



All in one, time saving solution

Replaces the need for cumbersome traditional methods of continence care such as preparing bowls of soap and water, dry wipes, cleansing foams and barrier creams.

Barrier protection

Dimethicone and liquid paraffin provide dual protection against prolonged exposure to faeces and urine.

Contains natural plant extracts

Includes witch hazel and camomile to help calm skin, soothe itching and aid skin healing.

Patented formula

Designed to provide high level continence care with a unique all in one action.

Skin friendly

Dermatologically tested with a skin neutral pH.

Individual patient packs

Reduces the risk of cross-contamination.

Quick and easy to use

Helps to increase patient and staff compliance.

A one step continence care solution

Effective continence care can help reduce the incidence of incontinence-associated dermatitis

Incontinence-associated dermatitis (IAD)

Skin pH level is usually slightly acidic (5.0-5.9). This helps it to protect against bacteria, viruses and fungus.



Continuous pressure

leads to reduced blood flow, reducing supply of oxygen and nutrients to tissues. This, coupled with increasing shear and friction forces, results in superficial and deep tissue damage.



Urine contains a substance called urea, which is broken down to ammonia when in contact with the skin. Ammonia raises the pH of the skin reducing the natural barrier and weakening the skin.



Liquid stool contains digestive enzymes that can damage the skin directly. Faecal bacteria penetrate weakened skin, causing secondary infection.



Incontinence-associated dermatitis (IAD)

is 'an inflammation of the skin that occurs when urine or stool comes into contact with perineal or perigenital skin'1.

Individuals in any age group can experience IAD. Skin can be damaged by moisture and irritants that can arise from a variety of sources. One source is urinary and/or faecal incontinence. Urine and faeces contain a variety of chemical irritants as well as moisture, all of which can result in IAD2.

Reports estimate the prevalence of IAD in critical care settings may vary from 36% to 50% in patients who are not on a defined preventive skin care regime^{3,4}.

IAD is a prevalent complication of incontinence that compromises skin integrity, predisposes to cutaneous infection and increases pressure ulcer risk1.

It is estimated that one in six hospital inpatients have a pressure ulcer – with the most prevalent sites being the sacrum and buttocks⁵. In Australia, over 120,000 individuals develop a new pressure ulcer annually⁶. The cost to the Australian health system is high, primarily because prolonged hospital treatment is needed, resulting in over 500,000 lost bed days⁶. The estimated annual cost of A\$983M in treatment, and an additional A\$820M in opportunity.

Prevention of IAD is traditionally based on avoiding or minimising exposure to faeces or urine, combined with a structured skin-care regime of gentle cleansing, moisturising and the application of a skin protectant^{2,4,7-9}.

Performing all of these steps is labour intensive, time consuming and often leads to poor compliance. Contiplan incorporates all these traditional steps into one wipe to provide healthcare professionals with a convenient all in one solution.

There is now an increasing amount of clinical evidence showing the importance of a defined skin care regime to both prevent and treat IAD. All studies support the use of a three step approach of gentle cleansing, application of moisturiser and the use of a skin barrier product^{2,4,7-9}.

The Clinical Excellence Commission recommend developing strategies to improve the recognition, management and reporting of Incontinence Associated Dermatitis.5

In 88 US hospitals 62.2% of bath basins were contaminated with commonly encountered hospital-acquired pathogens¹⁰.

7 in 1 advantages

Wash basins

Safe solution

Contiplan removes the risk of microorganism transmission associated with wash bowl contamination and reduces the associated risk of lifting and carrying heavy bowls of water which reduces the risk of spills and potential falls¹⁰⁻¹².

Reduces transference

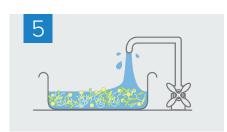
Improved patient cleanliness reduces the number of microorganisms available to transfer to healthcare workers, visitors and the environment.



Wash basins can create spills which can lead to slips and accidents.



When the basin is emptied, microorganisms can be retained within the basin.



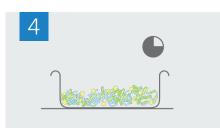
When the basin is refilled for the next patient, the microorganisms are viable within the water.

Quick and easy to use

Cloths replace the need for cumbersome traditional patient cleansing methods which include preparing bowls, wash cloths, soap, lotions and water. Cloths require no towel drying which decreases waste, increases staff compliance and saves money.



When a cloth is dipped back into the basin, organic matter and bacteria is introduced.



Microorganisms thrive in wet and warm conditions, multiplying exponentially over time.



The next patient is 'cleaned' with contaminated water.



Barrier protection

dual protection against prolonged quicker healing. This reduces sensitive skin handling and friction damage.



Cleansing

Mild, soap-free cleansing formula cleans go, reducing the amount of skin handling. The cloths have a gentle scent to help with odours, allowing the patient to feel



Moisturising

Added moisturisers, from the cream of dry skin associated with repeatedly washing with soap and water.



Soothing

Extracts of camomile help to calm irritated skin and reduce the urge to itch.



Long lasting

Barrier function provides long lasting protection against prolonged exposure to faeces and urine helping to aid skin healing.



Hypoallergenic

Dermatologically tested with a skin neutral pH.



Natural plant extracts

Including witch hazel to help promote healthy skin.

A complete all in one continence care solution to cleanse, moisturise and protect, in one easy cloth.



Introducing Contiplan

Contiplan All in One Cleansing Cloths are a one step continence care solution to **cleanse**, **moisturise & protect** in one easy cloth. Our ultra soft cloth is generously soaked with our unique cream formula - providing maximum barrier protection and comfort to sufferers.

- Formerly known as Clinell Barrier Cloths.
- Unique one step cream formula.
- Available in a convenient 8 pack or 25 pack.

"I have seen rapid improvements when using Contiplan."

 ${\sf SSKIN\ Nurse\ Practitioner,\ Wound\ management\ team-Southend\ Hospital.}$

"Contiplan Cleansing Cloths are a real help in treating IADs. The quality is exceptional, and they are kind to the patients sacrum."

Registered General Nurse - Nottingham University Hospital.

Further information

REFERENCES

- Gray M, Biliss DZ, Doughty DB, Ermer-Seltun J, Kennedy-Evans KL, Palmer MH. Incontinence associated dermatitis: a consensus. J Wound Ostomy Continence Nurs 2007; 34:45-54.
- Langemo et al. Incontinence and incontinence-associated dermatitis. Adv Skin Wound Care. 2011 Mar;24(3):126-40; quiz 141-2.
- Driver DS Perineal dermatitis in critical care patients. Crit Care Nurse. 2007 27(4): 42–6.
- Bliss DZ, Savik K, Thorson MAL et al Incontinence associated dermatitis in critically ill adults: tie to development, severity and risk factors. J Wound Ostomy Continence Nurs. 2011 38(4): 433–45.
- Clinical Excellence Commission, 2018, 2017 NSW Pressure Injury Point Prevalence Survey Report, Sydney: Clinical Excellence Commission
- Nguyen KH, Chaboyer W, Whitty JA. Pressure injury in Australian public hospitals: a cost-of-illness study. Australian Health Review. 2015 Jul 6;39(3):329-36.
- Beeckman et al. Incontinence-associated dermatitis: stepby-step prevention and treatment. Br J Community Nurs. 2011 Aug;16(8):382-9.
- Black et al. MASD part 2: incontinence-associated dermatitis and intertriginous dermatitis: a consensus. J Wound Ostomy Continence Nurs. 2011 Jul.-Aug;38(4):359-70; quiz 371-2. doi: 10.1097/WON.0b013e31822272d9.
- Gray M. Optimal management of incontinence-associated dermatitis in the elderly. Am J Clin Dermatol. 2010;11(3): 201-10.
- Marchaim et al. Hospital bath basins are frequently contaminated with multidrug-resistant human pathogens Am J Infect Control. 2012 Aug;40(6):562-4. doi: 10.1016/j. ajic.2011.07.014. Epub 2011 Dec 16.
- Johnson, D. Lineweaver, Maze, L. Patients' Bath Basins as Potential Sources of Infection: A Multicenter Sampling Study American Association of Critical Care nurses. 2012.
- Ford, S. Clover, B. Antibiotic resistant bacteria risk from hospital sinks. The Department of Health. 2010.

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