



Healthcare associated infections

Infection control is a broad and wide-ranging topic. It includes the principles and procedures necessary to prevent the transmission of infectious diseases, and is an essential component of providing comprehensive healthcare services. This fact sheet provides a general overview, however a number of more specific fact sheets are available on a variety of infection control topics.

RACGP 4th Edition Standards

▣ **5.3.3** Our practice has systems that minimise the risk of healthcare associated infections.

Assessment methods

- Interviews with GPs and practice staff

GPs and practice staff will be able to describe to surveyors how infection control policies and procedures are adhered to, including sterilization processes, hand hygiene, personal protective equipment, clinical waste and sharps, managing blood and body fluid spills, triage of patients with potential communicable disease, environmental cleaning, staff immunisations, and educating patients in respiratory etiquette.

- Document review

The practice will have a written infection control policy. Position statements should confirm which staff members are assigned responsibility for coordinating infection control processes. Evidence should also be available in regard to ongoing infection control education and training being provided to staff, and the mechanisms for assessing staff competencies, monitoring of the sterilisation process, sterilisation equipment maintenance and annual validation records (applicable to practices performing accreditation onsite), documented agreement with offsite sterilisation provider (if applicable), clinical waste agreements, and staff immunisation records.

Meeting the Standards

Staff should be able to confirm who, at the practice, has primary responsibility for coordinating infection control processes. This could be one staff person, or it might be one overarching person, with others being delegated individual responsibility in specific areas. All staff should be familiar with infection control processes as per the documented infection control policies. Below is a brief outline of the different infection control areas.

- **Sterilisation**

Any equipment or instruments used must be clean and safe to use. Reusable equipment must be sterilised onsite, or by using an offsite accredited facility, or practices may choose to use single use items only. Sterilisation is a detailed process and involves the correct pre-cleaning of instruments and equipment, right through to storing items correctly so they are ready for reuse. If practices do sterilise instruments onsite, then the autoclave must be calibrated and validated annually. For more information please refer to the GPA 5.3.3 Sterilisation and Validation fact sheets.



- **Clinical waste**

Clinical waste includes discarded sharps, laboratory and associated waste directly involved in specimen processing, human tissue (excluding hair, teeth, urine and faeces, unless the patient has a transmissible illness), and materials or solutions containing free flowing, or expressible, blood. As clinical waste is defined by the EPA legislation of the individual state or territory, practices are encouraged to refer to their relevant EPA definition of clinical waste. In some areas, clinical waste may include anything stained with dry blood or body secretions. Clinical waste should be disposed of into a safely located and clearly labelled leak proof container displaying a biohazard symbol. Sharps must be disposed of into a safely located and clearly labelled yellow, leak proof and puncture resistant container displaying the biohazard symbol, and these should be placed in all areas where sharps are generated. A licensed contractor must be engaged to dispose of clinical waste according to relevant state or territory Environmental Protection Authority requirements. For more information please refer to the GPA Clinical waste collection, Clinical waste storage and disposal, and Clinical waste versus general waste fact sheets.

- **Hand hygiene**

Washing hands will reduce the spread of infection. Effective hand hygiene, using soap and water, antiseptic hand wash or alcoholic hand rubs or wipes, is vital. Staff must be educated on effective hand hygiene and hand care processes. Hand hygiene facilities, such as basins and taps, or hand disinfectants, need to be accessible in all patient management areas, such as consultation rooms and treatment rooms. Hand gels, rubs or wipes are often positioned in all examination and treatment areas to encourage hand hygiene processes, however treatment rooms must have hand washing facilities. For more information please refer to the GPA Hand hygiene fact sheet.

- **Spills management**

Any blood or body fluids must be treated as potentially infectious substances that can transmit disease should any contact occur and, as such, all spills need to be dealt with promptly. Each practice must have at least one spills kit readily available, and staff should be familiar with its location and use. For more information please refer to the GPA 5.3.3 The spills kit fact sheet.

- **Environmental cleaning**

Practices must have a cleaning policy that sets out a schedule and responsibilities for cleaning all areas of the practice. Environmental cleaning includes both scheduled cleaning, which is the regular and thorough cleaning of all surfaces, and unscheduled cleaning, which is cleaning of food and blood and body fluid spills. For more information please refer to the GPA Cleaning the practice fact sheet.

- **Staff immunisation**

It is essential that practice staff be offered immunisation appropriate to their duties, to ensure they are protected from vaccine preventable infection diseases. It is recommended that practices check the *Australian Immunisation Handbook* for recommended vaccinations for healthcare workers. If a staff member declines vaccination, or has any natural immunity to disease, this should be recorded in that staff member's personnel file.