



Designation: E1589 – 21

Standard Practice for Evaluation of First Aid Antiseptic Drug Products¹

This standard is issued under the fixed designation E1589; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ε) indicates an editorial change since the last revision or reapproval.

1. Scope

1.1 The tests described in this practice are designed to evaluate antimicrobial agents in formulations intended for use as first aid antiseptic products for their ability to reduce or suppress the growth, or both, of the skin microflora.

1.2 A knowledge of microbiological techniques is required for these procedures.

1.3 Performance of this procedure requires the knowledge of regulations pertaining to the protection of human subjects. (See CFR Parts 50 and 56.)

1.4 The values stated in SI units are to be regarded as standard. No other units of measurement are included in this standard.

1.5 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety, health, and environmental practices and determine the applicability of regulatory limitations prior to use.*

1.6 *This international standard was developed in accordance with internationally recognized principles on standardization established in the Decision on Principles for the Development of International Standards, Guides and Recommendations issued by the World Trade Organization Technical Barriers to Trade (TBT) Committee.*

2. Referenced Documents

2.1 *ASTM Standards:*²

D1193 Specification for Reagent Water

E1054 Practices for Evaluation of Inactivators of Antimicrobial Agents

E1874 Test Method for Recovery of Microorganisms From Skin using the Cup Scrub Technique

¹ This practice is under the jurisdiction of ASTM Committee E35 on Pesticides, Antimicrobials, and Alternative Control Agents and is the direct responsibility of Subcommittee E35.15 on Antimicrobial Agents.

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² For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website.

E2756 Terminology Relating to Antimicrobial and Antiviral Agents

2.2 *Federal Standards:*³

CFR Parts 50 and 56 Code of Federal Regulations: Protection of Human Subjects; Institutional Review Boards

3. Terminology

3.1 For definitions of terms used in this practice, refer to **E2756** Terminology Relating to Antimicrobial and Antiviral Agents.

3.2 *Definitions of Terms Specific to This Standard:*

3.2.1 *active ingredient, n*—a substance performing a function defined by this method.

3.2.2 *neutralizer, n*—a procedure or chemical agent used to inactivate, neutralize, or quench the microbiocidal properties of an antimicrobial agent.

3.2.3 *sampling fluid, n*—a recovery fluid that may or may not contain a neutralizer to inactivate the active ingredients in test and internal reference formulations.

3.2.4 *test formulation, n*—a formulation containing an active ingredient(s).

4. Summary of Practice

4.1 These test procedures describe standard *in vivo* techniques to determine the following:

4.1.1 *Effect of the Test Formulation to Reduce an Artificially Enhanced Skin Microbial Flora*—The forearms of subjects are occluded for 48 h prior to application of the test formulation to increase the microbial population on the skin of the volar forearm surface. At treatment the occlusion material is removed and the skin is allowed to dry, the test formulation is then applied to selected sites. At a pre-determined time(s) following application, the sites are microbiologically sampled and the samples are plated for total aerobic bacteria count. The counts obtained from the treated sites are compared to counts obtained from untreated occluded sites.

4.1.2 *Effect of the Test Formulation to Suppress the Growth of Normal Skin Flora When Applied As a Dressing*—The dressings are applied to the forearm for 24 h. The density of the

³ Available from U.S. Government Publishing Office, 732 N. Capitol St., NW, Washington DC, 20401-0001, <http://www.gpo.gov>.

resident microorganisms that develop under the dressings are compared to the population that develops on a similar untreated occluded site. Following 24 h of occlusion, the sites are microbiologically sampled and the samples plated for total aerobic bacteria count.

4.1.2.1 The principal of the protocol is that the microflora of forearm skin is sparse. The impermeable dressing will increase surface moisture by preventing diffusional water loss and thus expand transient resident skin microbial populations. A significant antimicrobial effect by the test formulation will be reflected by significantly lower populations recovered from the nontreated site.

5. Significance and Use

5.1 The procedures in this practice should be used for *in vivo* evaluation of the antimicrobial activity of drug products applied topically to the skin that are intended to help prevent infection in minor cuts, scrapes and burns.

5.1.1 This practice is applicable for testing liquids, ointments, powders, films, or dressings, containing or impregnated with an antimicrobial agent, for their effect to reduce an enhanced skin microflora or their effects to suppress the growth of the skin flora, or both.

6. Apparatus

6.1 *Colony Counter*—Any of several types may be used, for example, Quebec colony counter.

6.2 *Incubator*—Any incubator capable of maintaining a temperature of $35^{\circ}\text{C} \pm 2^{\circ}\text{C}$.

6.3 *Sterilizer*—Any suitable steam sterilizer capable of producing the conditions of sterilization.

6.4 *Timer (Stop-Clock)*—One that can be read for hours and minutes.

7. Reagents and Materials

7.1 *Bacteriological Pipette*—5.0 and 2.2 mL or 1.1 mL capacity.

NOTE 1—Presterilized/disposable bacteriological pipettes are available from most laboratory supply houses.

7.2 *Water Dilution Bottles*—Any sterilizable container having a 150 mL to 200 mL capacity and tight closure.

7.3 *Scrubbing Cups*—Sterile cylinders, (Recommended height approximately 2.5 cm, inside diameter 2–3 cm.)

7.4 *Rubber Policeman*—Can be fashioned in the laboratory or purchased from most laboratory supply houses.

7.5 *Test Formulation*—With directions for use.

7.6 *Occlusive Plastic Wrap*—Used to occlude skin sites.

7.7 *Sampling Solution*—Dissolve 0.4 g KH_2PO_4 , 10.1 g Na_2HPO_4 and 1.0 g octylphenoxypolyethoxyethanol (see Note 2) in 1 L of distilled water or higher purity water that meets or exceeds, Specification D1193, Type III or better. Include in this formulation a neutralizer specific for the antimicrobial in the test formulation (see Practices E1054) if appropriate. Adjust to $\text{pH } 7.8 \pm 0.1$. Dispense appropriate volumes and sterilize.

NOTE 2—Also known as Triton X-100.

7.8 *Dilution Fluid*—Butterfield's phosphate buffered water⁴ adjusted to pH 7.2, and containing an antimicrobial activator specific for the test formulation. (See Practices E1054.)

7.9 *Plating Medium*—Soybean-casein Digest Agar medium⁵ or commercial equivalent.

7.10 *Personal Hygiene Kit*—Contents may include various non-antimicrobial formulations such as shampoo, hand soap, non-aerosol deodorant, and gloves at the discretion of the Investigator.

7.11 *Adhesive Tape*—Surgical or other appropriate adhesive tape.

8. Procedure

8.1 *Reduction of Microbial Flora by Products That Are Not Applied Under Dressings.*

8.1.1 *Number of Subjects*—Sample size calculations should be done to determine the number of subjects necessary to find statistically significant differences (reductions) from baseline. The number of subjects required depends on the statistical confidence required for the expected results, the variability encountered in the data collection (for example, variability in reductions from baseline), and the expected efficacy of the test product (for example, its expected reduction from baseline). The minimum number of subjects (n) required for each test formulation can be estimated from the following equation:

$$n > S^2 \left(\frac{(Z_{\alpha/2} + Z_{\beta})^2}{D^2} \right) \quad (1)$$

S_2 = estimate of variance (of reductions from baseline based on in-house data pool),

$(Z_{\alpha/2})$ = cumulative probability of the standard normal distribution, = 1.96 for $\alpha=0.05$,

Z_{β} = power of the test = 0.842 for $\beta = 0.80$, and

D = expected efficacy (expected reduction from baseline).

NOTE 3—Experience has shown that a range from 12–18 subjects provides acceptable data.

8.1.2 *Subject Inclusion Criteria:*

8.1.2.1 Individuals between the ages of 18 and 65 years being preferably both male and female,

8.1.2.2 Hands and forearms free of dermatoses, lesions, open wounds hangnails, or other skin disorders, and

8.1.2.3 Are in general good health as evidenced by history and limited medical examination.

8.1.3 *Subject Exclusion Criteria:*

8.1.3.1 Exposure to antimicrobial agents, medicated soaps, medicated shampoos or medicated lotions during the two week washout period or test period,

8.1.3.2 Exposure of hands or forearms to strong detergents, solvents or other irritants during the two week pre-wash period or test period,

⁴ Downes, F.P. and K. Ito, *Compendium of Methods for the Microbiological Examination of Foods*, American Public Health Association, Washington, DC, 2001, p. 637 and p. 643.

⁵ U.S. Pharmacopeia 2567, United States Pharmacopeial Convention, Inc., Rockville, MD, 200234, see Chapter entitled "Microbial Limits Test."