LANXESS

Rely+On™ Virkon™

SARS-CoV-2,(Covid-19) is proven inactivated at a dilution of 1:600 in 10 minutes or 1 minute at a dilution of 1:100 (1%)

Q. Can we use Rely+On™ Virkon™ hand sanitising (human application)?

A. There isn't a general recommendation for the application of Rely+On™ Virkon™ for topical uses. Why?

Rely+On™ Virkon™ is indeed one of the safest biocides available at this time in the markets, globally, whereby the 'Safety Data Sheet' for the product advises all indications for the suitable precautions when managing the 'powder' product, including the personal protection wear and equipment for managing that powder. The powder carries indications of 'no corrosion' to skin, so not harmful, but there could be irritation to some skin types. *(this document should be read and consider with the 1% prepared Rely+On™ Virkon™ solution safety guide)*

The ONLY direct application guide, when the product is in powder form, is when applied to 'blood spills' during post mortem or mortality diagnosis, or associated situations, where the 'fluid/blood' act as the wetness to activate the generation of the oxidative chemistry.

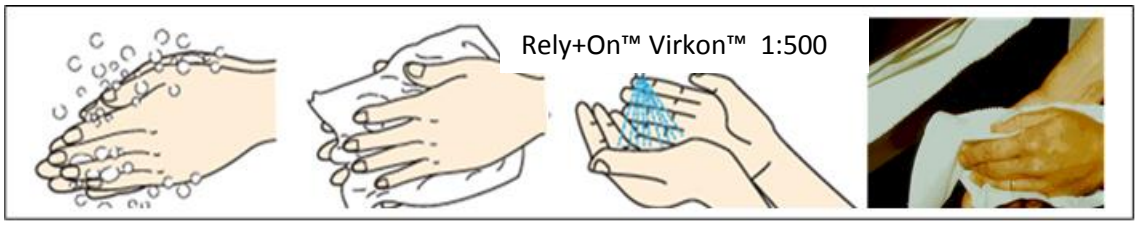
The biocidal action of Rely+On™ Virkon™ is a reaction 'holding' Chlorine species and Hypochlorous acid (HOCL) in equilibrium. This equilibrium can be influenced by factors which include pH. Of course Hypochlorous acid is also produced by the human body in small quantities to assist in protection and healing.

In the case of 'hand sanitising' there are simply too many skin type variations for us to engage suitable testing that could result in a standard recommendation so this is NOT a guided application. We are however aware that there is some 'off label' use, so our answer is based only on expectations to consider if an off label use is engaged.

For a practitioner recommending Rely+On™ Virkon™ on a 'local' basis it would strongly advised that the practitioner consider 'skin sensitivity' tests on the employees before guiding the protocol. **We would suggest a dilution of 1:500 be the starting point of such local test.** At the dilution of 1:500 the pH of the solution would be close to 3.5 to 4 pH at which point the peak of HOCL is more engaged within the chemical reaction, offering an even higher degree of safety. This could give efficiency and be of lower hazard.

As with any application, clean the surface first, so if the skin sensitivity proved no challenges, we would suggest a prewash, dry and then hand sanitising. A direct hand sanitising without prewash would have some sanitising effect too, of course, but less.

IF, the local practitioner was to be satisfied with the skin sensitivity trials and authorised the protocol, we would suggest a typical 4 step process = remove debris and soiling (wash); dry ; sanitise; dry with disposable towel/paper towel. For multiple uses apply a suitable hand cream once the hands are dry



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