XENEX®

Germ-Zapping Solutions™

An Effective Approach to Deactivating Pathogens in Your Environment

Intensive, Broad-Spectrum UV Deactivates Pathogens Quickly

Proven Effective by more than 45+ Peer Reviewed Studies* and with 35+ Million Uses.

A LightStrike™ Deactivation Cycle Takes Place Every 6 seconds or less, somewhere in the world*

99.99% of SARS-CoV-2 deactivated[1]

95% of *C. diff* spores deactivated[2, ^]

99.99% of MRSA deactivated[3]

100% of VRE deactivated[4]

28M+ disinfection cycles run

99.45% of *Candida Auris* deactivated[5]

*https://xenex.com/resources/
^LightStrike Robot plus quaternary ammonium clean

DEVICE TECHNOLOGIES

PIONEERING POSSIBILITY®

Introducing the

LIGHTSTRIKE™ LS6 ROBOT

Pulsed Xenon Light

Patented technology using Xenon to create intense broad spectrum light for fast, effective deactivation.

Customisable

Customisable settings to fit a facilities needs.

Sensor Motion Detection

Intelligent motion detection, smart cone with timer and onboard cone charging.

Cloud-Based Reporting

Comprehensive on-demand reporting to Xenex's secure, cloud-based Portal using wifi or cellular data.

Additional Features

Fast 2 to 5 minute* cycle for most pathogens, environmentally friendly and retracting lamp for easy transportation.

Impact-Resistant Hardware

Hardware designed for ease of use and durability.

LightStrike's Broad-Spectrum UV light deactivates harmful pathogens in your facility fast

Healthcare | Transportation | Hospitality | Dental | Sports | Entertainment

100%
reduction
in **total joint SSIs** in 12 months[6]

87%
reduction
in **ICU VRE** infection rates[7]

70%
reduction
in ***ICU C.diff*** infection rates[8]

99.99%
reduction
in SARS-CoV-2[**,1]

100%
elemination
of **VRE** in isolation rooms[9]

57%
reduction
in **MRSA** infection rates[10]

* Cycle times for tested pathogens may be up to 15 minutes and are determined based on room size and pathogen
** Laboratory testing may not necessarily be indicative of results in a healthcare environment

HOSPITAL ACQUIRED INFECTIONS IN AUSTRALIA

WHAT ARE THE NUMBERS?

165,000
Hospital-acquired infections occur each year across Australia[11]

Around **20,500**
Hospital-acquired UTIs occur each year in Australian hospitals[12]

Around **5,600**
Hospital-acquired surgical site infections occur each year in Australian hospitals[12]

Around **15,200**
Hospital-acquired blood-stream infections occur each year in Australian hospitals[12]

Around **4,400**
Hospital-acquired central line and peripheral line-associated blood stream infections occur each year in Australian hospitals[12]

Around **3,800**
Hospital-acquired MROs occur each year in Australian hospitals[12]

Around **2,900**
Hospital-acquired gastrointestinal infections occur each year in Australian hospitals[12]

WHAT IS THE IMPACT?

- Healthcare-acquired infections in patients cause bed blocks in Australian hospitals.[13]
- The extra stay in hospital to treat symptoms of healthcare-acquired infection accounts for 854, 289 bed days.[13]
- If rates were reduced by 1%, then 150 - 158 bed days would be released for alternative uses.[13]
- This would allow ~38,500 new admissions.[13]

WHAT IS THE CARAlert?

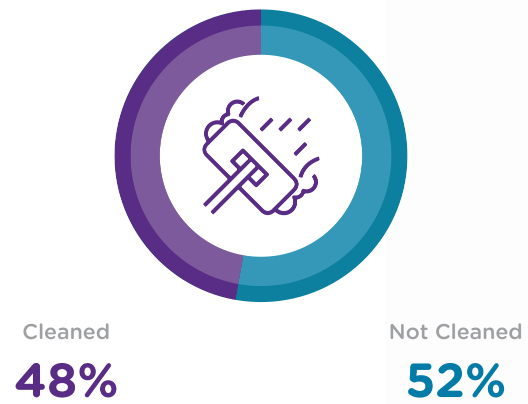
CARAlert was established by the Australian Commission on Safety and Quality in Health Care (the Commission) in March 2016 as an integral component of the Antimicrobial Use and Resistance in Australia (AURA) Surveillance System, to further strengthen surveillance of antimicrobial resistance. CARAlert collects data on nationally agreed priority organisms that are resistant to last-line antimicrobial agents, and known as critical antimicrobial resistances (CARs; Table 5.1). CARs are resistance mechanisms, or resistance profiles, that are known to be a serious threat to the effectiveness of last-line antimicrobial agents.[14]

Table 5.1: Critical antimicrobial resistances included in CARAlert

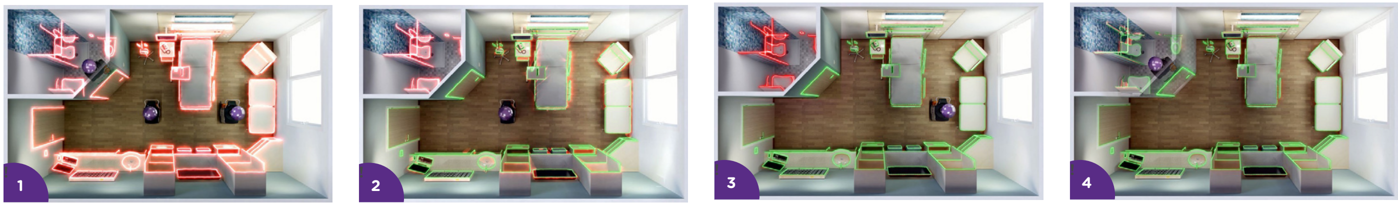
Species	Critical resistance
Enterobacteriaceae	Carbapenemase producing, and/or ribosomal methyltransferase producing
Enterococcus species	Linezolid non-susceptible
Mycobacterium tuberculosis	Multidrug resistant - resistant to at least rifampicin and isoniazid
Neisseria gonorrhoeae	Ceftriaxone or azithromycin non-susceptible
Salmonella species	Ceftriaxone non-susceptible
Shigella species	Multidrug resistant
Staphylococcus aureus	Vancomycin, linezolid or daptomycin non-susceptible
Streptococcus pyogenes	Penicillin reduced susceptibility

MANUAL CLEANING PRACTICES CAN LEAVE PATHOGENS BEHIND

High Touch Surfaces Cleaned in Terminal Hospital Room Cleaning[15]



XENEX COMPLETES YOUR CLEANING CYCLE



TIME MATTERS

5-MINUTE CYCLE TIMES ARE DRIVING OUTCOMES

Multiple peer outcome studies demonstrated that LightStrike Robot can effectively reduce the incidence of *C.diff*, MRSA, CRE, VRE and other MDROs.

Our Broad Spectrum Pulsed Xenon light allows for quick deactivation of high touch surfaces - helping hospitals effectively reduce infection rates.

Pathogen Deactivation with the LightStrike™ Robot

MICROORGANISM	DISINFECTION CYCLE TIME (min:sec)	EXPOSURE DISTANCE	CITATION
Acinetobacter baumanii	5	1 m	Stibich, M. *SAJID*. 2016;31(1):12-15.
Acinetobacter ursingii	5	N/A	Dippenaar, R. *BMC Infect Dis*. 2018;18(1):91.
Adenovirus 5	5	2 m	Data on file
Aeromonas hydrophilia	5	N/A	Dippenaar, R. *BMC Infect Dis*. 2018;18(1):91.
Aspergillus niger (black mold)	15	1 m	Stibich, M. *SAJID*. 2016;31(1):12-15.
Aspergillus brasiliensis	15	2 m	Data on file
Bacillus anthracis	15	1 m	Stibich, M. *SAJID*. 2016;31(1):12-15.
Bacillus atrophaeus	5	1 m	Stibich, M. *SAJID*. 2016;31(1):12-15.
Bacillus subtilis spores	5	2 m	Data on file
Candida auris	15	2 m	Maslo, C. *BMC Infect Dis*. 2019;19(1):540
Candida parapsilosis	10	2 m	Maslo, C. *BMC Infect Dis*. 2019;19(1):540
Canine parvovirus (ebola virus surrogate)	5	2 m	Jinadatha, C. *Am J Infect Control*. 2015;43(4):412-414
Carbapenem-resistant *Enterobacteriaceae* (CRE)	5	2 m	Data on file
Clostridioides difficile "C. diff" spores (NAP1)	5	2 m	Data on file
Coronavirus	2	1 m	Simmons, S. *ICHE*. 2021;42(2):127-130
Ebola virus	1	1m	Stibich, M. *SAJID* 2016;31(1):12-15.
Enterobacter cloacae	5	N/A	Dippenaar, R. *BMC Infect Dis*. 2018;18(1):91.
Enterococcus casseliflavus	5	N/A	Dippenaar, R. *BMC Infect Dis*. 2018;18(1):91.
Enterococcus faecium	5, 10	N/A	Villacís, J. *BMC Infect Dis*. 2019;19(1):575
Escherichia coli and *E. coli* (KREC)	5	1 m	Stibich, M. *SAJID*. 2016;31(1):12-15.
Falvimonas oryzihabitans	5	N/A	Dippenaar, R. *BMC Infect Dis*. 2018;18(1):91.
Geobacillus stearothermophilus	5	1 m	Stibich, M. *SAJID*. 2016;31(1):12-15.
Infectious bursal disease virus (IBDV)	5	1 m	Stibich, M. *SAJID*. 2016;31(1):12-15.
Influenza A virus (Flu)	5	2 m	Data on file
Klebsiella ozaenia	5	N/A	Dippenaar, R. *BMC Infect Dis*. 2018;18(1):91.
Klebsiella pneumoniae and ESBL-producing *K. pneumoniae*	5	1 m	Stibich, M. *SAJID*. 2016;31(1):12-15.
Klebsiella teringa	5	N/A	Dippenaar, R. *BMC Infect Dis*. 2018;18(1):91.
KREC	2	2 m	Data on file
Middle East Respiratory Syndrome - Coronavirus (MERS-CoV)	5	1 m	Stibich, M. *SAJID*. 2016;31(1):12-15.
Methicillin-resistant *Staphylococcus aureus* (MRSA)	5	1 m	Stibich, M. *SAJID*. 2016;31(1):12-15.
MS2 bacteriophage	2:30	2 m	Data on file
Mycobacterium fortuitum	5	4 ft	Huber, T. *SAGE Open Medicine*, 8, p.2050312120962372
Feline calicivirus (norovirus surrogate)	5	1 m	Data on file
Pseudomonas aeruginosa and Carbapenem-resistant *P. aeruginosa*	5	1 m	Stibich, M. *SAJID*. 2016;31(1):12-15.
Serratia liquifaciens	5	N/A	Dippenaar, R. *BMC Infect Dis*. 2018;18(1):91.
Serratia marcescens	5	N/A	Dippenaar, R. *BMC Infect Dis*. 2018;18(1):91.
Staphylococcus aureus	5	2 m	Data on file
Stenotrophomonas maltophilia	5	N/A	Dippenaar, R. *BMC Infect Dis*. 2018;18(1):91.
Vancomycin-resistant *enterococci* (VRE)	5	2 m	Data on file
Vaccinia virus	5	1 m	Stibich, M. *SAJID*. 2016;31(1):12-15.
Vesicular stomatitis virus (VSV)	5	1 m	Stibich, M. *SAJID*. 2016;31(1):12-15.

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DEVICE TECHNOLOGIES

AUS 1300 DEVICE (338 423)
customers@device.com.au
www.device.com.au

NZ 0508 DEVICE (338 423)
customers@device.co.nz
www.device.co.nz