

Purifas[®]' submission to the Australian Commission on Safety and Quality in Healthcare for its National Safety and Quality Primary Healthcare (NSQPH) Standards

January, 2021

The Australia Commission on the Safety and Quality in Healthcare (The Commission) is developing National Safety and Quality Primary Healthcare (NSQPH) Standards to assist primary healthcare services to minimise the risk of harm and improve care for patients. They are being developed in collaboration with primary healthcare providers, consumers, peak professional bodies, primary health networks and other sector representatives.

Purifas[®] is pleased to have accepted an invitation to submit its views on the new standards. Purifas[®] CEO Ibrahim Samaan joined a group consultation session on 20 November 2020. This document summarises Purifas[®]' recommendations and hopes to help establish effective hygiene practices for the allied health sector to the benefit of all consumers and patients.

INTRODUCTION

Purifas® is an Australian medical hygiene company on a mission to reduce healthcare acquired infections and improve hygiene practice in the allied health sector. Our organisation is behind innovative hygiene products now used by physiotherapy, chiropractic, osteopathy, acupuncture and massage therapists around the world.

We are excited to contribute to the updated National Safety and Quality Primary Healthcare (NSQPH) Standards. This update is not only timely; it is critical. There is currently insufficient focus, information and guidance on hygiene in a primary healthcare setting. Hygiene and infection control is incredibly important when it comes to providing safe and quality healthcare services. It simply can't be ignored.

There is currently minimal infection control and hygiene practice in primary healthcare providers (especially the private sector). One study reported that over 70% of healthcare equipment is contaminated¹, whilst another found that screening confirms repeated contamination of items, equipment, and general sites in bed spaces and rooms of infected patients and often throughout multiple clinical areas in a health care institution². For example, current "standard practice" in a physiotherapy/chiropractor setting include things like covering the bed with a reusable terry towelling cover and using single use bed coverings which do not even cover the entire shared surface of the therapy bed. Both of these practices pose an infection risk to the patients and are insufficient from a hygiene and safety perspective.

When it comes to ideal environments for breeding bacteria, towels are a 5-star hotel. Warm, absorbent and often damp, towels hold onto anything they come in contact with – from harmless skin flora, to infectious diseases. Studies have demonstrated that the more absorbent a towel, the longer a microorganism can survive. In particular, it was shown that Staph can survive up to three weeks in cotton towels. Even when therapists believe they are washing them properly, the fact is that stubborn germs will often remain. Even hospital grade laundering won't remove 100% of pathogens from towels³.

Single use bed coverings that don't provide coverage of the face hole, are exposing clients to the risk of infection. Research has found the face hole can contain MRSA (including an antibiotic resistant strain) and rhinovirus. In August 2019, Purifas® randomly swabbed the internal aspect of the face hole of five therapy beds from five different private clinics in Australia for analysis. Results revealed that one out of five beds were positive for Rhinovirus and two out of five were positive for Staphylococcus Aureus⁴.



1 Actual image of the antibiotic resistant Staphylococcus Aureus from one of our random swabs.

1 Schabrun, S., Chipchase, L., Healthcare equipment as a source of nosocomial infection: a systematic review. Journal of Hospital Infection 63(3): 239-245 (2006); <https://doi.org/10.1016/j.jhin.2005.10.013>

2 Dancer, S. Controlling Hospital-Acquired Infection: Focus on the Role of the Environment and New Technologies for Decontamination. Clinical Microbiology Reviews 27 (4):665-690 (2014) DOI:1128/CMR.00020-14

3 Sifuentes, LY., Gerba, CP, Weart, I., Engelbrecht, K., Koenig, DW. Microbial contamination of hospital reusable cleaning towels. American Journal of Infection Control. 2013 Oct;41(10):912-5. doi: 10.1016/j.ajic.2013.01.015. Epub 2013 Mar 22.

4 <https://www.purifas.com/pages/swabs-research>

INTRODUCTION

The difference improved hygiene standards would lead to include:

1 Increased reputation of healthcare professionals and our healthcare system as a whole

2 Saved lives and a reduction in the amount of healthcare associated infections

3 Improvement in the economy from a reduction in the expenses required to treat these mostly preventable healthcare acquired infections

It's important to note that whilst there is currently a heavy focus on COVID-19, there are other harmful viruses and bacteria that have been plaguing the healthcare system for decades. MRSA is ever present in our communities and one of the big killers in healthcare acquired infections. It has been shown that merely touching a contaminated surface can result in the same frequency of MRSA contamination as touching the infected patient, reiterating the need for increased measures in protection⁵.

Purifas® is proud to have shared extensive research, insights and recommendations to The Commission. A copy of their draft document can be found at www.safetyandquality.gov.au and Purifas®' recommendations below.

CONTEXT AND RECOMMENDATIONS

Context

1. Primary healthcare services have specific needs, specific to their environment and therefore require unique and specific hygiene guidelines.

- a.** The draft standards often refer to the “Australian Guidelines for the Prevention and Control of Infection” and direct readers there for more information on hygiene guidelines. However, this document is over 300 pages long and its content is highly irrelevant to primary healthcare services. It’s mostly relevant to hospital settings. Furthermore, getting them to go through another lengthy document will be difficult. Access to hygiene guidelines should be much easier and clearer.
- b.** This document does not account for the incubation period of an illness – the period of time a person can transmit a disease without noticing symptoms. When considering transmission-based precautions, it only refers to confirmed cases.
- c.** Most of the industries mentioned in the not-applicable actions on page 34, use a therapy bed. These therapy beds (also known as plinths or treatment tables) are shared surfaces, where customers come into direct contact. This means the therapy bed used will have up to 20 different people on it every day. If strict hygiene protocols are not put in place, then these people are at risk of cross transmission. Some of these Primary Healthcare providers will also have open wounds in their clinic, for example, dentists, acupuncturists and general practitioners, significantly increasing the infection risk of using a shared surface.
- d.** Of the Industries mentioned on page 34, four of them will regularly place their customers face in a shared face hole. Given that the eyes, nose and mouth are the entry and exit points for pathogens, this area poses more of a risk. People carry viruses and bacteria, such as MRSA, on their skin and in their nose and Purifas®’ swabs research has confirmed the presence of MRSA and Rhinovirus on these beds.

CONTEXT AND RECOMMENDATIONS

2. Once specific needs are established, primary healthcare service providers need to be informed and educated on hygiene and infection control best practice in order to fulfill their duty of care.

- a. Research has shown that a lack of compliance to hygiene practice is a real and present issue. A 2017 study of Australian hospitals found that Healthcare associated Infections (HAIs) affect about 165,000 patients per year, primarily due to lack of hygiene practice⁶. Research has also shown that education is required to improve compliance. A study examined the effectiveness of a trio of strategies such as 'hygiene bundles', ongoing education and stricter monitoring of hygiene protocol; whilst successful short term, replication and maintenance in the "real world" was not sustainable due to inadequate training, skill level of workers, as well as general non-compliance to the prescribed protocol.

Recommendations

- a. The hygiene guidelines should be available in The Commission's NSQPH Standards document. It should be based on existing research, easy to understand and easy to implement.
- b. Infection control and hygiene should be included on page 17 and introduced at a clinical governance level under "Safe environment for the delivery of care".
- c. Under the sub-heading "Preventing and controlling healthcare-associated infections" starting on page 23, there should be specific mention to maintaining the hygiene of the therapy bed in order to reduce the risk of infection.
- d. A specific evidence-based explanation should be included in the Standards that will help these providers understand best practice. Best practice should include wiping down the shared surface with a TGA Approved product as well as applying a single use barrier that covers the entire contact and droplet surface (as recommended in the Australian Guidelines for the Prevention and Control of Infection).

CONTEXT AND RECOMMENDATIONS

Purifas® has developed six essential steps that constitute best practice for therapy professionals, based on all current research and evidence.



01.

Strict policies and processes to ensure sick clients reschedule and do not attend the clinic.



02.

Client and therapist access to hand washing or sanitizing facilities for strict use before and after therapy.



03.

Single use, fit for purpose hygiene products for all shared surfaces and items.



04.

Single use headsheets clinically proven to protect the eyes, nose and mouth during prone (face down) therapy.



05.

Sanitisation of all shared surfaces after each therapy session.



06.

If in a clinic, all high traffic areas and contact points like door handles should be sanitized regularly.

e. Extra focus should be placed on high-risk environments, such as dental, GP and any primary care provider where there may be blood present. The single use barrier should have proven bacterial and bodily fluid filtering properties.

f. Those practitioners who place their patients' faces on a shared surface (for example, in a prone position) should also have specific guidance on how to ensure the face hole remains clean and safe before, during and after treatment. The eyes, nose and mouth are the entry and exit points for all pathogens so the hygiene practices pertaining to this hole are crucial.



g. We recommend introducing hygiene education across these industries as therapists are most likely to have had minimal education on hygiene through tertiary studies. A study found that equipment in less critical areas, such as general wards, outpatients, or allied health departments, are less likely to have stringent cleaning protocols, predisposing these departments to carrying larger numbers of microorganisms.

CONCLUSION

Purifas® commends The Commission for revisiting The Standards and involving community members in the process. Collaboration is key to providing a thorough and useful set of guidelines to the benefit of the industries it serves, and the community at large.

We are proud to have participated in the process and believe the inclusion of some or all of our recommendations will play a big role in reducing healthcare associated infections in Australia.

