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*Sect./ Subsect. ¹	*Sect. ID	Para./Table /Fig./Comm ./Note	*Page No.	*Comment Type ²	*Comment Detail	*Proposed Change
Clause	2.3	Table 1	16	Editorial	"diagram" incorrectly spelt	Correct spelling error
Appendix	C15.6		62	Technical	AS 5100.7 incorrectly referenced	Reference should be AS 5100.2

¹ Options include: Clause, Title, Table of Contents, Preface, Foreword, Introduction, Appendix, Bibliography or Index.

² Options include: Editorial, General or Technical.

*Section ¹	*Section Identifier	Paragraph/ table/ figure/ commentary/ note	*Comment Type ²	*Page No	*Comment Detail	*Proposed Change
Clause	7	All	General	52	<p>The Australian Dental Association (ADA) recognises that the focus on AS/NZ 4187 is toward large health service organisations (HSO) such as hospitals, however, given the recommendations of some stakeholders that this Standard should be applied in office based practice, the ADA feels that it is appropriate to demonstrate the unsuitability of this standard to office based practice.</p> <p>The ADA notes that the part of the standard relating to water quality is being revised due to the inability of hospitals to meet the 2014 version.</p> <p>Unfortunately, the water requirements for use in various types of reprocessing equipment, as documented throughout the recommended amendments, are considerably more stringent than the normal water supplies delivered through reticulated water supplies. This, in effect, makes it impossible to meet the standard. These amendments and</p>	<p>The maximum concentration levels stipulated in the various tables of water requirements in AS/NZS4187 should be in alignment with the Australian Drinking Water Guidelines and management.</p> <p>This would be a realistic starting base for the management of water to the reprocessing units in hospital grade facilities.</p>

¹ Options include: Clause, Title, Table of Contents, Preface, Foreword, Introduction, Appendix, Bibliography or Index.

² Options include: Editorial, General or Technical.

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					<p>the previous version do not provide a system which is achievable by hospitals let alone office based practices.</p> <p>Australian water supplies are managed through the National Water Quality Management Strategy of the National Health and Medical Research Council (NHMRC) which provides the guiding principles of water quality management in Australia through the Australian Drinking Water Guidelines (ADWG) for reticulated tap water.</p> <p>The proposed changes to the Standard and expected levels of <i>maximum concentration levels</i> of microbes and other substances stipulated in the tables far exceed the ADWG. In fact, to meet the proposed standard, the water supplies would need to undergo reverse osmosis before going into the reprocessing equipment, which is an impractical expectation and has not been subjected to a cost/benefit analysis. The ADA cannot support the changes as stated.</p>	

*Section ¹	*Section Identifier	Paragraph/ table/ figure/ commentary/ note	*Comment Type ²	*Page No	*Comment Detail	*Proposed Change
Clause	7	All	General	52	This document is targeted for those working in large health service organisations. However, if it is proposed that at any stage going forward, all primary health care providers in their various settings, including private dental clinics, were expected to use AS/NZS 4187 as their standard, then it would be impossible for most of them to comply with these stringent, hospital-grade practises both on the basis of the unavailability of the required equipment as well as the prohibitive cost of potentially procuring them.	Notwithstanding the comments made previously, this document should be clearly defined as appropriate to large health service organisations only such as public or large private hospitals or hospital substitutes.
Clause	7	All	General	52	The requirements of HSOs reprocessing medical supplies used in major surgery are far more complicated than the reprocessing requirements of small HSOs. Public and large private hospitals require Central Sterile Supply Departments and other medical device reprocessing departments, whereas small HSOs do not deal with this kind of complexity and could not afford to, at the current time. A good example is Endotoxin testing which can be justified in larger healthcare contexts,	It is not suggested that private practices or small HSOs adopt a lower standard, but that the needs of these organisations are not as risky as those of hospitals. An appropriate level of testing in comparison to the identified risk associated with small HSOs should be undertaken, as per the current standard AS/NZS 4815. The chances of interaction of microbes and patients with compromised health (such as those with low immune systems) can be mitigated through appropriate procedures.

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					particularly with immunocompromised patients, or for certain speciality procedures (e.g. ophthalmic implants or procedures). However, this is impractical and unnecessary for office based practices. It would be misplaced to apply this test to the small HSO environment. The current procedure of ATP testing is a more thorough and appropriate investigation as it encompasses the full gram positive/negative spectrum. Endotoxin testing only looks across half of the total microbiome.	
Clause	7	All	General	52	The costing associated with the requirements set out in this document, particularly in relation to installing and testing equipment do not appear to have been considered. The installation of equipment needed to fulfil these requirements and the ongoing costs of testing would be cost prohibitive to most small or office based health service organisations.	That it be recognised that this standard is applicable to large health service organisations only such as public or large private hospitals or hospital substitute health service organisations, by wording to this effect.
Clause	7.2.3.1	Table 7.2.1	Technical	55	The ADA recommends that Standards Australia (SA) refers to the Australian Drinking Water Guidelines (ADWG) in	The maximum concentration levels in Table 7.2.1 should be equivalent to the maximum concentration limits specified by the ADWG.

*Section ¹	*Section Identifier	Paragraph/ table/ figure/ commentary/ note	*Comment Type ²	*Page No	*Comment Detail	*Proposed Change
					setting the maximum concentration levels for table 7.2.1	
Clause	7.2.3.1	Table 7.2.2	Technical	55	The ADA recommends that SA refers to the ADWG in setting the maximum concentration levels for table 7.2.2	The maximum concentration levels in Table 7.2.2 should be equivalent to the maximum concentration limits specified by the ADWG.
Clause	7.2.3.1	Table 7.2.3	Technical	55	The ADA recommends that SA refers to the ADWG in setting the maximum concentration levels for table 7.2.3	The maximum concentration levels in Table 7.2.3 should be equivalent to the maximum concentration limits specified by the ADWG.
Clause	7.2.3.1	Table 7.2.1	Technical	55	<p>The chemical testing required in the Standard also appears to be unachievable if applied to all health service organisations within Australia.</p> <p>Firstly, it is unlikely that there would currently be enough laboratories to service this need. In addition, and of critical importance, these laboratories need to be within an acceptable distance of healthcare organisations in order to receive samples in an appropriate physical condition to undergo accurate testing. For instance, water samples must be received by the lab within 24 hours of testing and must be stored under validated conditions at less than 40C for the entire time until testing, otherwise the samples are meaningless. The same applies for endotoxin</p>	The references for chemical testing of FINAL RINSE WATER - CATEGORY 1 WASHER DISINFECTORS NOT INCLUDED IN CATEGORY 2 OR 3, should be based on ADWG.

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					<p>testing. The efficacy of the sample can be reduced if sent through the mail in uncontrolled conditions. This is a particular problem for remote health services but may also be of concern in the metropolitan landscape.</p> <p>Secondly, some of the requirements for chemical testing involve testing reagents that are more toxic than the materials under test.</p> <p>Thirdly, the cost benefit implications involve certain economies of scale that may be viable for large healthcare settings, however, it appears that the committee has not considered the implications for individual small HSOs. There is an implied assumption that consultant laboratories should undertake the microbiological and other testing. This may also be compounded by the need to approach multiple laboratories as there are few that would be able to perform the full range of tests identified in the Standard. This is likely to be very expensive and a cost/benefit analysis is warranted.</p>	

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Clause	7.2.3.1	Table 7.2.2	Technical	55	As for Subsection 7.2.3.1, Water Quality, Table 7.2.1	The references for chemical testing of FINAL RINSE WATER - CATEGORY 2 WASHER DISINFECTORS FOR THERMOLABILE ENDOSCOPES, should be based on the ADWG.
Clause	7.2.3.1	Table 7.2.3	Technical	55	As for Subsection 7.2.3.1, Water Quality, Table 7.2.1	The references for chemical testing of FEED WATER TO A DEDICATED STEAM GNERATOR - CATEGORY 3, should be based on the ADWG.
Appendix	B	Paragraph B2	Technical	108	The document referred to is a UK document which sets out standards in alignment with British water guidelines (not precisely but generally) and does not mandate the testing that has been applied to this Australian/NZ standard. For example, they still have some lead pipes in the UK whereas in Australia and New Zealand this is not applicable. In addition, there appears to be no costing document to indicate the improvements of following the UK Guidelines.	Testing based on the recommendations of this document be reconsidered in the light of Australian and New Zealand contexts and the requirement for lead testing be removed.