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2021 GENERAL PRACTICE INFECTION CONTROL SELF CHECKLIST WITH ANSWERS

PRACTICE STAFF MEMBER: **DATE:**

A. Standard and Transmission Based Precautions

☐ 1. What are Standard Precautions?.....*Required knowledge*

Response

Standard Precautions are actions we take when anticipating contact with all body fluids (except sweat) and mucous membranes e.g. hand hygiene/glove use, safety glasses/masks for splash, sharps bins, HepB vaccine.

☐ 2. What are Transmission Based Precautions?.....*Required knowledge*

Response

These are used in addition to standard precautions when a suspect pathogen is not controlled with standard precautions alone e.g. patients wait outside during a pandemic, a mask is worn, a sneeze shield is used

☐ 3. Do you have a pandemic kit and can key staff correctly use the PPE? .....*Advised*

Response

This contains a dozen sets of masks and gowns plus gloves and eye protection for the initial cases with more supplied as needed. At least one staff should be competent in donning and doffing PPE to train others.

☐ 4. Can reception staff manage suspect COVID-19/influenza/measles/gastro?.....*Required knowledge*

Response

Reception need to know what increases reduces risk so they can act to reduce transmission of infection from suspect patients to/from themselves and others e.g. wait outside, sneeze shield, both wear mask, isolation.

☐ 5. Are materials/processes present at reception for patients to reduce transmission of infection?...*Advised*

Response

Contactless payment, alcohol hand rub, signage about symptoms, providing mask/vomit bags, tissues, bin

☐ 6. Is the waiting room providing toys during a pandemic or when there is measles etc in the area?.....

Response

There should be no toys or magazines for sharing during a pandemic or local infectious outbreak.

☐ 7. Where are vomit bags placed in the practice?.....*Advised*

Response

Place one or two as needed in reception, toilets, treatment room and consulting rooms. Replace when used

☐ 8. Do staff understand why eating and drinking at a work station in health care is not acceptable?.....

Response

Mouths/noses touched 6-8 times/hr without realising. HH not done every time. Increases transmission risk

☐ 9. Do staff know the correct way to wear and remove a mask?.....*Required knowledge*.

Response

Halfway down the nose to under the chin are covered and the ear loops are not crossed. The nose bridge is moulded. To remove, use both ear loops to take off the mask away and down and disposed to clinical waste.

☐ 10. Do staff know when a mask is to be replaced and when HH is required?..... *Required knowledge*.

Response

Perform HH after touching mask. Replace around 2 hours when it becomes wet and ineffective – rehydrate!

B. Hand Hygiene

☐ 1. Is your brand of soap, alcohol hand rub and hand cream suitable for healthcare staff?.....*Advised*

Response

Hand Hygiene Australia (HHA) advises use healthcare quality product within the same product range to reduce skin damage. Each of the three will contain moisturiser and an emollient (skin softener)

☐ 2. Do all staff know the 5 moments of HH? .....*Required knowledge*

Response

Before and after patient contact, before and after a procedure and after touching a patient's surroundings

☐ 3. Where is alcohol based handrub (ABHR) placed?.....*Required knowledge*

Advice

ABHR is gold standard for hand hygiene (HH) in clinical care. Place at point of care e.g. trolley, next to patient chair/couch, desk, reception (separate bottles for staff and pts). Do not place at sink because this reduces compliance. Apply enough to rub for 20 seconds wet contact. Use for pap smears, wound care, reception.

☐ 4. Is plain liquid soap placed at all consulting room sinks?.....*Advised*

Advice

Washing is preferred to ABHR for HH at start and finish of duty, before breaks and always before handling food/drinks and after toilet. A hygienic wash takes 40 seconds including drying.

☐ 6. Is HH performed after every glove removal?.....*Required*

Advice

Gloves are required when in contact with non intact skin and mucous membranes. HH is performed before and after glove use. Gloves are not a perfect barrier and microorganisms can pass through tiny tears

☐ 7. Is the product used to prepare the GP hands for surgical procedures labelled as such?.....*Required*

Advice

Either a 4% chlorhexidene hand wash or a specifically labelled alcohol handrub are used. (Not a normal hand rub and not 2% chlorhexidine wash) 0.75%/1% iodine wash is less common. These products must be used as instructed to reduce levels of resident / persistent transient bacteria on hands.

☐ 8. Are surgical glvoes used for all surgical procedures?.....*Required*

Advice

These are of higher quality, allow more dexterity and offer more protection to compromised patient undergoing invasive procedures and are used prior to contact with sterile tissue e.g. lesion removal, suturing

☐ 9. Is suitable hand cream used?.....*Advised*

Advice

Hand hygiene Australia advises that use of a compatible barrier product is part of HH and reduces damage due to oil and moisture loss from soap and alcohol. The advice is to use a product from the same brand used for health care staff washing and rubbing because it contains a moisturizer with an emollient (skin softener). it 2 Apply 2- 4 times daily. Use after the first hand wash of the day to provide a barrier then after breaks.

C. Staff cleaning of clinical and frequently touched surfaces

☐ 1. Are all staff provided with their own cleaning duties?.....*Advised*

Advice

Have a schedule that lists everyone's role - ensure the cleaner and staff know what each other does

☐ 2. Are all staff and cleaners protected for HepB?.....*Advised*

Advice

Check with contractor and offer if not protected – duty of care. All staff may have contact with body fluids.

☐ 3. Are all staff and cleaners trained to clean a health care facility?.....*Advised*

Advice

Previous cleaning experience in hospital/aged care/community health is useful. Train and educate cleaner. Provide schedule, specify products / equipment, provide gloves and disposable cloths/paper towel. Include cleaner in education sessions. Cleaner does not handle clinical waste/sharps bins nor clean body fluid spills.

☐ 4. Are detergent solutions used correctly?.....*Advised*

Advice

Detergent products used by cleaners should be approved for use in healthcare. Any detergent that requires dilution is made up daily and discarded. Use pour bottles rather than spray bottles to reduce carryover.

☐ 5. Are detergent wipes available for staff use throughout for spot cleaning?.....*Suggested*

Advice

Staff are more likely to clean any spot or mark if a detergent wipe is at hand - this is easier than accessing bottles of detergent that require daily dilution. Alcohol wipes do not clean and may damage surfaces

☐ 6. Is a product available for spot cleaning of glass?.....*Suggested*

Advice

Wipe with a detergent wipe and finish off with paper towel/microfibre cloth. Window cleaner is unnecessary.

☐ 7. Are frequently touched surfaces wiped daily with detergent?.....*Advised*

Advice

During a pandemic twice daily may be expected to reduce transmission from shared high touch surfaces such as keypads, handles / switches / buttons, keypads etc. A detergent/disinfectant wipe may be advised

☐ 8. Are the practice' toilets checked for gross contamination during the day?.....*Suggested*

Advice

Ask patients to report soiled toilets. Reception can check lunchtime and before cleaner as a duty of care.

☐ 9. Is the practice checked for incorrectly disposed sharps before the cleaner arrives?....Advised

Advice

Clinical staff ought check before leaving for undisposed sharps or spots of blood as a duty of care to cleaner

☐ 10. Are disinfectant wipes used for contact clinical surfaces after MRSA pts?.....*Suggested*

Advice

Disinfectant wipes active against MRSA for use on wound trolleys etc reduce opportunity for transmission.

☐ 11. Have linen and toys and magazines been eliminated?.....*For consideration*

Advice

Linen is not essential and it may transfer MRSA, flu, gastro, scabies, lice etc. it is not washed in a domestic machine but requires a standard process – check with your laundry. Most have stopped linen use and either use a bare couch cleaned between uses or a short length of disposable towel for comfort and/or modesty sheet. Less pillows are used with adjustable couches. Use a wipeable pillow protector to avoid pillow cases.

☐ 12. Is waterproof sheeting and head protectors used under patients when needed?.....*Advised*

Advice

Regardless of whether linen is used, place a piece of disposable towel under patient head area. Under anticipated wet areas, place a cut piece of protector pad from a roll (less waste volume than half a bluey)

D. Body fluid spill management

☐ 1. Is there a body fluid spill kit?.....*Required*

Advice

Provide a spill kit for a couple of different spill types for ease of use e.g. 2 pairs gloves, mask x 2, safety glasses, aprons x 2, 2 x glad bags absorbent material, thick wad of paper towel, 2 x vomit bags, 4 x scoops, purse pack of detergent wipes, 2 x clinical waste bags. Place where accessible.

☐ 2. Are key staff trained to manage body fluid spills?.....*Required*

Advice

For a blood drop a spill kit may not be necessary but use gloves when absorbing with paper towel then wipe clean with a detergent wipe. Use a spill kit for larger spills. Staff must know how to correctly put on and take off full PPE. Disinfection is not always required but staff need to be trained in safe spills management

E. Clinical waste and sharps

☐ 1. Can staff identify clinical waste?.....*Essential*

Advice

All states under AS 3816;2018 include as clinical waste all visible blood, all offensive waste and all waste from patients with a significant communicable infection. GP generate small volumes unless during a pandemic.

☐ 2. Is the clinical waste bin suitable and safe?.....*Required*

Advice

Consider a labelled, lined bin of either pedal or sensor type for the floor in the treatment room. Adjust bin size according to volume needed. For consulting rooms, if a bin is needed, use a labelled and lined bench top kitchen tidy - do not use a swing lid. Clinical waste bins must not be within reasonable access to children

☐ 3. Are staff who transfer clinical waste to the storage area trained? ……*Advised*

Advice

Cleaners generally do not handle clinical waste. Provide a heavy duty bag for staff to remove each bag to so that only double bagged waste is transferred to storage area. Staff must know how to safely manage body fluid spills. Do not put any bags on the floor. Never remove contents from bag or compress waste

☐ 4. Do staff know the definition of sharps?.....*Required*

Advice

Treat a needle with a syringe as a sharps unit and do not separate. Retractable sharps, glass vials are sharps. Place swabsticks / cytobrushes into a specimen bag to reduce piercing before disposing to clinical waste.

☐ 5. The sharps waste bin is inaccessible to small children*?*.....*Required*

Advice

Use a wall/bench mounted bin (1.3 m above floor to opening suggested but ensure opening visible)

☐ 6. Is the clinical waste/sharps stored correctly?.....*Required*

Advice

Any external storage area (cage or garage) is identified with a sign and kept locked. A bin chained to a pipe may not pass risk assessment. If the bin is inside, provide keys to the out of hours collector

F. Body Fluid exposure (Needlestick, splash and bites)

☐ 1. Do staff know what to do immediately after an exposure?.....*Required*

Advice

Immediately after a needlestick or other sharps injury including a human bite, wash site with soap. Immediately after a splash, flush skin/membranes gently for a prolonged period with water or saline. Exposed staff stops work and reports to manager. Exposed may need to attend casualty to be assessed by an expert / non colleague. GP should know how to assess source for risk of BBVIs. Have a written protocol

G. Immunization

☐ 1. Are staff provided with information about influenza and COVID-19 immunisation?.....*Recommended*

Advice

Provide a copy of accurate information on commencement of work. Remind staff of duty of care.

☐ 2. Are all staff provided with immunisation for HepB?.....*Recommended*

Advice

Staff may prefer to have it done off site by own GP. GP staff do not have to disclose infective status

☐ 3. Is there a protocol where immune status for measles and pertussis etc is unknown?.....*Advised*

Advice

Staff born before 1966 will be assumed to be immune to measles but can be tested – check that immunised staff received two doses. Staff may also require adult pertussis immunization.