetobacter baumannii (CRAB) in the medical intensive care unit with CRAB endemicity. *Am J Infect Control*. 2015 Nov;43(11):1171-7.

Aim:

- To assess whether daily CHG bathing could prevent the acquisition of Carbapenem-resistant Acinetobacter baumannii (CRAB) in a medical ICU.
- A Korean hospital undertook a 14-month control period and 12-month chlorhexidine bathing period in a medical intensive care unit (ICU) with CRAB endemicity.

Results:

- Bathing with Clinell Chlorhexidine Wash Cloths reduced CRAB prevalence from 25.8% to 18.2%.
- CHG bathing reduced CRAB acquisition rates by 51.8% and level of CRAB incidence density.
- Reduced the transmission of CRAB where other measures failed and significantly reduced environmental CRAB contamination.
- There was a 51.8% reduction of CRAB acquisition rates after an introduction of daily chlorhexidine bathing (44.0 vs 21.2 cases/1,000 at-risk patient days, P < .001).
- No adverse reactions were reported during the chlorhexidine use period.

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ENVIRONMENTAL CULTURE BEFORE AND AFTER DAILY CHLORHEXIDINE BATHING

- Contamination of patient and staff gowns, bed rails, keyboards and monitors all significantly reduced during the CHG bathing period.

Sites sampled	Pre %	Post %
Staff gown	44.4%	9.5%
Patient gown	66.7%	15.5%
Curtain	18.8%	15.4%
Telephone	16.7%	4.2%
Keyboard	38.9%	8.8%
Mouse	11.1%	3.5%
Ventilator	33.3%	10.3%
Monitor	36.4%	1.7%
Bed rail	50.0%	5.0%
Total	30.7%	9.6%

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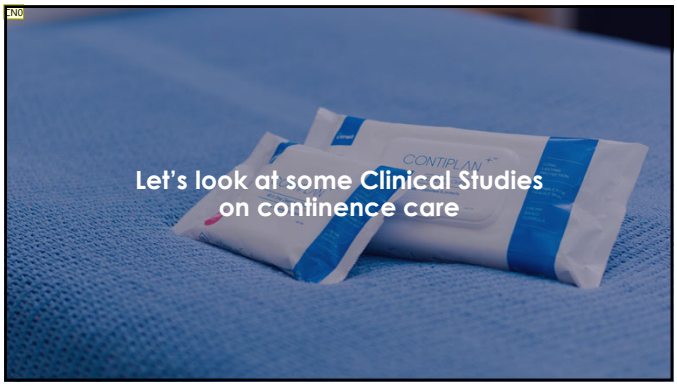

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A 3-IN-1 PERINEAL CARE WASHCLOTH IMPREGNATED WITH DIMETHICONE 3% VERSUS WATER AND pH NEUTRAL SOAP TO PREVENT AND TREAT INCONTINENCE ASSOCIATED DERMATITIS: A RANDOMISED CONTROLLED CLINICAL TRIAL.

Beeckman D, Verhaeghe S, Defloor T, Schoonhoven L, Vanderwee K. A 3-in-1 perineal care washcloth impregnated with dimethicone 3% versus water and pH neutral soap to prevent and treat incontinence-associated dermatitis: a randomized, controlled clinical trial. J Wound Ostomy Continence Nurs. 2011;38(6):627-634. doi:10.1097/WON.0b013e31822efe52

Aim:
- Compare the effectiveness of 3-in-1 perineal care wash cloth versus standard of care (water and pH neutral soap) to prevent and treat IAD.
- A soft premoistened wash cloth was studied, with 3% dimethicone, formula with cleansing moisturising and offers barrier protection ability.

Results:
- 11 nursing homes; 6 units allocated to intervention (pre-moistened cloth with no rinse cleanser, emollient & humectant moisturisers and 3% dimethicone skin protectant) and 5 to standard treatment.
- Pre-moistened wash cloth reduced IAD prevalence:

	Day 1	Day 120
Intervention group	22.3%	8.1%
Control group	22.8%	27.1%

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CLINICAL STUDY IN A LONG-TERM CARE FACILITY

Aim:
- Demonstrate improved skin integrity, reducing the risk of developing IAD.
- Reduce time spent providing continence care and release time back into caring for residents.
- Reduce costs in comparison with current care regimen which can be invested back into improving care.
- Two different studies:
  - Time & motion
  - Basic skin assessment

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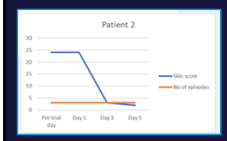
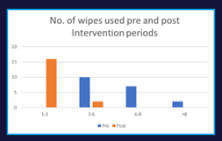
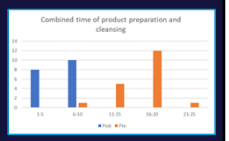
Results:







Improved skin integrity of up to 49% across 45 residents.

Promotes health and wellbeing reducing the risk of IAD.

Improved resident comfort and destress during incontinence episodes.

Cost saving as less number of wipes were consumed.

Reduced costs by 40% based on time & motion study of 18 samples.

Operational benefits observed as overall process was simplified based on time & motion study of 18 samples:

- Overall time was reduced from 16.4min to 5.8mins

Released staff time back into care equivalent to 1 full time member per home per year.

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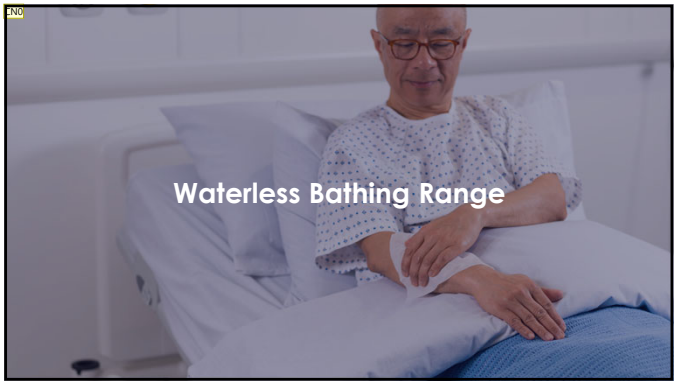

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CLINELL BED BATH WIPES

- Full body wash in a pack
- Designed to clean and moisturise the skin in one easy step
- Contains Aloe Vera and Vitamin E
- pH neutral - pH 5.5
- Alcohol, Lanolin and Paraben free
- Dermatological testing
- Replaces the need for multiple products
- Saves nursing time
- Patients report feeling fresher than more traditional bed bath methods

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CLINELL 2% CHG WASH CLOTHS

- Pack of 8 wipes which contain 2% CHG
- No need to wash the patient before use
- The CHG binds to the skin - this can cause a 'sticky' feeling initially
- Clinically proven to be more effective then a standard 2% CHG solution
- Easy for the patient to apply
- Clinical studies
- HIS/FIS guidance

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CONTIPLAN

- Cleanses and protects the skin
- Contains 4% Dimethicone and 6% Liquid Paraffin
- Moisturises the skin
- Contains natural plant extracts
- To be used on patients with healthy and mild IAD
- Saves nursing time
- Helps to reduce the incidence of IAD
- Reduces infection risk
- Manual handling and health and safety risk

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TRUSTS EXPERIENCE

- Introduced Clinell Bed Bath Wipes, Clinell Chlorhexidine Wash Cloths and Clinell Contiplan wipes 'bundle approach'.
- Instigated by the Lead TVN following attending a lecture by Schoonhoven.
- Time in motion studies - saved 40 minutes per bay of 6 patients.
- Patients reported feeling fresher.
- Improved patients experience.
- Reduction in plastic.
- Cost saving.

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WHY CHANGE PRACTICE?

- To improve the patient skin integrity.
- Reduce waste.
- Reduce the risk of infection.
- Manual handling and health and safety risk.
- Reduce the storage required.
- To save nursing time and money.
- More importantly improve the patient's outcomes and experience.

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WATERLESS BATHING RANGE

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WHY CHOOSE GAMA?

- Proven products
- High-quality manufacturing process as standard
- Experienced team to support the implementation
- Supporting material available
- Training
- Reduce drain contamination
- Reduces storage space
- Reduces waste
- Save nurses time
- Improves patient's skin integrity and comfort

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Q&A

Karen Wares
Clinical Director

Dr Georgina Saviolaki
Clinical Specialist

Carol Francis
Head of Acute Sales UK

Diane Morris
Formulation Scientist
Research and Development

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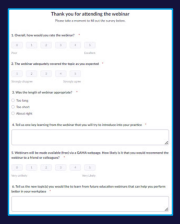
Thank you for attending the webinar

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