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Information Magazines for Healthcare Workers

HosCom Hospital Communication International

2024 vol.3

# HosCom stands for Hospital Communication.

We aim to provide useful information to healthcare workers globally by sharing knowledge and experiences especially about Infection Prevention and Control.

SARAYA

contents

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2024 vol. 3





# World Information

## Efficacy testing of airborne surface disinfection procedures according to EN 17272


Dr. Florian H. H. Brill, Mr. Henrik Gabriel, Dr. Dajana Paulmann
Dr. Brill + Partner GmbH, Institut für Hygiene und Mikrobiologie


### Background

For over 100 years, airborne disinfection processes have been employed as an alternative to complement manual surface disinfection methods involving spraying or wiping (1). The advantage of these airborne methods is that they can potentially reach all of the surfaces in a room. Recently, developments have seen various active substances and techniques added to the mix, including methods that use hydrogen peroxide, peracetic acid, or ozone. Just like conventional disinfection procedures, all of these methods need to be tested for efficacy. However, the established methods for testing chemical surface disinfectants do not adequately reflect how these products are being used in practice.

Generally, these kinds of processes are used as complements to "standard" surface cleaning and disinfection, and they cannot replace these methods. They may be used in areas such as isolation rooms and operating theatres, as a useful addition to the routine disinfection process.

### Test Principles

In principle, gaseous agents, such as ozone, hypochlorous acid, or hydrogen peroxide, cannot be tested using previously established methods for surface disinfectants applied with a wipe, foam, or spray. In the early 1980s, a practical French standard testing method was established: the NF T 72-281 (2). This method was refined and published as DIN EN 17272 in June 2020 (3). However, the test rooms according to EN 17272 do not fully simulate such as patient rooms or operating theatres as they are not furnished for example; therefore, the test results obtained in accordance with DIN EN 17272 are not directly transferable to real-life applications.

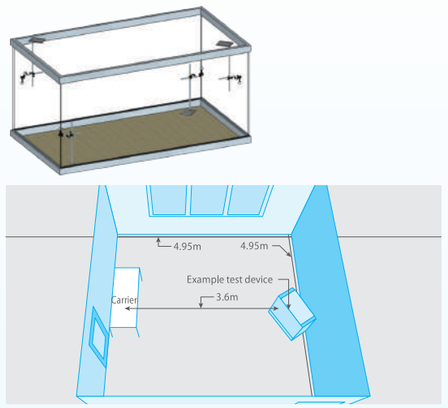
The aim of the testing process is to obtain reproducible results to assess the general efficacy of the test and allow to compare different application conditions and procedures. For this reason, the standard recommends that additional checks be performed to verify the suitability of the test for the specific local application conditions.

### Determination of Efficacy

To determine the efficacy, the test follows a practical model in which an application device is used to distribute active substances in a room. The test looks at either a combination of a device and an active substance solution or a generator that directly generates the active substance.

A mixture of test organisms/viruses and an organic load is applied to a stainless steel test carrier, dried, and then exposed to the disinfection process. The number of surviving test organisms or infectious virus particles is then determined and compared with the untreated control. The resulting logarithmic reduction factor (Rf) reflects the decline in living test organisms and, therefore the efficacy of the treatment. In the case of viruses, the decline in infectiousness is measured using the $TCID_{50}$ (Tissue Culture Infectious Dose) process. Three process challenge devices for each process and test organism are affixed at defined heights and distances in the room so that the inoculated side is facing away from the release source.

Figure 1 shows a diagram of a test room setup.




Note. Example layout of the room used for testing the air disinfection device. Carriers were placed on a table 3.6 m away the test device, as shown. This figure is adapted from "Virucidal efficacy of an ozone-generating system for automated room disinfection" by Steinmann J et al. J Hosp Infect. 2021 Oct;116:16-20, Table 1.

**Fig. 1: An actual test room.**

**Table 1.**
**Selection of test organisms and required reductions.**

| Endpoint | Test organisms | Required reduction factor |
|---|---|---|
| Bactericidal | *Staphylococcus aureus* | 5 |
| | *Enterococcus hirae* | 5 |
| | *Escherichia coli* | 5 |
| | *Pseudomonas aeruginosa* | - |
| | *Acinetobacter baumannii* | 5 |
| | *Proteus hauseri* | - |
| Fungicidal | *Candida albicans* | 4 |
| | *Aspergillus brasiliensis* | 4 |
| Yeasticidal | *Candida albicans* | 4 |
| Sporicidal | *Bacillus subtilis* | 4 |
| Mycobactericidal | *Mycobacterium terrae* | 4 |
| | *Mycobacterium avium* | 4 |
| Tuberculocidal | *Mycobacterium terrae* | 4 |
| Virucidal | *Murine Norovirus* | 4 |
| | *Adenovirus* Type 5 | 4 |

In practice, a distinction is made depends on the time, which is the reaction time from the point of the effective concentration is reached to the end of the test. In laboratory tests, the time at which the process challenge device is removed marks the end of the reaction time. The carriers can be removed as soon as the process time specified by the manufacturer has elapsed or after a decontamination phase specified by the device. Under the mandatory conditions of the standard, the reaction time must be less than 15 hours. However, this is generally a challenge for many test organisms.

## Distribution Test

A new aspect of EN 17272 is the distribution test. In this test, four carriers inoculated with *Staphylococcus aureus* are placed in the corners of the test room: two in opposite corners, and two secured on the ceiling. In each corner, one process challenge device is positioned vertically, facing away from the source, while another is placed horizontally, facing the ceiling (if mounted on the ceiling) or the floor. In test conditions, the tested procedure must achieve a reduction of at least five log levels. The distribution test can be performed at the same time as the actual test or as a preliminary test under identical test conditions.

## Conclusion and Summary

During the COVID-19 pandemic, interest in automated room disinfection procedures increased significantly. In an automated room disinfection process with ozone as the active substance, for example, tests have demonstrated efficacy against bacteriophage Φ6 and bovine coronavirus as a surrogate for SARS-CoV-2 (4, 5).

For testing airborne chemical disinfection procedures, EN 17272 is a highly practical method, carried out in a similar way to a controlled field test. The method is a good way to standardize efficacy testing for airborne disinfection procedures and increases the safety of the disinfection as an infection prevention measures.

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## 日本語要約

**EN 17272に準拠した空中からの環境表面消毒手順の有効性試験**

医療施設の環境整備において、100年以上前からスプレーや清拭などマニュアル消毒の代替、あるいは補完として空間消毒が採用されてきた。現在は一般的にあくまで補助としての使用に限定され、隔離病室や手術室において日常的に行われる環境表面の洗浄・消毒に追加して実施される場合もある。近年では過酸化水素、過酢酸、オゾンといった様々な有効成分や技術の開発が進められている。従来のマニュアル消毒と同様、空間消毒も有効性試験を必要とするが、オゾン、次亜塩素酸、過酸化水素のように蒸気化して使用する薬剤は、拭き取りやスプレー式等従来の表面消毒剤に用いる試験方法は適していない。

1980年代初期、フランスの消毒標準試験法であるNF T 72-281(3)が確立された。この試験法はその後改良され、2020年6月にDIN EN 17272として発表された。しかしEN 17272で記されている試験の部屋は、病院用家具が設置されておらず病室や手術室を完全にシミュレートされていない。そのためEN 17272では現場ごとの検証を推奨している。

試験では、供試菌またはウイルスと有機負荷の混合物を試験デバイス（ステンレス製）に塗布し、乾燥させたものを消毒プロセスにさらす。試験液として、試験溶液を塗布したアプリケーションデバイスか試験液を発生させる装置のどちらかを用いることができる。これらを用いて消毒後、生残菌数またはウイルス数を測定し、未処理の対照と比較、そこでの対数減少係数（Rf）により有効性を評価する。試験では3つのプロセスチャレンジデバイスと供試菌を試験液から離れて設置されるように高さや距離が定められている。反応時間は消毒装置で設定されている処理時間となり、長くても15時間未満と決められている。

EN 17272では分布試験も実施される。黄色ブドウ球菌を摂取した4デバイスを試験室の隅（対角のコーナーに2つ、天井に2つ）に設置し消毒プロセスを行う。この試験では、5log以上の減少を達成しなければならない。分布試験は本試験と同時実施、または同一の試験条件下で予備試験として実施することもできる。

COVID-19パンデミックの際、自動室内消毒法に対する関心が著しく高まった。オゾンを用いた自動空間消毒では、バクテリオファージΦ6およびSARS-CoV-2の代用品としての牛コロナウイルスに対する有効性が試験で実証された。

空間化学消毒手順において、EN 17272は有効性試験を標準化する良い方法であり、感染対策としての消毒の安全性を高めることができる。






## Story

With a desire to contribute to hygiene, environment and health in the world, SARAYA introduced alcohol disinfectants, named Alsoft, in the 1990s outside of Japan. Alsoft, which refers to "always soft and gentle to people", means to always be close and give a desired support to "people who need infection prevention" such as healthcare workers who work on the front lines.

Based on this spirit, Alsoft became a brand that includes not only alcohol disinfectant but also hand washing, hand protection, and environment cleaning and disinfection, all vital for infection prevention. We hope Alsoft can contribute to improve infection prevention implementation compliance and reduce the number of infections diseases in the world.

Alsoft provides you all the tools you will need to improve infection prevention compliance in your facilities, reducing the number of infectious diseases in the world.

**SKIN WASH**
Soaps for hand and body that are gentle on your skin.

**ENVIRONMENTAL CLEANING & DISINFECTION**
Fast and effective disinfectants, perfect for all types of healthcare facilities.

**HAND DISINFECTION**
Hygienic and surgical disinfectants with broad efficacy against microorganisms and viruses.

**HAND CARE**
Skin protecting barrier lotions that moisturize the skin and reduce irritations.

# The journey of searching for an emollient that maximises the antibacterial properties of CHG: The development history of Hibiscohol A <1>

Dr. Koji Kihara, SARAYA Co., Ltd.

HosCom Int'l
2024 vol.3

## Background of the development of Hibiscohol A

Conventional hand disinfection involves immersing both hands in a basin containing an aqueous solution of a disinfectant (Shiraishi 2016; Kato et al. 1987). However, this method has several problems, including the following:

(1) When the same disinfectant is used by many people, the concentration of the chemical solution in the basin decreases, weakening the disinfecting effect.
(2) If the chemical solution concentration decreases, there is a risk of bacteria growth in the basin.
(3) Long-term use of the same chemical agent can result in the emergence of resistant or tolerant bacteria.
(4) There is a risk of cross-infection if the same hand towels are used by multiple people after disinfecting their hands in the basin. To solve these problems, it is necessary to replace the chemicals and towels to maintain a certain level of disinfection effectiveness, which is a complicated endeavour.

Therefore, in order to obtain a simple,fast-acting, stable, and long-lasting disinfectant effect, we began developing a product that combines an alcohol-based hand disinfectant with an automatic sensor-activated dispensers to maximise the disinfectant effect of this agent.

## Development history of Hibiscohol A

Here, we introduce the development history of Hibiscohol A, an alcohol-based hand rub that contains chlorhexidine gluconate (CHG) as a disinfectant.

Although a high-concentration ethanol solution of CHG has been known to have a strong disinfecting effect, it causes issues including skin irritation and rough hands, making it difficult to use over a wide range of situations. By minimising these issues, we thought it would be possible to obtain a reliable disinfecting effect from alcohol (immediate effect), good workability (quick drying), and the sustained antibacterial effect of CHG remaining on the skin after the alcohol evaporates.

Adding an emollient is an effective way to prevent rough hands caused by high concentrations of ethanol, but if the emollient that coexists on the skin after the alcohol evaporates reduces the antibacterial activity of CHG, the durability of the antibacterial effect will be compromised and its value as a disinfectant will be halved. It is generally understood that the efficacy of disinfectants and preservatives such as CHG is affected by coexisting substances, and therefore investigating and clarifying the effect of emollients on the antibacterial activity of CHG was considered to be a fundamental and crucial issue in developing and formulating an effective hand disinfectant.

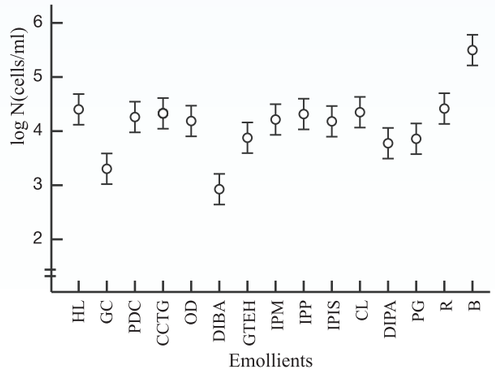
Therefore, we first selected emollients commonly used in cosmetics that had a good feel when used in an alcohol disinfectant (SFI: Skin Feel Index) (Goldenberg and De La Rosa 1971) and were soluble and stable even at low temperatures when added to 80 v/v% ethanol at 0.2 w/v% (Table 1). We then began to evaluate the effect of these emollients on the antibacterial activity of CHG after the alcohol had evaporated.

Specifically, we investigated various methods to evaluate the effect of emollients remaining on the skin after the evaporation of ethanol on the bactericidal activity of CHG. Various emollients were added to an 80 v/v% ethanol solution containing 0.2 w/v% CHG, and a certain amount of the solution was dropped onto filter paper. After the ethanol had evaporated, the bactericidal activity of the test bacteria was measured and compared with that of CHG alone to evaluate the effect of the emollients (Kihara and Furuta 1986).

Table 1. Test emollients

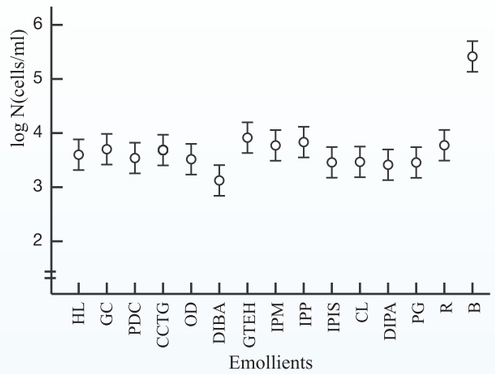
| Emollient | Trade name | Supplier | Symbol |
|---|---|---|---|
| Hexyl laurate | Cetiol A | Henkel hakusui | HL |
| Polyoxyethylene glyceryl monococoate | Cetiol HE | Henkel hakusui | GC |
| Propylene glycol dicaprylate | Edenol 302 | Henkel hakusui | PDC |
| Caprylic capric acid triglyceride | Myritol 318 | Henkel hakusui | CCTG |
| 2-Octyldodecanol | Eutanol G | Henkel hakusui | OD |
| Diisobutyl adipate | Vinyeizer 40 | Kao | DIBA |
| Glyceryl tri (2-ethylhexanoate) | Exceparl TGO | Kao | GTEH |
| Isopropyl myristate | IPM | Henkel hakusui | IPM |
| Isopropyl palmitate | Nikkol IPP | Nikko chemical | IPP |
| Isopropyl isotearate | Nikkol IPIS | Nikko chemical | IPIS |
| Cetyl lactate | | Nikko chemical | CL |
| Diisopropyl adipate | Nikkol DID | Nikko chemical | DIPA |
| Polyglycerol | Polyglycerin #500 | Sakamoto yakuhin kogyo | PG |

The test organisms used in the study were *S. aureus* and *P. aeruginosa*, and 13 types of emollients were tested. Interestingly, we found that diisobutyl adipate (DIBA) and polyoxyethylene glyceryl monococoate (GC) enhanced the bactericidal activity of CHG (Fig. 1 & 2).




Test solution : 80v/v% ethanol + 0.2w/v% chlorhexidine digluconate + 0.2w/v% emollient
R: 80v/v% ethanol + 0.2w/v% chlorhexidine digluconate
B: 80v/v% ethanol
⊖: 95% confidence interval

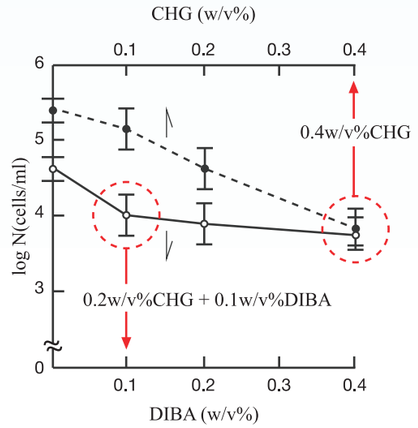
Fig 1. Bactericidal activity of the residue of test solutions against *S.aureus.*




Test solution : 80v/v% ethanol + 0.2w/v% chlorhexidine digluconate + 0.2w/v% emollient
R: 80v/v% ethanol + 0.2w/v% chlorhexidine digluconate
B: 80v/v% ethanol
⊖: 95% confidence interval

Fig 2. Bactericidal activity of the residue of test solutions against *P.aeruginosa.*

Furthermore, when the effect of varying the concentration of DIBA in 80 v/v% ethanol containing 0.2 w/v% CHG on the viable cell count of *S. aureus* was examined, the addition of 0.1 w/v% DIBA significantly enhanced the bactericidal activity of CHG (Fig. 3), and an ethanol solution of 0.2 w/v% CHG containing 0.1 w/v% DIBA showed the same bactericidal effect as 0.4 w/v% CHG alone.




<○> : 80v/v% ethanol solution with DIBA and 0.2w/v% CHG
<●> : 80v/v% ethanol solution with CHG and without DIBA
⊖ , ● : 95% confidence interval

Fig 3. Relation between survivors of *S. aureus* and concentration of DIBA or CHG.

Based on the results, Hibiscohol A has been commercialised.

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## Conclusion

# SARAYA Activity Report

## Saraya Australia Awareness Campaign for World Hand Hygiene Day
## May 5, 2024



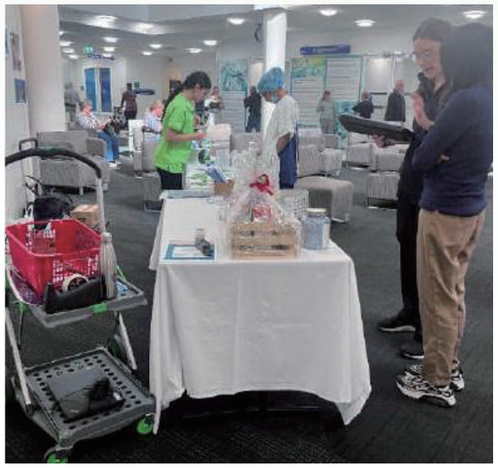
### Canberra Hospital May 5, 2024 Awareness Campaign

Saraya Australia's representatives, Mark Davies (general manager) and Nicky Diakanastasis (junior sales and marketing), were graciously invited by the Canberra Hospital Infection Prevention and Control Unit to lead an awareness drive for the World Health Organization's Hand Hygiene Day in 2024. Collaborating seamlessly with the hospitals infection control staff, we transformed a section in the main foyer into an interactive hub of knowledge and engagement.

The walls were adorned with an array of impactful posters, blending Saraya's bespoke designs from May 5, 2024, and visuals from the World Health Organization. Amid this backdrop of informative posters, two captivating educational games awaited eager participants, designed to illustrate the importance of hand hygiene in memorable and engaging ways.

To add an element of anticipation and excitement, a raffle offered attendees the chance to win the Saraya ELEFOAM 2.0 Auto No Touch Foam Soap Dispenser, a beacon of innovation in hygiene.

The Infection Prevention and Control Unit organized an engaging educational game where participants guessed the number of gloves inside a jar for a chance to win a hamper filled with sweets. In addition, the infection control team distributed word search puzzles to promote hand hygiene practices.



The Saraya team led an engaging awareness campaign recognizing the World Hand Hygiene Day. Our initiative centered on an educational memory game designed to promote hand hygiene practices among participants. In this game, individuals turned around five hands to reveal and match hidden germ stickers. Those successful in matching the germs were entered into a draw to win the coveted Saraya ELEFOAM 2.0 Auto No Touch Foam Soap Dispenser for personal use.

This interactive activity captured significant attention from both staff and members of the public. The inclusion of the Alsoft Health Care Disinfectant Hand Rub, complete with a retractable clip, proved to be a standout favorite among the available prizes. Furthermore, every participant had the opportunity to select a prize from our selection, which included Saraya's foam soap and the insightful book *Adapt to Adopt* by Prof. Didier Pittet.


Our educational initiatives aimed to disseminate vital knowledge emphasizing the significance of hand hygiene practices to both staff and the public at Canberra Hospital. The focus of our campaign revolved around the simple yet powerful question and answer posed by the World Health Organization: "Why is sharing knowledge about hand hygiene still so important? Because it helps stop the spread of harmful germs in healthcare." This message served as the foundation of our efforts to instill a culture of vigilant hand hygiene among all participants.

We specifically targeted handwashing before entering and exiting the hospital premises to raise awareness of the crucial role. This practice plays in preventing the transmission of infectious agents. By emphasizing the importance of this seemingly routine action, our goal was to increase individuals' understanding of their role in safeguarding public health and the importance of sanitizing their hands before entering or leaving a hospital.

Through this campaign, we aimed to convey the importance of clean hands. Saraya Australia and the infection control team worked together to create a lasting awareness of the importance of hand hygiene practices, fostering a community committed to protecting public health.

### Social Media Posts

Using Saraya Australia's various social media platforms, we created a brief video (available on our YouTube channel: https://youtu.be/8ET5P7Vp33M) that highlights the importance of hand hygiene in healthcare facilities and how proper hand hygiene saves lives.

Below are the social media posts on LinkedIn and Facebook that promoted the World Hand Hygiene Day on May 5.

In addition to our social media efforts, we updated the banners on the Saraya Solutions landing page (available at: https://sarayasolutions.com.au/) to inform everyone visiting our site about the May 5 World Hand Hygiene Day campaign.

### Day Hospitals Australia May 5 Mail-Out

In support of our World Hand Hygiene Day campaign on May 5, Saraya Australia, as a member of the Day Hospital Australia Industry, took a proactive initiative to raise hand hygiene awareness. As part of our commitment, we organize a targeted mail-out campaign to all Day Hospitals in New South Wales and the Australian Capital Territory. Each package contained samples of our TGA-registered hand sanitizer (Alsoft Healthcare Disinfectant Hand Rub), highlighting our dedication to quality and safety.

In conjunction with the World Hand Hygiene Day on May 5, we included two informative brochures aimed at fostering awareness and encouraging action. The first brochure featured an exclusive offer available throughout May for Day Hospitals Australia members in NSW and the ACT: Alsoft Health Care Disinfectant Spray Hand Rub 500 mL (10 × 500 ml) at a special price. This promotion aimed to incentivize hospitals to prioritize hand hygiene by raising awareness of our healthcare products.

Complementing this offer, the second brochure featured a QR code that directed recipients to a sign-up page for our subscription list. By scanning the code, members could receive a complimentary Automatic No-Touch Dispenser and hand sanitizer, underlining our commitment to facilitating convenient and hygienic practices in healthcare settings.
Through these initiatives, Saraya Australia has demonstrated its dedication to promoting hand hygiene awareness and providing practical solutions to enhance infection control measures in healthcare facilities.



# Case Study

## Improving work efficiency with Saracide Sanitizing Wipes

### Cho Ray Hospital

**Address** : 201B Đ. Chí Thanh, Phường 12, Quận 5, Thành phố Hồ Chí Minh, Vietnam
**Number of beds** : 3,200 (As of July, 2024)
**Total number of staff** : 4,500 (As of July, 2024)
**Website** : www.choray.vn

Cho Ray Hospital is one of the largest hospitals in Vietnam and is located in the southern part of the country. The hospital is under the Ministry of Health and provides special and high-level care for patients while functioning as a training and practical facility for medical students. In addition, the hospital plays a wide range of roles, including providing health checkups for local residents and foreigners and conducting research on the prevention of infectious diseases. As Cho Ray Hospital is one of the largest healthcare facilities in the country, many patients seek care from this hospital every year.

**Interviewee** Ms. Ngoc Lien,
Head nurse of ICU-D
Work Experience: For 25 years at ICU

**Product in Use** Saracide Sanitizing Wipes

## Steps taken to introduce Saracide Sanitizing Wipes

**Did you ever use ready-to-use disinfectant wipes before the introduction of Saracide Sanitizing Wipes?**

We had been using a product containing 70% ethanol, spraying it directly onto the environmental surface and wiping it off with a cloth. Then we switched to another environmental cleaning spray; however, that spray was inconvenient, since we needed to prepare a cloth to wipe off the surface after spraying it.

**What was the deciding factor in choosing Saracide Sanitizing Wipes?**

The convenience and ease of use were deciding factors. Previously, our environmental cleaning method, which had used a spray and a cloth, required time and effort, but Saracide Sanitizing Wipes can be used as is - we just need to take the wipes out of the container. In addition, the wipes' disposability was one of the deciding factors.

## After The Introduction of Saracide Sanitizing Wipes

**What are the staff's favorite points about Saracide Sanitizing Wipes?**

Saracide Sanitizing Wipes leave no residue of wiping marks after use, even though they are impregnated with a sufficient amount of chemical solution compared to other companies' products. The amount of chemical solution per sheet, and the sheet's size and thickness are perfect and make the wipes very easy to use. The size of the container is also good. We place the containers where we want to use them, resulting in an easy reach and compliance with environmental hygiene regulations. It's also smooth and easy to take each wipe out of the container.

**What kind of staff are using this product and when?**

Nurses mainly use Saracide Sanitizing Wipes. For example, nurses who are responsible for cleaning all the medical equipment in the ward use Saracide Sanitizing Wipes every morning from 7 a.m. to 8 a.m. as part of their routine work.

**How does your staff use Saracide Sanitizing Wipes?**

In addition to medical equipment as mentioned, our trolleys are wiped down at least twice a day. To prevent cross-contamination, injection trays are always wiped with Saracide Sanitizing Wipes after treatment for one patient and before being transferred to another patient. If we had a larger budget, we would use Saracide Sanitizing Wipes for other situations as well.

**How did you train staff about how to use the wipes?**

We referred to the instructions on this product but have not yet organized trainings. In the future, we want to have training opportunities for staff, to deepen their knowledge of why these wipes are necessary and how to use them. Conducting multiple training sessions would be ideal, in order to understand the nurses' feedback on how they feel about Saracide Sanitizing Wipes after using them.

**How has your work changed after introducing Saracide Sanitizing Wipes?**

Our work has become smoother. Spray-type products are troublesome because we have to use them with a cloth, but Saracide Sanitizing Wipes can be used immediately after taking them out of the container and can be discarded after use. We feel that this reduction in nurses workload is a great benefit.

## Next Step

**Do you foresee any challenges in environmental hygiene in the future?**

We want to keep improving our environmental hygiene practices. Wipes that can be used for not only environmental surfaces but also medical equipment which require high-level disinfection will be helpful.

Interview date: March 20, 2024