



Have you heard the rumour about the germ? Never mind, we don't want to spread it...

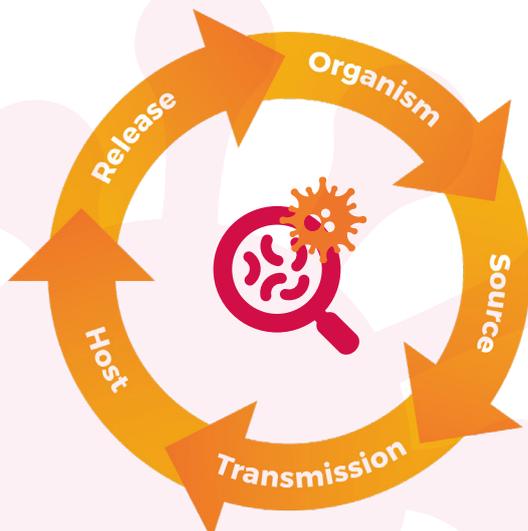
All jokes aside, consistent and correct management of infection in general practice is imperative to preventing and controlling the spread of healthcare associated infections (HAIs) like influenza, hepatitis, and carbapenem-resistant enterobacteriaceae, just to name a few¹. Proper and ongoing infection control measures are essential for the health of your patients and members of your practice team, and is also required to achieve and maintain accreditation under the RACGP Standards 5th edition.

This article is designed to provide your team with information and techniques to assist in basic infection control strategies and to help identify the relevant 5th edition accreditation requirements.

Infectious Disease Cycle

Although health professionals spend plenty of time attempting to prevent the spread of infectious diseases, it's important to understand the cycle of infectious disease.

Referring to the diagram below, an infectious disease can present itself in multiple forms of an organism - a virus, bacteria, fungi or parasite.



If exposed to the right conditions, these organisms can multiply at the point of the source, be it a person, animal, workspace, household appliances, door handles and is then transmitted to a host who becomes infected.

This host then releases the infection which begins the cycle over. Only by breaking this cycle, can you ensure the minimalised spread of an infectious disease.

In a healthcare setting, infectious agents are generally transmitted from a human source, most likely being a general practitioner, receptionist, nurse or patients². At times, transmission can also be a result of environmental sources including air, water, medical equipment and devices that are contaminated, many of which have not undergone proper cleaning protocols.

By paying particular attention to prevention techniques your team can proactively minimise the risk of healthcare associated infections being spread to your employees and your patients.

Prevention

With a clearer understanding of how infectious diseases are spread, we can better understand how to prevent their transmission, ultimately, creating a safer, more hygienic practice environment for your team and patients. It may seem like common knowledge, but correct hand washing is the most effective way to prevent the spread of infections in general practice.³ If washing your hands with soap and hot water is not available, an alcohol-based hand rub to the





surface of the hands is the recommended alternative.⁴ This simple action is a major step to minimising the spread of all kinds of disease, germs and unwanted bugs.

RESOURCES - For helpful resources all in one place, head to www.agpal.com.au/infection-control-requirements-racgp-standards

So how often should you wash your hands? There is no 'set' recommended number of times you should wash your hands throughout the day. Instead, the World Health Organization (WHO) has developed the '5 Moments for Hand Hygiene' as an easy to remember guideline for hand hygiene in healthcare:⁵

The WHO 'Five Moments for Hand Hygiene' is designed to minimise the risk of transmission of micro-organisms between healthcare worker, the patient, and the environment by specifying actions to be taken at the following points of time:

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

The WHO Five Moments for Hand Hygiene recommendation is easy and proven to be highly beneficial to protect you and your team when you undertake patient interactions. The WHO website www.who.int/gpsc/tools/Five_moments/en/ contains a large amount of details associated with the 'Five Moments for Hand Hygiene' as well as a number of useful resources.

Although WHO outline just 'Five Moments for Hand Hygiene', there are also other instances where hand hygiene is crucial:⁶

- After using the toilet
- Before and after eating, and
- Before examining neonates and patients who are immunocompromised.

Did you know? 80% of infectious disease spread is caused by physical contact with a person or object carrying the disease.⁷

The method in which you wash and dry your hands has a significant impact on your hand hygiene. It is recommended that posters or instructions on correct hand washing and hand rubbing techniques be displayed around the practice for both team members and patients to see. Visit the Hand Hygiene Australia website to download a copy of these posters for use throughout your practice – www.hha.org.au.

Gloves are also practical and can be an effective tool for managing the spread of infection within general practices across Australia. Gloves can help reduce the risk of contamination by your team by placing a barrier between exposure to blood or other body fluids, and therefore transmission of infectious agents to other areas of the practice, patients or team members⁸.

Gloves are not a fool-proof solution because if used incorrectly, wearing gloves can be worse than wearing no gloves at all. To support your team with getting your glove use right, we've gathered together some helpful facts about the effective use of gloves in general practice settings:⁸

- Gloves can act as a carrier of micro-organisms from one host to another.
- Due to microscopic imperfections in the glove material during manufacturing, gloves are unfortunately not 100% guaranteed to provide complete protection, therefore hand hygiene is paramount before and after glove use.
- Gloves should be worn for any contact with blood or other bodily fluids (exclusive of sweat).
- Gloves should be removed directly after exposure of blood and bodily fluids.
- The same pair of gloves should not be used between patients.
- If gloves are damaged, they should be removed immediately and proper hand hygiene undertaken prior to new gloves being worn.

Did you know? Micro-organisms colonising patients are recovered from the hands of approximately 30% of healthcare workers who wear gloves during patient contact.⁹

In addition to the spread of infection by direct contact, other common forms of infectious disease transmissions are caused by droplet and airborne transmissions⁶ which are passed through coughing, sneezing and even talking. If not contained, the droplets and vapour from a cough, sneeze or breath becomes airborne and the chances of the spread of disease to another carrier significantly increases. To minimise droplet transmission through coughing and sneezing it is recommended that you:

- Cover the mouth and nose, preferably with a disposable tissue, while coughing or sneezing
- Dispose of tissue in general waste, and
- Wash hands or use hand disinfectants.

RESOURCES - Look up 'POSTER - Help us limit the spread of infection' in your AGPAL accreditation hub for a printable poster for your practice



RACGP Standards and Recommendations

In conjunction with the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010 Guidelines) – currently undergoing an update, and the RACGP's Infection prevention and control standards (the Infection control standards), the RACGP Standards 5th edition provide useful advice to support your team with managing infection control.

Criterion GP4.1 Infection prevention and control, including sterilisation outlines what is necessary of your practice team when undergoing accreditation, with content related

to responsibility of clinical team members, infection control processes and policies, managing infection, informing patients and more.

Due to the importance of minimising healthcare associated infections in general practice settings your team must document and specify clear lines of accountability and responsibility while ensuring infection prevention and control policies and processes are in place. All members of the practice team are required to be educated around infection control processes and be confident in implementing effective management techniques to appropriately manage the risk of infection across all areas of the practice.

As part of your accreditation requirements, Criterion GP4.1 Infection prevention and control, including sterilisation requires practice teams to meet the following Indicators:

► **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, and
- Waste management.

TIP Document each of these systems and processes and list the team member with prime responsibility of infection control, along with any other team members allocated to support the implementation. If someone is away or if new staff come on board, all the details to continue your practice's effective infection control management will be easily accessible and simple to follow.

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

TIP If you are yet to do so, download your AGPAL Policy and Procedure Manual and customise your team's infection control policy details to assist you in meeting this Indicator.

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

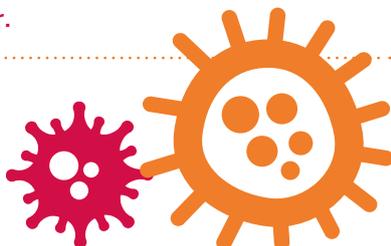
TIP Add your infection control and prevention systems and processes (including triaging) into your induction training and refer to the RACGP's Infection prevention and control standards (the Infection control standards) for guidance around educating staff in relation to their roles.

At a minimum all members of your practice team must have easy access to PPE (e.g. masks, gloves, gowns, protective eye wear), receive education about the proper use of PPE and have a clear understanding of the purpose of PPE and how to apply, remove and dispose of it appropriately.

► **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.

TIP Ensure your entire team has a comprehensive understanding of the standard precautions to minimise cross-infection and transmission-based spread of infection based on the Indicator requirements. Specific details are outlined in the RACGP's Infection prevention and control standards and must be followed at all times by staff. To ensure knowledge is retained, you could undertake pop quizzes to seek areas for improvement, identifying where additional training or reminders may be required for your staff.





You are strongly encouraged to familiarise yourself with the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010 Guidelines), the RACGP's Infection prevention and control standards and the specific RACGP Standards 5th edition requirements linked to *Criterion GP4.1 Infection prevention and control, including sterilisation*.

In addition to Criterion GP4.1, the RACGP Standards 5th edition detail actions for practice staff to help minimise the risk of healthcare-associated infections. As a quick reference the RACGP Standards recommend that members of your practice team:

- Receive appropriate immunisation for vaccine-preventable diseases.
- Use fluid repellent surgical masks to cover mouth and nose wherever possible (if not immune).
- Clean hands immediately after seeing a patient with a known infectious disease.
- Provide segregated waiting room areas for patients with known infectious diseases such as influenza.
- Ask patients to apply correct respiratory etiquette – offer some assistance if patient is unaware of correct etiquette
- Make other health practitioners and staff in the practice aware of the infected patient's condition.
- Clean any areas promptly that may have been infected.

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

TIP To assist you in educating your patients on how they can help minimise the risk of healthcare associated infections, display the AGPAL pull-out poster on page 30 in your reception area and make sure you detail all patient related strategies in your infection control policy.

► **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.

TIP Although not a mandatory Indicator, this process can assist your to team gather information or evidence in the case there is a failure in processing or reprocessing of medical devices, or if there is a medico-legal issue relating to infection control.

Did you know? – Allowing just a metre of distance from an infected patient can significantly reduce the risk of contracting an airborne infection.¹⁰

Now that you have an understanding of the cycle of infectious diseases and how to break the cycle, these practical tips and recommendations should be implemented into your practice and, where applicable, your everyday life. This will help to significantly lower the risk of transmission to patients, yourself, other practice staff and even family and friends.



For more information, fact sheets and helpful posters, see the resources outlined below or contact your AGPAL Client Liaison Officer for personalised accreditation support.

Resources

For helpful resources all in one place, head to www.agpal.com.au/infection-control-requirements-racgp-standards or look up 'POSTER - Help us limit the spread of infection' in your AGPAL accreditation hub

References

1. Centers for Disease Control and Prevention. (2014). Diseases and Organisms in Healthcare Settings. Retrieved from [AGPALQN183IC1](http://www.cdc.gov/nczod/diseasesandorganisms/)
2. Australian Commission on Safety and Quality in Healthcare. (2010). Australian Guidelines for the Prevention and Control of Infection in Healthcare. <http://bit.ly/AGPALQN183IC2>
3. Medline Plus. (2018). Infection Control. <http://bit.ly/AGPALQN183IC3>
4. Hand Hygiene Australia. (2009). What is Hand Hygiene? <http://bit.ly/AGPALQN183IC4>
5. World Health Organization. (2006). Five moments of hand hygiene. <http://bit.ly/AGPALQN183IC5>
6. Royal Australian College of General Practitioners. (2014). Infection prevention and control standards: For general practices and other office-based and community-based practices (5 ed.). <http://bit.ly/AGPALQN183IC6>
7. Tierno, P. M. Jr. (2003). Preventing the spread of germs. *Scholastic Parent & Child* 11(2) 44. <http://bit.ly/AGPALQN183IC7>
8. South Australia Health. (n.d.). Appropriate Glove Use in Health Care. <http://bit.ly/AGPALQN183IC8>
9. Hand Hygiene Australia. (2011). Appropriate Glove Use? <http://bit.ly/AGPALQN183IC9>
10. Maine Centre for Disease Control & Prevention. (n.d.). Disease Surveillance Epidemiology Program: Airborne and Direct Contact Disease. <http://bit.ly/AGPALQN183IC10>