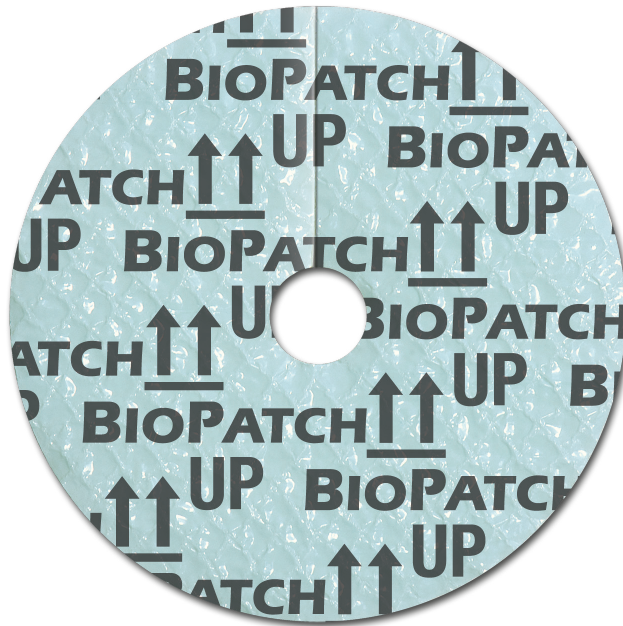

BIOPATCH™

Protective Disk with CHG



#1 selling CHG dressing¹
1A CDC recommendation²

ETHICON

Johnson & Johnson SURGICAL TECHNOLOGIES

The problem

CLABSIs are the costliest healthcare-associated infections³

COSTLY

- At over **\$45,000 per patient**, CLABSI is the costliest healthcare-related infection in the US³
- Annual estimated cost of **more than \$1 billion**⁴

COMMON

- **250,000 cases** a year in the US⁴

FATAL

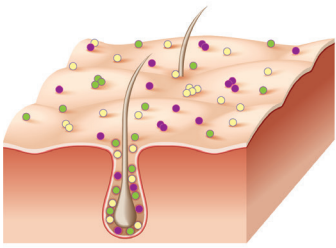
- **33,000 deaths** a year in the US⁴
- **90 deaths** a day

An estimated **65%-70%** of CLABSIs are preventable⁴

Prepping the skin isn't enough

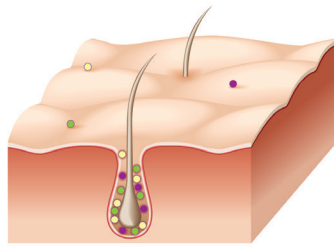
60% of CRBSIs originate from the patient's own skin⁵

Within hours of thorough antiseptic application, resident bacteria recolonize on the skin's surface.⁶



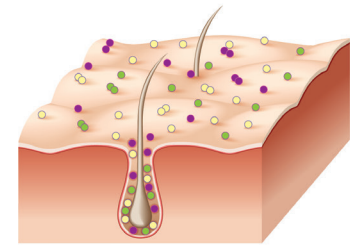
Pre-Prep

Bacteria colonies exist not only on the surface, but also below the surface, particularly within the hair follicles and sebaceous glands.⁶



Post-Prep (immediately following antiseptic application)

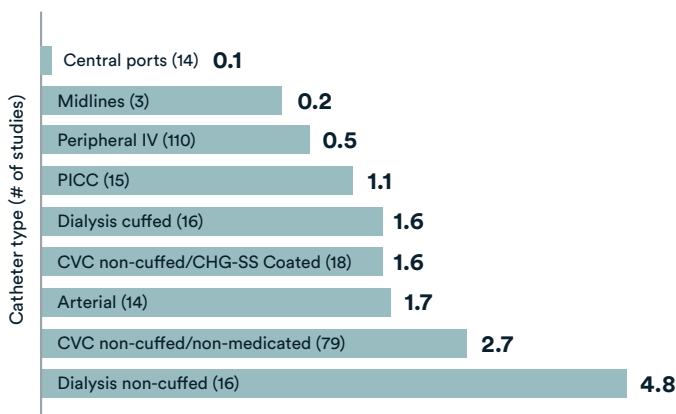
Prepping the skin reduces colony counts of bacteria from the surface only—it never completely disinfects the skin.⁶



Post-Prep (within 1-2 days following antiseptic application)

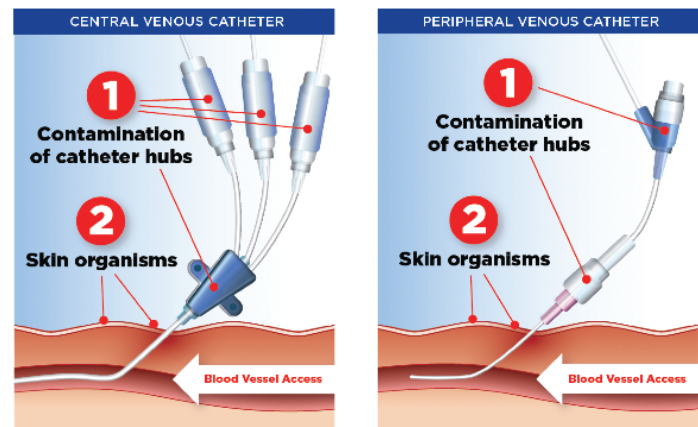
Resident bacteria begin to recolonize the skin surface.⁶

Rates of CRBSI per 1,000 Catheter Days⁷



Inherent Risks of Blood Stream Access⁸

Entry Points for Exogenous Contamination of Vascular Devices



All types of lines pose a risk of infection. All should receive preventive measures.

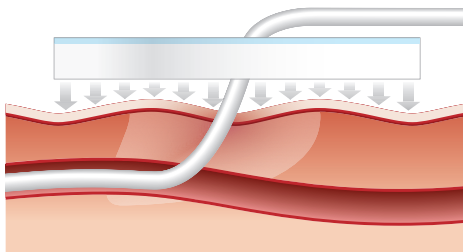
Recommendation from a systematic review by Drs. Dennis Maki, Daniel Kluger, and Christopher Crnich⁷

The solution

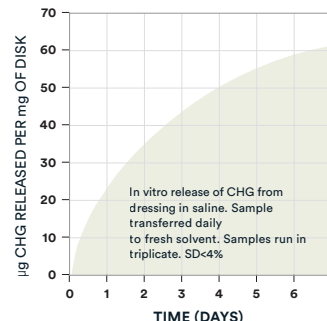
BIOPATCH™ Protective Disk with CHG

Sustained antimicrobial action over 7 days through proprietary delivery technology⁹

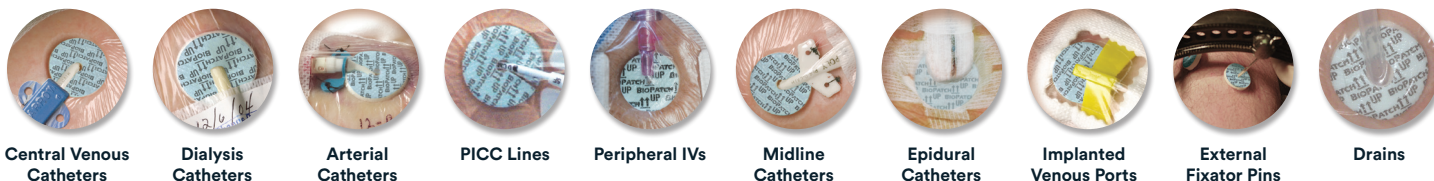
Continuous release of CHG and 360° protection for ongoing antisepsis between dressing changes



BIOPATCH Disk CHG release rate over 7 days¹⁰



For use with both vascular and nonvascular percutaneous devices



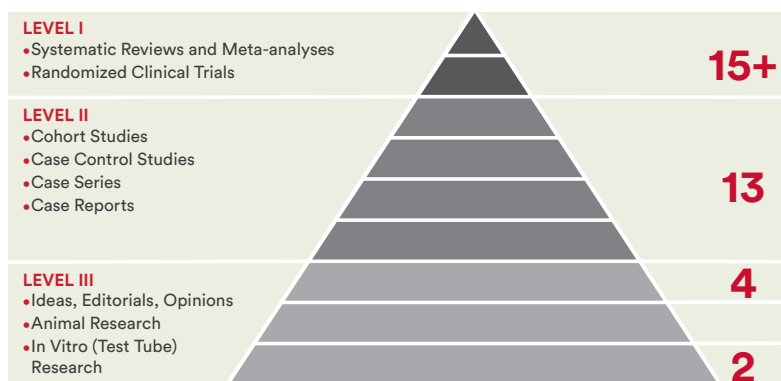
Backed by evidence

The clinical data on BIOPATCH Disk speaks for itself

BIOPATCH Disk has a cleared indication to reduce the incidence of CRBSIs, local infections, and skin colonization in patients with central venous and arterial catheters.¹¹

Only BIOPATCH Disk has over 25 years of extensive clinical experience,¹² with more than^{10,13-17}:

- 15 randomized controlled trials
- 13 Level II forms of evidence
- 6 Level III forms of evidence



Hear from the experts

Organization	Statement
The Joint Commission	Use proven guidelines to prevent infection of the blood from central lines ¹⁸
Centers for Disease Control and Prevention	For patients aged 18 years and older: Chlorhexidine-impregnated dressings with an FDA-cleared label that specifies a clinical indication for reducing CRBSI or CABSIs are recommended to protect the insertion site of short-term, non-tunneled central venous catheters. Category 1A - Strongly Recommended and strongly supported ²
Infusion Nurses Society	Use for arterial catheters and other CVADs when all other CABSIs prevention strategies have proven ineffective. ¹⁹
American Association of Critical-Care Nurses	Apply chlorhexidine-impregnated sponge dressing to site. Decreases the risk of bacterial growth at the insertion site ²⁰
Oncology Nursing Society	Use a CHG-impregnated sponge dressing for all (CVC) catheters, including specialty catheters in patients older than 2 months of age. Emerging data suggests that the rate of catheter-related bloodstream infections from peripheral catheters may be higher than once thought ²¹
Association for Professionals in Infection Control and Epidemiology (APIC)	The risk for infection is present during the entire dwell time of the catheter. The use of a post-insertion care bundle was associated with a significant reduction ²²

The #1 selling CHG dressing on the market¹ with a 1A CDC recommendation²



PROVEN

Proven efficacy in over **15 randomized control trials**—more than any other option available today^{10,13-17}



PREFERRED

The only CHG dressing with **over 30 years** of extensive clinical use.¹² Trusted by more than **60% of hospitals** across the nation²⁴



DESIGNED TO DELIVER

3600 coverage provides skin antiseptics around the entire insertion site^{23*}

*BIOPATCH dressing changes should occur at a minimum of every 7 days. Dressing changes will be needed more frequently with highly exuding wounds per hospital policy.

Removal with BIOPATCH™ Disk with CHG is a simple, one-step process—with no saline or alcohol swabs needed¹¹



ORDER CODE	4150	4151	4152
Size	1" disc (2.5cm) w/4.0mm center hole	3/4" disc (1.9cm) w/1.5mm center hole	1" disc (2.5cm) w/7.0mm center hole
FRENCH SIZE RANGE	6-12Fr	<6Fr	13-20Fr
Common Uses	Central Lines PICC	Peripheral IVs Huber Needles (ports) Arterial Lines Extended Dwell PIVs Midlines PICCs Pins	Dialysis Catheters Drains Sheaths Cordis Catheters VAD Drive Lines
QUANTITY PER CASE	10/box 4 boxes/case, 40	10/box 4 boxes/case, 40	10/box 4 boxes/case, 40
Average CHG per disk	92 mg	52.5 mg	86.8 mg

BSI=bloodstream infection; CDC=Centers for Disease Control and Prevention; CHG= chlorhexidine gluconate; CLABSI=central line-associated bloodstream infection; CRBSI= catheter-related bloodstream infection; RCT=randomized controlled trial.

For complete indications, contraindications, warnings, precautions, and adverse reactions, please reference full package insert.

References: 1. Global Business Insights. Ethicon U.S. Market & Share Insights Report. March 2021. 2. Talbot T, Stone M, Irwin K. Centers for Disease Control and Prevention. 2017 Updated Recommendations on the Use of Chlorhexidine-Impregnated Dressings for Prevention of Intravascular Catheter-Related Infections. July 17, 2017. <https://www.cdc.gov/infectioncontrol/guidelines/bsi/c-i-dressings/index.html>. Accessed June 12, 2020. 3. Zimlichman E, Henderson D, Tamir O, et al. Health care-associated infections: a meta-analysis of costs and financial impact on the US health care system. *JAMA Intern Med.* 2013;173(22):2039-2046. doi:10.1001/jamainternmed.2013.9763. 4. The Joint Commission. Do no harm: Prevent Central Line-Associated Bloodstream Infections. https://www.jointcommission.org/-/media/tjc/documents/resources/health-services-research/clabsi-toolkit/clabsi_infographic_finalpdf.pdf. Accessed June 11, 2020. 5. Gahlot R, Nigam C, Kumar V, Yadav G, Anurba S. Catheter-related bloodstream infections. *Int J Crit Illn Inj Sci.* 2014;4(2):162-167. 6. Hendley JO, Ashe KM. Effect of topical antimicrobial treatment on aerobic bacteria in the stratum corneum of human skin. *Antimicrob Agents Ch.* 1991;35(4):627-631. 7. Maki DG, Kluger DM, Crnich CJ. The risk of bloodstream infection in adults with different intravascular devices: a systematic review of 200 published prospective studies. *Mayo Clin Proc.* 2006; 81:1159-1171. 8. Safdar N, Maki DG. The pathogenesis of catheter-related bloodstream infection with nonoccluded short-term central venous catheters. *Intensive Care Med.* 2004;30:62-67. 9. Bhende MS, Rothenburger S. In vitro antimicrobial effectiveness of 5 catheter insertion-site dressings. *JAMA.* 2007; 297(22):227-231. 10. Shapiro JM, Bond EL, Garman JK. Use of a chlorhexidine dressing to reduce microbial colonization of epidural catheters. *Anesthesiology.* 1990;73(4):625-631. 11. Biopatch Protective Disk with CHG Instructions for Use. 2018. Ethicon, Inc. 12. Biopatch Original 510(k) submission: Prepared by VitaPhore Corporation. Premarket Notification, 510(k): Regulatory Requirements for Medical Devices. Rockville, Md.: Washington, D.C.:U.S. Dept. of Health and Human Services, Public Health Service, Food and Drug Administration, Center for Devices and Radiological Health; For sale by the Supt. of Docs., U.S. G.P.O., 1989. Print. 13. Timsit J, Schwebel C, Bouadma L, et al. Chlorhexidine-impregnated sponges and less frequent dressing changes for prevention of catheter-related infections in critically ill adults. *JAMA.* 2009;301:1231-1241. 14. Maki DG, Mermel L, Genthner D, Hua S, Chiacchierini RP. An evaluation of BIOPATCH® Antimicrobial Dressing compared to routine standard of care in the prevention of catheter-related bloodstream infection. 2000. Ethicon, Inc. 15. Levy I, Katz J, Solter E, et al. Chlorhexidine-impregnated dressing for prevention of colonization of central venous catheters in infants and children. *Pediatr Infect Dis J.* 2005;24:676-679. 16. Garland J, Alex C, Mueller C, et al. A randomized trial comparing povidone-iodine to a chlorhexidine gluconate-impregnated dressing for prevention of central venous catheter infections in neonates. *Pediatrics.* 2001;107(6):1431-1436. 17. BIOPATCH clinical compendium. 077880-170803. 2017. Ethicon, Inc. 18. Hospital National Patient Safety Goals, The Joint Commission. https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2018_hap_npsg_goals_final.pdf?db=web&hash=34E72CC2BE277B1F7A7D146B49AFF3B. Accessed June 12, 2020. 19. 2021 Infusion Nursing Standards of Practice. 20. *Procedure Manual for High Acuity, Progressive, and Critical Care.* 7th Ed, AACN 2017. 21. Access Device Standards of Practice for Oncology Nursing, ONS 2017. 22. Guide to Preventing Central Line Associated Bloodstream Infections. APIC. 2017. https://apic.org/Resource_/TinyMceFileManager/2015/APIC_CLABSI_WEB.pdf. 23. Westergom C. Ex Vivo Comparative Analysis of Chlorhexidine Gluconate (CHG) Coverage on Porcine Skin. 2008. Ethicon, Inc. 24. Global Business Insights. Ethicon U.S. Market & Share Insights Report. June 2021.

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