

From the President's Office

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05 June 2017

Adjunct Professor John Skerritt
 Therapeutic Goods Administration (TGA)
 PO Box 100
 Woden ACT 2606

Dear Professor Skerritt,

On behalf of AMA (NSW), I would like to express our organisation's concerns regarding the current usage of high-concentration and indistinctly-coloured chlorhexidine in hospitals.

As you may be aware, chlorhexidine is a very effective antiseptic and many hospital policy guidelines recommend chlorhexidine and alcohol over iodine because of its perceived ability at infection reduction. However, chlorhexidine and alcohol are neurotoxic and highly dangerous if injected into the epidural and/or subarachnoid space. Accidental administration can lead to death, paralysis and other major morbidity. There is evidence that even trace amounts of chlorhexidine in the subarachnoid space can be neurotoxic to spinal nerves.

With respect to the colour issue, some manufacturers have created red, blue or distinctly-coloured pink versions of chlorhexidine; however some versions of the antiseptic are virtually indistinct from other clear solutions.

Following the tragic accidental administration of chlorhexidine at St George Hospital, which left Grace Wang a paraplegic, I understand that the Root Cause Analysis (RCA) report recommended that all skin antiseptic preparations used during regional anaesthesia should be coloured in a way that clearly distinguishes them from any fluid for injection.

We acknowledge there are suggestions that using distinctly-coloured chlorhexidine will not completely prevent accidental administration of chlorhexidine. I understand the St George Hospital RCA did not suggest that the colour of the chlorhexidine was the direct cause of the accidental administration.

A NSW Health Safety Notice (010/10 25th August 2010) stated; "*Correct identification of medication / skin preparation in a sterile set up is not ensured by the appearance of the liquid formulation alone*".

With respect to the concentration issue, applicators of 0.5% chlorhexidine in alcohol (which is the recommended solution for antisepsis prior to neuraxial block) are not supplied in Australia.

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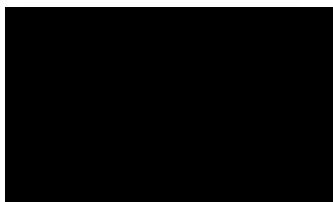
AMA (NSW) would like to consult with the TGA regarding the transition from liquid chlorohexidine to a swab application.

As an interim safety measure, AMA (NSW) recommends the removal of indistinctly-coloured pink chlorohexidine from hospitals.

Furthermore, given the danger of chlorhexidine, AMA (NSW) recommends a reduction in the concentration of chlorhexidine from 2.0% to 0.5%, as there is no evidence that a higher concentration of the antiseptic provides greater efficacy.

I look forward to your consideration and response regarding the above.

Yours sincerely,



President, AMA (NSW)