Help reduce the risk of cross-contamination with individually packaged single-use rolls. Packaging helps prevent tape from being exposed to environmental contaminants, minimizes contact with surfaces and equipment, and minimizes exposure to healthcare worker hands.

### 3M™ Coban™ NL Non-Latex Self-Adherent Wrap
- **Blood draws**
- **Light-weight dressings**
- **Immobilization**
- **Securement for difficult to dress areas (head, fingers, toes)**
- **Support and mild compression for soft tissue injuries (e.g., strains, sprains)**

*May be used as an component of a compression system under the direction of a wound care specialist.*

<table>
<thead>
<tr>
<th>Catalog #</th>
<th>Size</th>
<th>Rolls per bag</th>
<th>Cases per bag</th>
<th>HCPCS Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2063-1X</td>
<td>2 in. x 2 yd. (5 cm x 1.5 m) stretched</td>
<td>36 per bag</td>
<td>1 bag</td>
<td>A4463</td>
</tr>
<tr>
<td>2064-1X</td>
<td>3 in. x 2 yd. (7,5 cm x 1.5 m) stretched</td>
<td>24 per bag</td>
<td>1 bag</td>
<td>A4464</td>
</tr>
<tr>
<td>2068-1X</td>
<td>4 in. x 2 yd. (10 cm x 1.5 m) stretched</td>
<td>18 per bag</td>
<td>1 bag</td>
<td>A4464</td>
</tr>
<tr>
<td>2069-1X</td>
<td>6 in. x 2 yd. (15 cm x 1.5 m) stretched</td>
<td>12 per bag</td>
<td>1 bag</td>
<td>A4465</td>
</tr>
</tbody>
</table>

### 3M™ Micropore™ Surgical Tape
- **Blood draws**
- **Light-weight dressings**
- **IV lines and tubing (secondary securement)**
- **Non-critical tubes**

<table>
<thead>
<tr>
<th>Catalog #</th>
<th>Size</th>
<th>Rolls per bag</th>
<th>Cases per bag</th>
<th>HCPCS Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2770S-1</td>
<td>1 in. x 1.5 yd. (2,5 cm x 1,3 m)</td>
<td>100 per bag</td>
<td>5 bags</td>
<td>A4462</td>
</tr>
<tr>
<td>2770S-2</td>
<td>2 in. x 1.5 yd. (5 cm x 1,3 m)</td>
<td>50 per bag</td>
<td>5 bags</td>
<td>A4462</td>
</tr>
</tbody>
</table>

### 3M™ Medipore™ H Soft Cloth Surgical Tape
- **Dressings and added pressure**
- **Chest tubes**
- **Surgical drain tubes**
- **When swelling or movement is anticipated**
- **IV lines and tubing (secondary securement)**
- **Central venous catheters (secondary securement)**

<table>
<thead>
<tr>
<th>Catalog #</th>
<th>Size</th>
<th>Rolls per bag</th>
<th>Cases per bag</th>
<th>HCPCS Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2860S-1</td>
<td>1 in. x 2 yd. (2,5 cm x 1,8 m)</td>
<td>72 per bag</td>
<td>1 bag</td>
<td>A4462</td>
</tr>
<tr>
<td>2860S-3</td>
<td>2 in. x 2 yd. (5 cm x 1,8 m)</td>
<td>48 per bag</td>
<td>1 bag</td>
<td>A4462</td>
</tr>
<tr>
<td>2860S-4</td>
<td>4 in. x 2 yd. (10,1 cm x 1,8 m)</td>
<td>24 per bag</td>
<td>1 bag</td>
<td>A4462</td>
</tr>
<tr>
<td>2860S-6</td>
<td>6 in. x 2 yd. (15,2 cm x 1,8 m)</td>
<td>16 per bag</td>
<td>1 bag</td>
<td>A4462</td>
</tr>
</tbody>
</table>

### 3M™ Durapore™ Surgical Tape
- **Urinary catheters**
- **Neonastic tubes**
- **Orogastric tubes**
- **Patient positioning**
- **Short-term securement of endotracheal tubes**

**For use in dry conditions. Not recommended for use when excessive fluids and/or secretions are present. Tape securement and tube position should be monitored routinely.**

<table>
<thead>
<tr>
<th>Catalog #</th>
<th>Size</th>
<th>Rolls per bag</th>
<th>Cases per bag</th>
<th>HCPCS Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1548S-1</td>
<td>1 in. x 1.5 yd. (2,5 cm x 1,3 m)</td>
<td>100 per bag</td>
<td>5 bags</td>
<td>A4462</td>
</tr>
<tr>
<td>1548S-2</td>
<td>2 in. x 1.5 yd. (5 cm x 1,3 m)</td>
<td>50 per bag</td>
<td>5 bags</td>
<td>A4462</td>
</tr>
</tbody>
</table>

### 3M™ Coban™ NL Non-Latex Self-Adherent Wrap
- **Blood draws**
- **Dressings**
- **Immobilization**
- **Securement for difficult to dress areas (head, fingers, toes)**

### 3M Medical Securement Solutions

The dirty truth about medical tapes.

Reducing the risk of cross-contamination.

Learn more about selecting the right medical securement solutions at 3M.com/MedicalSecurement

### 1. 3M 2018 Medical Tape Market Research. On file at 3M.

Skin-performance: The feather designates products that deliver the securement power you need while minimizing damage to skin.

### 3M Medical Securement Solutions

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Medical Solutions Division
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Phone: 1-800-228-3957, Web: 3M.com/Medical

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Dirty tapes could put your patients at risk.

Stocked in every supply room and brought to nearly every patient room, tape is one of the most widely-used medical technologies. 69% of clinicians use medical tape multiple times per day. It holds breathing tubes in place, secures IV lines and manages post-operative drains, ports and other devices, and it comes into direct contact with patient skin. But are medical tapes clean or invisibly dirty?

100% of tape rolls contaminated
A study sampled 24 bedside tape rolls at 1, 5 and 7 days in a 16-bed ICU at a 560-bed teaching hospital. 100% of the tape rolls sampled were contaminated.

52% of tape rolls contained MRSA and VRE
In one observation, 11 out of 21 tape samples used for multiple patients contained methicillin-resistant Staphylococcus aureus (MRSA) and/or vancomycin-resistant enterococci (VRE).

Why are tapes potential sources of contamination?
A survey by the American Journal of Infection Control showed that:

- Multiple facilities had no existing policies or standards of care relating to tape storage and use.
- Tape was stored in open bins in clean supply rooms which were not regularly cleaned.
- 61.5% of staff members carried rolls of tape in pockets or on stethoscopes.
- Only 42.9% of staff discarded unused tape when a patient was discharged.
The evidence is in: your tapes may be dirty.

A gap in patient tape storage and use practices puts patients at risk for cutaneous fungal infections


Overview:
This case report linked adhesive tape to a cutaneous fungal infection in a 12-year-old oncology patient at a facility with no established guidelines for patient tape. A subsequent survey of multiple healthcare facilities revealed no existing policies or standards of care related to tape storage or use.

Results:
- A member of the Infectious Disease Department suspected that the cutaneous fungal infection was related to tape exposure.
- Three surgical debridements were required. Surgical cultures yielded Mucor/Rhizopus.
- Facilities stored tape in open bins in clean supply rooms, neither of which were regularly cleaned.
- There are zero guidelines from the Centers for Disease Control (CDC), Prevention Healthcare Infection Control Practices Advisory Committee, and the Association for Professionals in Infection Control and Epidemiology (APIC) for storage and use of tape.
- The gap in tape policies or standards calls for formal recommendations for storage and use to enhance patient safety.

View abstract: https://www.ajicjournal.org/article/S0196-6553(14)01297-8/abstract

Outbreak of cutaneous Zygomycosis associated with the use of adhesive tape in haematology patients


Overview:
Case report of an outbreak of cutaneous Rhizopus oryzae infection associated with adhesive tapes used to stabilize peripheral venous catheters in four patients.

Results:
- A recent review indicated that skin was the most commonly affected site in healthcare-associated Mucormycosis and patient mortality was high at 50%.
- The presenting sign appeared as itching erythema under the polyethylene adhesive that progressed to ulceration with necrosis.
- Although the particular tapes used in these patients were not tested, another tape of the same batch tested positive for Zygomycete hyphae.
- In-vitro cultures of adhesive tape scrapings consistently tested positive for R. oryzae.

View abstract: https://www.ncbi.nlm.nih.gov/pubmed/22633275

Healthcare-associated Mucormycosis


Overview:
An extensive literature review analyzed the published evidence of 169 cases of Mucormycosis that occurred between 1970–2008.

Results:
- The occurrence of Mucormycosis during healthcare procedures is not well documented and is probably underestimated.
- The literature review states: “Mucormycosis is a severe emerging invasive fungal infection that occurs as a consequence of environmental exposure with portals of entry including surgery and presence of medical devices such as catheters or adhesive tape.”

View abstract: https://www.ncbi.nlm.nih.gov/pubmed/22247444

A 12 year old with relapsed acute myeloid leukemia contracted a suspected cutaneous fungal infection from tape exposure, which required three surgical debridements and a simple mastectomy.
Use of a repetitive DNA Probe to type clinical and environmental isolates of Aspergillus flavus from a cluster of cutaneous infections in a neonatal intensive care unit


Overview:
This case study investigated two cases of cutaneous A. flavus infection in low-birth-weight (LBW) infants in a neonatal intensive care unit (NICU). Both infants were transported by the same ambulance and crew to the NICU on the same day and the same roll of tape was used to fasten their umbilical intravascular catheters.

Results:
• Black abdominal skin lesions were found under adhesive tape used to fasten both infants’ umbilical catheters. Culture resulted in an isolation consistent with an Aspergillus species.
• The roll of adhesive tape, a canvas bag used to store rolls of tape, the transport isolette, and a roll of clear plastic film all tested positive for A. flavus.
• Isolates obtained from both infants’ abdominal lesions were indistinguishable from each other and identical to the isolates recovered from the roll of adhesive tape used.

View study: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC87445/

Securing the endotracheal tube with adhesive tape: an integrative literature review


Overview:
This literature review presents evidence-based research regarding endotracheal (ET) tube taping practice to ensure patient safety.

Results:
• Tape is often found in clinicians’ pockets, in drawers, on counters or hanging from stethoscopes or IV poles.
• Tape from the inner layer showed fewer colony formations (2 of 42 specimens) compared with the outer layer (59 of 80 specimens). Adhesive tape may transmit pathogenic bacteria that contribute to infections.
• Switching to shorter rolls of medical tapes can provide an important opportunity to decrease cross-contamination.

View study: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1496597/pdf/jgi_355.pdf

Adhesive tape and intravascular-catheter-associated infections


Overview:
The object of the study was to determine whether a roll of adhesive tape can become colonized by organisms and contribute to intravascular catheter infections. 80 rolls of adhesive tape were collected from sites around a hospital over a two-week period and evaluated for rates of contamination.

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View study: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1496597/pdf/jgi_355.pdf

Sterility in unsterilized surgical adhesive tape


Overview:
This study investigated the possibility that prepackaged unsterilized tape could be used to provide a barrier to infectious organisms.

Results:
• 480 sliced samples from 120 rolls showed significant contamination of unpackaged tapes left on the shelf of a surgical suite cabinet for two weeks.
• The two sample brands tested showed significant values (p<0.01) for contamination on the smooth outer revolution and edge of the rolls.
• The study concluded that prepackaged surgical adhesive tape can be used to approximate wound edges without being a source of contamination.

View abstract: https://journals.lww.com/plasreconsurg/Citation/1989/05000/Sterility_in_Unsterilized_Surgical_Adhesive_Tape.18.aspx

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65% of sampled tapes left on shelves were colonized with S. epidermidis.

74% of partially used tape rolls contained some bacterial growth.

65% of partially used tape rolls contained some bacterial growth.