

TRIM - 53261

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTHCARE

Infection Prevention and Control in General Practice settings and Accreditation

► Why is Infection Prevention and Control important

- Part of a risk management approach to patient and HCW safety
- Utilises evidence based principles and resources that are consistent with best practice
- Part of the consultation process and is an opportunity for health promotion

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► Australian Guidelines for the Prevention and Control of Infection in Healthcare

- Commission engaged the NHMRC to produce guidelines based on:
 - Best available current scientific evidence
 - International guidelines (CDC, WHO, EPIC II)
 - Best practice / expert opinion
- Public consultation March 2010
- Released October 2010
- GP representative on steering committee

www.safetyandquality.gov.au
<http://www.nhmrc.gov.au>

► Who are the AICG for?

The Guidelines are for use by all those working in healthcare –

- healthcare workers
- managers
- support staff

► Change from previous guideline

- Not prescriptive-
 - Provides principles for care and encourages the use of local policies and procedures
- Includes guidance on involving patients in their care
- Focused on the delivery of care
- Evidence based
- Encourages healthcare workers to use a risk management approach in care delivery to prevent and control infection
- Based on the principles of safety and quality

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► What does the AICG provide for you?

- A resource that will assist you address risks and manage them utilising the best available evidence based principles and a standardised national approach to infection prevention and control
- Content that is focused on acute care but the principles are applicable to a wide range of healthcare settings

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▶ What won't the AICG provide to you?

- All the answers, but they will teach you how to identify risks and consider management
- Not a one-size fits all - application of the guidelines should incorporate consideration of the context and assessment of risk in the facility.
- Do not provide detailed information on:
 - Infectious diseases
 - Reprocessing instrumentation
 - Quality Improvement
 - OH&S
 - Support services (waste, linen, food services)
 - Engineering facility design (air handling, water)

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▶ What won't the AICG replace?

Successful implementation of the AICG needs to be supported by development of local policies and procedures, based on **risk assessment** in the **specific setting** and **referral to local specialist expertise where relevant**, for example:

- Infection Prevention and Control Professionals;
- Infectious Diseases Clinicians;
- Microbiologists; and
- Public health experts

These key resource personnel are integral to successful implementation and sustainability of the guidelines in practice in individual settings.

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▶ Grades of evidence

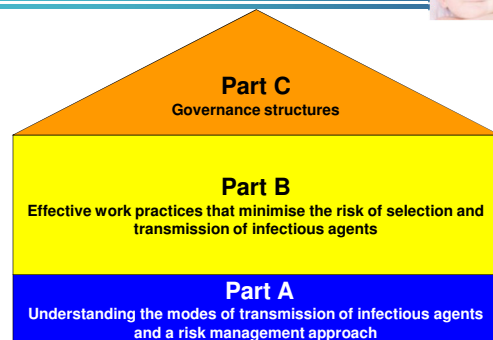


- A** Evidence can be trusted to guide practice
- B** Can be trusted in most situations
- C** Provides some support for recommendations, care should be taken with application
- D** Evidence weak and apply with caution
- GPP** Good practice points – evidence weak or non-existent but supported by best practice based clinical experience and expert opinion



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▶ Core Practice Principles



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An understanding of the modes of transmission of infectious agents and an overview of risk management	Effective work practices that minimise the risk of selection and transmission of infectious agents	Governance structures that support the implementation, monitoring and reporting of infection control work practices	Compliance with legislation, regulations and standards relevant to infection control	
A Basics of infection control A1 INFECTION CONTROL IN THE HEALTHCARE SETTING A1.1 Risks of contracting a health care associated infection A1.2 Standard and transmission-based precautions A2 OVERVIEW OF RISK MANAGEMENT IN INFECTION CONTROL A2.1 Risk management basics A2.2 Communication and Consultation A3 A RISK-CONTROLLED APPROACH A3.1 Patient-centred A3.2 How does patient-centred care relate to infection control?	B1 STANDARD PRECAUTIONS B1.4 Hand hygiene B1.4.1 Hand hygiene B1.4.2 Hand hygiene products B1.4.3 Hand decontamination processes B1.4.4 Other aspects of hand hygiene B1.4.5 Hand care B1.4.6 Hand hygiene programs B1.4.7 Applying risk management for hand hygiene B1.5 Personal protective equipment B1.5.1 Decision making about PPE B1.5.2 Aprons and gowns B1.5.3 Face and eye protection B1.5.4 Goggles B1.5.5 Other forms of clothing B1.5.6 Risk management principles in choosing PPE B1.6 Handling and disposal of sharps B1.6.1 Handling of sharps B1.6.2 Disposal of sharps B1.6.3 Safety devices B1.6.4 Applying a risk management approach to handling and disposal of sharps B1.7 Routine management of physical environment B1.7.1 Routine environmental cleaning B1.7.2 Management of blood and body substances spills B1.7.3 Applying a risk management approach to facility hygiene B1.8 Processing of instruments and equipment B1.8.1 Cleaning B1.8.2 Disinfection B1.8.3 Sterilisation B1.8.4 Storage and maintenance B1.8.5 Spaulding's criteria	B.1 TRANSMISSION BASED PRECAUTIONS B.1.1 Application of Transmission based precautions B.1.1.1 Contact precautions B.1.1.2 Droplet precautions B.1.1.3 Airborne precautions B.1.1.4 Applying a risk management approach to transmission based precautions B.2 MANAGEMENT OF MRSA AND OUTBREAKS B.2.1 Management of MRSA B.2.1.1 What are the risks? B.2.1.2 Core strategies for MRSA prevention and control B.2.1.3 Organism specific intensified approach B.2.1.4 Antibiotic stewardship B.2 Outbreak management B.2.2.1 Health care workers role B.2.2.2 Patient isolation B.2.2.3 Application of transmission based precautions B.2.3 Putting it into practice B.3 EFFECTIVE WORK PRACTICES B.3.1 Risk management B.3.2 Therapeutic device B.3.2.1 Involving urinary devices B.3.2.2 Intermittent access devices (catheters) B.3.2.3 Ventilation B.3.2.4 Enteral feeding tubes B.3.3 Surgical procedures B.3.3.1 Pre-procedure B.3.3.2 During the procedure B.3.3.3 Post-procedure	C.1 Management and clinical governance C.1.1 Roles and responsibilities C.1.2 Infection control programs C.1.3 Quality improvement C.2 Staff health C.2.1 Health status and screening C.2.2 Staff immunisation C.2.3 Special situations (students, pregnancy) C.2.4 Occupational exposure to blood or body fluid incidents C.3 Education and Training C.3.1 Workshops and training C.3.2 Health care establishments – core clinical competencies C.3.3 Education strategies C.4 Surveillance C.4.1 Data collection methods C.4.2 Outbreak detection and management C.5 Antibiotic stewardship C.6 Facility design and maintenance	D Compliance with legislation and standards (refer to Appendix 2) D.1 Ethical and legal issues D.2 Regulated practice and processes D.2.1 Use of SUD's D.2.2 Standards Australia guidance on equipment reprocessing D.2.7 Linen laundry and foot service D.2.8 Water D.2.9 Clinical and waste management D.2.10 Hospital design/ refurbishment

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▶ Key messages

"Effective infection control, to prevent the transmission of infectious agents and to manage infections if they occur, is central to providing high quality health care for patients and a safe working environment for health professionals...."

...Infection control is everybody's business."

Infection should not be considered an unpredictable complication but a potentially preventable adverse event.

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▶ **Key message – infection control is everybody’s business**

But to make this message meaningful it requires key people to direct and drive infection prevention and control and for health care workers to have a basic understanding of:

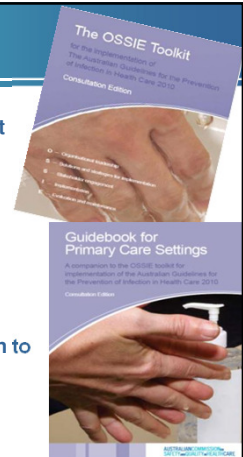
- Modes of transmission
- Effective work practices to minimise risk of transmission of infectious agents
- Effective governance structures to support implementation, monitoring, reporting activities
- Compliance with legislation, regulation and standards



▶ **Tools to help implementation of the Guidelines**

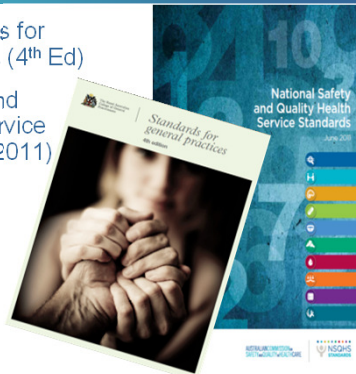
OSSIE guide – practical tool to get people to think differently about practice

- **Clinical educators guide**
- **Downloadable posters and resource**
- **Patient information resources**
- **e-learning orientation tool (soon to be released)**



▶ **So, how important is it?**

- RACGP Standards for General Practices (4th Ed)
- National Safety and Quality Health Service Standards (June 2011)



▶ **Application to the RACGP Standards and the National Safety and Quality Standards**

- | | |
|--|---|
| <ul style="list-style-type: none"> • Practice services <ul style="list-style-type: none"> – Proactive and preventative care, health promotion – Coordination of diagnosis, management and continuity of care – Access and communication • Safety, quality and education <ul style="list-style-type: none"> – Risk management systems – Governance – accountability and responsibility – CPD, training and qualifications • Practice management <ul style="list-style-type: none"> – OH&S – Cleaning and waste management • Physical factors <ul style="list-style-type: none"> – Facilities, access, privacy and layout – Equipment, medications, vaccines – HAIs – risk minimising systems | <ul style="list-style-type: none"> • Governance systems <ul style="list-style-type: none"> – Risk management for provider and patients – Policies and procedures – Surveillance of HAIs – QA activities • IP&C strategies <ul style="list-style-type: none"> – Hand hygiene – Immunisation – OH&S – Education • AMS • Cleaning disinfection and sterilisation <ul style="list-style-type: none"> – Environment and equipment • Communication |
|--|---|

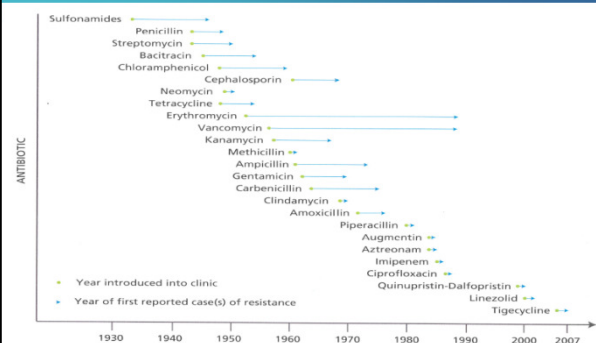


Why is infection prevention and control important?

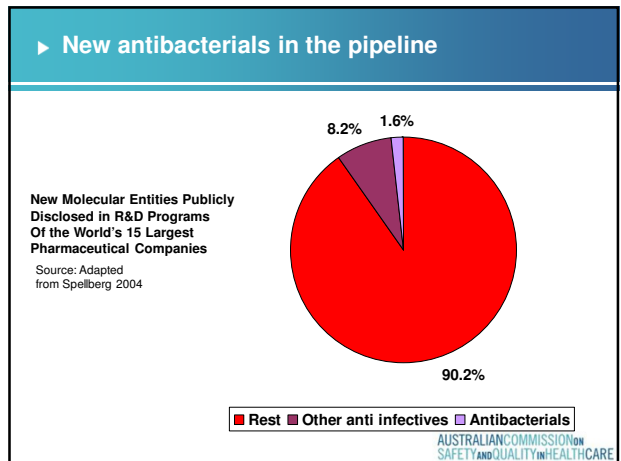
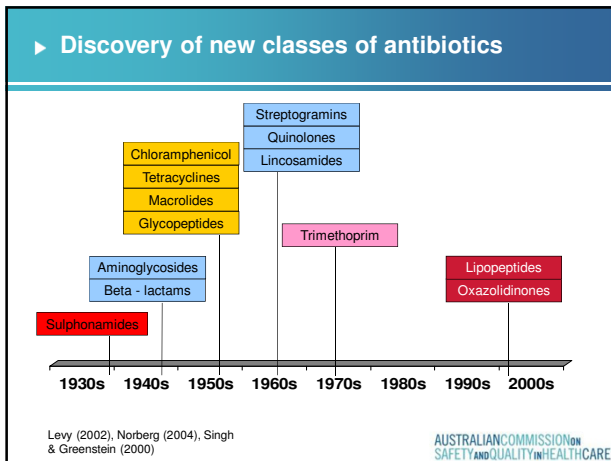
“Successful infection control depends on effective work practices being undertaken at each stage of every episode of patient care and treatment, *and involves everyone in healthcare.*”



▶ **Time line of the rapid rate of resistance**



Note: Some of the dates are estimates only.
Source: Pray, 2008.



The quality and safety problem (J. Braithwaite)

The incidence of:

Experiencing an adverse event in an intensive care unit [1]	1 : 2
Being injured if you fall in hospital [2]	1 : 2
An adverse event in ICU being serious enough to cause death or disability [3]	1 : 10
Experiencing an adverse event or near miss in hospital [4]	1 : 10
Experiencing a complication from a medication or drug [5]	1 : 20
Developing a healthcare associated infection [6]	1 : 30

[1] Andrews et al, 1997 [2] Schwendimann et al, 2006 [3] Andrews et al, 1997 [4] CCGR data, average across studies in Australia, Canada, Denmark, New Zealand, UK and USA [5] Andrews et al, 1997 [6] Pittet, 2005

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Quality care means getting evidence into practice

Patients typically only get 40-50% of possible care that would be recommended for them by evidence.

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- ### Why isn't the correct care given all the time?
- ignorance
 - lack of training
 - lack of knowledge
 - limitations of practice
 - care is too complex
 - patients are too complex
 - we are too busy
 - not enough staff
 - clinicians don't care
 - etc, etc
-
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Is it all just too hard?

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Venipuncture Checklist:

Doctors/collectors should:

- Perform hand hygiene.
- Clean the patient's skin with an appropriate skin antiseptic.
- Use single use sterile equipment.
- Wear gloves.
- Put a sterile dressing over the site.
- Dispose of used equipment into sharps container.



Why?

Patients checked for infection

By MARK ROBINSON
Blood scare follows hip operations

Surgery tools unsterilised

GERM SQUAD

The Advertiser SHUTDOWN

Superbug closes RAH cancer wards

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5 Moments for HAND HYGIENE



1 BEFORE TOUCHING A PATIENT	WASH: Clean your hands before touching a patient and their immediate surroundings. WASH: To prevent the patient-agent transfer of germs from the hands of the HCW.
2 BEFORE A PROCEDURE	WASH: Clean your hands immediately before a procedure. WASH: To prevent the patient from harmful germs (including those easily transferred on gloves).
3 AFTER A PROCEDURE OR BODY FLUID EXPOSURE	WASH: Clean your hands immediately after a procedure or body fluid exposure risk. WASH: To prevent the HCW and the healthcare surroundings from harmful patient germs.
4 AFTER TOUCHING A PATIENT	WASH: Clean your hands after touching a patient and their immediate surroundings. WASH: To prevent the HCW and the healthcare surroundings from harmful patient germs.
5 AFTER TOUCHING A PATIENT'S SURROUNDINGS	WASH: Clean your hands after touching any object in a patient's immediate surroundings when that object has not been touched. WASH: To prevent the HCW and the healthcare surroundings from harmful patient germs.

Hand Hygiene Australia | World Health Organization

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Hand Hygiene Australia | World Health Organization

Health promotion for patients and HCWs

- Occupational protection for HCWs
- Opportunistic vaccination for patients



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Resources

The education modules comprise ten online interactive sessions, a workbook and assessment tools to facilitate learning.

The ten modules include:

1. Principles of Infection Prevention and Control
2. Basic Epidemiology and Statistics
3. Surveillance and Quality Improvement
4. Basic Microbiology and Multi-resistant Organisms
5. Risk Management of Infectious Agents and Infectious Diseases
6. Infectious Agent Screening and Immunisation of Healthcare Workers
7. Outbreak Management
8. Renovation, Repairs and Redevelopment Risk Management
9. Management of Occupational Exposures
10. Cleaning, Disinfection and Sterilisation

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infection prevention & control

Welcome to our training portal

This training portal is one of several modules for the health care worker who is undertaking infection control activities to enhance their knowledge and provide them with resources to assist them in safe practice, quality healthcare delivery and risk management strategies.

This portal is made up of a series of educational modules for the health care worker who is undertaking infection control activities to enhance their knowledge and provide them with resources to assist them in safe practice, quality healthcare delivery and risk management strategies.

Having problems viewing courses?
[Click here for Help & Support](#)

Logged In

Hello Sue,
 Welcome back to your online training.
 What would you like to do today?

- ▶ Continue my training
- ▶ Edit my details
- ▶ Manage accounts
- ▶ Logout

Surveys
 Please take a moment to complete the following surveys.
 You have none assigned.

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My Training

Please click on the course title you would like to begin.

- ACSQHC - Basic epidemiology and statistics**
 Completed Score: 90%
 This module will provide the participant with an understanding of basic principles of epidemiology and statistics for infection control practitioners. This module will address how to apply these principles in a practical manner to assist with making informed decisions and assist in interpreting the scientific literature.
- ACSQHC - Basic microbiology and multi-resistant organisms (MRO)**
 Progress: 93%
 This course has been developed to provide infection control practitioners with an understanding of basic microbiology and the key microorganisms involved in causing infections and disease in hospital patients.
- ACSQHC - Cleaning, disinfection and sterilisation**
 Completed Score: 100%
 This module is designed to provide an evidence based understanding for the infection control professional, on the reprocessing of reusable medical instruments and equipment by cleaning, disinfection and sterilisation.
- ACSQHC - Infectious agent health screening and immunisation of healthcare workers**
 Overview
 This module will provide the ICP with the tools to implement or review an occupational screening education and immunisation program for

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My Training

Previous Next

ACSQHC - Surveillance and quality improvement

This course will provide an understanding of surveillance and quality improvement in infection control management.

Introduction

- Activity: Welcome
- Surveillance and quality improvement
- Course overview
- Workbook

What is surveillance?

- What is surveillance?
- Surveillance activities

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http://infectionprevention.elearning.com.au/courses/unit1907/topic1/page4/

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My Training > Management of occupational exposures

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Workbook

100%

This module is supported by material in the infection control workbook.

The workbook includes:

- a glossary of terms
- examples
- forms
- biographical information, and
- more detailed information for some topics

The material in the course module will refer you to the workbook where relevant.

If you haven't already downloaded a copy, click on the 'Workbook' link to download the workbook now.

[Workbook download troubleshooting](#)

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My Training > ACSQHC - Surveillance and quality improvement

Activity: Successful surveillance practices

Previous Next

Now it's your turn. From the list provided, you need to identify factors that can contribute to the collection of high quality surveillance data. There are five correct options. Click and drag the correct answer onto the clipboard. Incorrect answers will bounce back.

- Variable accreditation standards across healthcare services
- A lack of robust standardised infection definitions
- Organisational support for the infection control program
- A standardised approach to data collection
- Provision of clear, practical and specific definitions for data collection
- Consultation with all relevant stakeholders about activity design and implementation
- The variability of medical staff in small or long term care facilities

Answers



Assessment

Congratulations! You have passed the Quiz!

You have passed this quiz with a score of 100%

Question & Answer	Score
Immediately following a sharps injury: The injured area should be washed well with soap and water	100%
The overall risk from a significant needle-stick injury from a known HIV positive source has been estimated at: 0.3%	100%
When should occupational exposures be reported? As soon as they occur	100%
Which of the following situations are significant occupational exposures requiring further follow up? Needle-stick injury following venipuncture	100%
After first aid the most important step in the management process of an occupational exposure is a risk assessment to determine the risk of BBV transmission. This includes assessment of: All of the above	100%
Following a high risk exposure involving a HIV positive source PEP is most effective if administered: As soon as possible following exposure, preferably within 1-2 hours	100%
When the source of an occupational exposure is unknown: Appropriate follow-up should be determined on an individual basis based on a risk assessment	100%
Occupational exposures can best be prevented by: All of the above	100%
The BBV that pose the most serious health risks are: All of the above	100%

Quiz

Congratulations! You have passed the Quiz!

You have passed this quiz with a score of 80%

Other Attempts: 1/3

Question & Answer	Score
Bianca is a 2yr old child in the children's ward who has tested positive for Pertussis. She was admitted 5 days ago with bronchiolitis and has been in hospital precautions since arriving. Her parents and 4yr brother have been visiting. What follow up may be recommended? Trace all staff who have cared for the child and arrange prophylaxis Encourage all staff who have not received an adult pertussis vaccination to have one	0%
A patient is to be transferred from the Emergency Department (ED) to the medical ward with scabies. What is your initial response? Put a tick next to each correct answer and click 'Next' to continue. There are three correct answers. Ensure the patient is placed in a single room with transmission based precautions Determine if initial treatment was commenced in the ED Coordinate treatment with linen and clothing changes before and after	100%
After eliminating one patient for diarrhoea post laxatives and another for diarrhoea due to acute Crohns Disease, there are three patients with gastro symptoms in one four bed room, and two in the adjoining 4 bed room with nausea and vomiting. They have shared facilities. There appears to be no common food or fluid elements. You determine there is an outbreak of gastro in the ward. What are some of your next actions? All of the above	100%
It is 16.45hrs Monday. You receive a call from the medical ward. The nurse in charge thinks she may have a gastro outbreak. What is your first response? Put a tick next to each correct answer and click 'Next' to continue. There are two correct answers. Ask the nurse to make a list of the patients involved and chart their respective onset of gastro-intestinal symptoms including fever, nausea, vomiting, abdominal pain, and diarrhoea Collect your data collection tools and present to the ward to assess the situation and determine if there is an outbreak	100%
For the duration of the outbreak you will make regular rounds of the affected ward. Which of the following activities may you undertake? All of the above	100%

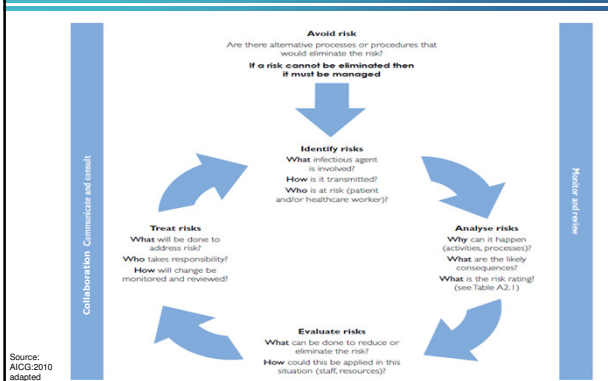
► To find out more, go to:

- www.safetyandquality.gov.au
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► Further modules in 2011

1. Infection prevention in primary care
2. Infection prevention in dental practice
3. Nurses role in AMS
4. CLABSI

► The risk assessment and management flowchart



► What do we do to address the risks

Consider:

Can we avoid or eliminate the risk? **No**
Then how do we manage or minimise it?

We need to identify:

- Who is at risk?
- What infectious agent is involved?
- How is the agent transmitted?
- Why can it happen?
- How likely is it?
- What are the consequences?
- What can be done?
- How is it applied to the situation?

These measures should minimise the risks of infection

► Applying the principles

Let's look at a simple scenario:

Waiting rooms and respiratory precautions

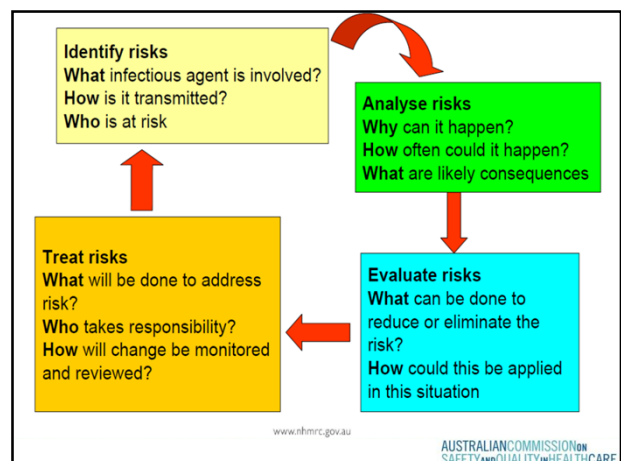


Implement Standard Precautions appropriate for this environment

Respiratory etiquette – layout (>1 metre between chairs), signage and equipment (tissues, hand hygiene and waste bins, access to masks) ✓

Review cleaning schedule ✓

Educate HCWs and patients ✓



► In Summary

- Infection prevention and control is about effective governance, utilising the resources and principles of risk management to ensure a safe environment for both HCWs and patients

“breaking the chain of infection transmission”

- Preventing preventable infections with-in your patient population.
- Utilising the resources of the RACGP, NHMRC and ACSQHC to achieve this

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