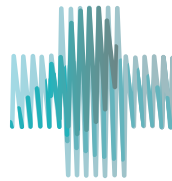


HEALTHYSOLE[®]



STOP HAIs IN THEIR TRACKS

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**1st Clinically-Tested UVC Product
to Kill Germs on the Soles of Shoes**

- Active Germ-Control System
- Patented and Patent-Pending Design
- Lower Healthcare Associated Infections
- Green Technology Disinfects Without Chemicals
- Quick ROI

8 SECOND
DISINFECTION
TIME

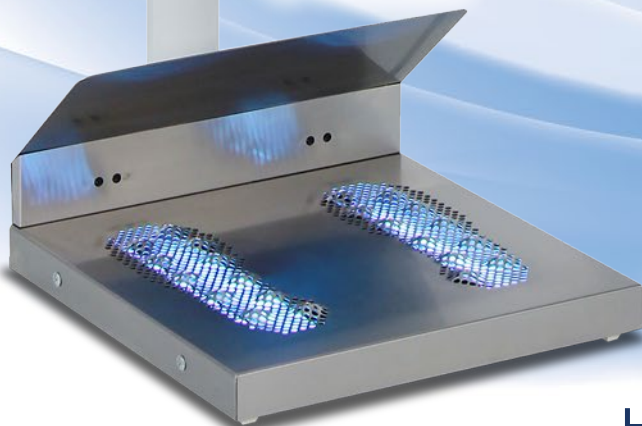


INDEPENDENT CLINICAL LAB TEST RESULTS High Efficacy and Kill Rates in Just 8 Seconds!

Staph aureus (MRSA)	99.98%	3.66 log
Clostridium difficile (C-Diff)	85.3%	0.83 log
Enterococcus faecalis (VRE)	99.75%	2.60 log
Escherichia coli (CRE)	99.87%	2.87 log
Streptococcus pyogenes	99.994%	4.20 log
Pseudomonas aeruginosa	99.2%	2.08 log



Results from independent 3rd party laboratory

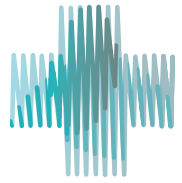


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8 SECOND
DISINFECTION
TIME



THE ONE MISSING STEP IN INFECTION CONTROL + BUNDLING PROGRAMS

Manage the shoeborne spread of deadly organisms in your facility

- The dirtiest, most-overlooked place in healthcare is the bottom of shoe soles walking around it
- Don't let dangerous organisms travel into and out of high risk areas of healthcare ever again



Environmental surfaces are cleaned regularly, but can be re-contaminated from shoes. Toxigenic C-Diff, C. perfringens, and VRE are highly prevalent in shoe-bottom surfaces in the hospital environs and may have implications with HAIs. Results from shoe swab study in a hospital system concluded 45% of shoes soles positive for C-Diff, 100% positive for C. perfringens, 90% positive for VRE.¹



Soles of Shoes of medical staff are a source of infection. Doctors shoes were positive for infectious bacteria 56% before rounds and 65% after rounds. Of object examined in this study (including hands) shoes are the largest reservoir of alert bacteria.²



In the OR contamination was found on 98% of outdoor shoes, 68% of morning theatre shoes, and 56% of end-of-day theatre shoes. Furthermore, floor bacteria may contribute up to 15% of airborne bacterial CFUs in the OR.³



Aerosols generated from a contaminated floor can reach breathing height, are within respirable size range, and could transmit infection.⁴

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¹ Alam M J, McPherson J K, Miranda J, Fernando S S, Le L, Amadio J, Garey K W, (2015) Prevalence and characteristics of toxigenic Clostridium difficile, C. perfringens and Enterococcus on shoe-bottoms from a hospital system In: American Society for Microbiology (ASM) Texas Branch Fall Meeting, (poster presentation) Oct 29-31, 2015 (SAM HOUSTON STATE UNIVERSITY, HUNTSVILLE, TX)
² Padaszyska, K.; Gaggis, L.; Rucinska, M.; Pomorski, L. Physicians as an infective vector at a department of surgery. Polski Przegląd Chirurgicalny 2014; 86, 11, 511-517
³ Amirfeyz R, Tasker A, Ali S, Bowker K, Blom A. Theatre shoes – a link in the common pathway of postoperative wound infection? The Royal College of Surgeons of England 2007; 89: 605-608
⁴ Paton S, Thompson K, Parks SR, Bennett AM. Reaerosolization of Spores from Flooring Surfaces To Assess the Risk of Dissemination and Transmission of Infections. Applied and Environmental Microbiology 2015 Aug;81(15):4914-4919