

Infection Prevention and Control

The content is current at the time of recording – October 2019

We acknowledge the Aboriginal and Torres Strait Islander Peoples as the Traditional Owners of the lands. We wish to pay our respects to their Elders – past, present and emerging – and acknowledge the important role Aboriginal and Torres Strait Islander people continue to play within our community.



This webinar has been developed by Eastern Melbourne PHN on behalf of the
Victorian and Tasmanian PHN Alliance, which is a collective platform for the
seven PHNs in Victoria and Tasmania.

The webinar was made possible with funding support from the
Australian Government Department of Health.



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Infection prevention and control standards for general practices and other office-based and community-based practices. 5th edition

The Royal Australian College of General Practitioners



COVID-19 requirements

- Social distancing
- Hand hygiene
- Covering coughs and sneezes

References:

<https://www.health.gov.au/>

<https://www.dhhs.vic.gov.au/coronavirus>

https://www.dhhs.tas.gov.au/publichealth/communicable_diseases_prevention_unit/infectious_diseases/coronavirus



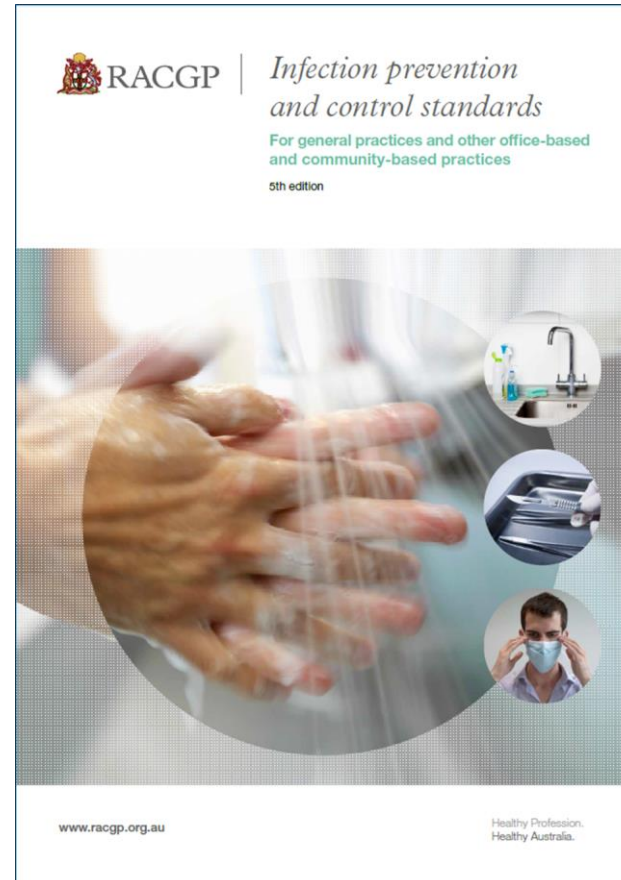
Objectives

- Apply the principles of infection prevention and control
- Define the role of the practice in protecting the health of staff
- Explain the importance of managing the practice physical environment
- Describe the importance of disease surveillance



RACGP Infection prevention and control standards

5th edition



RACGP Standards for General Practice 5th edition



Infection prevention and control principles

- Staff education and competency
- How microorganisms are acquired and grow
- Modes of transmission
- Hand hygiene
- Standard and transmission-based precautions
- Personal protective equipment



Staff education and competency

- Practices need a designated person for educating staff & ensuring competence
- Training should be at the level required by the staff member's position description
- Competence should be documented



Staff education and competency

- **All staff need to demonstrate how they identify and manage cross-infection such as:**
 - Hand hygiene
 - Standard and transmission based precautions
 - Managing blood and body fluid spills and exposure
 - Principles of environmental cleaning and reprocessing of medical equipment (if applicable)
 - Where to find information on infection prevention and control in the practice



How microorganisms are acquired and grow



Modes of transmission

- **Contact** – direct or indirect
- **Droplet** – large droplets from a cough or sneeze
- **Airborne** – smaller particles from an infected person's cough or sneeze
- **Vehicle** – microorganisms transmitted through a contaminated substance, surface or equipment
- **Vector** – microorganisms introduced by another living creature



Hand hygiene


- Hands are a common source of transmission of microorganisms
- Hand hygiene reduces the spread of infection
- 5 moments for hand hygiene:
 - ✓ Before touching a patient
 - ✓ Before a procedure
 - ✓ After a procedure or exposure to a body fluid
 - ✓ After touching a patient
 - ✓ After touching a patient's surroundings
- Wash hands before you start work and before you go home



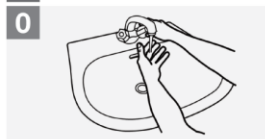
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the handwash (steps 2-7): 15-20 seconds

 Duration of the entire procedure: 40-60 seconds

0



Wet hands with water;

1



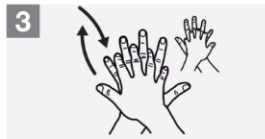
Apply enough soap to cover all hand surfaces;

2



Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



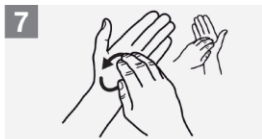
Backs of fingers to opposing palms with fingers interlocked;

6



Rotational rubbing of left thumb clasped in right palm and vice versa;

7



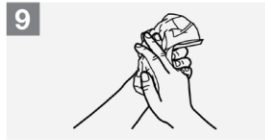
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



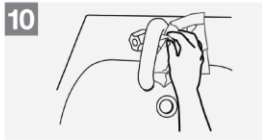
Rinse hands with water;

9



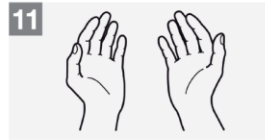
Dry hands thoroughly with a single use towel;

10



Use towel to turn off faucet;

11



Your hands are now safe.



World Health
Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

Based on the 'How to Handwash', URL: http://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf © World Health Organization 2009. All rights reserved

May 2010

Hand hygiene

- Correct hand washing product is important
- Moisturiser prevents dry skin cracking
- Bar soaps should not be used
- Use paper towels to dry hands



Hand hygiene

- Alcohol-based rubs are more effective than soap if used correctly
- If hands are visibly soiled, use soap and water
- Dry hands before moving on to the next task
- Gloves are not a substitute for handwashing
- An integrated container and dispensing nipple are recommended



Standard precautions

- **Work practices that must be used consistently to achieve a basic level of infection control including:**
 - Hand hygiene
 - Personal protective equipment
 - Respiratory hygiene and cough etiquette
 - Management of sharps and other clinical waste
 - Environmental controls
 - Support services



Transmission-based precautions

- **Used when a patient is known/suspected to be infected with microorganisms that cannot be contained by standard precautions alone, including:**
 - Contact precautions
 - Droplet precautions
 - Airborne precautions
- Always used in conjunction with standard precautions
- Eg isolation of a child with suspected chicken pox
- Transmission-based precautions are also used during a pandemic



Personal Protective Equipment (PPE)

- Protects staff from contact with blood or body substances
 - Gloves – protects from blood or body fluids and contact transmission
 - Goggles or face shields – protects from blood or body fluids
 - Aprons or gowns – protects clothes from blood or body fluids and contact transmission
 - Enclosed footwear - protects against sharp injury or contact with contaminated material



Personal Protective Equipment (PPE)

- All staff need to know where the PPE is kept and when to wear it
- Apply and remove PPE in the correct order
- Apply hand hygiene after removal of gloves and other items



CORRECT USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

The correct use of PPE is essential in protecting the health of staff and limiting the spread of influenza.

RECOMMENDED ORDER OF PPE APPLICATION



RECOMMENDED ORDER OF PPE REMOVAL



www.racgp.org.au/pandemicinfluenza

Healthy Profession.
Healthy Australia.

Protecting the health of staff

- Staff immunisation
- Management of sharps
- Managing blood and body fluid exposure



Staff Immunisation

- Practices must recommend that staff have immunisations relevant to their duties

RACGP Standards Criterion - C3.5 B:

Our practice team is encouraged to obtain immunisations recommended by the current edition of the *Australian immunisation handbook* based on their duties and immunisation status.

You must:

- record the natural immunity to vaccine-preventable diseases or immunisation status of practice team members if known (with their consent)
- offer staff members immunisations recommended in the *Australian immunisation handbook*, as appropriate to their duties.

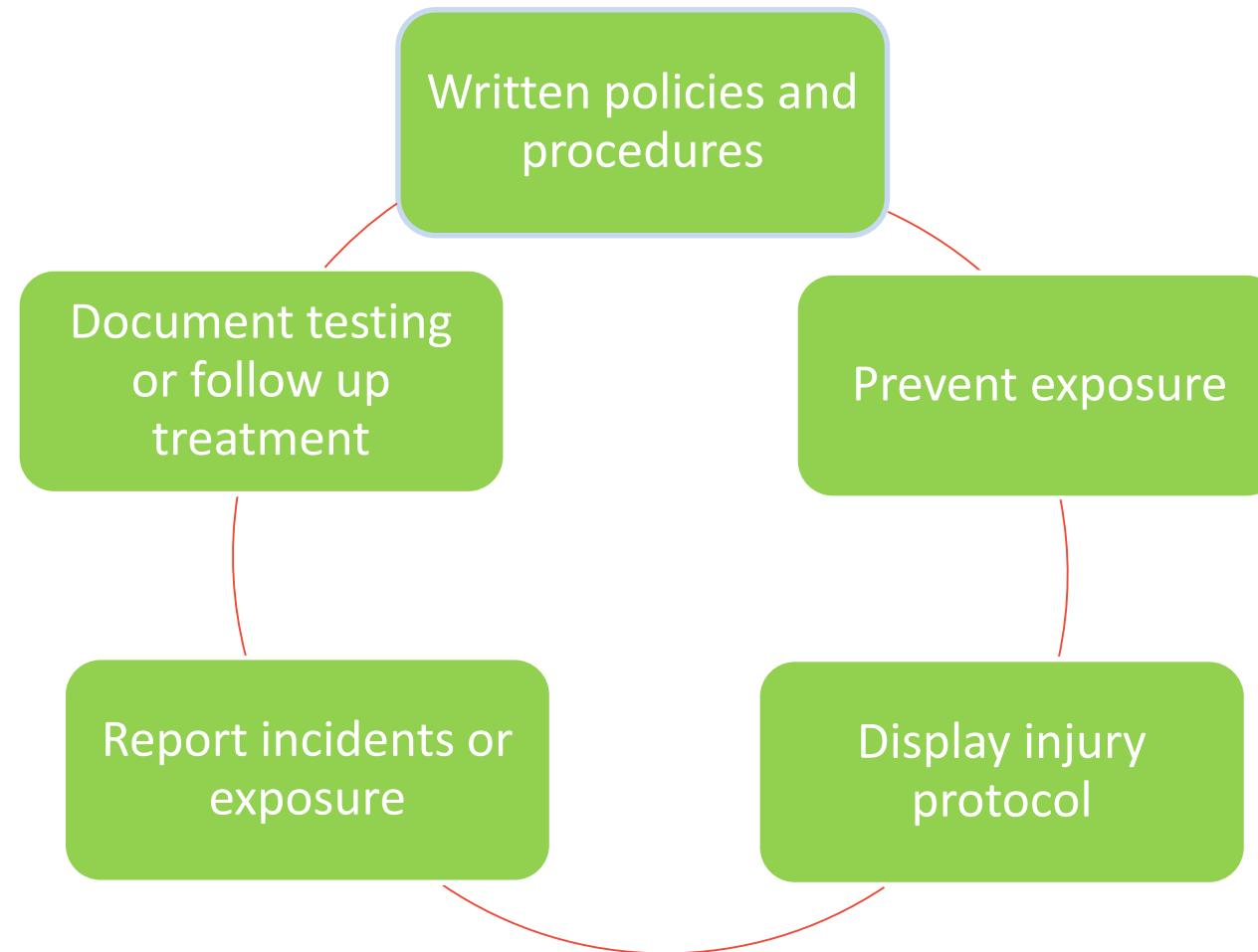


Management of sharps

- Sharps containers need to be:
 - Placed out of reach of children
 - Properly mounted
 - Closed and replaced as appropriate
 - Compliant with Australian Standards
- Do not re-open, overfill, push down or shake contents
- Store filled containers securely while waiting for collection
- Place containers in areas where sharps are generated
- Inspect areas where sharps may be located

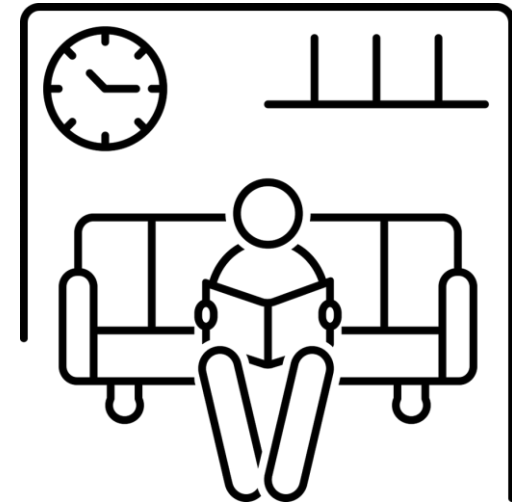


Managing blood and body fluid exposure



Managing the practice physical environment

- Cleaning policy
- Management of blood and body fluid spills
- Linen
- Waste management



Cleaning policy

- Designated person
- Work health and safety issues
- Scheduled cleaning
- Unscheduled cleaning
- Monitoring of the outcome



Cleaning policy

- Practices need a cleaning schedule
- A cleaning log is recommended
- Keep rooms tidy
- Damp dusting is recommended
- Make up spray bottles daily or use wipes/paper towels
- Wash and dry reusable cleaning cloths



Cleaning policy

- Use material safety data sheets for all chemicals stored
- Floor cleaning equipment
 - wash, rinse and hang mops to dry
 - don't use brooms
 - refer to your practice policy for carpet cleaning processes



Managing blood and body fluid spills

- Manage blood and body fluid spills promptly
- Be familiar with the practice policy and procedure
- Use a spills kits & dispose of contaminated material in a clinical waste bin
- Wear personal protective equipment and wash hands after cleaning
- Refill any items used from the spills kit



Spills Kit

- Laminated guide
- Non-sterile or utility gloves
- Disposable aprons
- Absorbent paper towel
- Detergent or detergent wipes
- Scrapers
- Plastic waste bags - clinical and general
- Goggles or face shield
- Masks
- Kitty litter or other absorbent material
- Hazard sign



Care and use of linen

- Staff should know:
 - when to change linen
 - precautions
 - cleaning and storage requirements
- Practices can use alternatives
- Change linen if:
 - patient needs contact precautions
 - blood or body fluid spill
 - soiled
 - odour



Changing linen

- Use appropriate PPE
- Check for sharps or other items
- Never shake linen
- Place into a covered, lined container
- Place in bags at the point of collection
- Don't overfill bags
- Don't sort or rinse in patient care areas
- Store in a clean, dry and dust free environment



Waste management

- Segregate waste into clinical and general waste
- Have a designated person responsible for waste management
- The practice policy should cover:
 - Correct segregation of each waste type
 - Storage of waste
 - Disposal of waste
 - Work health and safety procedures
- Clinical waste – potential to cause infection, sharps injury or public offence
- Must conform to state or territory regulations and AS/NZS3816



Clinical waste containers

- Rigid walls
- Sealable with a secure lid
- Easily handled
- Appropriately labelled, yellow, with a biohazard symbol and labelled as clinical waste



Storage of clinical waste

- Store securely while waiting for collection
- Double bag clinical waste, with the outer bag yellow
- Keep clinical waste bags in secure outer containers which are appropriately labelled
- Keep a spills kit near clinical waste bins
- Clinical waste must be collected by a licensed waste removal contractor
- Treat all forms of consulting waste as clinical waste



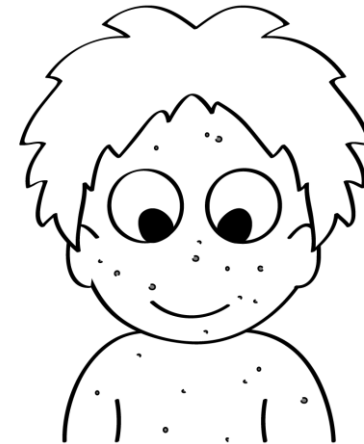
Pharmaceutical waste

- Expired or unused drugs must be disposed in pharmaceutical waste containers and collected by licensed waste contractors
- Pharmaceutical waste should not be placed in clinical waste bins or sharps containers
- Consumers can return expired or unwanted medicines to their pharmacy
- Refer to state legislation for disposal of schedule 8 drugs



Disease surveillance

- Staff education
- Monitoring for threats and notifying relevant authorities
- Triage and signage for patients



Staff education

- Infection prevention and control is part of everyone's role
- Cover any cuts, ensure you feel well and maintain good hand hygiene
- Know how to use an infection prevention and control kit
- Be able to demonstrate how cross-infection risks are managed
- The designated infection prevention and control person must ensure:
 - the induction program covers infection prevention and control
 - ongoing staff education is provided



Monitoring for threats and notifying authorities

- Have systems to monitor threats of outbreak and notify staff
- Have a system for timely reporting of notifiable diseases to relevant state authorities, and responding to disease outbreaks
- Contact tracing may be needed if a patient with a notifiable disease attends your practice
- Have an emergency response plan
- Have an infection prevention and control kit available



Triage and signage for patients

- All staff need to be aware of patients presenting with suspected/confirmed infectious disease
 - Recognise signs and symptoms
 - Ask questions and triage patients
- Implement infection prevention and control measures
- Educate patients on respiratory etiquette education



Summary

- Practices must have systems to minimise the risk and spread of infection
- Have an ongoing education program
- Use standard and transmission-based precautions
- Perform regular risk assessments and update policies and procedures
- Infection prevention and control is everyone's responsibility





This initiative has been funded by the Australian Government under the PHN program.

