GP Standard 4

Reducing the risk of infection

Our practice has systems that reduce the risk of infections.

Infection prevention and control is critical in general practice. As primary healthcare is increasingly delivered by teams that include doctors, nurses and other health professionals, all members of the practice team are responsible for preventing and controlling infection in the practice. The practice team must be educated and competent in the control and prevention of infection in order to reduce the risk of cross-infection and transmission of disease.

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

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
- waste management.

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.

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

GP4.1F 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.

Why this is important

Having systems with clear lines of accountability and responsibility is part of good governance and the delivery of safety and quality care of patients.

It is important to keep patients and the practice team safe from infection. Infection prevention and control reduces the risk of infection travelling from patient to patient, or from patient to members of the practice team.

The RACGP recognises that antimicrobial resistance is a significant and growing global health issue that must be addressed in a unified and strategic manner.

Including an antimicrobial stewardship program in your practice can help to maintain the effectiveness of antibiotics.

Along with infection prevention and control, hand hygiene and surveillance, antimicrobial stewardship can help prevent the emergence of antimicrobial resistance and decrease preventable healthcare associated infection.

Meeting this Criterion

Infection prevention and control

Your practice must have at least one member of the clinical team who has primary responsibility for the practice's processes to prevent and control infection, including:

- hand hygiene
- provision of sterile instruments
- environmental cleaning
- spills management
- practice team immunisations
- educating the practice team.

These responsibilities must be documented, and the practice team must understand and comply with these processes.

Educating the practice team

To reduce the risk of infection, all members of the practice team must be educated about infection prevention and control processes, based on their role. This education could begin during induction and continue throughout their employment.

Policies and procedures that include triage protocols and tools such as checklists will help all members of the practice team to understand their own and others' roles and responsibilities relating to infection.

Refer to the current edition of the RACGP's *Infection prevention and control standards* (the Infection control standards) for guidance about how to record the education of practice team members and evaluate their competency in this area. The Infection control standards are available at www.racgp.org.au/your-practice/standards/infectioncontrol

All members of the practice team must:

- have easy access to PPE (eg masks, gloves, gowns, protective eye wear)
- receive education about the proper use of PPE
- have a clear understanding of the purpose of PPE and how to apply, remove and dispose of it appropriately.

It is important that your practice team's antibiotic prescribing is in accordance with relevant national standards. Your practice could provide education to the practice team on your antimicrobial stewardship (AMS) program, including policies and procedures and how to find information on appropriate antibiotic prescribing.

Practitioners must have access to appropriate guidelines, such as the *Therapeutic guidelines: Antibiotic*, to promote and support informed prescribing of antibiotics.

Your practice could also make other resources available to help all health professionals reinforce to patients the important messages about appropriate antibiotic use and actions that can be taken to reduce antimicrobial resistance.

Managing the risk of cross-infection in the practice

Risks of cross-infection in the practice must be minimised.

The practice team members need to know how to implement standard and transmission-based precautions, spills management and environmental cleaning.

Refer to and follow the applicable sections of the Infection control standards, which recommend the use of standard and transmission-based precautions (eg hand hygiene, PPE such as heavy-duty protective gloves, gowns, plastic aprons, masks and eye protection, or other protective barriers) when cleaning, performing procedures, dealing with spills and handling waste.

Standard precautions must be applied at all times, based on the assumption that all blood and body substances, including respiratory droplet contamination, are potentially infectious.

Transmission-based precautions need to be taken when patients are known to be, or suspected to be, infected with highly infectious agents (eg influenza). You can minimise exposure to other patients and the practice team by:

- implementing effective triage and appointment scheduling
- using PPE (eg masks)
- implementing distancing techniques, such as
  - spacing patients in the waiting room at least one metre apart
  - isolating the infected patient in a separate space
- strictly adhering to hand hygiene.

Educate patients on how they can reduce the spread of infection while at the practice. For example, you can display signs in the waiting room and have tissues, rubbish bins and alcohol-based hand sanitiser available.

Infection control policy

Develop policies, procedures and tools such as checklists so that adequate steps are taken during the complete sterilisation process. Your infection control policy must contain:

- the name of the team member/s responsible for infection control and sterilisation processes
- the appropriate use and application of standard and transmission-based precautions
- management of sharps injury
- management of blood and body-substance spills
- hand hygiene
- environmental cleaning of clinical and nonclinical areas of the practice
- use of aseptic and sterile procedures
- procedures for reprocessing (sterilising) instruments (if relevant) onsite or offsite, ensuring there is documented evidence this reprocessing is monitored and has been validated

- waste management, including the safe storage and disposal of clinical waste and sharps
- where patients and the practice team can access PPE
- how and when practice team members are educated on the appropriate application, removal, and disposal of PPE.

Educating patients

Practitioners could share decision-making with patients during consultations by discussing the likely benefits, harms and risks of antibiotics. Patient-centred discussions could focus on:

- why antibiotics may not be appropriate
- antibiotic resistance
- advice on self-management of conditions.

You could display posters or provide leaflets with information on antimicrobial resistance and the appropriate prescribing of antibiotics.

Quality improvement activities/audits

Your practice may wish to involve its practitioners in quality improvement activities that will improve clinical practice. Practitioners could also conduct a clinical audit to identify their patterns of antibiotic prescribing and monitor compliance with the practice's policies on antibiotic prescribing.

Providing appropriately disinfected and sterile instruments and equipment

The clinical team member who has primary responsibility for infection prevention and control processes must ensure that equipment and instruments used in patient care have been appropriately cleaned and disinfected or sterilised. The appropriate level of processing of instruments and equipment is determined by the risk of infection posed by their reuse.

Instruments that must be sterile in use can be:

- single-use sterile items
- items that are reprocessed by the practice or by an offsite sterilisation facility.

If you use an accredited offsite sterilisation facility (eg an accredited general practice or Australian Council on Healthcare Standards-accredited hospital), your practice must have a copy of the facility's accreditation certificate.

If you use a non-accredited offsite facility, your practice must be satisfied that the facility would meet accreditation requirements for sterilisation, and keep copies of the facility's relevant documents, including:

- reprocessing policies and procedures
- sterilisation policies and procedures
- results of annual validation.

Waste management

Refer to and follow the applicable sections of the Infection control standards, which provides guidance on waste management that you may consider when developing an infection prevention and control policy.

Keeping up-to-date

Keep up-to-date with changes in laws and guidelines relating to infection prevention and control, and implement them promptly. Establish systems for monitoring and obtaining information about public health alerts for national and local infection outbreaks, such as pandemic influenza, measles and pertussis.

Tracking the sterility of medical instruments and tracing patients

If your practice adheres to and monitors a validated sterilisation process, it may not be necessary to track medical devices or trace patients on whom they have been used. Nonetheless, it may be helpful to have the ability to trace patients and track medical devices in case there is a failure in processing or reprocessing, or if there is a medico-legal issue relating to infection control.

To prove that the medical instruments used in any individual case were sterilised correctly, you may want to refer to the details of the sterilisation process. So that you can do this, you need to enter into the patient's health record the sterilisation load number from the sterile barrier system that the instruments came in. If an issue arises, you can use this load number to refer back to the sterilisation log to recheck the results of that particular cycle. However, it is important to note this does not actually prove that the instruments were sterile at the time of use.

If a process failure is identified after the release of sterile items for use, it is helpful to be able to identify all patients on whom those items were used. In order to achieve this for items:

- reprocessed onsite – record patient identifiers (eg name and/or record number or date of birth) for each patient next to each item or pack listed in the load details in the steriliser log
- sterilised offsite or purchased sterile – keep a list of the items onsite.

Meeting each Indicator

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.

You must:

- have at least one clinical team member who has primary responsibility for infection control and sterilisation
- ensure that the practice team members' immunisations are documented (with their consent).

You could:

- identify the team member who has primary responsibility for infection prevention and control in their position description
- discuss changes to laws and guidelines relating to infection control, local outbreaks and public health alerts at practice team meetings, and document these discussions
- maintain a policy and procedure manual on infection prevention and control that covers all

aspects relevant to your practice.

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

You must:

- maintain an up-to-date practice-specific infection control policy.

You could:

- review the policy on an annual basis
- consult with the practice team when developing the practice policy
- conduct regular audits to confirm compliance with the practice policy.

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

You must:

- have at least one clinical team member who has responsibility for ensuring that all members of the practice team receive appropriate education about infection control and sterilisation.

You could:

- identify the team member who has primary responsibility for infection prevention and control education in their position description
- include infection control in induction and ongoing education programs for the practice team
- discuss any changes to laws and guidelines relating to infection control, local outbreaks and public health alerts at practice team meetings, and document these discussions
- include statements about education in the infection control policy.

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.

You must:

- be able to demonstrate that practice team members manage risks of cross-infection
- ensure the practice team has access to PPE
- safely store and dispose of sharps and clinical waste.

You could:

- maintain a policy and procedure manual on infection control
- maintain a cleaning policy
- maintain a cleaning log
- discuss changes to laws and guidelines relating to infection control, local outbreaks and public health alerts at practice team meetings, and document these discussions.

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

You must:

- have a policy on infection control.

You could:

- have hand washing facilities, hand sanitiser, tissues and rubbish bins available for team members and patients
- have brochures or posters available at reception that explain respiratory etiquette and hand hygiene processes
- display a sign in the waiting area advising patients who have a high-risk condition or deteriorating symptoms to tell reception staff members
- maintain a procedures manual on infection control
- maintain a cleaning policy
- maintain a cleaning log
- discuss changes to laws and guidelines relating to infection control, local outbreaks and public health alerts at practice team meetings, and document these discussions.

GP4.1F 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.

You could:

- show evidence that sterilisation load numbers are recorded in the patient's health record when sterile items have been used
- have a log or list that records the patient's name against sterilisation load numbers.