

OTHER INFORMATION & TESTING

Skin Moisturization

Sani-Hands® for Kids contains several emollients, such as, glycerin, propylene glycol, aloe and Vitamin E acetate to promote moisturization of skin and help minimize the drying effect of alcohol.

FDA Food Code Compliant

Meets the Food and Drug Administration (FDA) Food Code, Section 2-301.16.

Shelf Life

FDA-OTC stability was conducted for purposes of establishing an expiration date for the unopened product. Current stability data supports a two-year expiration period from date of manufacture.

WARNINGS

- Flammable, keep away from fire or flame.
- For external use only.
- Do not use in or contact the eyes.
- Discontinue use if irritation and redness develop.
- If condition persists for more than 72 hours consult a physician.



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BRAND

SANI-HANDS® FOR KIDS

Instant Hand Sanitizing Wipes



PRODUCT DESCRIPTION

Nonwoven cloth saturated with ethyl alcohol gel solution for the antiseptic cleansing of hands. Solution and towel are fragrance-free and dye-free.

CHEMICAL COMPOSITION

Active Ingredients

1. Active Ingredients:
Alcohol (Ethanol).....65.9% by volume

Inactive Ingredients

Water, Propylene glycol, Glycerin, Carbomer, Aminomethyl propanol, Aloe barbadensis leaf juice, Tocopheryl acetate (Vitamin E)

EFFICACY

IN-VITRO TIME KILL STUDIES

Purpose—To determine how rapidly and effectively Sani-Hands® for Kids killed a variety of Gram negative and Gram positive microorganisms including spore forming bacteria at a 15-second exposure.

Methodology—Fluid from the wipe was expressed aseptically and transferred to sterile incubator tubes. The tubes were subsequently inoculated with the broth culture of the test microorganism containing up to 10⁸ CFU. After 15 seconds, the entire inoculated volume of Sani-Hands for Kids was transferred to neutralizers. Serial dilutions were plated using standard plating techniques, and percent reductions for each organism were calculated after incubation.

Conclusion—Sani-Hands for Kids demonstrated to be very effective at killing all 30 microorganisms listed inside in 15 seconds (see Chart 1, page 2).

Independent Laboratory: Mycoscience Labs, Willington, CT: June 28, 2004



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VIRAL STUDIES*

Purpose—To evaluate the antiviral properties of Sani-Hands® for Kids when exposed to a virus (in suspension) for a 15-second exposure.

Methodology—Fluid from the wipe was expressed aseptically and transferred to sterile tubes. The tubes were subsequently inoculated with the virus suspension and held for the 15-second exposure period. After the exposure period, a small aliquot was removed and assayed for presence of virus.

Conclusion—In the presence of 5% fetal bovine serum, Sani-Hands for Kids demonstrated a greater than 99% reduction in viral titer after the 15-second exposure period against the viruses listed (see Chart 2).

Independent Laboratory: ATS Labs, Eagan, MN: June 28, 2004

IN-VIVO

HANDWASH STUDY USING SOILED HANDS

Purpose—To demonstrate the functionality of mechanical wiping relative to microbial reduction on heavily soiled hands.

Methodology—The protocol used in this study is based on the procedures prescribed in the 1994 FDA Tentative Final Monograph for a health care personnel handwash (*Federal Register*, Vol. 59, pp. 31402-31452, June 17, 1994). This procedure was modified to assess the effects of heavily soiled hands by using raw beef with a Gram negative bacteria (*E. coli*) count of at least 10⁶ CFU/gram. Sani-Hands for Kids was tested against a rub-in alcohol handwash gel and a non-active control (wipe, wet with sterile water). Each subject followed a treatment procedure aligned with label use instructions.

Conclusion—The performance criteria defined in the 1994 FDA Tentative Final Monograph, in part, requires that a product achieve at least a $\geq 2.0 \log_{10}$ reduction in a marker organism after the first treatment application. Sani-Hands for Kids achieved $>2.0 \log_{10}$ reduction after a single hand treatment, thus exceeding FDA efficacy performance criteria specified for the initial treatment. The data suggests that the superior performance of Sani-Hands for Kids is enhanced by the physical removal of soil and bacteria by the wipe. The results of the non-active control clearly demonstrate that physical wiping is functional in reducing microbial population. Even without the presence of an antimicrobial, the non-active control achieved

CHART 1: Percent Reduction After 15-Second Exposure

Microorganism	Classification	ATCC#	% Reduction
<i>Acinetobacter baumannii</i> , (multi-drug resistant)	Gram negative rod	19606	>99.999
<i>Aspergillus flavus</i>	fungi (mold)	9643	=99.999
<i>Bacillus megaterium</i>	Gram positive bacteria	14581	>99.999
<i>Campylobacter jejuni</i>	Gram negative rod	29428	>99.999
<i>Candida albicans</i>	fungi (yeast)	14053	>99.999
<i>Clostridium difficile</i>	Gram positive bacteria	9689	>99.998
<i>Corynebacterium diphtheriae</i>	Gram positive rod	11913	>99.999
<i>Enterobacter aerogenes</i>	Gram negative rod	13048	>99.999
<i>Enterococcus faecium</i> (multi-drug resistant including Vancomycin)	Gram positive cocci	51559	>99.999
<i>Enterococcus faecalis</i> (Vancomycin, Streptomycin, and Gentamicin resistant)	Gram positive cocci	51575	>99.999
<i>Escherichia coli</i> (ESBL producing, (multi-drug resistant, derived from clinical isolate, <i>Klebsiella pneumoniae</i> ATCC #14714)	Gram negative rod	BAA-196	>99.999
<i>Escherichia coli</i>	Gram negative rod	11229	>99.999
<i>Escherichia coli</i> (0157:H7)	Gram negative rod	35150	>99.999
<i>Escherichia coli</i> (0111:H8)	Gram negative rod	BAA-184	>99.999
<i>Klebsiella pneumoniae</i>	Gram negative rod	13883	>99.99
<i>Klebsiella pneumoniae</i> (carbapenem resistant)	Gram negative rod	BAA-1705	>99.999
<i>Listeria monocytogenes</i>	Gram positive rod	15313	>99.999
<i>Proteus mirabilis</i>	Gram negative rod	7002	>99.999
<i>Proteus hauseri</i> (<i>vulgaris</i>)	Gram negative rod	13315	>99.999
<i>Pseudomonas aeruginosa</i>	Gram negative rod	15442	>99.999
<i>Salmonella choleraesuis</i> serotype typhimurium	Gram negative rod	14028	>99.999
<i>Serratia marcescens</i>	Gram negative rod	14756	>99.999
<i>Shigella sonnei</i>	Gram negative rod	11060	>99.999
<i>Staphylococcus aureus</i> (MRSA)	Gram positive cocci	33591	>99.999
<i>Staphylococcus aureus</i> (MRSA, Vancomycin tolerant)	Gram positive cocci	700788	>99.999
<i>Staphylococcus epidermidis</i>	Gram positive cocci	12228	>99.999
<i>Streptococcus pneumoniae</i>	Gram positive cocci	33400	>99.999
<i>Streptococcus pyogenes</i>	Gram positive cocci	19615	>99.999
<i>Trichophyton mentagrophytes</i>	fungi (mold)	9533	>99.999
<i>Vibrio parahaemolyticus</i>	Gram negative rod	17802	>99.999

CHART 2: Percent Reduction After 15-Second Exposure

Virus	ATCC#	% Reduction
<i>Herpes simplex virus type 1, Strain F(1)</i>	VR-733	>99.000
<i>Human Coronavirus, Strain 229E</i>	VR-740	>99.000
<i>Influenza A virus, Strain Hong Kong</i>	VR-544	>99.000
<i>Rhinovirus type 16, Strain 11757</i>	VR-1126	>99.000
<i>Rotavirus, Strain WA (University of Ottawa)</i>	—	>99.000

* The 1994 FDA Tentative Final Monograph does not comment on viral efficacy of hand hygiene products.

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nearly a 2 \log_{10} reduction. The data further suggests that, with the rub-in alcohol handwash gel, there is a significant disadvantage in microbial reduction without the benefit of wiping action.

Independent Laboratory: Hill Top Research, Inc., Miamiville, OH: November 30, 2004

HANDWASH STUDY

Purpose—To determine the ability of Sani-Hands® for Kids to give reduction of transient microbial flora when used in a hand treatment procedure with marker organism, *Serratia marcescens* ATCC No. 14752.

Methodology—The protocol used in this study is based on the procedures prescribed in the 1994 FDA Tentative Final Monograph for a health care personnel handwash (*Federal Register*, Vol. 59, pp. 31402-31452, June 17, 1994). The required procedure is a modification of ASTM E-1174-94. Each subject followed a treatment procedure aligned with label use instructions.

Conclusion—Sani-Hands for Kids achieved $>2.0 \log_{10}$ reduction after a single hand treatment, thus exceeding FDA efficacy performance criteria for the initial treatment.

Independent Laboratory: Hill Top Research, Inc., Miamiville, OH: September 30, 2004

SAFETY

REPEATED INSULT PATCH TEST

Purpose—To determine the dermal irritation and sensitization potential of Sani-Hands for Kids.

Methodology—Study was conducted using 216 subjects. The induction phase involved repeated exposure of the product at the same site on each subject three times a week for a total of nine applications. Ten to 14 days after induction, a challenge patch was applied to a virgin site on each subject for 24 hours. After 24 hours, the patch was removed and the site was evaluated for dermal irritation.

Conclusion—Sani-Hands for Kids demonstrated minimal or no reaction which would cause dermal irritation or sensitization.

Independent Laboratory: Clinical Research Laboratories, Piscataway, NJ: June 11, 2004

SAFETY IN-USE

Purpose—To evaluate the dermal irritation potential of Sani-Hands for Kids under exaggerated use conditions following 25 repeated uses.

Methodology—A total of 25 human subjects completed the study. Each subject used one wipe on both hands for approximately 30 seconds. This was repeated 25 times with 5-minute intervals between uses. Subjects hands were evaluated at the end of 25 uses.

Conclusion—Sani-Hands for Kids did not demonstrate any potential for eliciting dermal irritation in any of the 25 human subjects.

Independent Laboratory: Clinical Research Laboratories, Piscataway, NJ: May 13, 2004