



HAND
HYGIENE



YOUR HANDS

CLEANSING, DISINFECTION AND CARE

THE HAND AND SKIN CARE PRODUCTS OF B. BRAUN

Over a period of years, B. Braun has developed and implemented a simple and convincing concept for professional hand hygiene. Mutually compatible products guarantee a particularly high level of skin tolerance.

	OUR CONCEPT	YOUR BENEFIT
SKIN TOLERANCE	Potential risk factors are eliminated in the development stage of each product by applying the principle: "avoidance through prevention."	Good tolerability of the mutually compatible products.
LONG-TERM USE	Hand disinfections with high effectiveness against bacteria, fungi and viruses. The products' effectiveness is based on a combination of alcohols, while avoiding other non volatile such as residual property factors.	A high-level of user safety even with long-term use because alcohols have been thoroughly researched from a toxicological and allergenic perspective.
LOW ALLERGENIC	<p>Fragrances are largely avoided. If they are used, then these substances and mixtures are carefully chosen for their low allergenic potential.</p> <p>Preservatives are necessary, especially when cleansing and skin care products are supplied from dispensing systems. However, B. Braun only uses preservatives proven to have an especially low allergenic potential.</p> <p>As a rule, the use of colouring agents is reduced to a minimum. Food colouring is used where colouring agents are required.</p>	High product acceptance with low risk of sensitivity and allergic reactions with long-term use.
PRODUCT QUALITY	B. Braun has a sophisticated quality assurance system, from the procurement of raw materials to shipping of the finished product.	Consistently high, standardized product quality.

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HAND HYGIENE: WHY, HOW AND WHEN?

WHY?

- Thousands of people die every day around the world from infections acquired while receiving health care.
- Hands are the main pathways of germ transmission during health care.
- Hand hygiene is therefore the most important measure to avoid the transmission of harmful germs and prevent health care-associated infections.

WHO?

- Any health-care worker, caregiver or person involved in direct or indirect patient care needs to be concerned about hand hygiene and should be able to perform it correctly and at the right time.

HOW?

- Clean your hands **by rubbing them with an alcohol-based formulation**. This is the preferred mean for routine hygienic hand antisepsis if hands are not visibly soiled. It is faster, more effective, and better tolerated by your hands than washing with soap and water.
- **Wash your hands with soap and water** when hands are visibly dirty or visibly soiled with blood or other body fluids as well as after using the toilet.
- If exposure to potential spore-forming pathogens is strongly suspected or proven, including outbreaks of *Clostridium difficile*, hand washing with soap and water is the preferred means.

See more educational content at the end of the brochure.

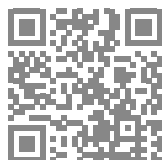
There you find more information about when and how to perform hand hygiene.



B. Braun engages collaboration with WHO.

B. Braun is founding member of the Private Organisation for Patient Safety (POPS) of the World Health Organisation (WHO). The goal is to achieve a reduction in health-care associated infections through improvements in hand hygiene, based on the overall aim of the WHO Clean Care is Safer Care Programme.

More about POPS: www.who.int/gpsc/pops/en/



B. BRAUN COMPETENCES

In partnership with B. Braun you profit not only from excellent products with proven quality but also from our expertise in implementing hygiene standards, including various services supporting your role as infection control leader.



B. BRAUN COMPETENCE



- 5 Moment Game Game to train the WHO "My 5 Moments for Hand Hygiene"
- Support in selecting disinfection procedures and agents
- IC-Plantool – Tailor-made infection control plans
- Tools for Compliance Monitoring
- Training Academy
- Expert advice and support on hospital and community infection control issues
- Factory visits
- Epicutaneous testing
- Training Tool for correct hand rubbing technique, Blackbox & Fluo-Add
- Awareness Campaign Material
- Hand Hygiene Excellence Award

HAND CLEANSING





WHEN?

- If your hands are visibly dirty or visibly soiled with blood or other body fluids
- After using the toilet
- If exposure to potential spore-forming pathogens is strongly suspected or proven, including outbreaks of *clostridium difficile*
- Before handling medication and preparing food
- At the start/end of the shift
- Before and after long breaks
- Visitors: at the beginning of a visit

SOOTHING WASH LOTION

Lifosan® soft ... a classic from B. Braun

PROPERTIES

- pH-skin neutral
- Free of alkali and soap
- Good foaming characteristic
- Contains high quality skin care components
- Suitable for frequent use
- Fresh, pleasant fragrance

PRODUCT SIZE	REF
100 ml bottle	
500 ml bottle	
500 ml bottle with pump	
1000 ml bottle	
1000 ml bottle with pump	

Lifosan® soft – ingredients

Aqua, sodium laureth sulfate, cocamidopropyl betaine, sodium chloride, C12-15 alkyl lactate, starch hydroxypropyltrimonium chloride, PEG-6 caprylic/capric glycerides, lactic acid, parfum, hexyl cinnamal, sodium benzoate, CI 42090, CI 47005.



Soothing

MILD, LOW-ALLERGENIC WASH LOTION

Softaskin® ... for sensitive skin

PROPERTIES

- pH-skin neutral
- Free of alkali, soap and colourants
- Suitable for cleansing extremely sensitive skin, even for children or incontinence patients
- Allantoin soothes and protects irritated skin

PRODUCT SIZE	REF
100 ml bottle	
500 ml bottle	
500 ml bottle with pump	
1000 ml bottle	
1000 ml bottle with pump	
1000 ml airless bottle	

Softaskin® – ingredients

Aqua, sodium laureth sulfate, cocamidopropyl betaine, lactic acid, allantoin, coco glucoside, C12-15 alkyl lactate, polyquaternium-10, PEG-6 caprylic/capric glycerides, parfum, sodium benzoate, sodium chloride.

APPLICATION

- Use approx. 3 ml Softaskin® for handwashing.
- To wash patients prior to surgical procedures or patients with incontinence, distribute approx. 3 – 5 ml Softaskin® on a damp sponge or washcloth, wash patient and rinse with lukewarm water.
- For full-body baths, pour 20 ml Softaskin® into the tub before filling with water.



Allergy tested

Lifosan® pure ... mild wash lotion with low-allergenic formula

PROPERTIES

- pH-skin neutral
- Free of alkali and soap
- Good foaming characteristic
- Contains high quality skin care components
- Suitable for frequent use

PRODUCT SIZE	REF
100 ml bottle	
500 ml bottle	
500 ml bottle with pump	
1000 ml bottle	
1000 ml bottle with pump	

Lifosan® pure – ingredients

Aqua, sodium laureth sulfate, cocamidopropyl betaine, sodium chloride, C12-15 alkyl lactate, starch hydroxypropyltrimonium chloride, PEG-6 caprylic/capric glycerides, allantoin, lactic acid, sodium benzoate.



Free of perfume and colourants

HAND DISINFECTION





WHEN?

- Before and after touching the patient
- Before handling an invasive device for patient care, regardless of whether or not gloves are used
- After contact with body fluids or excretions, mucous membranes, non-intact skin or wound dressings
- If moving from a contaminated body site to another body site during care of the same patient
- After contact with surfaces and objects (including medical equipment) in the immediate vicinity of the patient
- After removing sterile or non-sterile gloves
- Before handling medication and preparing food

HAND DISINFECTANT FOR SENSITIVE SKIN

Softa-Man®/Softalind® Hand Sanitizer ... a classic from B. Braun

PROPERTIES

- Ready to use solution for hygienic and surgical hand disinfection
- Combination of ethanol and 1-propanol as active ingredients
- Free of colourants
- Use of hypoallergenic perfumes
- Enriched with high-quality dermoprotectors such as panthenol, bisabolol and allantoin

APPLICATION TIME

- Hygienic hand disinfection: 30 sec
- Surgical hand disinfection: 60 sec

EFFICACY (*in vitro* tests)

- Bacteria (incl. TbB, MRSA)
- Yeast
- Enveloped viruses (incl. HBV, HCV, HIV)
- Rotavirus

LISTING

- DGHM¹/VAH², RKI³ (category A)/IHO List of virucidal products⁴

PRODUCT SIZE	REF
100 ml bottle	
500 ml bottle	
500 ml bottle with pump	
1000 ml bottle	
1000 ml bottle with pump	

Softa-Man®/Softalind® Hand Sanitizer – ingredients

100 ml solution contains active *ingredients*: 45 g ethanol (100%), 18 g 1-propanol;
Other excipients: Purified water, diisopropyl adipate, PEG-6 caprylic/capric glycerides,
 dexpanthenol, bisabolol, fragrance (contains limonene, linalool), allantoin.



Very good skin tolerability

1) DGHM = German Society for Hygiene and Microbiology, 2) VAH = Association for Applied Hygiene, 3) RKI = Robert Koch-Institute
 4) IHO = German Association of Hygiene and Surface Protection Industries

HAND DISINFECTANT FOR SENSITIVE SKIN

Promanum® pure ... fast acting in any situation

PROPERTIES

- Ready to use solution for hygienic and surgical hand disinfection
- Combination of ethanol and 2-propanol as active ingredients
- Contains selected moisturizers
- Free of perfume and colourants

APPLICATION TIME

- Hygienic hand disinfection: 30 sec
- Surgical hand disinfection: 90 sec

EFFICACY (*in vitro* tests)

- Bacteria (incl. TbB, MRSA)
- Yeast
- Enveloped viruses (incl. HBV, HCV, HIV)
- Rotavirus, Adenovirus and Norovirus¹

LISTING

- DGHM²/VAH³, RKI⁴/IHO List of virucidal products⁵

PRODUCT SIZE	REF
100 ml bottle	
500 ml bottle	
1000 ml bottle	

Promanum® pure – ingredients

100 g solution contains active *ingredients*: 73.4 g ethanol (100%), 10 g 2-propanol;
Other excipients: Purified water, isopropyl myristate, butanone, sorbitol, (hexadecyl, octadecyl) [[RS] 2-ethylhexanoate]], povidone K 30.



Free of perfume and colourants

1) MNV model virus, 2) DGHM = German Society for Hygiene and Microbiology, 3) VAH = Association for Applied Hygiene, 4) RKI = Robert Koch-Institut
 5) IHO = German Association of Hygiene and Surface Protection Industries

LOW-ALLERGENIC HAND DISINFECTANT

Softa-Man® pure / Softalind® pure ... skin friendly

PROPERTIES

- Ready to use solution for hygienic and surgical hand disinfection
- Free of perfume and colourants
- Dermatologically tested
- Contains high-quality dermoprotectors such as panthenol, bisabolol and allantoin

APPLICATION TIME

- Hygienic hand disinfection: 30 sec
- Surgical hand disinfection: 60 sec

EFFICACY (*in vitro* tests)

- Bacteria (incl. TbB, MRSA)
- Yeast
- Enveloped viruses (incl. HBV, HCV, HIV)
- Rotavirus

EFFICACY

- DGHM¹ /VAH² /IHO List of virucidal products³

PRODUCT SIZE	REF
100 ml bottle	
500 ml bottle	
500 ml bottle with pump	
1000 ml bottle	
1000 ml bottle with pump	

Softa-Man® pure / Softalind® pure – ingredients

100 mL solution contains active *ingredients*: 45 g ethanol (100%), 18 g 1-propanol (Ph. Eur.) *Other excipients*: Purified water, isopropyl myristate, octyldodecanol, panthenol, glycerin, bisabolol, allantoin, denatonium benzoate.



With reduced allergic risk

1) DGHM = German Society for Hygiene and Microbiology, 2) VAH = Association for Applied Hygiene, 3) IHO = German Association of Hygiene and Surface Protection Industries

HAND DISINFECTANT FOR SENSITIVE SKIN

Softa-Man® ViscoRub / Softalind® ViscoRub ... hand disinfectant with gel-like consistency

PROPERTIES

- For hygienic and surgical hand disinfection
- Combination of alcohols as active ingredients with unique consistency which is as effective as a liquid rub
- Free of perfume and colourants
- Excellent skin tolerability

APPLICATION TIME

- Hygienic hand disinfection: 30 sec
- Surgical hand disinfection: 90 sec

EFFICACY (*in vitro* tests)

- Bacteria (incl. TbB, MRSA)
- Yeast
- Enveloped viruses (incl. HBV, HCV, HIV)
- Rotavirus, Norovirus¹

LISTING

- DGHM²/VAH³/IHO List of virucidal products⁴

PRODUCT SIZE	REF
75 ml bottle	
100 ml bottle	
500 ml bottle	
500 ml bottle with pump	
1000 ml bottle	
1000 ml bottle with pump	
1000 ml airless bottle	

Softa-Man® ViscoRub / Softalind® ViscoRub – ingredients

100 ml solution contains active *ingredients*: 45 g ethanol (100%), 18 g 1-propanol (Ph. Eur.); *Other excipients*: Purified water, 2-butanone, glycerin, isopropyl myristate, (cetearyl ethylhexanoate), Tetrahydroxypropyl ethylenediamine, acrylates/C10-30 alkyl acrylate crosspolymer, octyldodecanol, bisabolol.



Unique consistency

1) MNV model virus, 2) DGHM = German Society for Hygiene and Microbiology, 3) VAH = Association for Applied Hygiene, 4) IHO = German Association of Hygiene and Surface Protection Industries

HIGH PERFORMANCE DISINFECTANT

Softa-Man® acute / Softalind® 999 ... for Outbreak Management

PROPERTIES

- For hygienic and surgical hand disinfection
- Comprehensive virucidal action
- Free of perfume and colourants
- Dermatologically tested

APPLICATION TIME

- Hygienic hand disinfection: 30 sec
- Surgical hand disinfection: 60 sec

EFFICACY (*in vitro* tests)

- Bacteria (incl. TbB, MRSA)
- Yeast
- Enveloped viruses (incl. HBV, HCV, HIV)
- Adenovirus, Norovirus¹, Polyomavirus and Poliovirus

LISTING

- DGHM²/VAH³, RKI⁴/IHO List of virucidal products⁵

PRODUCT SIZE	REF
100 ml bottle	
500 ml bottle	
500 ml bottle with pump	
1000 ml bottle	
1000 ml bottle with pump	

Softa-Man® acute / Softalind® 999 – ingredients

100 mL solution contains active *ingredients*: 45 g ethanol (100%), 18 g 1-propanol (Ph. Eur.); *Other excipients*: Purified water, Macrogol 4000, 2-butanol, octyldodecanol (Ph. Eur.), glycerin, phosphoric acid (85%)



Comprehensive virucidal

1) FCV model virus, 2) DGHM = German Society for Hygiene and Microbiology, 3) VAH = Association for Applied Hygiene, 4) RKI = Robert Koch-Institute
5) IHO = German Association of Hygiene and Surface Protection Industries

HAND HYGIENE EXCELLENCE AWARD



Hand Hygiene
Excellence Award

The Award is conceived as a platform to identify, recognize, honour and celebrate those hospitals and health care work groups who have contributed to improving patient safety through their excellence, enthusiasm and innovatory methods. A unique process has been developed for the awards. The chairman Prof. Didier Pittet (director, infection control programme and WHO Collaborating Centre on Patient Safety, Lead Adviser, Clean Care is Safer

Care programme, University of Geneva Hospitals & Faculty of Medicine and WHO, Geneva) as well as an international panel of leading infection control experts are evaluating the candidatures and assess the finalists during a visit in the hospital in order to elect the winning hospitals.

Apply now on www.hhea.info

PROCESS HAND HYGIENE EXCELLENCE AWARD



SAVE LIVES: CLEAN YOUR HANDS

WHO's global annual call to action for health workers

Each year on the 5th of May the SAVE LIVES: Clean Your Hands campaign aims to progress the goal of maintaining a global profile on the importance of hand hygiene in health care and to "bring people together" in support of hand hygiene improvement globally.



**SEE YOUR
HANDS**
HAND HYGIENE SUPPORTS
SAFE SURGICAL CARE

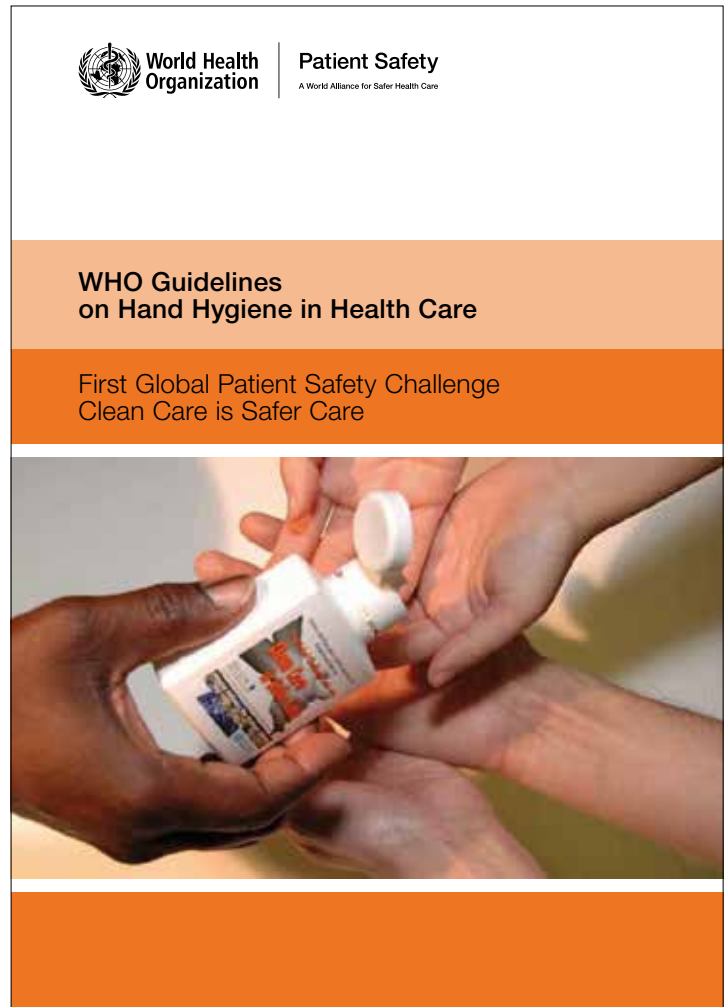
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Visit the webpage <http://www.who.int/gpsc/5may/en/> for more information and campaign resources.

WHO GUIDELINES ON HAND HYGIENE IN HEALTH CARE

First Global Patient Safety Challenge Clean Care is Safer Care

A new approach to strengthen national and international capacity, improve practices and change behaviour, to achieve safer, high quality patient care. This work is now being led by a new Infection Prevention and Control Global Unit at WHO.



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Visit the <http://www.who.int/gpsc/en/> for more information.

HAND CARE





WHEN?

- Use a hand care lotion when necessary
- Before long breaks and after work
- Cracks in dry skin are reservoirs for bacteria and thus sources of infection
- Keeping hands in good condition is an essential part of good hand hygiene and helps stop the transmission of infection

FAST-ABSORBING MOISTURE LOTION

Trixo® ... classic care from B. Braun

PROPERTIES

- Oil-in-water emulsion
- Free of colourants
- Skin-neutral pH
- Gentle, mild perfumes and preservatives
- Non-sticky
- Fast-absorbing

APPLICATION

- Trixo® can be used as needed
- After handwashing
- After completing the OR program
- After hands are exposed to severe conditions
- For moisturizing the entire body after showering and bathing
- Whenever the skin needs moisturizing and care

ADDITIONAL INFORMATION FOR USERS WITH ALLERGIES

- Allergy tested
- Free of colourants
- Can be used by people with allergies to long-chain aliphatic alcohols and lanolin derivatives

PRODUCT SIZE	REF
100 ml tube	
500 ml bottle	
500 ml bottle with pump	

Trixo® – ingredients

Aqua, cyclomethicone, sorbitol, methylglucose sesquistearate, paraffinum liquidum, cetearyl ethylhexanoate, glyceryl stearate, phenoxyethanol, stearic acid, panthenol, fragrance, polyacrylamide, C13-14 isoparaffin, laureth-7, bisabolol, citric acid, butylphenyl methylpropional, citronellol, alpha methyl ionone, benzyl salicylate, linalool, limonene.



High-quality care

RICH, ALLERGY-TESTED MOISTURE LOTION

Trixo®-lind ... moisture lotion for extremely dry, irritated skin

PROPERTIES

- Oil-in-water emulsion
- Free of colourants
- Skin-neutral pH
- Especially suitable for extremely sensitive skin
- Provides the skin with intensive care
- Skin-soothing ingredients
- Allergy tested

APPLICATION

Trixo®-lind can be used as needed

- After handwashing
- After completing the OR program
- After hands are exposed to severe conditions
- For moisturizing the entire body after showering and bathing, particularly with dry skin
- Whenever the skin needs moisturizing and protection

ADDITIONAL INFORMATION FOR USERS WITH ALLERGIES

- Allergy tested
- Free of colourants
- Can be used by people with allergies to long-chain aliphatic alcohols and lanolin derivatives

PRODUCT SIZE	REF
20 ml tube	
100 ml tube	
500 ml bottle	
500 ml bottle with pump	

Trixo®-lind – ingredients

Aqua, paraffinum liquidum, sorbitol, methylglucose sesquistearate, cetearyl ethylhexanoate, glyceryl stearate, phenoxyethanol, stearic acid, panthenol, allantoin, fragrance, polyacrylamide, C13-14 isoparaffin, laureth-7, citric acid, butylphenyl methylpropional, benzyl salicylate, linalool, hexyl cinnamal, citronellol, alpha methyl ionone, limonene.



Allergy tested

LOW-ALLERGENIC MOISTURE LOTION

Trixo®-lind pure ... skin care with lower allergenic potential

PROPERTIES

- Oil-in-water emulsion
- Free of perfume and colourants
- Skin-neutral pH
- Suitable for especially sensitive skin
- Panthenol and allantoin soothe skin irritation

APPLICATION

Trixo®-lind pure can be used as needed

- After handwashing
- After completing the OR program
- After hands are exposed to severe conditions
- For moisturizing the entire body after showering and bathing, particularly with dry skin
- Whenever the skin needs moisturizing and protection

ADDITIONAL INFORMATION FOR USERS WITH ALLERGIES

- Allergy tested
- Free of colourants
- Free of perfume
- Can be used by people sensitive to long-chain aliphatic alcohols and lanolin derivatives

PRODUCT SIZE	REF
100 ml tube	
500 ml bottle	
500 ml bottle with pump	

Trixo®-lind pure – ingredients

Aqua, paraffinum liquidum, sorbitol, methylglucose sesquistearate, cetearyl ethylhexanoate, glyceryl stearate, phenoxyethanol, stearic acid, panthenol, allantoin, polyacrylamide, C13-14 isoparaffin, laurith-7, citric acid.



Free of perfume and colourants

HAND HYGIENE PRODUCTS AT A GLANCE

	Softa-Man® / Softalind® Handsanitizer	Promanum® pure	Softa-Man® pure/ Softalind® pure	Softa-Man® ViscoRub® / Softalind® ViscoRub®	Softa-Man® acute/ Softalind® 999	Lifosan® soft	Lifosan® pure	Softaskin®	Trixo®	Trixo® -lind	Trixo® -lind pure
THERAPEUTIC INDICATIONS	Hand Disinfection	■	■	■	■						
	Hand / Skin Cleansing					■	■	■			
	Hand / Skin Care								■	■	■
	Personal Hygiene					■	■	■			
	Personal Care								■	■	■
	Free of Colourants	■	■	■	■	■	■	■	■	■	■
	Free of Perfume		■	■	■	■	■				■
	Dry, sensitive Skin	■	■	■	■		■	■		■	■
	Normal Skin					■	■		■		
EFFICACY	Bacteriacidal	■	■	■	■	■					
	MRSA	■	■	■	■	■					
	Levurocidal (C. albicans)	■	■	■	■	■					
	Tuberculocidal (M. terrea)	■	■	■	■	■					
	Enveloped viruses (incl. HBV, HCV, HIV) ¹	■	■	■	■	■					
	Adenovirus		■			■					
	Rotavirus	■	■	■	■	■					
	Norovirus (FCV / MNV)		■		■	■					
	Polyomavirus					■					
	Poliovirus		■			■					
INGREDIENTS	Actives:										
	Ethanol	■	■	■	■	■					
	1-Propanol	■		■	■	■					
	2-Propanol		■								
	Excipients:										
	Skin Care Compounds	■		■	■		■	■	■	■	■
	Moisturizers	■	■	■	■	■	■	■	■	■	■
	Emollients	■	■	■	■	■	■	■	■	■	■
APPLICATION	Hygienic hand disinfection EN 1500	15 s	15 s	15 s	30 s	15 s					
	Surgical hand disinfection EN 12791	60 s	90 s	60 s	90 s	60 s					
	Outbreak management (virucidal)					60 s ¹					

1) According RKI-List (Domaine B)

ACCESSORIES



Increased compliance of infection control procedures results in a higher safety level for patients, staff and the community. Therefore, disinfectants must be quickly and easily available and safe to use wherever they are required. To ensure that disinfectants are accessible at the point of care and at the same time meet individual user requirements, B. Braun has developed a comprehensive range of accessories.

B. Braun System – Dispenser

- Modular system with drip tray, lever, back plate
- For 500 ml and 1000 ml bottles
- Easy to clean – dishwasher proof (up to 60 °C)
- Lockable
- Easy to install
- Includes a volume indicator
- Customizable – label it – change color... your choice!
- Adaptable dosing volume
- Airless system with unique collapsible bottles
- Ready for a smart upgrade (compliance monitoring tool)
- Materials used
- Dispenser Cover: ABS/SAN
- Drip Tray: ABS
- Lever: stainless steel
- Backplate: ABS



Touchless Dispenser

- Sensor operated dispenser improves hygienic safety
- For all B. Braun hand disinfectants, liquid soaps and skin care lotions
- Autoclavable pump (max. 123 °C)
- Scratch resistant casing made of anodized aluminium
- Battery operated
- With emergency operating lever
- Adjustable dosing 0.75 – 1.5 ml



Wall Dispenser Plus

- For 500 ml or 1000 ml bottle
- With plastic or metallic pump
- Lever arm length 100 mm or 170 mm
- Adjustable dosing from 0.5 ml to 1.5 ml



Wall Dispenser plus with counter

- The integrated counter function of the new Wall Dispenser plus reliably measures the number of performed hand disinfections
- Adjustable dosing from 0.5 ml to 1.5 ml
- For 500 ml or 1'000 ml bottle



ACCESSORIES

Accessories for Plus Dispenser

- Locking plat for manually operated dispenser incl. lock and key
- With white plastic tray prevents the dripping onto the floor



Lockable Wall Bracket System

- Made of clear alcohol resistant translucent polycarbonate
- Offered as a lockable wall dispenser or wall bracket only
- For 500 ml or 1000 ml bottle
- Stainless steel lever for the 500 ml dispenser available



Wall Bracket

- For 500 ml or 1000 ml bottle
- Made of stainless steel
- Double-sided adhesive pad allows convenient fixation



Bed Bracket

- To hang 500 ml or 1000 ml bottle on beds
- Made of stainless steel



Clips

Crocodile Clip

- Crocodile clip for 75 ml and 100 ml bottle
- Device to hang a bottle on one's pocket

Jojo Clip

- To make hand rubs accessible at the point of care
- Return spring is specially adjusted to the weight of a 100 ml bottle



Hand Pump

- For 500 ml or 1000 ml bottle
- Reflux valve
- Single use
- Dosage approx. 2 ml



More items you can find in our range brochure accessories

EDUCATION





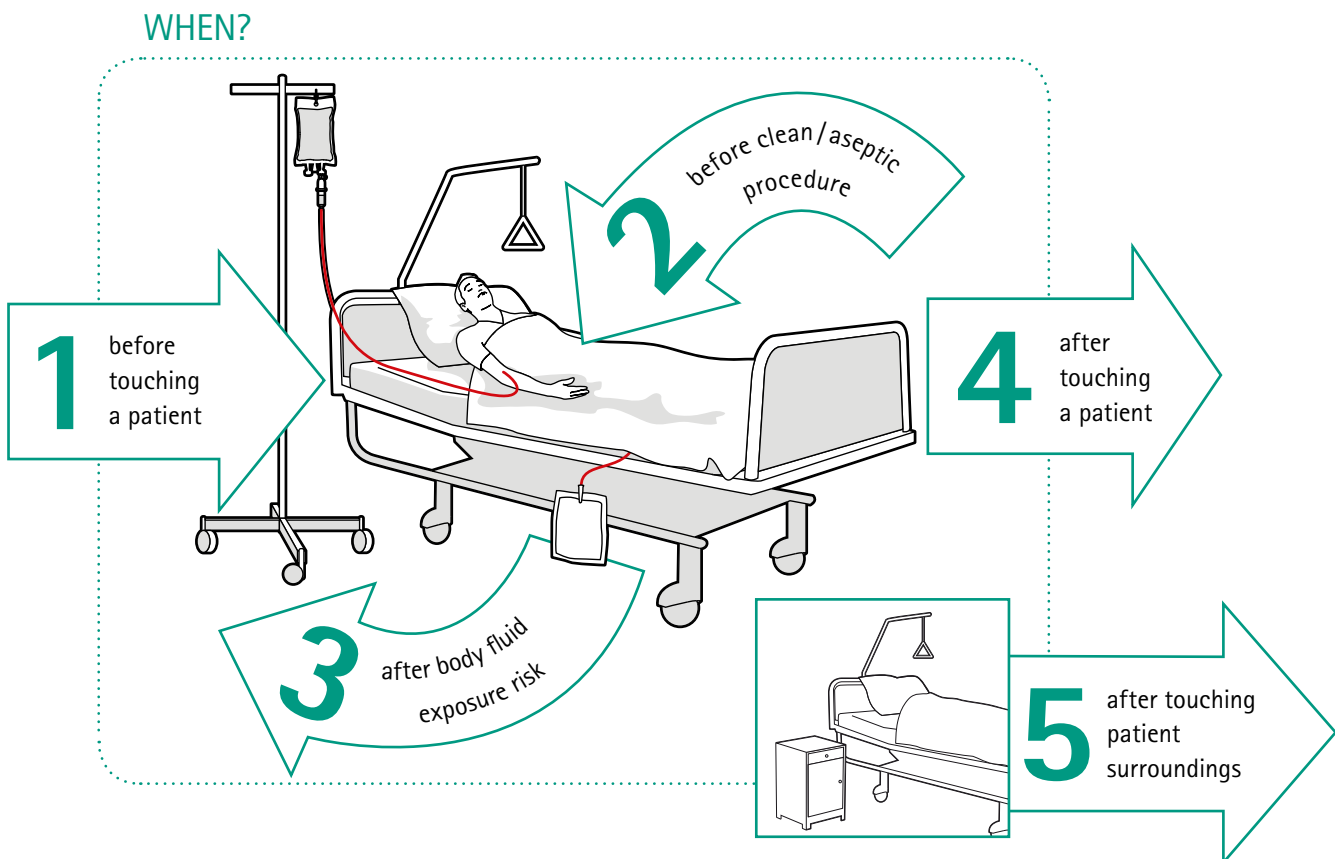
Health Care Associated Infections (HAI) challenge health care settings all over the world. Hygiene plans, hand hygiene programs, trainings, quality systems as well as compliance monitoring etc. show only a part of their responsibilities.

Following you find some educational material for hand hygiene. B. Braun is dedicated to knowledge dissemination and interdisciplinary dialogue in line with international standards as well as best practices to ensure patient safety.

YOUR 5 MOMENTS FOR HAND HYGIENE

Clean hands are safer hands. Are yours clean?

Based on the „My 5 moments for Hand Hygiene“
www.who.int/gpsc/5may/background/5moments/en/index.html
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1	before touching a patient	WHEN? Clean your hands before touching a patient when approaching him/her. WHY? To protect the patient against harmful germs carried on your hands.
2	before clean / aseptic procedure	WHEN? Clean your hands immediately before performing a clean / aseptic procedure. WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	after body fluid exposure risk	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal). WHY? To protect yourself and the health-care environment from harmful patient germs.
4	after touching a patient	WHEN? Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. WHY? To protect yourself and the health-care environment from harmful patient germs.
5	after touching patient surroundings	WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched. WHY? To protect yourself and the health-care environment from harmful patient germs.

5 MOMENTS GAME

You want to train the 5 Moments for hand hygiene?

Use the B. Braun 5 Moment Game



PLAY NOW ON

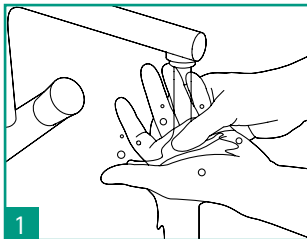
www.bbraun.ch/5momentgame/



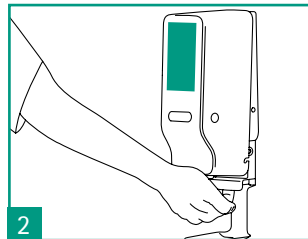
HOW TO HANDWASH?

Wash hands when visibly soiled! Otherwise, use handrub.

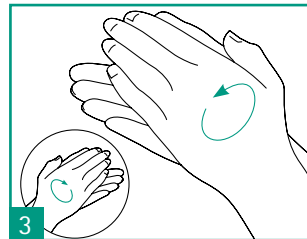
Duration of the entire procedure: 40 – 60 seconds



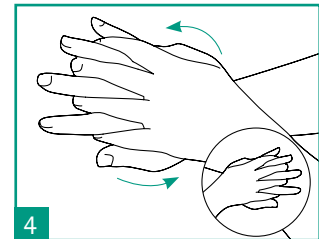
1 Wet hands with water



2 Apply enough soap to cover all hand surfaces



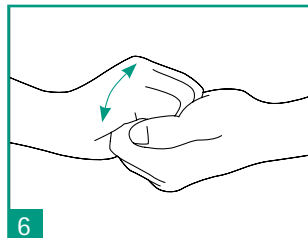
3 Rub hands palm to palm



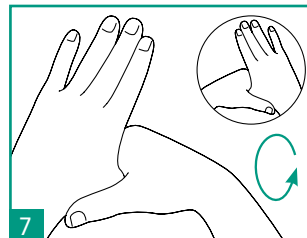
4 Right palm over left dorsum with interlaced fingers and vice versa



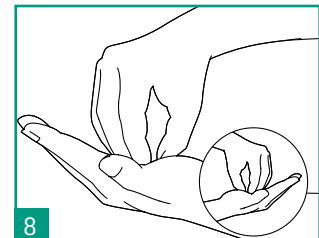
5 Palm to palm with fingers interlaced



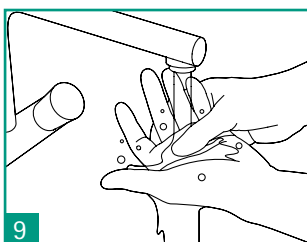
6 Backs of fingers to opposing palms with fingers interlocked



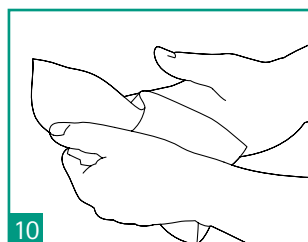
7 Rotational rubbing of left thumb clasped in right palm and vice versa



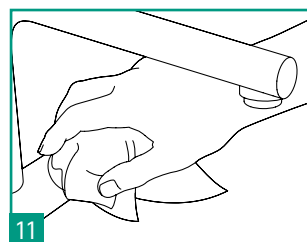
8 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



9 Rinse hands with water



10 Dry hands thoroughly with a single use towel



11 Use towel to turn off faucet



12 Your hands are now safe

HAND CARE

- Take care of your hands by regularly using a protective hand cream or lotion, at least daily.
- Do not routinely wash hands with soap and water immediately before or after using an alcohol-based handrub.
- Do not use hot water to rinse your hands.
- After handrubbing or handwashing, let your hands dry completely before putting on gloves.

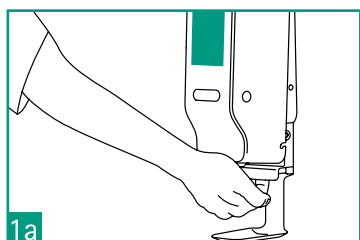
PLEASE REMEMBER

- Do not wear artificial fingernails or extenders when in direct contact with patients.
- Keep natural nails short.

HOW TO HANDRUB?

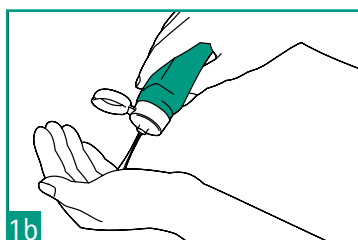
Rub hands for hand hygiene! Wash hands instead when visibly soiled.

Duration of the entire procedure: 20 – 30 seconds

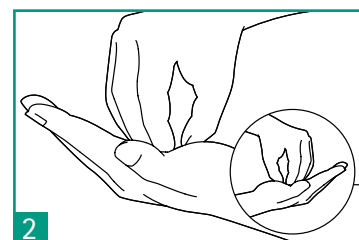


1a

Apply a palmful of the product in a cupped hand, enough to cover all hand surfaces

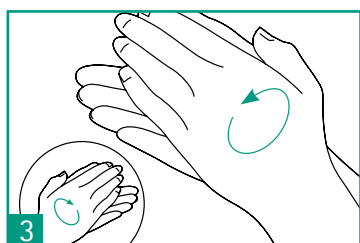


1b



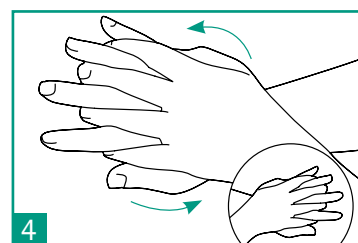
2

Backs of fingers to opposing palms with fingers interlocked



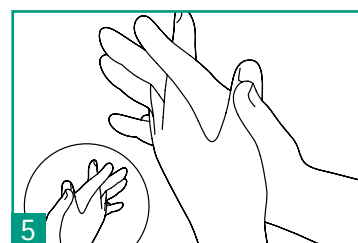
3

Rub hands palm to palm



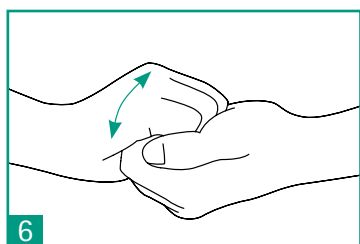
4

Right palm over left dorsum with interlaced fingers and vice versa



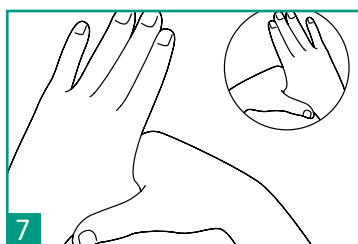
5

Palm to palm with fingers interlaced



6

Rotational rubbing of left thumb clasped in right palm and vice versa



7

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



8

Once dry, your hands are safe

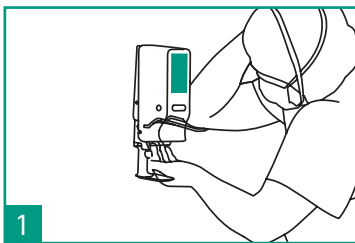
Pires, D., Bellissimo-Rodrigues, F., Soule, H., Gayet-Ageron, A., & Pittet, D. (2017). Revisiting the WHO "How to Handrub" Hand Hygiene Technique: Fingertips First? *Infection Control & Hospital Epidemiology*, 38(2), 230-233. doi:10.1017/ice.2016.241

SURGICAL HAND PREPARATION

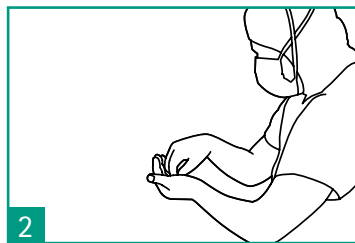
Technique with an alcohol-based handrub formulation

The handrubbing technique for surgical hand preparation must be performed on perfectly clean, dry hands. On arrival in the operating theatre and after having donned theatre clothing (cap/hat/bonnet and mask), hands must be washed with soap and water. After the operation when removing gloves, hands must be rubbed with an alcohol-based formulation or washed with soap and water if any residual talc or biological fluids are present (e.g. the glove is punctured).

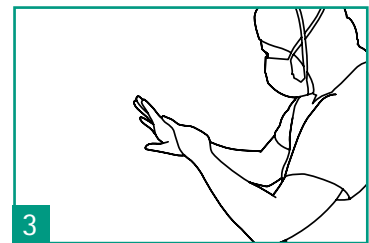
Surgical procedures may be carried out one after the other without the need for handwashing, provided that the handrubbing technique for surgical hand preparation is followed (images 1 to 17).



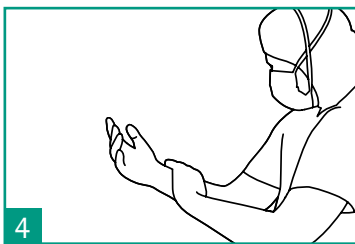
1 Put approx. 5 ml (3 doses) of alcohol-based handrub in the palm of your left hand, using the elbow of your other arm to operate the dispenser.



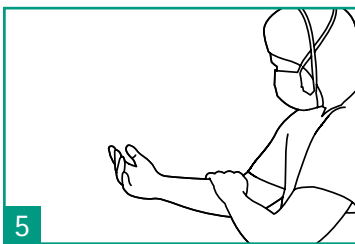
2 Dip the fingertips of your right hand in the handrub to decontaminate under the nails (5 sec).



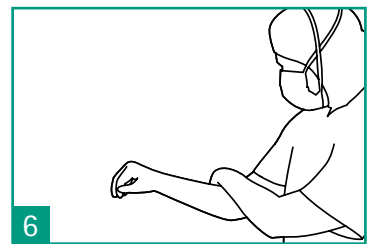
3 Images 3 – 7: Smear the handrub on the right forearm up to the elbow. Ensure that the whole skin area is covered by using circular movements around the forearm until the handrub has fully evaporated (10–15 sec).



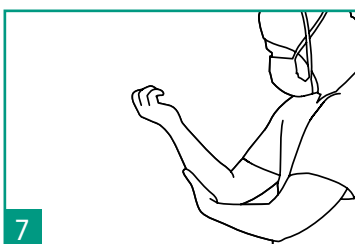
4 See legend for image 3.



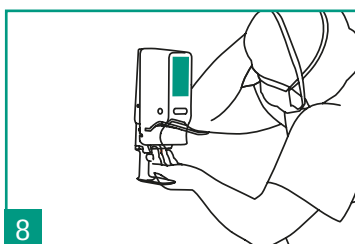
5 See legend for image 3.



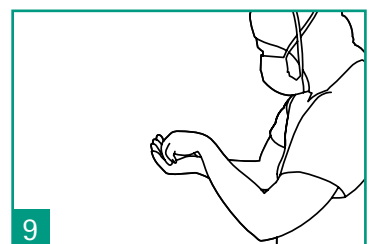
6 See legend for image 3.



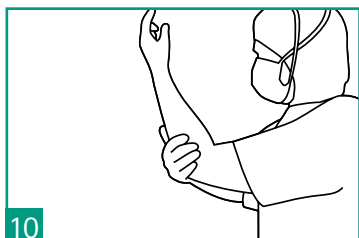
7 See legend for image 3.



8 Put approx. 5 ml (3 doses) of alcohol-based handrub in the palm of your right hand, using the elbow of your other arm to operate the dispenser.

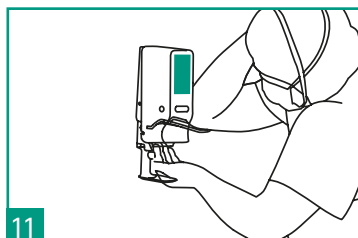


9 Dip the fingertips of your left hand in the handrub to decontaminate under the nails (5 sec).



10

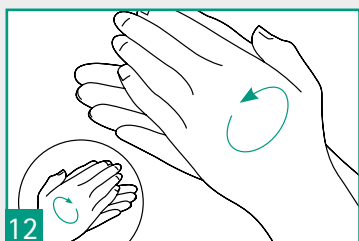
Smear the handrub on the left forearm up to the elbow. Ensure that the whole skin area is covered by using circular movements around the forearm until the handrub has fully evaporated (10–15 sec).



11

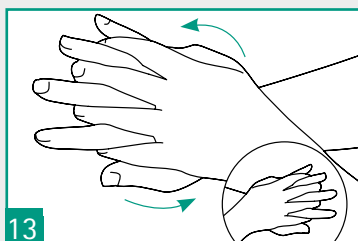
Put approx. 5 ml (3 doses) of alcohol-based handrub in the palm of your left hand, using the elbow of your other arm to operate the distributor. Rub both hands at the same time up to the wrists and ensure that all the steps represented in images 12–17 are followed (20–30 sec).

Repeat the below-illustrated sequence (average duration, 60 sec) according to the number of times corresponding to the total duration recommended by the manufacturer for surgical hand preparation with an alcohol-based handrub.



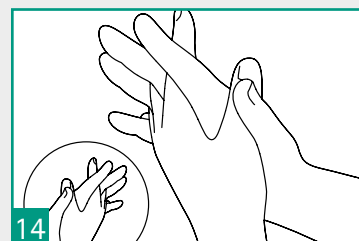
12

Cover the whole surface of the hands up to the wrist with alcohol-based handrub, rubbing palm against palm with a rotating movement.



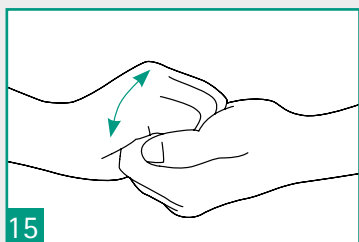
13

Rub the back of the left hand, including the wrist, moving the right palm back and forth and vice versa.



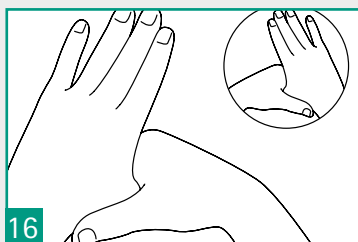
14

Rub palm against palm, back and forth with fingers interlinked.



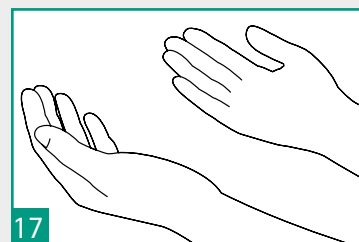
15

Rub the back of the fingers by holding them in the palm of the other hand with a sideways back and forth movement.



16

Rub the thumb of the left hand by rotating it in the clasped palm of the right hand and vice versa.



17

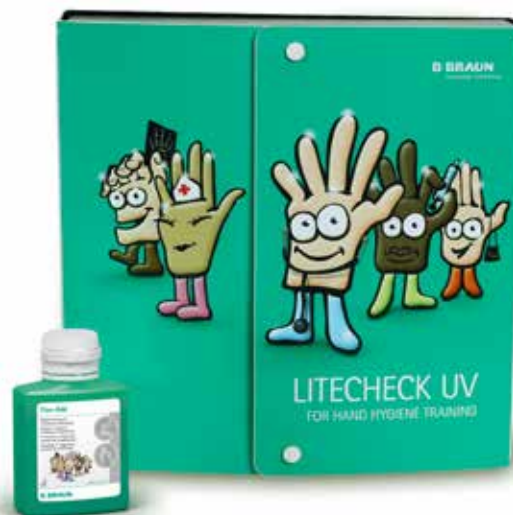
When the hands are dry, sterile surgical clothing and gloves can be donned.

HANDRUB TRAINING

To train a correct rubbing-in technique Fluo-Add and the B. Braun LiteCheck UV are excellent tools.

After the training solution (your hand disinfectant with Fluo-Add for training purposes) has been rubbed in, the LiteCheck uses UV light to reveal areas that have not been covered with the hand rub.

The skin remains dark in uncovered areas, which is where bacteria can survive. However, after correct and complete application, hands are completely illuminated in blue. The training concept has been used successfully for more than ten years now.



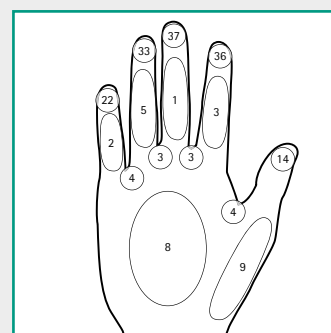
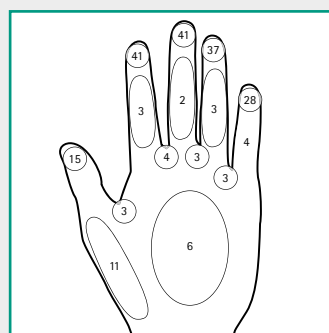
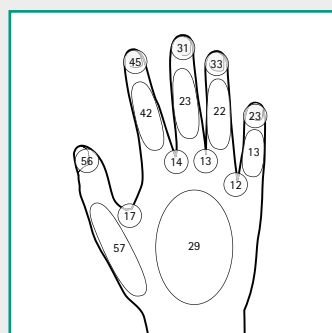
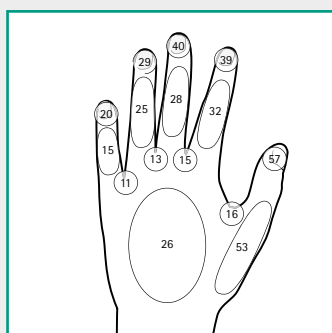
PRODUCT SIZE	REF
B. Braun LiteCheck UV*	3908469
Fluo-Add 100 ml	180127

* note: The device comes with a power plug Schuko type F (CEE 7/4). Country Adapters might be required.

THE DIAGRAM SHOWS THE LOCATION AND FREQUENCY (NUMBERS) OF APPLICATION GAPS.

Wetting short falls on the dorsum of the hands following hand disinfection (percentage)¹

Wetting short falls on the palms following hand disinfection (percentage)¹



1) O. Buchrieser, G. Neuhold, A. Kristl, V. Buchrieser, T. Miorini, Incomplete wetting as a weak point of performing hygienic hand disinfection, Hyg Med, 12, 672 (1996)

HANDS PROTECTION

Hands are high-precision instruments that are challenged to achieve outstanding performances every day in health care settings. It has, however, been proven that hands are also one of the most frequent transmitters of infection pathogens, and that they thus represent a potential risk for patients, especially for those who are particularly susceptible to infections because of a weakened immune system. This is why hygienic hand disinfection is indispensable.

SKIN/HAND PROTECTION

There is no question that consistent infection prophylaxis in the form of specific hand disinfection measures can markedly reduce the number of nosocomial infections. Nonetheless, even today there is a gap between what is known and what is practiced. When, on a daily basis, you work with liquid media, wear gloves, and wash and disinfect your hands frequently: your hands suffer.

Skin is not only placed under strain through professional activity, but also through constantly increasing environmental strain, which can cause various skin problems. This is why skin protection is an essential component of work safety. Damaged skin can no longer be properly disinfected as microbes remain in the cracked and rough areas, and cannot be reached by the disinfectant. The result is a decrease in proper hand hygiene, especially hand disinfection, with the accompanying increase in the risk of infection transmission.

Because of its pH value of 5.5 and its relatively low level of moisture, healthy skin provides good growth conditions for predominantly gram-positive bacterial flora. This flora is known as resident flora. Resident bacteria are characterized by particularly strong adhesion. About 20 % of micro-organisms can still be found in layers deeper than 0.3 mm.

Damaged skin can no longer be properly disinfected, compliance is shrinking and the risk of infection transmission increases.



Therefore surgical hand disinfection serves to reduce this bacterial flora and requires longer contact times than hygienic hand disinfection.

POSSIBLE CAUSES OF SKIN PROBLEMS

- Excessively dry skin
- Mechanically damaged skin
- Skin damaged by chemical substances
- Micro-organisms (infections)
- Genetic predisposition towards low-tolerance skin (atopic syndrome)
- Not wearing gloves when required
- Intolerance against glove material and substances of content
- Donning gloves when hands are still wet
- Frequent intensive washing of hands
- Perfume allergy
- Colorant allergy

HISTORY OF HAND DISINFECTION

Hygiene is the study of preventing diseases and maintaining and stabilizing health. The word hygiene originates in Greek „hygieine“ and means „the art of health“. It is derived from the name of the Greek goddess of health, Hygieia. In a more specific sense, hygiene is used to describe measures to prevent infectious diseases, especially cleansing and disinfection. Although the history of hand hygiene goes back a centuries – it is still today a topic that needs creating awareness.

WHERE ALL BEGUN

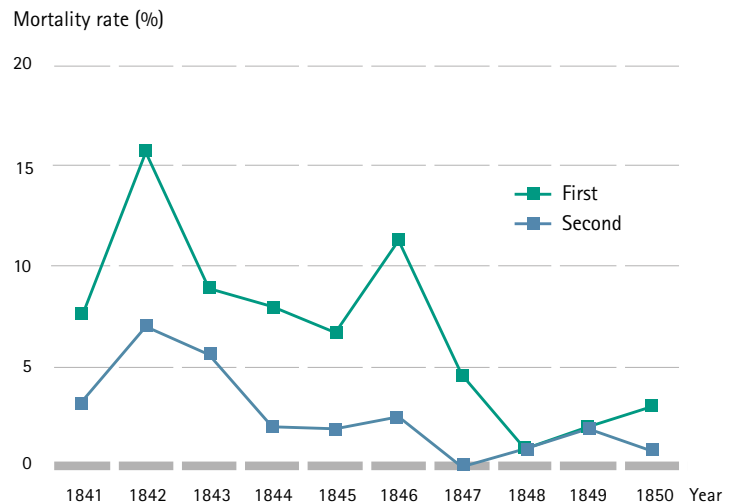
Cleanliness and disinfection were not seen as necessary in medicine until the first half of the 19th century. In the 1840s, Ignaz Semmelweis (1818 –1865) was first able to prove hand hygiene can prevent diseases. As an assistant physician in the Maternity Department of the Vienna Lying-In Hospital, he investigated why the mortality rate due to puerperal fever was considerably higher on one ward where physicians and medical students worked (First Clinic) than on another ward where midwifery students were trained (Second Clinic).



Ward at the Lying-In Women's Hospital, Vienna

He only discovered the reason for this when one of his colleagues died after he was injured by a student's scalpel during a post-mortem examination. Semmelweis postulated that those participating in post-mortem examinations could infect mothers during ensuing obstetric examinations. Because midwifery students did not perform post-mortem operations, the incidence of puerperal fever was considerably lower on the second hospital ward. Semmelweis thus instructed his students to disinfect their

Mortality rate of the Maternity Departments of the Lying-In Women's Hospital in Vienna



Before and after the introduction of hand hygiene 1847⁵

hands with a solution of chlorinated lime before examining the mothers. This effective measure reduced the mortality rate from 12.3% to 1.3%.

However, physicians and students alike opposed the measure. On one hand, the disease pathogens themselves (bacteria and fungi) were still unknown and on the other hand the medical staff did not want to accept that they themselves were transmitting infectious diseases instead of healing them.

Physicians and students could not believe that they themselves could be transmitting diseases instead of healing them.

Sir **Joseph Lister** (1827–1912), a Scottish surgeon became aware of a paper published in 1868 by **Louis Pasteur** (1822 –1895), which showed that rotting and fermentation could occur without oxygen if micro-organisms were present. Pasteur suggested among other measures to expose them to chemical solutions. Lister tested and found that carbolic acid (phenol) solution swabbed on wounds markedly reduced the incidence of gangrene. With this results he subsequently published a series of articles in the Antiseptic Principle of the Practice of Surgery in March 1867 in the The Lancet.

The controversy and uncertainty surrounding the nature and significance of microbes for the development of wound diseases started to dissipate only after **Robert Koch** (1843 –1910) proved without doubt the „diversity of pathogenic bacteria“ with his investigations into experimental wound infections.

Although the necessity and efficacy of hand hygiene measures has been well-established for more than 100 years, hand hygiene is still an extremely relevant topic. **The World Health Organisation** (WHO) has specifically entrusted the management of its patient safety programme, the **Global Patient Safety Challenge**, to Professor Didier Pittet, Director of the Geneva University Hospital (HUG) infection prevention and control programme. The project is a core element of the WHO World Alliance for Patient Safety, launched in October 2005 (www.who.int/patientsafety/en/). Its aim is to address the issue of the prevention of health care-associated infection under the banner **Clean Care is Safer Care**.

Save Lives: Clean Your Hands was launched in 2009 and is the extension to the WHO programme. It is targeted at healthcare facilities to raise awareness, bringing people together to improve and sustain hand hygiene every 5th of May.

5th of May is the international Hand Hygiene day launched by the WHO campaign "SAVE LIVES: Clean Hands"

RECOMMENDED LITERATURE/LINKS:

WHO Clean Care is safer Care: <http://www.who.int/gpsc/en/>

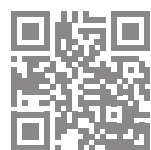


Hand Hygiene Guidelines:

<http://www.who.int/gpsc/5may/tools/9789241597906/en/>



Semmelweis Foundation: <http://semmelweis.info>



Robert Koch Institut:

www.rki.de/EN/Home/homepage_node.html



D. Pittet, S. Hugonnet, S. Harbarth, P. Mourouga, V. Sauvan, S. Touveneau, T. V. Perneger and members of the infection control Programme, Effectiveness of a hospitalwide programme to improve compliance with hand hygiene, The Lancet, Oct. 2000, Vol 356, 1307-1312

D. Pittet, J.M. Boyce, Hand hygiene and patient care: pursuing the Semmelweis legacy, Reviews, The Lancet Infectious diseases, April 2001

IMPROVE COMPLIANCE

The EURIDIKI study carried out in Germany and Austria evaluated knowledge, insight and behavior with regard to hygienic hand disinfection based on a total of 317 interviews. Looking at the results of the survey leads to the conclusion that the longer it takes to apply the product for the indication in question, the lower hand disinfection compliance gets. Furthermore the skin tolerance as well as the quality of the product have direct influence to compliance.

Therefore the choice of the right cleansing solution, disinfectant and care product in combination is essential to be able to improve compliance and reduce nosocomial infections.

Right combination of soap, disinfectant and care product is essential to improve compliance.

HELP FOR HANDS

COLD



In winter months cold and dry air means drier hands as water evaporates from the epidermis quicker. Use of a hand cream can both provide protection and help insulate the skin, locking the moisture in.

HOT



Washing with hot water can remove essential oils from the hands adding to their dryness. Reduce the temperature of the water from hot to warm to reduce the amount of moisture lost on hand washing. Combat the dryness by using Trixo-lind® regularly.

SOAP



Even the kindest soaps can dry hands out. Leaving excess soap on the hands through minimal rinsing can cause the hands to dry and become irritated. Increase the amount of time spent rinsing the hands to remove all soap residue.

TOWELS



Heavy abrasion against the skin can irritate and inflame dry skin. Avoid excessive rubbing of the hands with towels. Pat-dry wet hands and dry carefully between the fingers with a clean, soft paper towel.

GLOVES



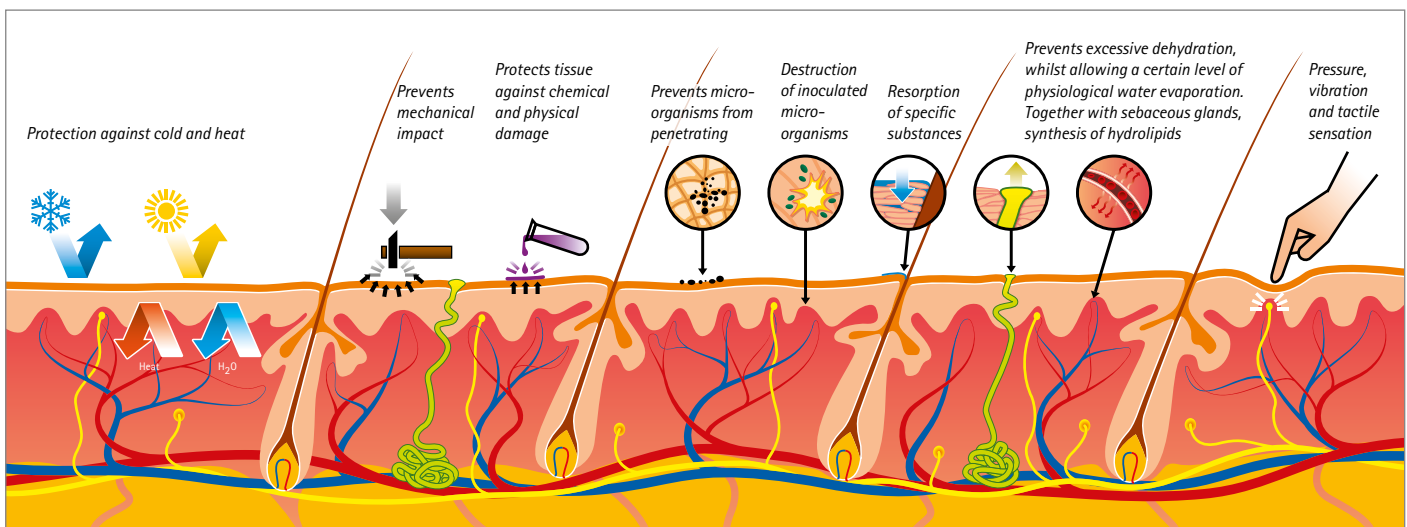
Applying gloves to wet hands can irritate the skin and cause dryness. Always dry hands thoroughly before donning gloves. Check with your occupational health team if irritation continues.

EXCURSION SKIN

The Latin word for skin is "cutis", and skin is the human body's largest (1.5 – 2 m²) and heaviest (up to 10 kg) organ in terms of area, and most diverse organ in terms of function. The external skin basically has three main layers the **Epidermis** (outermost layer), the **Dermis** (corium layer) and the **Hypodermis** (subcutaneous layer)

THE SKIN'S FUNCTIONS

- **Protects tissues** against chemical, physical and, in particular, mechanical damage and prevents micro-organisms from penetrating
- **Prevents excessive dehydration**, whilst at the same time allowing a certain level of physiological water evaporation (insensible perspiration)
- **Acts as a heat regulator** by constricting or widening the skin vessels and by evaporating perspiration
- **Supports renal activity** to a slight degree through secretion of perspiration
- **Transmits pressure, temperature and pain stimuli** as a sensory organ through its numerous receptors
- The skin's physiological pH value is **about 5.5**



THE EPIDERMIS

Is one of the epithelial tissues and is a multi-layered horny squamous epithelium that is usually between 0.03 and 0.05 millimetres thick. It can, however, achieve thicknesses of several millimetres on the palms of the hands and soles of the feet. The following layers can be distinguished from the outside to the inside:

- **Stratum corneum** (horny layer): consists of flattened, completely horny, denucleated cells that continuously slough off at the surface in the form of small flakes. A human being loses about 1.5 million skin flakes a minute. The stratum corneum is the skin's barrier and storage system.
- **Stratum lucidum** (clear layer): consists of cells that refract a great deal of light.
- **Stratum granulosum** (granular layer): the stratum granulosum is made up of 2 to 5 rows of flattened cells with small nuclei. The epidermal lipids responsible for the barrier function of the epidermis are found in this layer.
- **Stratum spinosum** (prickle cell layer): this is where 4 to 8 layers of polygonal cells are responsible for strengthening cell layers.
- **Stratum basale** (basal cell layer): consists of a layer of cylindrical cells that connect the epithelial layer to the dermis.

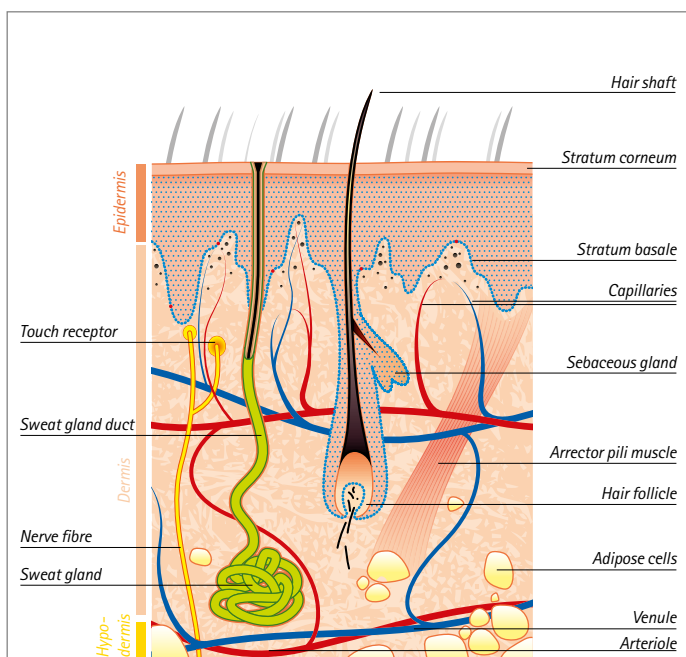
THE DERMIS

Consists mainly of connective tissue fibres and serves to nourish and anchor the epidermis. This is where the blood vessel system with its fine capillaries provides nourishment to the stratum basale of the epidermis. Sebaceous glands and sweat glands originate in the lower dermis. The dermis contains smooth muscles and blood vessels that play an important role in temperature regulation. The dermis consists of:

- **Stratum papillare** (papillary layer): rich in fine fibrillae, cells and capillaries. The stratum papillare also contains nerve fibres.
- **Stratum reticulare** (reticular layer): consists of tightly interwoven bundles of collagen fibres. Elastic fibres, which are also reticulated and ensure the skin's elasticity, and fibroblasts are found between these bundles.

THE HYPODERMIS

Forms the base for the layers of skin above it and contains larger blood vessels, nerves for the upper layers of skin, subcutaneous fat to protect against the cold and for energy storage, and loose connective tissue. The sensory cells for strong pressure stimuli are located in the hypodermis.



Softa-Man®/Softalind® Hand Sanitizer
Softa-Man® pure/Softalind® pure
Softa-Man® ViscoRub/Softalind® ViscoRub
Softa-Man® acute/Softalind® 999

COMPOSITION:

100 ml solution contain: Active substances: 45 g ethanol (100%), 18 g propanol.

Other ingredients:

Softa-Man® : purified water, diisopropyl adipate, macrogol 6 glycerol caprylocaprate (Ph. Eur.), dexpanthenol, bisabolol, allantoin, fragrance (contains limonene, linalool)

Softa-Man® acute: purified water, macrogol 4000, butanone, octyldodecanol, glycerol, phosphoric acid.

Softa-Man® pure: purified water, isopropyl myristate, octyldodecanol, dexpanthenol, glycerol, bisabolol, allantoin, denatonium benzoate.

Softa-Man® ViscoRub: purified water, butanone, glycerol, isopropyl myristate, cetearyl ethylhexanoate, octyldodecanol, edetol, acrylates/C10-30 alkyl acrylate crosspolymer, bisabolol

THERAPEUTIC INDICATIONS:

Hygienic and surgical hand disinfection.

CONTRAINDICATIONS:

Hypersensitivity (allergy) to ethanol, propanol or any of the other ingredients.

POSSIBLE SIDE EFFECTS:

Contact allergy. Skin irritation symptoms (e.g. itching, redness), especially after frequent application.

WARNINGS:

Flammable.

Keep container tightly closed.

Keep away from sources of ignition - No smoking!

Avoid contact with eyes. Do not use on damaged skin or mucous membranes.

For external use only.

Flash point 21°C per DIN 51755.

MARKETING AUTHORISATION HOLDER:

B. Braun Melsungen AG
 34209 Melsungen
 Germany
 (02/2012)

Promanum® pure**COMPOSITION:**

100 g solution contain: Active substances: 73.4 g ethanol (100%), 10.0 g isopropyl alcohol. Other ingredients: Purified Water, Isopropyl Myristate, Butanone, Sorbitol, Cetearyl Ethylhexanoate, Povidone.

THERAPEUTIC INDICATIONS:

Hygienic and surgical hand disinfection.

CONTRAINDICATIONS:

Hypersensitivity (allergy) to ethanol, isopropyl alcohol or any of the other ingredients.

POSSIBLE SIDE EFFECTS:

Contact allergy. Skin irritation symptoms (e.g. itching, redness), especially after frequent application.

WARNINGS:

Highly flammable.

Keep container tightly closed.

Keep away from sources of ignition - No smoking!

Avoid contact with eyes. Do not use on damaged skin or mucous membranes.

For external use only.

Flash point 14°C per DIN 51755.

MARKETING AUTHORISATION HOLDER:

B. Braun Melsungen AG
 34209 Melsungen
 Germany
 (03/2012)

NOTE:

Not all products are registered and approved for sale in all countries or regions. Indications of use may also vary by country and region. Please contact your country representative for product availability and information.

For information on risks and side effects please read the package leaflet and ask your doctor or pharmacist.

B. BRAUN INFECTION PREVENTION

B. Braun infection prevention products and services are effectively contributing to the prevention and management of infections in healthcare settings all over the world. Protective wear, hand and skin hygiene, cleaning and disinfection of surfaces and instruments are helping to protect health care workers and patients against all kinds of infectious diseases and to minimize spreading of pathogens.

Learn more about our infection prevention portfolio at www.bbraun.com/infection-prevention



This international brochure contains information which is targeted to a wide range of audiences and could contain product details or information otherwise not accessible or valid in your country.