

Infection Prevention and Control News

Dr Nuala O Connor, ICGP Lead Preventing Healthcare Associated Infections and Antimicrobial Resistance, HCAI AMR, in conversation with Helen Lemass, Infection Control Nurse, chief author of the first IPC Infection Prevention and Control Guidance document for Irish general practice.

1. You were one of the chief authors of the first infection prevention and control guidance document for Irish general practice. What has surprised you most about trying to put the recommendations into practice at the frontline?

When I took on the role of project officer for developing Infection Prevention and Control (IPC) guidance in general practice, the task initially seemed rather daunting. I was coming from a background of working as an Infection Prevention and Control Specialist (CNS) in the acute setting, where we had established practices, national publications and guidelines that formed the basis of our IPC practice. We also had a staff that had IPC incorporated into their training and working lives and indeed hospital culture for many years.

The GP setting in Ireland in contrast, had no IPC guidance or IPC resources for that matter even though they were in a situation where they were increasingly dealing with patients who had been discharged from the acute setting with multidrug resistant organs (MDROs). This and the increase in healthcare associated infections (HCAIs) presented a considerable challenge to GPs.

What surprised me most about trying to put the recommendations into practice at the frontline is the recognition from GPs that these guidelines were long overdue and the GPs' willingness to try and work with the resources they had to make necessary changes. I think most GPs were aware of the risk that MDROs presented regarding HAIs but were surprised to be told that even making small changes such as using hand hygiene, in particular, alcohol gel, could have a massive impact on the prevention of the transmission of MDROs.

2. What are the main risks you have seen that could be easily rectified?

When I started working on the guidelines initially, there was opposition from some GPs as many of the recommendations had cost implications that would need to be built into future practice development plans, for example, installing elbow operated taps.

However, some recommendations, such as effective hand hygiene, which is one of the most important means of preventing HCAIs, can be implemented with the use of disposable paper towels, the provision of alcohol gel at the point of care and the implementation of HH as per the WHO 5 moments. In practices where there are no elbow operated taps, the paper towel can be used to turn off the taps once hands are dried.

The correct use of sharps bins at the point of use and using the temporary closure is also easily implemented. The 'management of sharps' section provides a template which could be printed and used in the event of a member of the practice staff receiving a sharps injury. Switching to disposable sheets or the use of a paper roller towel instead of blankets means practices do not have to use a contracted laundry service that complies with guidelines from the Society of Linen Services and Laundry Managers (2008).

Using the IPC guideline, GPs can access advice on how to use the correct personal protective equipment (PPE) to deal with patient scenarios where there is a risk of exposure to blood and body fluids and droplet or airborne organisms.

A suggested stock list to manage a blood and bodily fluid spill is also outlined in the guideline, which, if available in all practices, would reduce the risks associated with blood spills.

The availability of disposable cloths, neutral detergent and a sodium hypochlorite solution would address the cleaning/decontamination required of reusable **non critical**

medical equipment and the environment.

The measures outlined above are easily implemented and would ensure that patients are cared for in an environment that is safe and clean, and where the risk of them acquiring a HAI is kept as low as possible.

3. What do you think is the most important issue for GP practices to address?

While researching for the IPC guidelines for general practice, the area I felt that presented the greatest risk to patients was in relation to the decontamination of reusable medical devices. GPs have to ensure that there are robust measures in place to satisfy their patients that medical devices used in the application of semi critical and critical procedures are decontaminated to the standards required. At the beginning of this project, many GPs would have been using bench top sterilisers to decontaminate and reprocess reusable devices (RIMDs) on site. However, the procedure involved in the reprocessing of RIMDs should comply with several guidance documents outlined on page 28 of the guidelines. The standards outlined would be very difficult to achieve in the practice setting and the only real alternative for GPs is to use sterile single use devices. While this recommendation has cost implications, it is the only way of ensuring patient safety and of complying with national standards.

4. What supports do you think should be put in place to support the implementation of the guidance in primary care?

In 2009, the Health Information and Quality Authority (HIQA) published *National Standards for the Prevention and Control of Healthcare Associated Infections*. These standards were generic in nature and designed to apply to all health and social care services in Ireland including general practices. However, while the Standards became the driving force behind IPC practice in the acute setting, there was no forum to apply these in the GP/community setting. While *Guidelines for Antimicrobial Prescribing for Primary Care in Ireland (2014/2015)* has been devised to promote the safe and effective use of antibiotics in primary care, they also aim to minimise the emergence of bacterial resistance in the community but other important elements are required to support IPC in general practice.

In the acute setting, weekly meetings are held involving a microbiologist, antimicrobial pharmacist, IPC CNS and surveillance scientist. These meetings address issues such as increased incidence of MDROs, antimicrobial issues in relation to HAIs, infrastructural issues and education and audit of staff in relation to HH and other standard precautions. However, once patients are discharged to the community, GPs often have no access to this expert advice which in turn results in a massive gap between the efforts undertaken to reduce the transmission of MDROs and HAIs in the acute and non-acute setting. Structures need to be put in place in the GP/community setting that reflect the importance of the IPC in this setting.

To begin with, access for GPs to a CNS IPC who could provide education, advice and audit in relation to IPC in general practice is essential. As part of this role, the CNS could perform a gap analysis in GP practices to provide a baseline of where practices are at in relation to IPC and how to standardise practices from an IPC point of view.

While the introduction of infection control guidance in general practice has provided a starting point to bring infection control to the fore, further measures are required if GPs are to fully embrace these recommendations.

- Click [here](#) for the Infection Prevention and Control Guidance document.

- The ICGP will shortly launch an elearning module on infection prevention and control in general practice: www.icgp-education.ie.

Antimicrobial Resistance News

- www.antibioticprescribing.ie has moved to a new microsite on www.hse.ie.
- All the old content is still available but a lot of new content added in response to user survey.
- More paediatric prescribing detail, pregnancy and lactation, dental guidance and enhanced dermatology section.
- Audit and quality improvement ideas.
- How to create an antimicrobial stewardship policy for your practice and be ready for HIQA.
- Latest data on community antibiotic consumption – Ireland v. Europe.
- How is your county doing? <http://www.hpsc.ie/A-Z/MicrobiologyAntimicrobialResistance/EuropeanSurveillanceofAntimicrobialConsumptionESAC/PublicMicroB/SAPC/Report1.html>

Regional Variations

There is wide regional variation in the use of antibiotics in Ireland

