HealthPathways Melbourne

Infection prevention and control: key points for accreditation

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Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts

- clear and concise, evidence-based medical advice
- Reduce variation in care
- how to refer to the most appropriate hospital, community health service or allied health provider.
- what services are available to my patients

HealthPathways-Infection Prevention and Control

Disclaimer: For presentation purposes only

HealthPathways- Blood or Body Fluid Exposure

Blood or Body Fluid Exposure

Assessment

1. Take a history of the exposure, including:
   - date, time, and place.
   - nature of exposure e.g., needle-stick with livestock injection products may need specialised management.
   - type and mode of exposure.
   - if exposed person is already on pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP) for HIV.
   - what first aid was administered e.g., did they wash the wound.

   See The Australian Society for HIV Medicine (ASHM) – PEP Guidelines: Immediate Management and Assessment.
2. Determine if any information is available about the source, including their HIV status.
3. Assess risk of transmission by:
   - type of injury.
   - body fluid involved.
4. Check the exposed patient's:
   - hepatitis B virus (HBV) vaccination status.
   - previous testing for HBV, hepatitis C virus (HCV), HIV.
   - general health, pregnancy and breastfeeding status, renal or hepatic disease status, medications.

Management

1. Provide immediate first aid.
2. Consider general principles for managing blood or body fluid exposures (BBFE):
   - Discarded needle in the community
   - Occupational BBFE
   - Shared drug equipment
3. Reassure and provide support to the exposed person, who may be distressed by the incident.
4. Manage further based on the likelihood of transmission:
   - Managing exposures with no risk of BBV transmission
   - Managing exposures which have a risk of BBV transmission

Management

1. Provide immediate first aid.
2. Consider general principles for managing blood or body fluid exposures (BBFE):
   - Discarded needle in the community

     Discarded needle in the community

     - Seroconversion following a community needle-stick injury is extremely rare.
     - HIV post-exposure prophylaxis (PEP) is not recommended if injury in the community from a needle discarded by an unknown person.
   - Occupational BBFE
   - Shared drug equipment
3. Reassure and provide support to the exposed person, who may be distressed by the incident.
4. Manage further based on the likelihood of transmission:
   - Managing exposures with no risk of BBV transmission
   - Managing exposures which have a risk of BBV transmission

     An exposure has the potential for blood borne virus (BBV) transmission if the injury carries a risk, and the body fluid is infectious or potentially infectious.

     1. Obtain verbal consent for blood tests of both source and exposed person.
     2. Assess tetanus immunisation status and provide vaccination if appropriate.
     3. Manage according to risk and type of exposure:
        - Possible HIV exposure
        - Possible HBV exposure
        - Possible HCV exposure
     4. Consider blood tests to determine possible seroconversion, particularly if occupational exposure:
        - Scheduled blood tests
        - Unscheduled blood tests
     5. Advise the exposed person about preventive behaviours while being managed for BBV exposure.
     6. If the source or exposed person is infected with HIV, HBV, or HCV, and is not already in the care of an appropriate medical specialist, request assessment and management according to the appropriate pathways.
     7. Ensure appropriate follow-up with the impacted source and exposed person's regular medical practitioner.

HealthPathways- Assessing Respiratory Presentations in General Practice

Assessing Respiratory Presentations in General Practice

About assessing respiratory presentations in general practice

Assessment

1. Consider method for assessing symptomatic patients:
   - Telehealth
   - Face-to-face
2. Screen patients at the time of booking or on arriving at the practice. Encourage all patients to complete a RAT prior to arrival.

> **Patient screening and practice access**
>
> - Screen all patients prior to or upon arrival into the clinic.
>   - Check if they have any symptoms of an acute respiratory or febrile illness.
>   - Check for risk of measles – recent travel, exposure to measles case or exposure site, rash.
>   - Encourage all patients to complete a RAT (COVID specific or a COVID/influenza/RSV combination) prior to arrival.
> - Waiting room considerations:
>   - Physical distancing of waiting room chairs
>   - If suspected measles ensure patient waits in a separate room with door closed. See Measles.
>   - Staggering face-to-face appointments over the day
>   - Consider having patients wait in car parks until their doctor is ready to see them if respiratory symptoms or if at increased risk of severe illness due to medical condition or immunocompromise

3. Perform a clinical assessment. Determine:
   - duration and nature of symptoms (see also Dyspnoea, Haemoptysis, rash in unwell children, and Chronic Cough in Adults).
   - if occupational or recreational exposure to recent respiratory outbreaks.
   - whether the patient has higher risk of severe disease. Consider medical risk factors and immunosuppressive conditions and medications.
   - vaccination status.
   - travel history.
   - impact of local outbreaks (e.g., childcare settings, Residential Aged Care Homes (RACHs), supported residential services (SRS)).
   - prior infections including COVID-19, where reinfection may occur as early as 28 days post recovery. [1]
4. Consider non-infectious presentations e.g., cardiac (heart failure, heart valve disease), pulmonary embolism, haematological, endocrine, malignant causes.
5. Consider the needs of priority populations.
6. Arrange investigations as indicated by provisional diagnosis.

Assessment

1. Consider method for assessing symptomatic patients:
   - Telehealth
   - Face-to-face

> **Face-to-face**
>
> Ensure good hand hygiene is practiced.
>
> Consider modifications to the practice set-up to minimise infection risk:
>
> - Isolation room
>
> > **Isolation room**
> >
> > - Decluttered
> > - Isolated
> > - Allows for physical distancing
> > - Dedicated equipment, if possible
> > - Dedicated access to PPE
>
> - Separate waiting rooms
>
> > **Separate waiting rooms**
> >
> > - Decluttered
> > - Isolated
> > - Allows for physical distancing
>
> - In addition, consider the following environmental adaptations to reduce risk of airborne transmissible infections:
>   - Opening windows or using building heating ventilation and air conditioning (HVAC) systems to increase fresh air into spaces and increase the air changes per hour.
>   - Installing portable air purifiers for contained spaces or as an adjunct to the above measures. See Victorian Department of Health – Ventilation.
> - Patients with suspected respiratory infections should be asked to wear a mask (surgical or N95) whilst in the practice.
> - Cohorting of patients to optimise use of PPE if infectious outbreak. This may include having dedicated times or separate areas allocated to seeing patients with respiratory symptoms.
>
> If the patient requires urgent face-to-face assessment but this cannot be accommodated at the practice, consider referral to an Urgent Care Clinic.
>
> See Respiratory Infectious Diseases Practice Management for further details.

HealthPathways- Assessing Respiratory Presentations in General Practice

Management

1. Refer to emergency department, Residential Aged Care Homes (RACHs), Hospital in the Home (HITH), or consider the Victorian Virtual Emergency Department (VVED) for non-life-threatening conditions if consistent with the patients' Advance Care Plan or goals of care if:
   - suspicion of a moderate to severe disease process.
   - where appropriate care cannot be delivered through general practice.
2. Manage according to the likely diagnosis:
   - COVID-19 – consider rapid access to antiviral treatment.
   - Influenza – antiviral treatment can commence for high-risk patients while awaiting results.
   - Respiratory syncytial virus (RSV)
   - Pertussis
   - Measles – requires urgent testing for confirmation and notification to the Department of Health.
   - Pneumonia (child or adult) or atypical pneumonia e.g., Legionnaires' disease, pneumococcal disease, *Mycoplasma pneumoniae*.
   - Asthma (child or adult), COPD, bronchiectasis
   - Bronchiolitis, croup, RSV infections, etc. in children – see Respiratory – Child.
   - Less common conditions:
     - Tuberculosis – especially in patients with known exposure to TB, or those who previously lived in higher incidence countries.
     - Patients with recent travel – consider infections including Middled East respiratory syndrome (MERS), avian influenza, measles. See CDC – Travelers' Health: Destinations.
     - Psittacosis
   - Non-infectious causes e.g., cardiac (heart failure, heart valve disease), pulmonary embolism, haematological, endocrine, malignant causes.
3. Advise the patient to isolate while symptomatic, according to public health advice for the diagnosis.
4. Follow the Notifiable Conditions in Victoria pathway if the cause of infectious disease is a suspected or confirmed notifiable condition.
5. Offer a routine follow-up appointment (telehealth or face-to-face), for clinical assessment and review of results where required. Alert patient of the need for an earlier review, if respiratory symptoms progress or condition deteriorates.
6. If the patient identifies as Aboriginal and Torres Strait Islander, understand their specific cultural and spiritual needs and offer referral to specific Indigenous services. Ensure Indigenous status is clearly marked on all referrals to both mainstream and Indigenous services.

Referral

- Refer to emergency department, Residential Aged Care Homes (RACHs), Hospital in the Home (HITH), or consider the Victorian Virtual Emergency Department (VVED) for non-life-threatening conditions if consistent with the patients' Advance Care Plan or goals of care if:
  - suspicion of a moderate to severe disease process.
  - where appropriate care cannot be delivered through general practice.
- Consider referral to an Urgent Care Clinic for acute assessment if not able to be provided at the practice or for treatment not requiring emergency care after usual clinic hours.
- If Aboriginal and Torres Strait Islander patient, offer referral to specific Indigenous services. Ensure Indigenous status is clearly marked on all referrals to both mainstream and Indigenous services.

Information

For health professionals

Education

RACGP – Respiratory Health

Further information

- Victorian Department of Health – COVID-19 Infection Prevention Control Guidelines
- RACGP:
  - Infection Prevention and Control Guidelines
  - Managing COVID-19 at Home

HealthPathways- Respiratory Infectious Diseases Practice Management

Respiratory Infectious Diseases Practice Management

This pathway can be used to assist general practice management of respiratory infectious disease and assist in preparing a practice pandemic response plan. A practice emergency response plan for unexpected events, including pandemic diseases, is a requirement for practice accreditation as per the Royal Australian College of General Practitioners in the Standards for General Practice 5th Edition.

See also:

- Assessing Respiratory Presentations in General Practice
- COVID-19
- Influenza

Managing vulnerable patients

Coordination

Infection control

- Practice considerations
- Staff considerations
- Patient considerations

See:

- Primary Care Guidance for the Response to COVID-19 Risks
- RACGP – Infection Prevention and Control Guidelines
- COVID-19 Infection Prevention and Control Guidelines

Personal protective equipment (PPE)

COVID in the workplace

Information

For health professionals

Infection control

Practice considerations

- Ventilation
- Patient screening and practice access
- Cleaning
- Physical set-up
- Clinical care considerations

Staff considerations

Be aware of workplace laws. See Fair Work Ombudsman – COVID-19 and Workplace Laws for details.

- Employers should ensure that they have appropriate processes in place for when an employee returns a positive RAT or PCR test.
- Ensure vaccination requirements are adhered to:
  - Up-to-date COVID-19 Vaccination and annual influenza immunisation are mandatory in certain healthcare settings, exempting private general practice.
  - Under the Victorian Occupational Health and Safety Act 2004 (OHS Act) employers are required to provide a safe working environment for its employees. Therefore employers are able (but not required) to implement policies requiring workers to be up to date with their vaccinations. [4]
  - See Victorian Department of Health:
    - Vaccination for Healthcare Workers for updated legislative requirements on mandatory vaccination.
    - Primary Care Guidance for the Response to COVID-19 Risks for general practice guidelines.
- Maintain physical distancing except where required for clinical care.
- Ensure staff members are fully trained in the use of personal protective equipment (PPE) and contact and aerosol precautions and infection control procedures.
- Identify staff at higher-risk of poor outcomes and consider alternative arrangements for vulnerable staff.
- Consider changing work arrangements during outbreaks or times of increased staff furlough.
- Provide practical ways for health care workers to manage mental health.

Patient considerations

HealthPathways- Infection Prevention and Control

Relevant Pathways

Assessing Respiratory Presentations in General Practice

Blood/Body Fluid Exposure

COVID-19 Assessment and Management

Infection Prevention and Control

Infectious Disease Management in Aged Residential Care

Infectious Diseases

Influenza

Mosquito-borne Diseases in Victoria

Practice Management Resources

Respiratory Infectious Diseases Practice Management

Hand Hygiene

Local Public Health Units (LPHUs)

Notifiable Conditions in Victoria

Vaccine Storage and Cold Chain Breaches

Related Pathways

Immunisation Services

Adverse Events Following Immunisation (AEFIs)

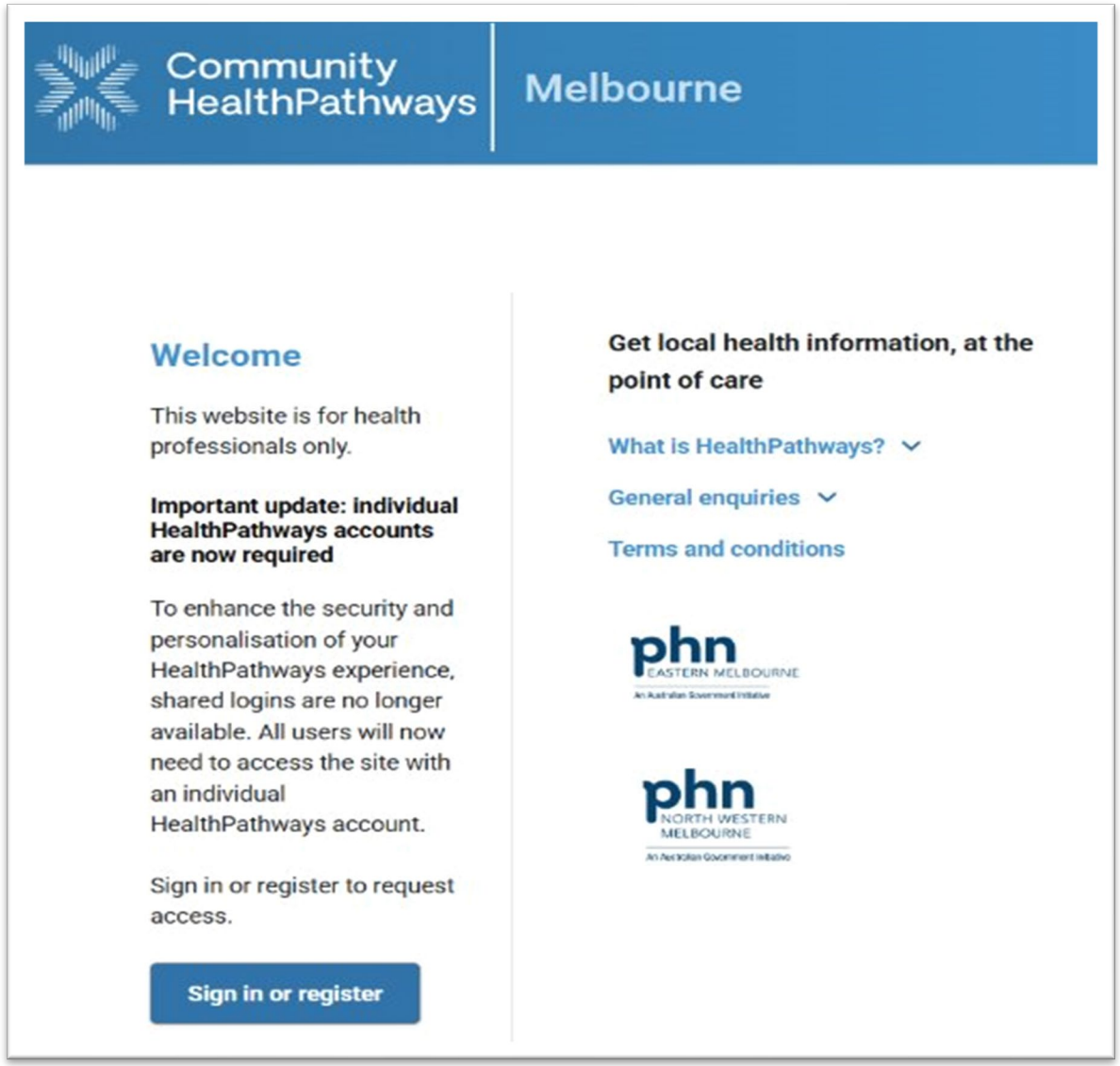
Travel Vaccination

Vaccine Supply, Storage, and Cold Chain Breaches

Accessing HealthPathways

Please click on the **Sign in or register** button to create your individual account or scan the QR code below.

If you have any questions, please email the team info@healthpathwaysmelbourne.org.au



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