

Infection prevention and control guidelines

for general practices and other office-based and community-based practices

Frequently asked questions

March 2023

Background

The Royal Australian College of General Practitioners (RACGP) hosted a webinar on the *Infection prevention and control guidelines for general practices and other office-based and community-based practices* (the IPC Guidelines) on 14 March 2023. A recording of the webinar is available on the [RACGP's website](#).

This document accompanies the IPC Guidelines, providing answers to questions raised at the webinar.

Updated guidelines

What has changed in the IPC Guidelines?

While wholesale changes were made when updating the IPC Standards to Guidelines, **the updated IPC Guidelines do not implement new requirements that are not already in place** via the *Standards for general practices*, Australian Standards and Australian/New Zealand Standards, national guidelines (including the [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#)), or other national or jurisdictional legislation.

The update has consolidated and contextualised advice from these sources for general practices and other office-based practices. We have added additional detail for practices throughout the guidelines to help meet these existing requirements.

Practices aren't accredited against the IPC Guidelines, but may refer to them in meeting relevant criteria in the [Standards for general practices](#) (5th edition).

Training in infection prevention and control, and in reprocessing

Is there a minimum qualification required for infection prevention and control coordinators or practice leads?

While some states in Australia have requirements for practising as an infection control professional, there is currently no minimum or standardised educational requirement, to coordinate an organisational infection prevention and control program.

A range of postgraduate education programs are currently available for nurses seeking or establishing a career in infection control in Australia, although the content of these courses is variable. These courses include University-based Graduate Certificate, Graduate Diploma and Master level degrees in infection prevention and control; Australasian College for Infection Prevention and Control (ACIPC) Foundations Course; and, Australian Commission on Safety and Quality in Health Care (ACSQHC) infection prevention and control advanced eLearning modules. In addition, there are vocational educational providers offering infection control short courses.

Is there a minimum qualification required for reprocessing reusable medical devices?

While there are recommended qualifications for reprocessing, there is no minimum requirement.

Practices must ensure that staff involved in reprocessing have received adequate education, training and regular competency assessment, and that these activities are documented.

It is essential that staff responsible for reprocessing reusable equipment completely understand the tasks, know exactly how to perform all steps (and have immediate access to clear and comprehensive instructions), and can be relied on to follow them completely. Responsibility for reprocessing tasks must not be delegated to administrative staff or other staff without first providing adequate initial and ongoing training.

The IPC Guidelines links to the Sterilizing Research Advisory Council of Australia's [list of courses](#) and provides further detail on tasks that require competency assessment. Others are available through recognised registered training organisations (RTOs).

Transmission-based precautions

How do practices currently manage patients with respiratory symptoms?

Practices must identify and follow the latest advice on infection prevention and control from national and state/territory health departments when performing aerosol-generating procedures (eg nebulisation, spirometry, peak expiratory flow, oxygen supplementation via nasal cannulas or mask). Guidance is also published by the [Australian and New Zealand Society of Respiratory Science](#) and the [Thoracic Society of Australia and New Zealand](#).

The *Australian guidelines for the prevention and control of infection in health care* provide guidance on the [type and duration of precautions for specific infections and conditions](#).

Wear appropriate PPE. Filtering respirators may be required during respiratory disease outbreaks or when performing aerosol-generating procedures (eg spirometry) and discarded after each patient or procedure.

In rooms where aerosol-generating procedures (eg spirometry) occur, a ventilation rate of 12 air changes per hour is recommended.

Personal protective equipment

Do all clinical staff need to show they have been fit tested for N95 masks?

If your risk management assessment indicates that staff are performing high risk duties, best practice is for fit testing to occur. Refer to AS/NZS 1715 Selection, use and maintenance of respiratory protective equipment. Fit testing is required before a user wears a respirator mask on the job, and should be assessed at least annually. In addition, fit tests should be performed whenever a different size, style, model or make of respirator is used.

Staff screening, immunisation and management

What are the requirements for recording immunity status of staff?

The *Standards for general practices* require, for practice accreditation, that the practice team is encouraged to obtain immunisations recommended by the current edition of the Australian immunisation handbook based on their duties and immunisation status (See [Criterion C3.5 – Work health and safety](#)). A practice must record the natural immunity to vaccine-preventable diseases or immunisation status of practice team members if known (with their consent) and offer staff members' immunisations recommended in the Australian immunisation handbook, as appropriate to their duties.

Practices need to develop policies for the assessment, screening and vaccination of healthcare workers to minimise the risk of transmission of vaccine-preventable diseases. Policies must align with relevant state and territory policies and/or legislation. Policies also apply to trainees undertaking placements in the practice, work experience students and volunteers.

What immunisations are compulsory for staff in general practice?

The list of recommended vaccinations for staff working in primary healthcare can be found in the advice from the [Department of Health and Aged Care](#).

How can practices manage staff refusals?

Staff members who do not wish to provide details of vaccinations or infections and do not participate in the practice's immunisation activity can opt to obtain a letter from their own chosen healthcare provider stating that they are immune.

Vaccine refusal or non-disclosure must be recorded in the staff member's human resource documentation. Practices can seek legal advice from a Medical Defence Organisation regarding the management of vaccine refusal.

[Safe Work Australia](#) provides useful information regarding situations where staff refuse vaccination, however, they reiterate that these situations are often intricate, and that legal advice is always recommended.

Sharps

Do all sharps injuries need to be managed externally?

The IPC Guidelines strongly recommend that managing an exposure incident is referred outside the practice (eg to an emergency department or specialist) (See [Exposure to blood and other body substances](#)).

Sharps injuries can be managed internally, but a practice must ensure it has management processes for such in place, responses are timely, and that confidentiality is maintained. A major component of responding to sharps injury is the accompanying counselling, which is critical.

Cleaning, laundry and waste management

Does a practice need to have its own vacuum cleaner? Can cleaners bring their own?

Each practice should have its own dedicated vacuum cleaner for each of its service sites to minimise the risk of cross contamination. A practice's vacuum cleaner requires cleaning and maintenance (including changing of the bags, and filters) in accordance with the manufacturer's instructions.

Contract cleaners will usually have a generic vacuum cleaner. Your service level agreement with cleaning contractors needs to ensure that their equipment is appropriate and cleaned and maintained in accordance with manufacturer's instructions. Practices can ask contract cleaners: What equipment do they use? What products are they using? What methods of cleaning? What is the frequency of cleaning equipment? How do you look after your vacuum cleaner? How do you clean your equipment before it goes on to your next customer?

What are the requirements for laundering linen on site?

AS/NZS 4146 – *Laundry practice* looks at laundering of items in health care facilities from large facilities through to office-based practice and aged care homes. It clearly stipulates decontamination requirements. Hot water disinfection is always superior to chemical disinfection, so there are some minimum requirements around achieving and maintaining temperatures for a minimum time in order to make linen items microbiologically safe at the end of the cleaning process.

If the practice uses linen, it should be changed if:

- it has been used by a patient whose clinical status necessitates the use of contact precautions (eg known or suspected of having scabies, lice or skin infections such as methicillin-resistant *Staphylococcus aureus*)
- there has been a blood or body substance spill on the linen
- linen is visibly soiled
- linen has absorbed odour.

Linen must also be changed before a minor surgical procedure.

If staff wear scrub suits at work, the same principles apply.

Laundering of surgical drapes is difficult (most practices cannot be meet the standard for laundering drapes) because they have to be laundered under clean room facilities and that requires a contractor that is still reprocessing sterile linen. Disposable drapes can be used as an alternative.

Does the laundry practice standard apply to cleaning cloths?

Yes. Reusable cleaning cloths are required to be effectively laundered.

Do mop heads need to be laundered?

Mop heads become very contaminated and must be effectively laundered. Ideally, they should be detachable, so that they can be laundered to the laundry practice standard. Manual washing of mop heads has many safety and health issues.

With new technologies, traditional mop heads are being replaced by a flat mop system, (with reusable and disposable options). Which mop to use can depend on the situation, for instance an outbreak versus a non-outbreak situation or transmission-based precautions versus standard proportions.

Reprocessing of reusable medical devices

Can a practice have its reprocessing area in a treatment room?

The current **AS/NZS 4187**, and draft new standard **AS 5369**, are clear that there must be segregation between clean and dirty activities.

There must be segregation of reprocessing areas from administrative and treatment areas, to reduce risk of contamination and minimize bio-burden. Separation of the reprocessing area segregates clean and dirty areas.

In many practices the separation is demonstrated via a space barrier, which is challenging.

Is manual cleaning acceptable in general practice?

The current standard for office-based practice is **AS/NZS 4815 – Office-based health care facilities not involved in complex patient procedures and processes—Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of the associated environment.**

This is an aging document (2006), and it has not kept pace with reprocessing technology and best practice, which is why it is currently under review (along with AS/NZS 4187).

AS/NZS 4815 currently states that the use of mechanical methods may be contraindicated for washing certain delicate or complex instruments, so there is some interpretation of the standard required. The RACGP's interpretation is that manual cleaning is acceptable, provided it is carried out in accordance with the standard, and that a practice has the appropriate environment and equipment.

While manual cleaning is ultimately acceptable under the current standard, it is a difficult method to validate and best practice is to move away from manual cleaning where an automated process can be used.

Importantly, practices should have a process for cleaning, whether that's mechanical or manual, that is compatible with the reusable medical devices it uses. The process needs to be in accordance with the validated cleaning instructions provided by the manufacturer of the reusable medical device.

Is a washer-disinfector mandatory in general practice?

Washer/disinfectors are not mandatory.

Immediate cleaning of reusable medical devices can involve manual cleaning, the use of an ultrasonic cleaner followed by manual cleaning, or the use of a washer/disinfector that may incorporate an ultrasonic cycle.

Is an ultrasonic cleaner mandatory in general practice?

Ultrasonic cleaners are not mandatory. They are currently an optional precleaning step.

How does a practice manage hand washing if there is no separate sink in the treatment room area for hand washing and only two sinks in the reprocessing area (clean and dirty)?

Ideally, there should be a hand washing sink in the treatment room. Many older practices may not have a type B clinical hand basin in the treatment room.

Fortunately, alcohol based handrub can be used. It is the gold standard and preferred option.

Applying risk management means it is not common for hands to become soiled in the reprocessing area that would require hand washing.

Ideally, two cleaning sinks, not handwashing basins, are dedicated for that purpose. If a reprocessing area only has one cleaning sink, then a bowl can be used as an option. The bowl would be used for cleaning the reusable medical instruments and the sink would be used for rinsing.

Hand washing should not be carried out in sinks that are designated for cleaning instruments.

What changes to reprocessing will be implemented with the new reprocessing standard?

The RACGP is not aware of what new mandatory requirements for reprocessing will arise with the updated standard for reprocessing.

Reprocessing in the IPC Guidelines is primarily based on current requirements as set out in:

- AS/NZS 4815 – Office-based health care facilities not involved in complex patient procedures and processes—Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of the associated environment
- AS/NZS 4187 – Reprocessing of reusable medical devices in health service organisations

These standards are under review and will be superseded by the new standard: AS 5369 *Reprocessing of reusable medical devices and other devices in health and non-health related facilities*. Standards Australia have advised that there is no confirmed timeline for its release, but have indicated that this may occur in 2023.