Template Policies and Procedures
**for Infection Control in the General Practice Setting**

Date

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1. Introduction

The following document contains a template for infection prevention and control policies and procedures, and a position description for the person responsible for the practice processes to prevent and control risk of infection. The document is provided in MS Word format for easy modification to adapt to your practice specific requirements.

1. Instructions
2. **Practice details**

Throughout this template policy and procedure, there are sections where the practice will be required to insert particular personal information. These areas are identified as bold magenta italic underlined text.

For example: ***<location of pharmaceuticals and medical consumables>***

1. **Location of a related policy and procedure**

In some cases, a policy and procedure may have very similar characteristics to another, or there may be additional related information available. In these cases, related policies and procedures will be referred to in blue-grey bold italics.

For example: Practice services, Chapter 1.2 - Triage

1. **Templates, forms and checklists**

Various templates and checklists are referred to throughout the policies and procedures. Where we have created or recommend a version for your use, these are made elsewhere in the Practice Assist Tool Kit and Library.

Where a policy or procedure has a related template form, checklist or letter, this will be referred to in capital letters, apple-green, underlined, italic letters.

For example: *MEDICAL SUPPLIES REVIEW LOGBOOK*

1. RACGP Standards for general practices

The Royal Australian College of General Practitioners (RACGP) Standards for general practices (the Standards) and the associated accreditation processes, were developed to encourage general practice quality improvement and the meeting of best practice standards.

A general practice can self-assess against the Standards for practice quality improvement, or seek independent accreditation by one of the four national approved agencies.

Currently, these are:

* Australian General Practice Accreditation Limited (AGPAL)
* Quality Practice Accreditation (QPA)
* Global Mark Propriety Limited

The Australian Council on Healthcare Standards

The revised Standards for general practices

The fifth edition Standards for general practices were introduced in October 2017.

The transition phase between being accredited against the fifth is as follows:

* Between 26 October 2017 – 31 October 2018: Practices can register under the Fourth or Fifth edition
* From November 2018: Practices will only register under the Fifth edition.

RACGP Standards for general practices, fourth edition

|  |  |  |
| --- | --- | --- |
| **Standard 5.3** | Clinical support process | Our practice has working processes that support safety and the quality of clinical care. |
| **Criterion 5.3.3** | Healthcare associated infections | Our practice has systems that minimise the risk of healthcare associated infections. |
| 1. ▶ Our practice team can identify the person with primary responsibility for coordinating infection control processes within our practice and this person has such responsibility defined in their position description.
 |
| 1. ▶ Our practice has a written, practice specific policy that outlines our infection control processes.
 |
| 1. ▶ The practice team member with delegated responsibility for the sterilisation process can describe in detail how sterile procedures are undertaken, including, where relevant:
* provision of an adequate range of sterile reprocessed or disposable equipment
* procedures for having instruments sterilised off site, including documentary evidence of a validated process
* procedures for on-site sterilisation of equipment, including monitoring the integrity of the whole sterilisation process, validation of the sterilisation process and steriliser maintenance
* safe storage and stock rotation of sterile products.
 |
| 1. ▶ All members of our practice team can demonstrate how risks of potential cross infection within our practice are managed (as appropriate) including procedures for:
* hand hygiene
* the use of personal protective equipment (PPE)
* triage of patients with potential communicable disease
* safe storage and disposal of clinical waste including sharps
* managing blood and body fluid spills.
 |
| 1. ▶ Our practice is visibly clean.
 |
| 1. ▶ The practice team member with delegated responsibility for environmental cleaning can describe the process for the routine cleaning of all areas of the practice and can provide documentation on the practice’s cleaning policy.
 |
| 1. ▶ The practice team member with delegated responsibility for staff education on infection control can describe how the induction program for new staff covers our infection control policy as relevant to their role, and the requirements for providing ongoing staff education and assessing staff competency.
 |
| 1. ▶ Subject to the informed consent of individual practice team members:
* the natural immunity to vaccine preventable diseases or immunisation status of practice team members is known
* staff members are offered NHMRC recommended immunisations, as appropriate to their duties.
 |
| 1. ▶ Our practice team can explain how patients are educated in respiratory etiquette, hand hygiene and precautionary techniques to prevent the transmission of communicable diseases.
 |

RACGP Standards for general practices, fifth edition

|  |  |
| --- | --- |
| **GP Standard 4** | Our practice has systems that reduce the risk of infections. |
| **Criterion GP 4.1** | Infection prevention and control, including sterilisation. |
| GP4.1A ▶ 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.
 |
| GP4.1B ▶ Our practice has a written, practice-specific policy that outlines our infection control processes. |
| GP4.1C ▶ Our practice has a clinical team member who has primary responsibility for educating the practice team about infection prevention and control. |
| GP4.1D ▶ 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.
 |
| GP4.1E ▶ 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.  |

1. Allocation of responsibility

Policy

*Our practice has at least one clinical team member who has primary responsibility our Infection Prevention and Control Processes*

This includes:

* 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.

Description

All members of our practice team – including doctors, other health professionals, practice staff and external contractors (eg cleaners) – are involved in the practice’s infection prevention and control program.

Every staff member has a responsibility to protect fellow staff members, patients, members of the public and themselves, from risk of injury and infection at work.

Our practice has a designated team member/s who has/have the primary responsibility for the practice’s processes to prevent and control infection, including:

This person is <<Name and role of team member>>.

The duties of the Infection Control Officer are in addition to their position description.

Duties of the Infection Control Officer

* Education – Staff, patients and visitors

Provide educational posters and paraphernalia to patients on respiratory etiquette, hand hygiene and precautionary techniques to prevent the transmission of communicable diseases. Use tools such as:

* + World Health Organisation (WHO) Hand Wash Poster
	+ Five moments for Hand Hygiene Poster
	+ Hand Hygiene Fact Sheet

Infection Control in Pandemic Poster

* Train and educate staff members, including at induction, in the risks of cross infections within our practice (as appropriate) including procedures for:
	+ Use of personal protective equipment (PPE);
	+ Triage of patients with potential communicable disease;
	+ Safe storage and disposal of clinical waste including sharps; and
	+ Managing blood and bodily fluid spills.
* Maintain, review and regularly update the practice infection control policies and procedures as required
* Ensure there are adequate supplies of, and a range of sterile reprocessed or disposable equipment.
* Maintain documentary evidence of a validated process for all instruments sterilised off site.
* Monitor the integrity of the whole sterilisation process including:
	+ Validation of the steriliser process; and

Validation of the steriliser maintenance.

* Ensure our practice is visibly clean. Use tools such as:
	+ General practice cleaning schedule
1. Infection prevention and control processes

Policy

*Our practice has systems that reduce the risk of infections.*

Description

Patients and staff of our general practice are exposed to the risk of infection through minor surgery, physical examinations, diagnostic procedures and the administration of medication.

Infection control principles are derived from the epidemiology of infectious disease transmission, involving the interaction between host, agent and environment. Infection control practises aim to prevent infection transmission by limiting the exposure of susceptible people (hosts) to micro-organisms (agents) that may cause infection.

Infection control measures protect people in health care settings from infection by:

* Maximising host defences.
* Removing or controlling sources and reservoirs of micro-organisms (the ‘agent’).

Reducing the risk of transmission by promoting an environment where the risk of interaction (eg contact, droplet or airborne) between potentially infectious agents and susceptible people is minimised.

Standard precautions such as hand washing, immunisation, adherence to the principles of asepsis, use of personal protective equipment, and maintenance of a clean, safe environment, form the basis for the prevention and control of infection in health care settings.

To provide guidance and protection to our patients and staff, our practice has policies and procedures for the following:

* Safe handling and disposal of sharps.
* Safe handling and transport of specimens.
* Safe handling and disposal of waste.
* Environmental cleaning.
* Appropriate cleaning of blood and body substance spills.
* Safe handling and cleaning of reusable instruments.

Exposure to blood and body substance spills.

1.
2.
3.
4. 1. Standard precautions

Policy

*Each member of our practice team will take standard precautions to prevent transmission of infection.*

Description

Standard precautions and work practises require all staff to assume that all blood and bodily substances are potential sources of infection - independent of perceived risk. This assumption is recommended for the treatment and care of all patients and in the handling of blood and bodily substances.

Blood and bodily substances include:

* Blood.
* All other body fluids and secretions (excluding sweat).
* Non-intact skin.
* Mucous membranes.

Dried blood and other body substances.

Standard precautions include:

* Good hygiene practises, particularly washing and drying hands before and after patient contact.
* The use of personal protective equipment (PPE) which may include gloves, gowns, plastic aprons, masks and eye shields.
* The appropriate handling and disposal of sharps and other contaminated or infectious waste.
* Respiratory hygiene and cough etiquette.
* The use of aseptic techniques.
* Environmental controls such as design and maintenance, cleaning and spills management.

Support services such as waste disposal, laundry and cleaning services.

Consistently high hygiene standards apply to all staff involved in patient treatment and care.

As staff members in this practice will frequently be exposed to patients with infectious diseases, all staff are required to wear clean clothes, wash hair regularly, wear their hair in a style that keeps it contained, wear a minimal amount of jewellery and not wear nail polish.

This is imperative for infection control purposes. It is a health and safety requirement that all staff wear enclosed footwear.

* 1. Transmission based precautions

Policy

*Each member of our practice team will take transmission-based precautions to further reduce transmission opportunities arising from specific transmission routes of microorganisms.*

Description

Transmission-based precautions are used with standard precautions to further reduce transmission opportunities arising from specific transmission routes of microorganisms.

Patients and visitors are also advised why these measures are needed to protect all patients, visitors and staff from infection.

Transmission-based precautions include the use of:

* Contact precautions.
* Droplet precautions.

Airborne precautions.

Patients will be encouraged to report any potential infectious disease to practice staff as soon as possible. Staff will be encouraged to stay home if carrying any potential infectious disease.

Signs in our reception and waiting area, and playing on our on-hold telephone message request patients tell reception if they are experiencing any particular symptoms or have travelled to any particular areas.

For example, in flu season, patients are encouraged to ask at reception for a face mask and to sit away from other patients to reduce transmission. Likewise, patients who may be carrying measles or chicken pox are triaged by the nurse and seated in a secluded area away from children and expectant mothers.

In a pandemic, if patients are not being directed to a flu centre, our practice will have a properly protected staff member controlling the door who can explain to patients the precautions being taken and only let in patients who will, for example, wear a mask and agree to segregation, preferably in a designated room with a separate entrance/exit.

* 1. Contact precautions

Policy

*Our practice team will take contact precautions if there is a risk of direct or indirect contact transmission of pathogenic microorganisms (such as MRSA and Clostridium difficile) that are not effectively contained by standard precautions alone.*

Description

Contact precautions should be used if there is a risk of direct or indirect contact transmission of pathogenic microorganisms (such as MRSA and Clostridium difficile) that are not effectively contained by standard precautions alone. To prevent contact transmission, the following items and actions are required:

* Staff will wear gloves for all manual contact with patients, associated equipment and the immediate environment.
* Staff will wear a water impermeable apron or gown if clothing could be in substantial contact with the patient or their immediate environment.
* If a splash is likely during the procedure, staff will wear use a fluid-repellent surgical mask and goggles or a face shield to protect the face.
* Staff will clean hands immediately after attending to the patient and before leaving the area.
* Staff will ensure all equipment that is in contact with the patient is single use or reprocessed before use on the next patient.
* Depending on the situation and space constraints, staff will segregate patients with these types of infectious diseases (social distancing) – move the patient from the general waiting area to a spare room.

Staff will communicate the patient’s infectious status to other doctors and health professionals involved in the care of the patient (eg the practice nurse or ambulance and emergency department staff if being transferred to another healthcare facility) so that appropriate transmission-based precautions can be maintained.

* 1. Droplet precautions

Policy

*Our practice team will take droplet precautions if there is a risk of infectious microorganisms being transmitted by droplets generated by coughing, sneezing or talking.*

Description

Droplet precautions should be used if there is a risk of infectious microorganisms being transmitted by droplets generated by coughing, sneezing or talking (eg patients with influenza). To prevent droplet transmission, the following items and actions are recommended:

* Staff will be offered appropriate immunisation for vaccine-preventable diseases.
* If not immune, staff will use a fluid repellent surgical mask to protect the mouth and nose.
* Staff will wash hands immediately after attending a patient and removing mask (and face shield if used) before leaving the area.
* Patients with these types of infectious diseases should be segregated (social distancing) if possible – ie move the patient from the general waiting area to a vacant area, or maintain a one metre gap between the infectious patient and other patients in the waiting area.
* Ask the infectious patient to wear a surgical mask. In this instance, advise patients how to remove and dispose of the mask safely.
* Ask the patient to attend to respiratory etiquette by:
	+ Covering the mouth and nose when coughing and sneezing.
	+ Using tissues to contain secretions, and disposing of tissues after use in bin provided.

Attending to hand hygiene with soap and water and using disposable towels to dry hands, or using an alcohol-based hand rub.

* Consider explaining the situation to nearby patients.

Communicate the patient’s infectious status to other doctors and health professionals involved in the care of the patient (eg ambulance and emergency department staff if the patient is transferred to another healthcare facility) so that appropriate transmission-based precautions can be maintained.

* 1. Airborne precautions

Policy

*Our practice team will take airborne precautions if there is a risk of transmitting microorganisms generated by coughing, sneezing or talking that remain infectious over time and distance when suspended in air.*

Description

Airborne precautions should be used where there is a risk of transmitting microorganisms generated by coughing, sneezing or talking that remain infectious over time and distance when suspended in air (eg measles, varicella, tuberculosis). To prevent airborne transmission, our practice will take the following precautions:

* Staff will be offered appropriate immunisation for vaccine-preventable diseases.
* If not immune, staff can use a P2/N95 close-fitting, high-efficiency filtration mask. Standard surgical masks are not particularly effective for this purpose.

In order to minimise exposure time to other patients, consider:

* + Consulting the patient ahead of others in the waiting area or schedule the appointment at the end of the session.
	+ Segregating into a separate area such as a spare room.
	+ Asking the infectious patient to wear a surgical mask.
	+ Explaining the situation to patients waiting nearby.

Visiting the patient at home.

* Use goggles/face shield to protect the face if splash is likely.
* Clean hands immediately after attending the patient and removing mask (and face shield if used) before leaving the area.
* Ensure all equipment in contact with the patient is single use or reprocessed before use on the next patient.

Communicate the patient’s infectious status to other doctors and health professionals involved in the care of the patient (eg ambulance and emergency department staff if transferred to another healthcare facility) so that appropriate transmission-based precautions can be maintained.

* 1. Use of personal protective equipment

As recommended in the RACGP *Infection prevention and control standards for general practices and other office-based and community-based practices 5th edition*

| Requirement | Airborne transmission | Droplet transmission | Contact transmission |
| --- | --- | --- | --- |
| **Gloves** | No | No | * For all manual contact with patient, associated devices and environmental surfaces.
 |
| **Impermeable gown, apron** | No | No | * Use when health professional’s clothes are in substantial contact with the patient (including items in contact with the patient and their immediate environment).
 |
| **Mask** | Yes | Yes | * Protect face if splash is likely.
 |
| **Goggles/face shield** | * Protect face if splash is likely.
 | * Protect face if splash is likely.
 | * Protect face if splash is likely.
 |
| **Special handling of equipment** | * Single use equipment or reprocess after patient use (includes all equipment in contact with patient).
 | No | * Single use equipment or reprocess after patient use (includes all equipment in contact with patient).
 |
| **Other** | * Encourage patient to use respiratory etiquette.
* Segregate patient if possible.
* Give patient a mask to wear if segregation is not possible.
* Communicate the patient’s infectious status to other doctors and health professionals involved in the care of the patient (eg ambulance and emergency department staff if transferred to another healthcare facility) so that appropriate transmission-based precautions can be maintained.
 | * Encourage patient to use respiratory etiquette.
* Segregate patient if possible.
* Give patient a mask to wear if segregation is not possible.
* Communicate the patient’s infectious status to other doctors and health professionals involved in the care of the patient (eg ambulance and emergency department staff if transferred to another healthcare facility) so that appropriate transmission-based precautions can be maintained.
 | * Encourage patient to use respiratory etiquette.
* Wash hands after removing gloves and gowns.
* Communicate the patient’s infectious status to other doctors and health professionals involved in the care of the patient (eg ambulance and emergency department staff if transferred to another healthcare facility) so that appropriate transmission-based precautions can be maintained.
 |

* 1. Removal and disposal of personal protective equipment

Policy

*Personal protective equipment will be removed in a manner effective for reducing risks of contamination*

Description

Personal protective equipment (PPE) needs to be removed in the following order:

* Remove gloves inside out. Dispose of into the appropriate waste stream. Perform hand hygiene.
* Remove goggles. Place disposable goggles into the appropriate waste stream. Reusable goggles are cleaned and disinfected before reuse.
* Remove gown, taking care not to touch surfaces exposed to contamination. Dispose of disposable gown into the appropriate waste stream. Reusable gowns are placed into a linen bag marked ‘contaminated’.
* Remove mask, taking care to handle by the strings only. Dispose of mask into the appropriate waste stream. Perform hand hygiene.

The types of equipment used and method of disposal will vary with the situation – not all situations will require a mask or disposal into a biohazard bag. If PPE is not contaminated with pathogenic microorganisms, it may be disposed of into the general waste stream. If contaminated with a pathogen, it may require disposal into a biohazard bag and clinical waste stream.

* 1. Methods of hand hygiene

Policy

*Our practice team will participate in effective hand hygiene methods to reduce transmission of infections.*

Description

Any pathogenic microorganism transmitted by contact or droplet can potentially be transmitted by touch. Hand hygiene refers to any action of hand cleansing that reduces the number of microorganisms on hands.

Effective hand hygiene is an essential element of all infection prevention and control policies.

* Effective hand hygiene, using soap and water, antiseptic hand wash or alcohol-based hand rubs or wipes, has been proven to reduce the spread of infection.
* Gloves are not a substitute for hand cleaning.
* Easy access to hand-hygiene facilities enables staff to clean their hands more reliably.
* Selecting the correct hand-hygiene product is essential in ensuring the hands of staff members are adequately cleaned and disinfected if necessary.
* Hands need to be thoroughly dried following washing with liquid soap and water.

Staff need to be regularly educated on effective hand hygiene and hand care.

* 1. Skin integrity

Policy

*Our practice has systems that reduce the risk of infections.*

Description

Micro-organisms may enter the body via breaks in the skin. Healthy, intact skin on hands is a natural barrier to the invasion of infectious agents, even when the hands become contaminated with blood and body fluids.

All staff within the practice are therefore required to maintain the integrity of the skin on their hands and take precautionary measures if they have broken skin.

* Daily inspection of the hands is to be carried out prior to commencement of work.
* Cover cuts and abrasions on the hands with an occlusive dressing and use gloves if there is a risk of contact with blood and body fluids.
* Do not use nail brushes routinely as they can break the skin.
* Staff that have exudative lesions or weeping dermatitis are to seek medical advice regarding the need for treatment and possible re-deployment until the condition resolves.

Apply moisturising balm frequently to nourish dry skin.

* 1. Fingernails and jewellery

Policy

*Our practice team will participate in effective hand hygiene methods to reduce transmission of infections, based on our risk assessment of exposure and the level of risk by position and duties.*

Description

Our practice Infection Control Officer will complete a risk assessment on the risk of jewellery, artificial nails and nail polish worn at work.

Areas under the nail can harbour high concentrations of bacteria even after hand-washing, hence nails should ideally be kept short (not past the tip of the finger pad) and clean.

The skin under rings may be more heavily colonised than comparable skin without rings and rings can interfere with hand-hygiene techniques. Hence, jewellery should be kept to a minimum when at work.

**Staff providing clinical services**

This category includes nurses, medical practitioners and medical students and any staff deemed to be a risk by the Infection Control Officer.

* Clinical staff will keep fingernails short (not past the tip of the finger pad) and clean.
* Jewellery (including rings, watches and other wrist jewellery) will be kept clean and to a minimum.

Jewellery will be removed prior to any procedural work.

**Administrative staff**

This category includes reception staff, management, payroll and any staff not in direct contact with patients or deemed not a risk by the Infection Control Officer.

* Administrative staff will keep fingernails clean and not excessive in length.

Jewellery (including rings, watches and other wrist jewellery) will be kept clean and to a minimum.

**Patient hand hygiene**

Our practice staff will assess appropriate circumstances for patient hand hygiene and provide suitable facilities, such as:

* Alcohol-based hand rubs at the reception desk and in the waiting room.
* Liquid soap will be available in the staff and patient toilets with a copy of the World Health Organisation (WHO) *How to hand wash* poster displayed.

Paper towel or clean, dry, single use cloth towel or roller towel or a hot air dryer will be available for hand drying in the staff and patient toilets.

**Table: Staff hand hygiene**

The World Health Organisation ‘5 moments for hand hygiene’ recommends the following strategy for health care workers:

| Occasion | Description |
| --- | --- |
| **Before patient contact** | When: Clean your hands before touching a patient when approaching him/her.Why: To protect the patient against harmful germs carried on your hands.Examples: Shaking hands, helping a patient to move around, clinical examination. |
| **Before an aseptic task** | When: Clean your hands immediately before any aseptic task.Why: To protect the patient against harmful germs, including the patient’s own germs, entering his or her body.Examples: Oral/dental care, secretion aspiration, wound dressing, catheter insertion, preparation of food, medications. |
| **After body fluid exposure risk** | When: Clean your hands immediately after an exposure risk to body fluids (and after glove removal).Why: To protect yourself and the health-care environment from harmful patient germs.Examples: Oral/dental care, secretion aspiration, drawing and manipulating blood, clearing up urine, faeces, handling waste. |
| **After patient contact** | When: Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient’s side.Why: To protect yourself and the health-care environment from harmful patient germs.Examples: Shaking hands, helping a patient to move around, clinical examination. |
| **After contact with patient surroundings** | When: Clean your hands after touching any object or furniture in the patient’s immediate surroundings, when leaving - even if the patient has not been touched.Why: To protect yourself and the health-care environment from harmful patient germs.Examples: Changing bed linen. |

**Table: Methods of hand hygiene**

As recommended in the RACGP *Infection prevention and control standards for general practices and other office-based and community-based practices 5th edition*

| Type of hand hygiene | Technique | Duration | Drying | When  |
| --- | --- | --- | --- | --- |
| **Routine hand** **cleaning for** **soiled hands** | Washing:* Wet hands
* Wash with neutral liquid soap
* Rinse thoroughly
* Use paper towel to turn off taps if not hands free
 | 10–15 seconds | Paper towelOr clean, dry, single use cloth towelOr clean section of roller towel | * Before eating
* After going to the toilet
* Before and after patient contact
* After removing gloves
 |
| Skin disinfectants:* Remove soil first, using hand wipes or soap and water
* Apply alcohol-based hand rub
* Rub over all surfaces in the same manner as washing hands
 | 10–15 seconds, or until dry | Rub hands until dry, without wiping | * Before eating
* After going to the toilet
* Before and after patient contact when hands are not visibly soiled
* After removing gloves
 |
| **Hand washing** **for standard** **aseptic (clinical)** **procedures** | Method:* Wet hands
* Wash with neutral liquid soap or antimicrobial cleaner
* Rinse thoroughly
* Use paper towel to turn off taps if not ‘hands free’
* Alcohol-based hand rub can be used in emergency situations outside the practice, provided hands are not visibly soiled
 | 1 minute | Paper towel or clean, single use cloth towel | * Before any procedures requiring a clean or ‘no touch’ technique
 |
| **Hand washing** **for surgical** **aseptic** **procedures** | Method:* Remove jewellery
* Wet hands and forearms
* Wash with antimicrobial cleaner (4% chlorhexidine or 0.75% detergent-based povidone or 1% aqueous povidone)
* Clean under nails only if needed (do not scrub hands with nail brush as they can break the skin and be a source of infection)
* Rinse carefully, keeping hands above elbows
* If taps are not hands free ask another staff member to turn off taps or use sterile towel
 | First wash of day: 5 minutesSubsequent washes: 3 minutes | Sterile towels | Before significant invasive surgical procedures |

1. Safe sharps management and disposal

Policy

*Our practice team will minimise the risk of injury to both staff and patients, and prevent the possible transmission of disease by discarding sharps appropriately.*

*Sharps containers will be available in all areas where sharps are or may be generated.*

Description

* The staff member who generates the sharp is responsible for the safe disposal of that sharp.
* In other words, in this practice, if you used it, you must dispose of it.

This responsibility cannot be delegated.

Sharps represent the major cause of accidents involving potential exposure to blood-borne diseases. All sharp items contaminated with blood and body fluids must be regarded as a source of potential infection. Safe handling and disposal of sharps is essential to protect the operator and staff from injury and possible transmission of disease.

Sharps may be defined as any object or device that could cause a penetrative injury, including:

* All needles/syringes.
* Scalpel blades.
* Punch biopsy equipment.
* Lancets.
* Wire cytology brushes.
* Razor blades.
* Pins used for neurosensory testing.
* Stitch cutters.

Broken glass.

1. 1. Disposal of sharps

All staff must undertake the following procedure when disposing of sharps:

* When preparing to use sharps, staff will plan ahead and have a sharps disposal unit or kidney dish readily available.
* Place disposable sharp articles and instruments into a sharps disposal container immediately after use or at the end of each procedure, whichever is more appropriate.
* Injection trays must be used to transport the needle and syringe to and from the patient.
* Obtain assistance when taking blood or giving injections to an uncooperative patient or to a child.
* Used sharps/needles must not:
	+ Be removed from disposable syringes.
	+ Be carried about unnecessarily.
	+ Be bent or broken prior to disposal.

Be recapped (unless using specifically designed equipment).

Do not attempt to reopen a full sharps container.

***Select the most appropriate option for your practice, or create your own procedure***

<Option 1>

For removal and disposal of the container, phone the <<name of sharps disposal service>> to arrange pick-up and exchange with new containers. Ensure this is done when there is one empty container available. Do not wait for the last container to be filled before contacting to arrange exchange.

<Option 2>

All filled sharps disposal containers are treated as other contaminated waste. They are sealed and placed in the large contaminated waste bin. For removal and disposal of the bin, follow the instructions detailed under the heading:

* Waste disposal
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2. 1. Medication administration

The use of single-use vials and single-use sterile injecting equipment is the most effective way to avoid cross infection via injection. If an agent is available only in a multi-dose vial, a new sterile needle and sterile syringe must be used to withdraw the contents of the vial. Both the needle and syringe are discarded after each use.

In no circumstances will any procedure allow the possibility of injecting contaminated material or fluid into a multi-dose vial. All injectable substances, medications and solutions are stored according to the manufacturer’s recommendations. Use-by dates are noted and stock rotated to ensure safety of clients and a minimum of wastage.

* 1. Use, removal and disposal of sharps containers

*Sharps containers must conform to* ***Australian Standard 4031 Non-reusable containers for the collection of sharp medical items used in health care areas****. This is a yellow container made from puncture resistant material which displays a biohazard label.*

Description

* Sharps must be placed in a yellow puncture-resistant sharps container bearing the black biohazard symbol (AS 4031) like the one pictured.
	+ Ensure sharps containers are not placed directly over other waste or linen receptacles.
	+ Do not forcefully insert items into a sharps disposal container.
	+ Do not fill the container past the level marked or three-quarter level. Injuries can occur whilst trying to force the sharp into a too full container. Ensure the lid is sealed once the container is full.
	+ For push-on lids, use both hands and apply pressure only to the edges of the lid.
	+ Do not place sharps containers on the floor or in areas where unauthorised access or injury to children can occur.

In our practice, sharps disposal units will be available:

* In the nurse’s station.
* In all doctors/nurses consulting rooms.
* In the treatment/procedure room.

In the patient and staff toilets.

Sharps containers will:

* Not be stored on the floor.
* Not be stored in a location accessible to children.
* Be properly mounted to prevent falling over.

Be securely closed and replaced once ¾ full.

All filled sharps disposal containers are treated as other contaminated waste. They are sealed and placed in the large contaminated waste bin. For removal and disposal of the bin, follow the instructions detailed under the heading:

* Waste disposal
1. Management of blood and body fluid exposure

Policy

*Our practice has systems that reduce the risk of infections.*

Description

Blood or body fluids need to be treated as potentially infectious substances that can transmit disease should contact occur.

Blood and body fluid spills need to be managed promptly.

Spills may be vomit, blood, urine or any other body substance. Blood or body substances (except sweat) need to be treated as potentially infectious materials that can transmit disease should contact occur.

In many instances, blood and bodily fluid spillage may be managed by thorough cleaning with a neutral detergent alone, but in some areas/situations disinfection may be desirable.

To prevent harm to others, it is vital that spillages are dealt with promptly. The following policy applies to all spillages in this practice.

**Appropriate personal protective equipment (PPE) must be worn.** For any cleaning that involves blood or body fluids the minimum PPE required is heavy-duty gloves, eye protection, an apron and enclosed footwear.

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8. 1. Safe handling of pathology specimens
* After collection of blood and/or body substances, place in the appropriate specimen container, as specified by the testing laboratory.
* Wipe the container clean to remove any visible soiling.
* Securely seal to prevent any leakage during transport.
* Place the container upright in a waterproof bag or container.
* Take care to avoid contamination of pathology slips by keeping them separate from the clinical specimens.

For transport between institutions and interstate, pack the primary specimen, surrounded by sufficient material to absorb its contents, in a sealable inner container and provide a sealable outer container of waterproof, robust material. Label in accord with postal and other transport regulations. Keep cool if necessary.

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	2. Spills Kit

When the spillage is in the form of blood or bodily fluids a spills kit is to be used.

The spills kit must be contained within a rigid-walled labelled container (eg bucket or plastic sealable box) and contain the following items:

* A laminated guide with a list of spill kit contents and the management procedure.
* Non-sterile or utility gloves.
* Goggles/face shield.
* Masks.
* Disposable aprons.
* Plastic (clinical and general) waste bags.
* Kitty litter, polymerising beads or other absorbent material.
* Paper towels.
* Scrapers (eg two small pieces of cardboard).
* Detergent to be made up when needed or detergent wipes.

Hazard sign to quarantine area.

Our practice spills kit is located at <<location of spills kit>>.

* 1. Method for cleaning spills

As recommended by the RACGP Infection prevention and control standards for general practices and other office-based and community-based practices 5th edition.

Standard precautions apply including personal protective equipment (PPE) appropriate to the task (eg gloves, goggles/face shield, apron – which are put on well away from the spill).

The method for cleaning spills will depend on the volume of the spill and where it occurs.

* Wipe up and safely remove any solid matter and excess material.
* If the spill is on a hard surface:
	+ Clean with detergent and water.
	+ Dry the surface.
	+ Consider further treatment such as disinfection if site is large or in contact with skin.

Dispose of contaminated material including PPE as per local requirements.

* If the spill is on non-removable soft fabric or carpet:
	+ Do not use liquid on the spill as this will spread the spill.
	+ Use kitty litter, polymerising beads or other absorbent material.
	+ Scrape up residue safely without causing material to disperse.
	+ Damp-pat surface (do not wipe or scrub) to remove further material.
	+ Dispose of contaminated material including PPE as per local requirements.
	+ Clean fabric or carpet with damp cloth (detergent and water) or recommended carpet cleaning agent.

Quarantine the area until the soft fabric or carpet is dry.

* A disinfectant may be used after cleaning.

Hand hygiene should be performed after management of any spill.

1. Linen and laundry

Policy

*Our practice has systems that reduce the risk of infections.*

Description

Soiled linen can be a potential source of large numbers of pathogenic micro-organisms, however the risk of disease transmission is negligible and hygienic handling of linen will reduce the risk even further.

Linen must be cleaned regularly. If it becomes contaminated with blood or body fluids, linen must be removed immediately and placed in the laundry bag. Prior to fitting new linen, the couch or other surface must be cleaned thoroughly with a water and detergent solution to remove any fluid residue.

If the linen is saturated with blood or body fluids, it should be placed in a leak proof bag so that the person doing the laundry can assess the linen before handling it and prevent further leakage.

Clean linen should be separated from used linen when transported and when stored. The storage area should be clean and dry.

Practice staff who handle used linen should wear personal protective equipment (PPE) and keep all linen and linen bags away from body contact.

Great care must be taken by general practitioners and staff not to accidentally dispose of sharps into linen. This puts the person processing the linen at risk of injury and infection.

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10. 1. How often to change linen

Doctors and other health professionals need to assess the risk of infection to patients when considering when to change linen.

Linen needs to be changed if:

* A patient requires the use of contact precautions, for example, is known or suspected of having CA-MRSA, scabies or lice.
* There has been a blood or body fluid spill on the linen.
* The linen is visibly soiled.

The linen has absorbed odour.

Other fabric items such as modesty sheets, blankets, pillow cases and towels all need to be similarly changed and cleaned. Cloth hand towels are a special case, and should only be used once before disposal as a single-use item or before being reprocessed.

There may be other circumstances where linen may be changed, such as before an operative procedure.

Appropriate use of reusable or disposable linen protectors can minimise linen usage. However, the disposable plastic or paper must be changed after each use.

* 1. Handling, changing, sorting and separation of used linen

When changing or sorting dirty linen staff will wear appropriate personal protective equipment (PPE) such as gloves, an apron, safety glasses and a face mask.

Without shaking the linen - check that sharps or other items are not caught up in linen.

Place used linen into the dirty linen wash bin (a covered, lined container). Our dirty linen wash bin(s) is stored in <<location of dirty linen wash bin>> (preferably in a ‘dirty’ utility area).

Linen that contains expressible blood or body fluids needs to be collected into a plastic bag before being placed in the dirty linen wash bin.

* Linen should be handled with care; avoid shaking and throwing in patient care areas.
* Place used linen in a laundry bag at the point of generation – if the dirty linen wash bin is stored elsewhere consider one on wheels.

Linen soiled with blood or body fluids should be placed into a leak proof plastic bag.

* 1. Cleaning linen

Select the most appropriate option for your practice, or create your own procedure.

<<Option 1 >> Linen cleaned off site

Our practice uses the services of <<Name of laundry service provider>>.

<<Name of laundry service provider>> collects and cleans our laundry <<frequency of cleaning>>. The duties of the laundry are very specific and are detailed in the contract between the laundry and the practice.

Our dirty laundry will be processed by <<Name of laundry service provider>> as follows:

1. **Pre-wash stain treatment.** Practice staff may apply a pre-wash stain treatment if laundry is contaminated. Appropriate PPE should be worn when undertaking the immediate treatment of blood and other stains. This can be by rinsing the blood or contamination off, applying an oxygenated stain remover or placing the item in a bucket of water with detergent or oxygenated stain remover to prevent the spill drying before washing.
2. **Washing.** Either a hot or cold wash cycle with appropriate detergent should be used. Activated oxygen-based laundry detergents provide antimicrobial activity in addition to their stain-removing properties and are a good addition to the wash cycle. Chlorine bleach is also an economical, broad-spectrum chemical germicide but is not an appropriate laundry additive for all fabrics.
3. **Drying.** Mechanical drying in a tumble dryer is the preferred method because of the effects of thermal disinfection. Regardless of whether hot or cold water is used for washing, the temperatures reached by this drying method provide additional significant antimicrobial action. The materials dictate dryer temperatures and cycle times but linen needs to emerge dry from a hot cycle.
4. **Storage.** On return to our practice, clean linen will be stored in a clean, dry and dust-free environment <<location of clean linen storage>>

<Option 2>

This practice does not employ a laundry service. It is the responsibility of <<Name of staff member responsible for laundry duties>> to collect and clean our laundry <<frequency of laundry>>. The duties of cleaning the laundry are very specific and are detailed in the staff member’s position description and are as follows:

1. **Pre-wash stain treatment.** Practice staff may apply a pre-wash stain treatment if laundry is contaminated. Appropriate PPE should be worn when undertaking the immediate treatment of blood and other stains. This can be by rinsing the blood or contamination off, applying an oxygenated stain remover or placing the item in a bucket of water with detergent or oxygenated stain remover to prevent the spill drying before washing.
2. **Washing.** Either a hot or cold wash cycle with appropriate detergent should be used. Activated oxygen-based laundry detergents provide antimicrobial activity in addition to their stain-removing properties and are a good addition to the wash cycle. Chlorine bleach is also an economical, broad-spectrum chemical germicide but is not an appropriate laundry additive for all fabrics.
3. **Drying.** Mechanical drying in a tumble dryer is the preferred method because of the effects of thermal disinfection. Regardless of whether hot or cold water is used for washing, the temperatures reached by this drying method provide additional significant antimicrobial action. The materials dictate dryer temperatures and cycle times but linen needs to emerge dry from a hot cycle.
4. **Storage.** On return to our practice rooms, clean linen will be stored in a clean, dry and dust-free environment <<location of clean linen storage>>.

1. Management and disposal of waste

Policy

*Our practice has systems that reduce the risk of infections.*

Description

Generators (the doctor and practice staff) of clinical and related wastes are required to comply with the Environmental Protection (Waste Management) Regulation 2000 (Regulation) and Environmental Protection (Waste Management) Policy 2000.

Waste management does not just mean disposal, it also involves segregation, storage, moving and the eventual disposal of waste in a way that does not pose a risk to people and the environment.

Our practice has policies for:

* The correct segregation of waste into three streams:
	+ General waste;
	+ Clinical waste; and

Related waste.

* Storage of waste.
* Disposal of waste.
* Work health and safety procedures.

Responsible person (monitoring, education of staff).

1.
2. 1. Segregation

Segregation means sorting and separating wastes, at the point of generation, into various waste streams to allow appropriate storage, transport, treatment or disposal. A separate bin is used for each waste stream.

The underlying principles of waste segregation are to reduce the volume of hazardous waste destined for off-site disposal, to maintain safety standards during handling, transportation and treatment, and to eliminate the need for waste segregation to occur at disposal sites.

Practice staff also have a personal, public and environmental duty of care to make sure waste is appropriately segregated.

* 1. Cytotoxic waste

This is material that is or may be contaminated by cytotoxic drugs during the preparation, transport administration of chemotherapy. This type of waste may have carcinogenic, mutagenic and or teratogenic potential.

Cytotoxic waste containers should have the same properties as clinical waste containers. They should be purple, display the telophase symbol in white and be labelled ‘cytotoxic waste’.

Unused or expired pharmaceuticals will be returned to pharmacies for safe disposal.

Disposal of this type of waste will be via an approved incineration facility.

* 1. Clinical (controlled) waste

The WA Department of Environment Regulation regulates the transportation of wastes that may cause environmental or health risks. It does so through the application of the Environmental Protection (Controlled Waste) Regulations 2004. The Regulations provide for the licensing of Carriers, Drivers and Vehicles involved in the transportation of controlled waste on public roads in Western Australia.

The objectives of the Controlled Waste Regulations are:

* To ensure the safe transportation of controlled waste to an approved location.
* To monitor and track controlled waste to prevent unauthorised discharge into the environment.
* To collate information to assist the Government in identifying priority waste management issues in Western Australia.

To provide an even and competitive system for companies in the waste management industry.

Clinical waste, as defined by the Environmental Protection Agency (Environmental Protection (Controlled Waste) Regulations 2004), is waste that has the potential to cause disease. In general practice this is primarily:

* Discarded sharps (objects with sharp points or cutting edges such as used hypodermic or other medical needles, scalpel blades, lancets, and scissors);
* Waste generated by medical, nursing, dental, pharmaceutical or other related activity which:

Is poisonous or infectious;

Is likely to cause injury to public health;

Contains human tissue or body parts;

Contains human blood, fluids and tissue.

* Any waste from patients known to have, or expected of having, an epidemiologically significant communicable disease (eg influenza) or are suspected or known to be colonised/infected with an antibiotic resistant organism (eg MRSA); or

Material that contains free flowing or expressible blood.

* 1. General waste

This is any waste not classified as being within any of the categories of the clinical and related waste streams. General waste makes up the majority of our practice waste.

General waste includes tongue depressors, cotton wool balls, tissues, bandages, Band-Aids, and gloves, with no free-flowing blood. It will also include office and kitchen waste and non-hazardous pharmaceutical waste (such as expired saline).

General waste can further be divided into recyclable and non-recyclable material.

Our practices will segregate our waste and provide receptacles for disposal of:

* Recyclables (eg separate waste and confidential waste bins under desk, glass and plastic recyclables bin in the kitchen).

Waste contaminated with blood or body fluids that is not clinical waste (eg for disposing of tongue depressors, using a small bin mounted on a wall inaccessible to small children).

* 1. Pharmaceutical waste

Pharmaceutical waste may arise from:

* Pharmaceuticals that have passed the recommended shelf life;
* Pharmaceuticals discarded due to batches not reaching specification or contaminated packaging;
* Pharmaceuticals returned by patients or discarded by the public;
* Pharmaceuticals that are no longer required by the practice; and

Waste manufactured during the administration of pharmaceuticals.

Non-hazardous materials such as normal saline or dextrin need not be considered as pharmaceutical wastes.

Our practice team will return unused or expired pharmaceutical waste to a relevant authority such as a pharmacy or collection centre for appropriate disposal or distribution. Pharmaceutical waste can be disposed of in the clinical waste bin providing final disposal is via high-temperature incineration. If you are unsure of the final disposal method of waste, contact the waste disposal service <<name of clinical waste disposal service>> or local pharmacy.

* 1. Waste storage

Clinical or related wastes must be packaged, labelled, handled and transported appropriately to minimise the potential for contact with the waste and reduce the risk to the environment from accidental releases. It should be stored in an area not accessible to animals or unauthorised persons. It should also be stored in a manner that will not create an environmental nuisance.

* Sharps must be placed into a rigid-walled, puncture-resistant container that meets the relevant Australian Standard for the type of container, and is the appropriate colour for the type of sharp. In general practice, this is always yellow as it symbolises that the item has been contaminated with blood. Once the sharps container has been sealed and secured, it can be placed directly into a secondary container for transportation. A suitable secondary container is the clinical waste bin. Purple for cytotoxic sharps may be used occasionally in some practices.

Clinical waste must be placed in yellow bags and containers and identified with the biohazard symbol and the words ‘Clinical Waste’. Normal plastic bags such as shopping bags are not a suitable alternative.

* 1. Moving waste

Waste must be moved around the practice in rigid-walled, puncture resistant containers. A rigid-walled container is one that has hard, unbending sides and is resistant to splitting, breaking and puncturing. The container must not allow liquids to leak or soak through.

Good waste management practise involves minimising exposure to the waste. To aid this, all movement of wastes throughout the practice should be planned to avoid busy times. Waste should not be moved through public areas nor general staff thoroughfares.

Appropriate personal protective equipment such as gloves, should also be worn to avoid potential injury. All persons responsible for handling waste (including staff and cleaners) should be trained in correct handling techniques. Waste must not be compressed by hand. To avoid potential spillage, bins should not be overfilled.

* 1. Waste disposal

Our practice contracts the services of an approved clinical waste agency/waste remover that will treat and dispose of clinical and related waste according to the *Regulations*. Contractors will provide their EPA licence number for our records. Details of our waste disposal arrangements are specified in the service agreement. This includes destroying/treating clinical waste using high-temperature incineration and shredding confidential documents.

This practice utilises the services of <<name of clinical waste disposal service>> for disposal of our clinical waste. The bins are collected every <<frequency of waste collection>>. The contact details can be found in:

<<insert name of practice contacts book and location>>

* 1. Minimising waste production

It is the policy of this practice that items for use in the practice will be purchased based on assessment of cost, appropriateness for the intended purpose and any contribution to waste in terms of both packaging and ultimate disposal. We consider that minimising the production of all waste will assist in cost savings and benefit the environment.

Not all medical waste is contaminated. Waste is to be segregated into contaminated and non-contaminated material. In this practice the following items are considered to be contaminated waste:

|  |  |
| --- | --- |
| Item | Description |
| Patient contact items | Nappies, tampons, and soiled or used wound dressings. |
| Human derivatives | Blood, urine, joint or other body fluids, excised skin, wound scabs/crusts, pus, and debrided tissue. |
| Medical items  | Swabs, used syringes and needles, scalpels, disposable specula, disposable scopes, punch biopsy equipment, used scalpel blades. |

Special bins are provided for contaminated waste. These bins are marked yellow and bear the biohazard symbol. Only waste material described above is to be placed in these bins. Office paper waste, food scraps and other general waste can be disposed of via the normal refuse system. Recyclable items must be placed in separate containers and clearly labelled. When it is considered clinically appropriate and cost effective, re-useable items will be used in preference to disposable items.

1. Environmental cleaning

Policy

*Our practice has systems that reduce the risk of infections.*

Description

Sound principles of basic hygiene are fundamental to effective infection control. Environmental cleaning must be regular and scrupulous. A good neutral detergent can be used for most of the cleaning requirements in a health care setting; this includes floors, walls, toilets and other surfaces. Disinfectants are expensive, often toxic and require contact times to be effective.

Work surfaces must be made of smooth, non-porous material without cracks or crevices to allow for efficient cleaning. Work surfaces must be cleaned and dried before and after each session, any gross soiling or bodily fluid spills must be cleaned as soon as possible in accordance with the correct procedures. Sinks and wash basins must be either sealed to the wall or sufficiently far from the wall to allow cleaning of all surfaces.

Damp dusting and wet mopping must be used in the cleaning of the environment. Dry dusting and sweeping will disperse dust and bacteria into the air and then resettle. It is potentially hazardous and inefficient, and must be avoided in patient treatment or food preparation areas. Equipment used to clean must be washed clean after use, dried and stored dry.

1.
2. 1. Scheduled cleaning

Select the most appropriate option for your practice, or create your own procedure

<Option 1>

<<Name of cleaning service provider>> cleans this practice <<frequency of cleaning>>. The duties of the cleaner are detailed in the contract between the cleaner and the practice and include our practice policies on

* Occupational health and safety.
* Privacy and confidentiality.
* Infection prevention and control.

Cleaning schedule and methods (see procedure below).

All cleaning equipment is stored in a clean and dry condition in an area not accessible to the public. Areas which are only cleaned and managed by appropriately trained practice staff are:

* Spillage of blood or body fluids.
* Medical instruments or items for reuse are cleaned according to the procedure for cleaning instruments and reusable items.
* Treatment room benches and trolleys.
* Consulting room benches containing medical equipment.

Infectious waste and sharps containers.

<Option 2>

This practice does not employ a cleaning service. It is the responsibility **<**<name of staff member responsible for cleaning>> to clean this practice<<frequency of cleaning>>. The cleaning duties are very specific and are detailed in the staff member’s position description.

All cleaning equipment is stored in a clean and dry condition in an area not accessible to the public. Areas which are only cleaned and managed by appropriately trained practice staff are:

* Spillage of blood or body fluids.
* Medical instruments or items for reuse are cleaned according to the procedure for cleaning instruments and reusable items.
* Treatment room benches and trolleys.
* Consulting room benches containing medical equipment.

Infectious waste and sharps containers.

Cleaning staff adhere to the following processes when cleaning:

* Don personal protective equipment (PPE) such as gloves and a waterproof apron.
* Make up water and detergent solution for each task to prevent a build-up of soiling.
* Use clean cloths and mops.
* Wash and dry all surfaces.
* Promptly dispose used cleaning solution in the dirty utility area, not in hand basins or clinical sinks.
* Wash and dry buckets, cloths, mops and PPE after use.
* Wash hands when each task is completed.
* Make an entry in the cleaning record.

Access the Practice Assist website for a Cleaning Schedule Template.

* 1. Cleaning products

This practice does not use cleaning agents or other chemicals, which are known to be toxic to the user (eg glutaraldehyde). Chemicals and cleaning agents used in this practice are properly labelled.

* Decanting (transferring from one container to another) of any substances is strictly prohibited.
* Topping up containers is strictly prohibited.

Solutions are made on a daily basis as required, discarded at the end of the day and the container thermally disinfected.

**Detergents**

Mildly alkaline detergents in the pH range of 8.0–10.8 are preferred over neutral pH detergents in most applications as alkalinity improves the detergent’s cleaning efficacy. Detergent products selected for general cleaning can have combined disinfecting abilities.

Disposable detergent wipes may be used for spot cleaning.

**Surface disinfectants**

Disinfectants can reduce the number of microorganisms on a surface, but they are not a replacement for thorough cleaning. The cleaning process determines the effectiveness of any disinfectant.

**Disinfectants have been shown to fail where prior cleaning is non-existent or ineffective.**

Disinfectant use is not mandatory but may be used following cleaning with detergent and water, and can be combined with detergent in some products. Disinfectants should be considered when there is a risk of contamination with infectious agents and can be combined with detergent in some products.

**Cleaning tools**

* Buckets and mop heads need to be washed then rinsed clean in hot water after use, and the mop heads wrung out and hung to dry. Wet mops can develop unacceptable levels of contaminating bacteria.
* Reusable cleaning cloths need to be cleaned (washed) and dried (hung out or mechanically dried) after use, when wet or soiled. Sponges do not dry easily and their use should be avoided.
* The cleaning of the clinical areas and toilets will be cleaned using either detergent wipes or water and detergent with paper towel.

Brooms should not be used in any healthcare area as they disperse dust and microorganisms into the air.

* 1. Hazardous substances

As required by the Occupational Safety and Health Regulations 1996 and the National Code of Practice for the Preparation of Material Safety Data Sheets, any hazardous substance used or stored at this practice will have a corresponding Material Safety Data Sheet (MSDS). The MSDS provides information about the ‘hazardous substance’ and how it should be used and how to avoid harm when using it at the workplace. It must be written in English and contain the following information:

* The identity of the chemical,
* Health and physicochemical hazards,
* Safe handling and storage procedures,
* Emergency procedures, and

Disposal considerations.

This practice has a register which lists all hazardous substances used in this workplace with a current material safety data sheet (MSDS) for each of the substances listed.

It is the policy of this practice that staff members who are required to handle chemicals are trained in their correct and safe use. This includes the correct use of personal protective equipment (PPE).

All chemicals are stored in an area not accessible to the public.

References and resources:

* Hazardous substances. Western Australian Government Department of Mines, Industry Regulation and Safety <https://www.commerce.wa.gov.au/worksafe/hazardous-substances>
* Safety Data Sheets. Safe Work Australia. <http://www.safeworkaustralia.gov.au/sites/swa/whs-information/hazardous-chemicals/sds/pages/sds>
* Infection prevention and control standards for general practices and other office-based and community-based practices (5th edition). Published May 2014. Royal Australian College of General Practitioners. <http://www.racgp.org.au/your-practice/standards/infectioncontrol/>

1. Additional policies and procedures

Depending on the sterilisation techniques and equipment your practice uses, consider writing policies and procedures for additional infection control processes in your practice.

This may include:

* Single use equipment
* Reusable medical equipment
* Use of reusable medical equipment
* Manual cleaning of reusable medical equipment
* Equipment processing area
* Sinks
* Bench tops
* Sterilisation
* Sterilisation by steam under pressure
* Sterile barrier systems
* Packaging reusable medical devices
* Labelling
* Loading the steriliser
* Processing time
* Monitoring of the sterilisation process
* Unloading the steriliser
* Storage of sterilised equipment
* Documenting the cycle
* Validation of the sterilisation process

Conducting validation

1. Definitions

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| Indicator | Description |
| Biological indicator | A standardised preparation of calibrated bacterial spores on, or in, a carrier, which is packaged in such a manner that the integrity of the inoculated carrier is maintained. |
| Chemical indicator | Dye which can be impregnated on materials or contained within a device, and which changes colour when subjected to a sterilising process. |
| Cleaning | A process which removes visible soiling and reduces the load of micro-organisms and bio-hazardous material on the surface of an object. |
| Contamination | The introduction of micro-organisms into sterile materials or living tissue, or the presence of an infectious agent on skin, tissue, or articles, solutions and substances. |
| Disinfection | The process of destroying all micro-organisms except bacterial spores. |
| Holding time | The minimum time at a given temperature that has been established to destroy all micro-organisms. |
| Penetration time | The time required for every part of a load to reach the selected sterilising temperature after that temperature has been reached in the sterilising chamber. |
| Risk categories | Instruments do not have to be sterile at all times; this depends on what is being done. However, sterilisation between patients is essential for all medium and high-risk procedures.**High Risk** Instruments, which penetrate the skin, enter a normally sterile body site or come into contact with severely ulcerated mucous membranes. Always use sterile instruments.**Medium Risk** Instruments in contact with intact mucous membrane. Sterilise between patients. Do not have to be used sterile. For example, a vaginal speculum can be stored in a covered clean place after sterilising.**Low risk** Instruments used only on intact skin. Use clean decontaminated equipment. |
| Reusable device | A device designated or intended by the manufacturer as suitable for reprocessing and reuse. It is not a device that is designated or intended by the manufacturer for single use only. |
| Safety factor | The extra time added to the holding time to ensure sterilisation is achieved. It is a precautionary measure and is calculated as 25 per cent of the holding time. |
| Soil | Visible dirt or debris, which may protect, harbour or assist the growth of micro-organisms. Includes organic matter, organic substances, residual soil, inorganic matter, and blood and body substances. |
| Sterilisation | A process intended to destroy or remove all forms of microbial life, including bacterial spores. |
| Sterilisation time | The total time of the sterilisation stage after the sterilising chamber has reached the sterilising temperature (penetration time plus holding time plus safety factor). |
| Standard precautions | Work practices, which require everyone to assume that all blood and body substances are potential sources of infection, independent of perceived risk. Such precautions involve the use of safe work practice and protective barriers. |