



Infection Control Update for the General Practice Team

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Infection Control Update for the General Practice Team

This session will cover:

- Principles of infection control as they apply to general practice
 - Accreditation standards under 5th edition related to infection control
 - Strategies and resources for staff induction and ongoing professional development
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What do we mean by 'Infection Control'

Preventing the spread of bugs, bacteria, and diseases.

Because it can take some time before microbes multiply enough to trigger symptoms, **an infected person will often spread disease during the incubation period.**

Who is responsible for infection control?

Everyone!

All doctors and staff need to be taught and be competent in:

- Hand hygiene
- Standard precautions
- Transmission-based precautions
- Managing blood and body fluid spills and exposure
- Principles of cleaning the practice and reprocessing medical equipment (appropriate to their role)
- Where to find more information on infection prevention in the practice

Educating patients

It is important to consistently educate patients on their role in infection control.

This can be done through the use of:

- Hand hygiene & cough etiquette posters
- Using signage to request that patients with symptoms of infection inform the receptionist straight away
- Using the on-hold message to inform patients to let the receptionist know if they think they may have an infectious disease

Accreditation standards on Infection Control

Criterion GP4.1 – Infection prevention and control, including sterilisation

GP4.1 > A Our practice has **at least one clinical team member who has primary responsibility** for:

- **coordinating prevention and control of infection**
- **coordinating the provision of an adequate range of sterile equipment** (reprocessed or disposable)
- where relevant, **having procedures for reprocessing (sterilising) instruments** onsite or offsite, and **ensuring there is documented evidence** that this reprocessing is monitored and has been validated
- **safe storage and stock rotation** of sterile products
- **waste management**



Accreditation standards on Infection Control

Criterion GP4.1 – Infection prevention and control, including sterilisation

GP4.1 > B Our practice has a **written, practice-specific policy** that outlines **our infection control processes**

GP4.1 > C Our practice has a **clinical team member who has primary responsibility for educating the practice team** about infection prevention and control.

GP4.1 > D **All members of our practice team manage risks of potential cross-infection** in our practice by methods that include:

- good hand hygiene practices
- the use of PPE
- triage of patients with potential communicable diseases
- safe storage and disposal of clinical waste including sharps
- safe management of blood and body fluid spills



Accreditation standards on Infection Control

Criterion GP4.1 – Infection prevention and control, including sterilisation

GP4.1 > E Our patients are informed about respiratory etiquette, hand hygiene, and precautionary techniques to prevent the transmission of communicable diseases.

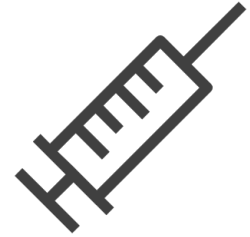
GP4.1 F Our practice records the sterilisation load number from the sterile barrier system in the patient's health record when sterile items have been used, and records the patient's name against those load numbers in a sterilisation log or list.



Protecting The Practice Team

Staff Immunisations

- Up to date staff immunisation records
- Offer immunisations on start of employment



Recommended immunisations (if non-immune):

- Hepatitis B
- Influenza (yearly)
- Measles, mumps and rubella (MMR)
- Pertussis (dTpa [Diphtheria, tetanus and pertussis])
- Varicella (chickenpox)
- Hepatitis A (if working in remote ATSI communities or as required across different states or territories)

Hand hygiene



When hands need to be cleaned

Hand hygiene must be performed **before and after every episode of patient contact and after activities that may cause contamination:**

- Before and after **eating**
- After routine use of **gloves**
- After **handling any used instruments** or equipment
- After going to the **toilet**
- When **visibly soiled** or perceived to be soiled
- **Between procedures**
- **Right before performing procedures**
- **Before examining neonates** and the **immunocompromised**

Hand hygiene

The '5 moments' state that hand hygiene should be undertaken:

1. Before touching a patient
2. Before a procedure
3. After a procedure or body fluid exposure risk
4. After touching a patient
5. After touching a patient's surroundings



Gloves are not a substitute for hand cleaning!

Using skin disinfectants

Skin disinfectants kill, and temporarily reduce, microorganisms on the skin.

They are regulated by the TGA and are **labelled according to their intended use.**

Skin disinfectants **need to be appropriate to the site.**

Some disinfectants are **irritant to mucous membranes** (eg alcohol) and **some cause nerve damage** (eg chlorhexidine can cause sensorineural deafness if used in the middle ear)

Using skin disinfectants

Table A4.1 Products suitable for skin disinfection

Product	Use	Contraindications for use
Tap water	Wound/ulcer cleaning where disinfection is not required	Where quality of tap water is uncertain, use boiled, distilled water or sterile water or saline
Sterile water or saline	Wound/ulcer cleaning where disinfection is not required	–
Aqueous chlorhexidine	For disinfection of skin and mucous membranes	Cannot be used in middle ear or ocular surgery
Alcohol 70%	For skin disinfection	Cannot be used on broken skin, mucous membranes or where the use of diathermy or laser is anticipated
Iodine-based preparations	For disinfection of skin and mucous membranes	Cannot be used in ocular surgery

Adapted from: Department of Health and Ageing, Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting. Canberra, 2004.

Personal protective equipment (PPE)



Gloves: risk of blood or body fluid exposure, or contact transmission

Goggles or face shields: risk of splashing or spraying of blood or body fluids

Aprons or gowns: risk of soiling clothing from splashes of blood or body fluids, or contact transmission

Surgical masks: risk of droplet spread of disease or worn by patients to prevent the spread of a disease

Applying and removing personal protective equipment in the correct order is essential

Safe sharps management



Best practice when handling sharps

- Sharps containers are available in all areas where sharps are generated
- The person who generates sharps is responsible for its safe disposal
- Ensure sharps are immediately placed into a sharps container after use

Sharps containers are:

- Out of the reach of children
- Properly mounted to prevent falling over
- Closed and replaced as appropriate & compliant with Australian Standards.

Safe sharps management



What to avoid when handling sharps

- Don't re-sheath, remove or bend used needles.
- Don't handle scalpel blades. Use artery forceps to hold the blade.
- Don't pass sharps directly from person to person
- If passing sharps from person to person, use a kidney dish to contain the sharp
- Don't overfill sharps containers
- Don't reopen a full sharps container

Blood and Body Fluid Exposure

Table 2.1 Summary of actions relating to blood and body fluid exposure

	Exposed person	Doctor	The practice
Pre-exposure	<ul style="list-style-type: none">• Use standard precautions• Implement safe work practices	Ensure that knowledge base regarding management of blood and body fluid exposure is current	Staff education and policies on: <ul style="list-style-type: none">• safe handling and disposal of sharps and waste• safe handling and transport of specimens• environmental cleaning, including appropriate management of blood and body substance spills• safe handling and cleaning of reusable instruments
Exposure	<ul style="list-style-type: none">• Decontaminate exposed area, (eg wash wound, rinse eyes if splashed)• Report exposure• Ensure incident is documented	<ul style="list-style-type: none">• Test source• Test the exposed person• Initiate appropriate treatment (counselling, PEP)	<ul style="list-style-type: none">• Facilitate immediate treatment of the exposed person• Ensure that the incident is documented
Post-exposure	Ensure that all instructions are followed	If necessary, referral to infectious disease specialist	<ul style="list-style-type: none">• Perform a risk analysis to determine any need for a change to systems• Make any changes necessary• Reassess to ensure changes are effective in preventing recurrence

Source: RACGP Infection prevention and control standards. Table 2.1 Summary of actions relating to blood and body fluid exposure

<https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20standards/Infection-prevention-and-control.pdf>

Cleaning policy for the practice

All practices need a cleaning policy that includes both:

- Routine, scheduled cleaning of all surfaces and equipment
- Unscheduled cleaning for blood, body fluid and other spills

Frequently touched surfaces should be cleaned:

- At least daily
- Also when visibly dirty
- After every known contamination

Effective cleaning of surfaces

Most hard surfaces can be cleaned adequately with water and clinical detergent

- **Use a clinical detergent**, prepared as per manufacturer instructions
- **Ensure surfaces are thoroughly cleaned and dried**



Disposable vs Reusable Equipment

If your practice performs very few procedures each week, it is a good idea to **only stock disposable instruments**

Disposable items have expiry dates and are to be **checked and rotated** monthly as part of your perishable items check

For sterile instruments, **if you notice the integrity of the packaging has been compromised** then **quarantine** immediately as it will likely **need to be discarded**

Spacers, nebuliser masks and tubing

Most **spacers, nebulising devices and masks** are **single patient use** items and should be given to the patient for further use or discarded after use.

Tubing is for single patient use only, cannot be reprocessed and must be replaced.

Some items (eg sterilisable spacers) **may be reprocessed** in a steriliser and used on other patients.

In these instances, practices should **follow the manufacturer's directions** for cleaning and processing.

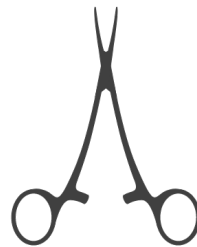
Spacers, nebulisers and masks do not have to be sterile at the time of use and should be stored in a clean and dry environment.

The sterilisation process

Sterilisation is more than simply putting loads through a steriliser

It is a process that **begins with prior cleaning** of reusable medical devices and equipment **and continues through to cycle monitoring and storage** ready for reuse

The processes of **sterility assurance** include all aspects of **equipment reprocessing and staff education**



The sterilisation process

Appendix 8. Processing reusable equipment

The following is a summary of the steps to processing reusable equipment. This document is designed to be an aid only and does not take the place of the full information found in *Chapter 4*. Staff need to be trained and assessed as competent for each step of the processing cycle that they perform.

Step 1. Precleaning (in treatment/consultation room)

- Following the procedure, while still gloved, remove gross soil from used instruments (eg wiping or rinsing instrument).
- If practicable, transport instruments to the reprocessing area for immediate cleaning. Transport instruments in a container dedicated for that purpose.
- If immediate transport and cleaning is not possible, soak used instruments for short periods of time in water and detergent until cleaning is possible.

Step 2. Cleaning (in the reprocessing area)

- Use personal protective equipment when handling soiled instruments. This includes the appropriate use of gloves, goggles/face mask and apron to protect against contact, droplet and airborne exposure to microorganisms.
- In the 'dirty' sink, wash all used instruments and equipment under tepid water with an appropriate detergent.

or

- Place used instruments in ultrasonic cleaner or instrument washer/disinfectant and operate according to the manufacturer's instructions.

Step 3. Rinsing and drying (for manual and ultrasonic cleaning)

- In the 'clean' sink, rinse all instruments and equipment in gently running HOT water.
- Drain on a clean surface (eg sink drain, cake rack or low-lint towel).
- Dry with a low-lint cloth.
- Check all instruments and equipment for cleanliness.

Step 4. Preparing the load for sterilising

- Select packaging of appropriate size to match the item to be sterilised.
- Ensure each package has a Class 1 chemical indicator included.
- Seal the package to ensure there are no gaps through which air can enter.
- Label packages with date, load number and, if required, description of contents, and the signature of person responsible for packing.

Step 5. Loading the steriliser

- Load hollowware (eg kidney dishes, gallipots) on their sides and separate to ensure adequate steam penetration.
- Use load separators and trays to ensure packages are separated and only loosely in contact.
- Ensure the load does not exceed the validated challenge load parameters (check validation record) and packages are not touching the sides of the steriliser.

Step 6. Sterilising the load

- Check water level and add water if necessary, according to manufacturer's instructions.
- Select appropriate steriliser cycle parameters (check validation record) (eg 134°C for 3.5 minutes).
- Close door and start steriliser cycle.
- Record details of the load into the steriliser logbook (date, load description and load number, identification of the person who prepared the load).
- Do not attempt to open the steriliser door while the cycle is in operation.

Step 7. Unloading the steriliser

- Do not attempt to open the steriliser door while the cycle is in operation.
- When the cycle is completed, remove trays and place in a clean area to cool. Take care not to touch hot packages.
- Check bags for moisture and damage.
- If packages are moist when they come out of the steriliser, chemical indicators do not have correct colour change or cycle monitoring parameters are not correct, fail the load, investigate the cause and resterilise the load. If packages are damaged, reprocess the affected item in new packaging.

Step 8. Documenting the cycle

In addition to the detail previously recorded, record the following details into the steriliser logbook:

- Class 1 chemical indicators have changed colour
- results of any other indicators used (eg chemical or biological)
- correct time at temperature the sterilisation cycle was achieved
- condition of the packs (ie dry and intact)
- comments (eg action taken for failed cycle)
- identification of the person who released the load.

Step 9. Storage

- When cool, store sterile instruments/equipment in clean area away from dust or moisture.
- Rotate stock so that instruments/equipment sterilised earlier are used first.

Documenting the cycle

Steriliser Logbooks

Logbooks should be retained with the records of validation and maintenance details, and treated as a 'medical record'.

For every cycle, record the following information in the steriliser logbook:

- Cycle date
- Load number
- Load contents
- Person who prepared the load
- Results of the cycle monitoring (**pass/fail**). The printout of the cycle or if a data logger is used, verify the recording was correct.
- Class 1 chemical indicators change
- Results of any other indicators used (eg chemical or biological)
- Condition of the sterile barrier systems (ie dry, seals intact)
- Signature of the person releasing or rejecting the load and any corrective action taken

Reception and triage

Recognising potential infection risks

It is useful to think of triage in general practices in three stages:

1. **Routine** questions asked of all patients.
2. Questions asked **when the patient indicates signs or symptoms** of infectious disease.
3. Questions asked **when the practice suspects a localised outbreak** of an infectious disease (eg measles) or when the practice is part of a response to a pandemic.

Sample questions:

- Do you have a fever or rash?
- Do you have a cough?
- Do you have diarrhoea?
- Have you been overseas recently and if so, where?
- Have you recently had contact with an infectious disease?

Resources



Infection prevention and control standards

For general practices and other office-based
and community-based practices

5th edition



www.racgp.org.au

Healthy Profession.
Healthy Australia.

Source: RACGP Infection prevention and control standards.

<https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20standards/Infection-prevention-and-control.pdf>

Resources

Protect yourself and your family

Wash your hands regularly



Stay germ free and healthy

A Victorian
Government
initiative



Protect yourself and your family

Cover your cough and sneeze



Stay germ free and healthy

A Victorian
Government
initiative



Resources: Staff Training Sheets

Staff Training Sheets

- Staff Training Sheets Checklist (this page) ☐
- Privacy Statement ☐
- Staff Immunisation Consent/Refusal Form ☐
- Staff Induction Checklist 1 (First day) ☐
- Staff Induction Checklist 2 (Induction & Training plan) ☐
- Staff Induction Checklist 3 (Policies & Procedures) ☐
- Triage Education for clinical and non clinical staff ☐
- Cleaning and disinfecting of surgery surfaces ☐
- Cleaning Spills ☐
- Disposable Instruments ☐
- Fridge Temperature Records ☐
- Interpreter Services ☐
- Safe disposal of sharps ☐
- Infection Control ☐
- Cleaning reusable Instruments and equipment ☐
- Loading the steriliser ☐

Cleaning Spills

General Spill Procedures if a spill occurs

Note: For chemical spills consult the Material Safety Data Sheet (MSDS) on file in the back office if the hazards are not immediately known.

1. Place barricades or obstacles to prevent persons from tracking through the spilled material and to prevent the spreading of the spill as well as to prevent someone from slipping.
2. Call for assistance.
3. Put on gloves and goggles.
4. Pour the absorbing product (e.g. kitty litter) from the bag in the kit around the spill and over it to start the absorption process.
5. Add absorbent as needed to contain the spill. When the absorbent material is fully saturated (has absorbed the moisture), it will appear dark and wet.
6. Sweep or scoop up the contaminated absorbent and place it into the disposal bags.
7. Mix clinical detergent as per label instructions and apply to the area.
8. Dry the area.
9. Dispose of the product properly.

PLEASE NOTE THE FOLLOWING: Be prepared to respond immediately to any spill situation. Keep a complete spill kit with instructions readily available at the main practice areas.

PERSONAL PROTECTIVE EQUIPMENT (PPE) - Keep a handy supply of PPE to protect hands, eyes, skin, ears, head, feet and lungs (i.e. gloves, goggles, apron, face mask, etc.)

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Staff Development

I, _____ have been trained in _____ and am now competent in performing duties related to this topic. I have had verbal instruction/hands-on training and have read the appropriate policy and procedures in relation to this topic.

Staff Signature _____ date _____



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