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# Session 2: Infection Control in general practice

This workshop is integrated with the  
RACGP Infection Control Standards for  
Office Based Practices 4<sup>th</sup> Edition



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# Learning Objectives

- Understanding the role of hand hygiene, social distancing and cough etiquette
- Demonstrate correct use of PPE
- Risk analysis and the safe use of MDVs



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# What we know

- The threat of an emerging influenza pandemic reinforces the importance of the fundamentals of effective infection control.
- Hand hygiene and the isolation of body fluids continue to underpin our approach to infection control.



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# Standard precautions

- used consistently by all practice staff involved in patient care or who may have contact with respiratory secretions
- Include hand hygiene, use of personal protective equipment, e.g. gloves, when indicated, aseptic technique, safe sharps management, environmental controls, e.g. spills management and cleaning, vaccination against vaccine preventable diseases



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# Additional precautions

- used when a patient is known or suspected to be infected with micro-organisms that cannot be contained by standard precautions. Provides additional barriers between practice staff and the infected patient
- Includes use of standards precautions plus isolation, social distancing



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# How is influenza spread?

- Droplet – large particles which can be propelled up to 1 metre through coughing or sneezing
- Contact (direct or indirect) - transmission to an object which is then touched by another person or direct person to person contact
- Airborne – small particles which can remain suspended in the air and travel greater distances



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# Droplet production





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# How to protect against infection

- Encouraging respiratory etiquette
- Social distancing
- Hand hygiene
- Correct use of PPE
- Surface cleaning



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# Hand hygiene

- Hand hygiene: reduces the spread of infection and therefore underpins effective infection control
- Clean your hands after contact with an infected person or object
- Gloves don't replace hand hygiene



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# Social distancing

- Cough etiquette and social distancing reduce droplet spread of influenza virus
- 1 metre distance between infected and non-infected persons



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# Cough etiquette

- cover coughs and sneezes – either use of a tissue or handkerchief, or coughing or sneezing into the upper sleeve
- disposal of tissues into a clinical waste container
- hand cleaning



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# What is PPE?

- loves
- Long sleeved gowns and if required the addition of water impermeable aprons
- Masks (P2/N95 and/or surgical masks)
- Eye wear (goggles or face shields)



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# Correct use of PPE

- What PPE do I need?
- Depends on risk of exposure
- High risk=direct patient contact
- Low risk=working in the back office



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# Correct use of PPE

- **High risk**
  - Mask (P2/N95)
  - Goggles
  - Long sleeved gown for close up contact
  - Gloves
- **Low risk**
  - Mask (surgical)



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# Types of PPE

- Masks
  - WHO recommend surgical masks as a minimum
  - high risk exposure - N95/P2 high filtration masks (particulate respirator masks)



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# How to put on PPE

- **Clean hands**
- *Mask*
- *Goggles*
- *Gown* - Long sleeved tied up at the back
- *Gloves* - tuck the cuffs of the gown into the gloves.



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# How to remove PPE

- *Remove gloves* - inside out. Dispose of into labeled clinical waste disposal container
- **Clean hands**
- *Remove gown* – do not to touch surfaces exposed to contamination. Dispose of disposable gown into labeled clinical waste disposal container.
- **Clean hands**
- *Remove eye wear* - disposable goggles/faceshield are placed into labeled clinical waste disposal container. Reusable put in labeled container for cleaning and disinfecting before reuse
- **Clean hands**
- *Remove mask* - away from face, taking care to handle by the strings only. Dispose of mask into labeled clinical waste disposal containers
- **Clean hands**



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# Lets play!



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# Practice check list

- infection control polices that address
  - practice cleaning
  - contaminated waste management
  - order and store appropriate supplies of PPE and disposable consumables
  - provide tissues and no-touch receptacles for used tissue disposal



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# Practice check list

- Provide conveniently located dispensers of alcohol-based hand rub
- Signage: to educate and alert staff and patients to ensure compliance
- Staff education
  - Hand hygiene
  - Cough etiquette
  - Social distancing
  - Correct donning and doffing of PPE



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# Multi-dose vials

- Risk analysis
- MDV guidelines



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# Learning objectives

- Increased understanding of the risk analysis applied to the use of multi-dose vials in general practice
- Increased understanding of the role of clinical guidelines and practice systems in the use of multi-dose vials in general practice



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# Why analyse risk?

- Near misses allow us to recognise the action(s) taken to prevent harm or to prevent the event from escalating to the point of harm and to study ways of minimising harm
- Poor technique when using MDVs  
WILL cause harm: an adverse event



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# Lets analyse risk

- What risks can you identify?
- What does the literature tell us?
  
- Fish bone diagram



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# Cause and effect diagram

- Identify the incident
  - Practice processes
  - Practice equipment
  - Human factors
  - Patient factors
  - External factors



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# Why MDV clinical guidelines?

- ‘assumption’ that vial content remains sterile after opening (Melnyk, Shevchuk, Conly, Richardson 1993)
- Failure to separate clean from contaminated areas have results in patient-to-patient Hep B virus transmission (Taraz, Malakmadze, Blater, Perz et al 2005)
- Multi-dose syringe use does expose risk of ‘suck-back’ (Pleuckhahn, Banks 1970)



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# Guidelines: over arching principles of vaccine use

- Cold chain principles applied to supply, storage and administration
- Whoever generates the sharp is responsible for the safe disposal
- Sharps containers: self locking
- Store and discard vaccine according to manufacturer's instructions
- Hand hygiene and aseptic technique during preparation and administration



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# MDV guidelines

- At first use record date on vial
- Two separate clean surfaces
  - Drawing up vaccine from MDV
  - Administering vaccine and safe disposal of injection equipment
- New syringe, new drawing and new administration needle (except when multiple doses are drawn up at the same time)



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# Cont.,

- Wipe top of MDV diaphragm with alcohol swabs before inserting new needle for extraction of a new dose
- Discard contents of MDV
  - Storage conditions failure
  - Sterility breach
  - ‘Expiry’ date reached
  - ‘Discard after opening date’ reached



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# ? For your practice

- What are the identified risks for your practice?
- Who will write and implement the policy?
- Who will initiate the training?
- Access by which clinicians?