

Accreditation Tips

RACGP 4th Edition standards

A complete guide and explanation to the 4th Edition Standards in General Practice can be purchased from The Royal Australian College of General Practitioners (RACGP) for approximately \$66 in NSW Ph: **9886 4700**

www.racgp.org.au



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1. General

Informing Patients

- Doctor will be asked to **describe the way patients are informed** of purpose, importance, benefits and risks of proposed treatments, referrals and investigations.
- Doctors will be asked **how they communicate** with patients who are not proficient in English, or who have a communicative disability e.g. deaf, blind.
- GPs need to inform patients of costs before treatments, investigations or procedures are performed and when patients are referred.
- The clinical team will need to describe how leaflets, brochures and other information are used to help describe the diagnosis and management of conditions and about medicines and medicine safety for patients.
- **Fees need to be clearly displayed** in surgery or in the practice information sheet.
- Practice needs an up to date information sheet.
- Consent must be obtained from a patient if a third party is to be present during their consultation. Ideally, permission should be sought when the patient makes an appointment or when they arrive at reception. It is not acceptable to ask permission in the consulting room as some patients may feel 'ambushed' and unable to refuse.
- Patients who are waiting should be **advised of delays** that may be experienced in seeing the doctor.
- Patients should be informed that the practice uses a **recall and reminder system** (via the practice information sheet or by a sign in the waiting room).
- Staff will be asked to describe how they identify urgent matters and how they get urgent medical attention. **(Triage procedure)**.
- Practice should have a **written policy on dealing with urgent matters**.

Appointments

- There needs to be a **flexible appointments system** to accommodate patients with urgent medical problems or patients who need longer consultations.
- Patients should be able to obtain information or advice by **telephone**.
- Patients should be able to obtain **home visits**. This is especially applicable if the practice is not wheelchair accessible.
- Patients should be able to see the **GP of their choice or their regular GP** if available.

Medical Records

- Individual record for each regular patient must be **legible** and be **free from prejudicial statements**.
- Where a practice has an active hybrid medical record system, for each consultation/interaction, the practice needs to demonstrate that there is a record made in each system indicating where the clinical notes are recorded.

- The patient record must contain an emergency contact person.
- **Records must not** be accessible by other patients or visitors. They should be kept in a secure area of the practice only accessible to staff or where staff have constant supervision of the records.
- **90% of active patient health records must have allergies** recorded. If a patient does not suffer from any allergies, the patient file should be marked “no known allergies”.
- **75% of active patient health records must contain health summaries** including current problems, past problems, allergies and sensitivities, risk factors, medications, immunisations, social and family history, and emergency contact details.
- The patient health record needs to be **comprehensive and well organised** e.g. encounter date, encounter reason, problem managed, management plan, prescribed medication, referral documentation evidence of referral to health and community services
- The practice should be able to show that they routinely record Aboriginal and Torres Strait Islanders status in active patient health records. When registering new patients to the practice, a question should be included on the form asking their indigenous status and recorded in patient notes. The practice should also show they are working towards recording other cultural backgrounds of patients in health records.
- Records should include copies of **significant referral documentation** and response to referrals (these should be legible, contain relevant social information, problems, findings and treatments, and reason for referral and expectations. Referrals should be on practice stationary or scanned into medical software)
- **Home and after hours visits** should be notated.
- Test results should be signed or initialled by doctor and appropriate action taken.
- Records should contain evidence detailing significant telephone contact if telephone consultation occurs.
- Patient records can be made inactive after 2 years and can be easily reactivated if the patient comes back to the practice. This can be marked in medical software.
- Records are to be kept until the **patient has reached 25, or for a minimum of 7 years** from the time of last contact with the patient (whichever is longer).

Subject to consent of patients the practice should use one of the following reminder systems:

- Card based system showing due dates for preventative activities
- Systematic flagging of medical records for opportunistic preventive activities, such as a health assessment.
- A register of patients for reminders for preventative activities
- A computer reminder system (patients are informed of and offered enrolment in reminder systems – sign in waiting room/ information brochure). They can ask to not be included in a recall system.
- A reminder system offered by other agencies e.g. local pathology companies or government Pap smear register (It is a good idea to have examples of all of these so you can show the surveyor).

Practice Information Sheet

Practice needs to have a current information sheet available to patients

This should include:

- After hours care arrangements including after hours telephone number
- Consultation fees and information on how other fees can be obtained
- Names of doctors in the practice, ideally session times available, practice address and telephone number/s
- Consultation hours indicated
- You may also like to include sections informing patients that longer consultations are available, doctor's policy on receiving phone calls, and a section encouraging patients to provide feedback to doctors, that the practice uses a recall and reminder system.
- It is a good idea to include a section on the practices policy for the management of personal health information/the practices privacy policy.

E.g. Your medical record is a confidential document. It is the policy of this practice to maintain security of personal health information at all times and to ensure that this information is only available to authorised members of staff.

Follow up of Tests and Results

- Doctors and staff will be asked to describe the procedure for follow up and recall of patients with clinically significant tests and results and clinical correspondence. Results need to be **initialled by a doctor** with date and appropriate action taken and incorporated into medical record.
- Determine a **system in the policy and procedure manual** on follow up and recall of patients with clinically significant tests, results and clinical correspondence so there is no risk of failing to notify these patients. Document in patient medical records when the patient is notified. **All methods of contact should be explored.** If the patient is unable to be contacted, a registered letter is appropriate and must be recorded in patient medical records.

Safety and Quality

- GPs and staff should be able to describe aspects of the practice that have been improved in the last 3 years. A common suggestion is to use the **PDSA cycle**, (Plan, Do, Study, and Act) e.g. practices could demonstrate how they use population data to improve health outcomes.
- The practice uses relevant patient and practice data for quality improvement. (For example, patient access, chronic disease management, preventative health)
- Practices are encouraged to constantly **review their processes** to ensure they remain up to date.

Patient Feedback

- Practices have four options for collecting patient experience feedback:
 - Use an RACGP approved questionnaire
 - Develop an individual practice specific questionnaire
 - Conduct a series of focus groups with patients
 - Conduct a series of interviews with patients
- Practices can choose the most appropriate method which suits them.
- Have a process in place for **receiving** and **responding** to feedback and complaints from patients and other people.
- The practice should use patient feedback to establish whether patients of the practice are confident that any feedback or complaints are handled appropriately and determine if patient 'telephoning in' had the urgency of their need promptly addressed
- The practice should use patient feedback to assess if patients were aware of longer consultations available on request.
- The practice should provide contact information for the NSW Health Care Complaints Commission to patients on request. E.g. NSW toll free: **1800 043 159** hccc@hccc.nsw.gov.au
- Patients value knowing that their feedback has been useful to the practice. Therefore it is recommended that practices communicate findings in an appropriate manner (for example: newsletter, poster).

Continuing Education

- Administrative staff are required to participate in on-going training
- Clinical staff e.g. GP, Nurse or Allied Health are required to be qualified and participate in Continuing Professional Development activities. Recognition of these activities (e.g. certificates) can be kept in staff profiles to demonstrate that
- Practice should have a range of current medical and surgical texts
- GPs and registered and enrolled nurses are required to provide current registrations and authority to practice.
- Both **GPs and staff** involved in clinical care must undertake CPR training at least once every 3 years. However, many general practice professionals believe CPR training should be conducted on a more frequent basis, preferably annually.

Occupational Health and Safety

Have evidence of:

- Strategies and policies to ensure occupational health and safety of doctors and staff
- Protective equipment and wear for infection control procedures
- Procedure for dealing with spillage's of blood and body fluids
- A written policy on home and other visits
- Risk management protocol

- Training re: infection control
- Offering staff immunisation
- Sharps injury protocol

There is an Occupational Health and Safety manual available for download from the Shire GPs website www.shiregps.org.au, in the Accreditation resources section.

After Hours Care

Have documented evidence (Must be written and stored in practice to show surveyors e.g. in Policy and Procedure manual) of one of the following:

- Doctors provide their own 24 hour care either individually or by roster
- An agreement with nearby practice
- Formal collaboration with the local hospital (provide letter of agreement from Sutherland Hospital)
- Appropriate arrangement with an accredited deputising service.
- Agreements need to contain the following information, the hospital, practice or deputising service agree to see the practices patients after hours, agree to forward encounter notes to practice, and are provided with GPs contact details so that they can contact them if necessary.
- After hours encounter notes are to be kept in medical records.

2. Equipment

Pharmaceuticals

- There should be **no expired drugs** in the surgery or doctors bags. A policy should be in place to ensure that this is reviewed regularly and recorded.
- The clinical team can demonstrate how patients are informed about the purpose, benefits, risks and medicines and how patients are informed of their responsibilities to follow their recommended treatment plan.
- Staff can show how they access current information on medicines and prescribing patterns in accordance with best available evidence.
- Drugs of dependency (**S8 drugs**) **need to be safely secured** (e.g. locked cupboard or safe dedicated to this purpose or contained in the doctor's bag and should be with the doctor at all times or locked in car boot. The key to the dangerous drugs cupboard (S8) should only be in possession of doctor or registered nurse.
- A practice must keep a **numbered record book** containing details of all controlled drugs (S8) that it purchases, obtains, supplies, dispenses or uses. Details of every transaction must be entered into the record book (in ink) on the **same day** as drug is dispensed. Information that must be recorded include: Date, name and address of person who administered and received the drug, quantity of drug administered, balance after administration and the initials of person who administered the drug. If received from the pharmacy, the same details are required of the supplier.
- **Record book should be stored with dangerous drugs.** Changes to records should not be made without appropriate signature and details of the change. Records are required to be kept for two years past the last recorded entry.
- Safe removal and disposal of expired S8 drugs **can only** be destroyed by GP or registered nurse and **can only be witnessed** by a local police officer, at the practice; or by the deputy Pharmacist from NSW Health Department (**02) 9391 9000**. Both must document and sign in record book. Sample medicines also need to be disposed of in accordance with manufacturer's instructions.

Doctors Bag

Each GP needs access to a doctor's bag. There can be one doctor's bag for more than one GP however larger practices tend to have more than one bag accessible.

Doctor's bag should include:

- A bound numbered record book for (S8) drugs dispensed (if dispensed).
- The doctor's bag book (emergency drug order) supplied by the State Pharmaceutical Services Branch (**ph: 02 9879 3214**), containing name and address of pharmacy supplier.
- Auriscope
- Disposable gloves

- Equipment for maintaining an airway in both adults and children
- In-date medicines for medical emergencies
- Ophthalmoscope
- Practice stationary (including prescription pads and letterhead)
- Sharps container
- Sphygmomanometer
- Stethoscope
- Syringes and needles in a range of sizes
- Thermometer
- Tongue depressors
- Torch

General Equipment

- Doctors can list common procedures and demonstrate available equipment is sufficient for these procedures
- The practice has a schedule for the maintenance of key clinical equipment. E.g. procedure in place to check, test and maintain equipment.

Required:

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ Auriscope ▪ Blood glucose monitoring equipment ▪ Disposable syringes and needles ▪ Equipment for resuscitation, equipment for maintaining an airway (for children and adults), equipment to assist ventilation (including bag and mask), IV access, and emergency medicines. ▪ Examination light ▪ Eye examination equipment ▪ Gloves (sterile and non-sterile) ▪ Height adjustable bed ▪ Height measurement device ▪ Measuring tape ▪ Monofilament for sensation testing ▪ Ophthalmoscope | <ul style="list-style-type: none"> ▪ Oxygen ▪ Patella hammer ▪ Peak flow meter ▪ Scales ▪ Spacer for inhaler ▪ Specimen collection equipment ▪ Sphygmomanometer ▪ Stethoscope ▪ Surgical masks ▪ Thermometer ▪ Torch ▪ Tourniquet ▪ Urine testing strips ▪ Vaginal specula ▪ Visual acuity charts ▪ X-ray viewing facilities |
|---|--|
- Practices must also have access to a spirometer and electrocardiograph. Some practices will purchase this equipment and other practices will make arrangements to have timely access to the equipment (e.g. arrangements with a pathology service or nearby local hospital). If this is the case it is important to have a signed agreement and have this documented in the policy and procedures manual.

3. On-site Building Requirements

The Building

- The practice needs to have a **visible sign** outside stating after hours care arrangements and after hour's telephone number, including a message on the practice phone
- **Smoking is not permitted** in any area of the practice
- There needs to be wheelchair access to the practice and its facilities (or the practice must offer offsite visits)
- Practice is clean and well maintained
- Access to medical records is by authorised personnel only and is in a secure area. Archived medical records should be stored in a logical and secure manner.
- Stationary (etc records, prescription pads, and letterheads) can not be accessible to unauthorised people (e.g. in a locked cupboard)

Waiting Area

- Needs to be **adequate to accommodate** usual number of patients and accompanying persons.
- Space and toys are available to meet needs of children where appropriate (use toys that can be wiped daily as part of the practice cleaning policy – no plush toys)
- **Pamphlets, posters and brochures** should be available in the waiting room for patients on a range of health promotion and illness prevention and support groups.
- Consultation fees (or how they can be obtained) should be clearly displayed and include home and after hour's fees.
- Practice needs to **provide privacy** to patients and other in distress. A designated room should be available for any patient who may be in distress which they can be escorted straight into upon arrival to the practice.

Consultation Room

Practice needs to have at least one dedicated consulting room for every doctor working in the practice at any one time. The consultation room requirements include:

- Free from extraneous noise
- Adequate lighting
- Examination couch
- Hand washing facilities in every consultation room. This could also include hand sanitiser.
- Screen or curtain in consulting room
- Provides visual and auditory privacy – that is consultations cannot be seen or heard from the waiting room.

- **The practice has at least one height adjustable bed.** Height adjustable beds can be purchased from Majac Medical Products. For more information about available products and associated costs – contact Majac on 1300 138 578 or visit www.majacmedical.com.au.

Toilets

- Toilet and hand washing facilities are readily available for use by patients and others
- Sign to indicate where toilets are located
- Do not use hand towels in toilets, ensure there is disposable paper towel.

Telecommunication

- Sufficient inward and outward call capacity (patient feedback report it is not difficult to contact practice by phone)
- After hours message, call diversion or mobile phone
- **Dedicated line for fax machine** or capability for other electronic communication

Sharps

- Practice are required to have **yellow, puncture resistant sharps containers** displaying a bio hazard symbol, placed in all areas where sharps are generated. Sharps container should not be on the floor or where a small child can reach and should be secure.
- Practice has leak proof containers with bio-hazard symbol for disposal of infectious/hazardous waste.
- Container is placed **out of the reach of children**
- Practice needs to have a **sharps injury protocol**
- Staff and GP will be asked to describe safe disposal of sharps
- Practice has a written procedure for the disposal of sharps and contaminated waste including a letter from a contractor providing the service.

4. Privacy and Confidentiality

Privacy of Health Information

- The practice should have a **policy and procedure for the management of patient health information** in the practice as per the National Privacy Principles (NPP) and state requirements e.g. - NSW Health Records and Information Privacy Act (HRIP).
- A policy should include information regarding confidentiality, patient consent, and consent for 3rd party, transferring of medical records, access and security of patient health information. The Division has a privacy kit on request which meets the guidelines (ph: 9545 3533). Alternatively go to the privacy commission website to download the NPP on : www.privacy.gov.au
- Have a privacy clause included in the practice information sheet and privacy brochures and poster placed in the waiting room. If you would like to place a clause into your information sheet, the following is one suggestion.

“This practice is committed to maintaining the confidentiality of your personal health information. Your medical record is a confidential document. It is the policy of this practice to maintain security of personal health information at all times and to ensure that this information is only available to authorised members of staff.”

- All staff including cleaners and IT contractors should sign a **Confidentiality Agreement** (confidentiality agreement is included in privacy kit from the Division)

Clinical Risk Management

- GPs and clinical staff must be able to describe the process for **identifying** and **reporting** a slip, lapse or mistake in clinical care and to describe an improvement made to prevent reoccurrence of mistakes e.g. keep a register of any lapse or mistake, discuss at meetings and implement a system in place.
- The practice has leaders who have designated areas of responsibility for safety and quality improvement systems.
- The practice shares information about quality improvement and patient safety within the practice team.
- The practice monitors the improvements made to ensure successful implementation of the changes.
- The practice has a contingency plan for adverse and unexpected events such as natural disasters, pandemic diseases and unexpected absence of clinical staff.

Data Security

- Have a designated staff member with primary responsibility for the practices electronic systems and computer security.
- Have personal passwords for security checklist. Go to: (www.gpcg.org.au)
- Always use screensavers.
- Have a **backup procedure** with a documented disaster recovery plan. Also have contact details of an IT consultant who has knowledge on how to restore data from backup.
- Store back up in a **secure off-site environment or fireproof box**.
- Make sure to have antivirus software installed and **always updated**.
- Have **firewalls** installed on computers that access the internet.
- Have an information disaster recovery plan e.g. use of letterheads, Medicare forms and prescription pads need to be readily available.
- Provide privacy and security through restricted access for non-authorized personnel.
- If your practice does not have an IT service provider and would like assistance with IT needs, contact Thien Vo (IT officer – Shire GPs) on 9545 3533 for further information and costing's.

5. Staff

Autonomy of GPs

- Doctors can **exercise full autonomy** in decisions that affect clinical care e.g. choosing consultants, pathology, diagnostic services, scheduling follow up, and accepting new patients.
- Doctors need to be satisfied with equipment and supplies the practice orders.
- There should be a **written policy** confirming the autonomy in decisions made by the Doctors is adhered to (in all practices except in those solo practices who do not use locum services)

All Staff

- Must recognise and describe urgent medical matters and procedure for obtaining urgent medical attention (**Triage procedure**).
- Maintain confidentiality and privacy of patients accounts e.g. all staff sign a confidentiality agreement (including IT consultants and cleaners).
- GPs and staff should be able to describe how they provide consistency in diagnosis of common and serious conditions e.g. **evidence of clinical meetings**.
- Practice staff will be asked to describe the process discussing administrative matters with other staff, GPs and owners of the practice when necessary.
- The practice team can demonstrate a timely handover of patient care. This can be face to face, written, via telephone or electronic means.
- Must be able to describe how they manage patients who do not speak the primary language of the practice medical staff or have special needs e.g. allowing patients to choose between interpreter and family or friend or for patients who may have special needs, communication may be done through a guardian or carer. The phone number for the Translating and Interpreting Service is 131 450.
- The practice has a patient identification process using three approved patient identifiers and the practice team can describe how this is applied. Approved patient identifiers include the following:
 - Patient name (family and given names)
 - Date of birth
 - Gender
 - Address
 - Patient record number where it exists
- Must be able to describe practice policy for dealing with complaints.
- At least two members of the practice team are present during normal opening hours (e.g. GP and a reception staff member)

If a complaint cannot be dealt with within the surgery patients can be referred to the Health Care Complaints Commission. Ph **(02) 9219 7444**, Level 13, 323 Castlereagh Street Sydney NSW 2000.

Doctors

Should be able to:

- Describe procedures for interaction with local medical services, allied health and community services.
- Describe how they manage patients who can't speak English e.g. allowing patients to choose between interpreter and family or friend.
- Have knowledge and use of other health and community services in area.
- Describe practice policy for dealing with complaints
- Describe consistency within practice of diagnosis and management of common serious conditions.
- Describe local health promotion programs e.g. Sutherland Division's GP exercise referral scheme, lifestyle modification program, breast screening/mammography, immunisation, flu vaccines, lifescrpts, diabetes support group, aged care program, talks at schools and community centres.
- Inform and encourage participation of patients in relevant local health promotion programs
- Describe what clinical practice guidelines are used to assist in the management of serious and common conditions.
- Describe how they manage patients who refuse specific treatment or want a second opinion.

Human Resource Management

- GPs and staff must be able to **describe their roles** within the practice. In order to do this it is best to go off your job description.
- The practice team can identify the **team leaders** in the practice in areas such as clinical, information management, complaints /feedback and in human resources.
- The practice has an induction program for new GPs and staff (not necessary if the practice has not employed new staff in the last 3 years but must be able to describe what they plan to do when employing a new staff).
- Staff and GPs have position statements /job descriptions.
- Evidence of regular staff meetings. This should be documented.
- Staff members are able to discuss administrative matters with the GP/s, practice director/s or owner/s when necessary.

The Division has an updated policy and procedure manual and infection control manual developed by GP Network North side. To obtain a copy contact the Division on ph: 9545 3533 or download off the website: www.shiregps.org.au. Alternately, AGPAL have a policy and procedure manual which includes a human resource management procedure which has been developed by Pfizer and can be purchased from AGPAL.

6. Vaccine

Vaccine Storage

- Practices can demonstrate that they meet the current National Health Medical Research Council (NHMRC) guidelines i.e. The Australian Immunisation Handbook 9th edition has current information for transport, storage and handling of vaccines. (<http://www.immunise.health.gov.au>).
- Ideally one person from the practice should be responsible for overseeing cold chain management but all staff need to be aware of the responsibilities to meet the guidelines and know what to do if something goes wrong, such as a power cut, fridge door left open etc.
- Staff will be asked to describe procedure for packing and unpacking of vaccine fridge, e.g. vaccine deliveries and cleaning of fridge.
- Establish a protocol for when the temperature range is **NOT** between 2-8 °C – who is notified and action to be taken. E.g. Contact the **South Eastern Sydney Public Health Unit** on 9382 8333. They will advise you on procedures you need to follow with regard to your vaccines.
- Practice staff will be asked how to use the max-min thermometer (remember it is important to reset it after recording the temperature, this **includes all fridge types**)
- **Record temperatures daily**, ideally twice daily showing maximum and minimum temperature of vaccine fridge, this includes the purpose built vaccine fridge (ideally first thing in the morning and at the end of the day, it is not expected that temperature be charted on the weekend if the surgery is closed.). Thermometer probe should be located between vaccine vial and packaging – not in liquid of any kind
- Vaccines should be stored in a **dedicated vaccine fridge** (or infrequently used) refrigerator, and stored between 2-8 °C.
- All vaccines should be stored in plastic baskets or trays and expiry dates checked. Keep same vaccines together and allow for air to circulate between boxes. Ideally (but not required for accreditation) if using a domestic fridge, store vaccines in separate Tupperware containers with lids, clearly labelled. This is not required if it is a purpose built vaccine fridge.
- Vaccines should be stored in **middle** and **upper** shelves of domestic fridge drawers. **Never in door or bottom draws.** (In a purpose built vaccine fridge, vaccines can be stored on all shelves).
- Do not overcrowd fridge, only one month supply of vaccines should ideally be stored. Rotate stock so that oldest is used first (First in, First out).
- Plastic bottles filled with salt water in door and lower drawers will help to stabilise temperature of refrigerator (not required in a purpose built vaccine fridge)
- Sign on power point saying "don't switch off" is also a good idea
- To meet best practice requirements use the, National Vaccine Storage Guidelines 2005, 'Strive for Five'. There should be a copy of this resource kept in the practice.

The Sutherland Division of General Practice provides a variety of resources including temperature record charts, max-min thermometers and data logging service. For more information on immunisation contact **Gillian** at the Sutherland Division on **9545 3533**.

7. Infection Control

Cleaning, Disinfection and Decontamination

- Staff and doctors will be asked to describe procedures for **cleaning, disinfection and decontamination** of surfaces.
- Practices should have one designated person with the primary responsibility for coordinating infection control processes.
- Evidence of cleaning schedules (daily and weekly e.g. treatment room – daily, waiting room – weekly).
- Practice is visibly clean and well maintained
- Procedure for dealing with spillage of blood or body fluids including: safe work practices, protective barriers and disposal of body substances and soiled material (assume all blood or body substances are potential source of infection)
- The practice team receive ongoing staff education about infection control and can explain how patients are educated on the transmission of communicable diseases (e.g. respiratory etiquette and hand hygiene).

Suggested items in Spills Kit:

- A small bucket to contain all requirements
- Heavy duty gloves
- Apron
- Safety glasses
- Forceps – for picking up glass etc
- Medical detergent
- Paper towel
- Firm cardboard – a few pieces for scraping up spills
- Small dustpan
- Biohazard bags

Handy items to have:

- A caution sign “slippery when wet” – to use after cleaning up a spill until the area is dry
- Vomit bowl left at the front desk – for quick access
- Disposable gloves – to use to apply pressure to a wound if required
- Doctors and staff **must wash hands** before and after any procedure which involves direct contact physical contact with patient, blood or body fluids
- Hand washing facilities must be available in each consulting room
- Practice should use **appropriate alkaline detergent** e.g. Sonidet, Clinidet (or ask your local medical supplier).

- Practice should not use cleaning agents that are toxic to user and damaging to surfaces.
- Practices must have a **Minimum Safety Data Sheet** for each cleaning agents used in the practice. These are readily available online.
- If an external cleaning contractor is used, the cleaning procedure for the contractor should be documented and included in the agreement. Evidence of this should be provided in the **policy and procedure manual**.
- Personal protective equipment e.g. gloves, apron, goggles etc is available and used when dealing with blood or body fluids (Blood Spills Kit).
- The practice must have a written procedure for cleaning, disinfection and decontamination of the practice.
- A workflow issue from dirty → sterile must not be compromised and the environmental cleaning should be adequate.

A full copy of the Infection Control Policy 2002 can be downloaded from the NSW Health Web site: www.health.nsw.gov.au or contact NSW Health Department (02) 9391 9000

Manual pre-cleaning

- Documentation needs to be provided in the practice **policy and procedure manual**.
- Staff should wear heavy-duty gloves, eye protection and a fluid resistant gown/apron when preparing instruments for reprocessing.
- As soon as possible after use, instruments should undergo preliminary cleaning. **Soaking of instruments is not encouraged** for long periods of time.
- Use free rinsing, mild alkaline detergent.
- Ideally a practice **should have three sinks**, one sink in close proximity for hand washing only and two sinks for pre-cleaning and rinsing process.

Using two sinks

- Ideally one sink for initial wipe and free rinsing. Label sink "**clean sink**" Use this sink for rinsing only. Under running warm water to remove the gross soil and blood (Use warm water as cold water congeals fats and hot water coagulates protein). Second sink label "**dirty sink**" for the actual cleaning process with detergent. Check that the instruments are clean especially serrations. The final rinsing will occur after the manual cleaning to remove detergent from instruments in the "clean sink".
- Establish a protocol for cleaning all sinks, tap ware and brushes after the instrument cleaning procedure. The "dirty sink" can be used several times and cleaned at the end of the day.

Using one sink

- If your practice has only one sink and does not have a hand washing basin in close proximity, then the only option is sharing the "clean sink" for hand washing and using a plastic bowl labelled "dirty sink" for the instruments cleaning. The contents of the bowl should be poured carefully down the drain with the cold water gently turned on so not to allow any pooling, the sink should then be cleaned and wiped dry after use.

- Dry instruments with a free-linting cloth. Cloths and brushes should be either sterilised or washed in hot detergent regularly and dried. Brushes when not in use should be stored dry.

Packaging of Items for Sterilising

- Provide documentation in practice **policy and procedure manual**
- Correct sterilising techniques need to be implemented
- Instruments should be opened slightly
- If textiles are mixed with instruments in one pack the **practice should have protocols** to validate this type of load.
- Each package should be sealed with autoclave tape class 1 indicator completely across the double fold, or heat sealed or self - sealed.
- Packaging **must be dry** when emerging from a completed sterilising cycle.
- Each item should be **clearly labelled** including batch number and date of sterilised.
- Unwrapped items such as bowls and kidney dishes, not required to be sterile should be tilted slightly to allow steam to displace.
- Wrapped hollow items required to be sterile should be packed with opening side against the paper if laminating packaging is used.
- Chemical indicator 4, 5, or 6 can be used for steriliser with no printout.

Sterilisation Process

- Provide documentation in practice policy and procedure manual. GP and designated staff member should be aware of the sterilisation procedure in the practice.
- Steriliser should be **validated annually** by an accredited technician and a current certificate of validation available for surveyor.
- Sterilisers with a printout is the preferred option, class 1 indicator tape or bags used
- For sterilisers without a printout each load should include a **chemical indicator** class 4, 5, or 6.
- Staff members need to know correct sterilising temperature, how much water is required, the length of time for each cycle, and what temperature the steriliser should reach but not exceed, how to check print out/download and how to check chemical indicator.
- Staff should be aware of **basic routine maintenance** of steriliser according to manufacturer's instructions. Operating manual should be close to the machine
- Correct loading techniques, and use of stainless steel racks for larger loads.
- All packs/bags should be **labelled prior to sterilisation** with the date and load number
- Remove items from steriliser in a way that maintains sterility, wrapped items must emerge dry at end of cycle.
- Unwrapped items (use class 1 indicator on tray) are **decontaminated not sterile**.

Storage of Sterile Items

- Provide documentation in practice **policy and procedure manual**.

- Sterile loads should be stored in a cupboard or in a container with a lid.
- Staff should be responsible for **rotating stock, checking seals condition of packs and monitoring that the packaging has changed colour** (class 1 indicator merely indicates that an item has been through the sterilizing cycle it does not indicate that it is sterile- validation and monitoring each load and temperature is the best indication).

Monitoring Sterilisation Process

- **Maintain a sterilisation log** and record sterilisation process, printouts, batch number and load integrity (best practice - not required for accreditation). This provides the ability to trace instruments used by an individual patient by either writing the date and load number into the patient's medical records or sticking a numbered removable label from the instruments pack into patient's file).
- Printouts or data logger/computer download should be checked, signed and filed after every load.

Off-site Sterilisation

- Provide documentation in practice policy and procedure manual.
- An **accredited facility** should be used for off-site sterilising and a letter of agreement obtained.
- Instruments must be pre-cleaned, dried and placed in a container with lid, and marked "pre-cleaned instruments" for transporting to sterilising facility. A similar container is required and marked sterilised instruments for return transportation to the practice.
- Condition of packaging, colour change on packaging/tape monitored and recorded in a log when unpacking sterilised instruments.

8. Key Accreditation Resources

Below is a list of resources which may assist you undergoing the accreditation process.

- Practice sign indicating translating services are available within the practice
- Info-Med brochures <http://www.infomed.com.au/main.html> shows the practice provides information about a range of health conditions and options.
- List of fees for consultation
- Practice information sheet with required information
- Practice sign indicating a recall and reminder system is available for health checks
- Triage procedure wall chart – ideally it should be placed near the phone so that if a call is made to the practice regarding an urgent medical situation, staff can follow the appropriate triage procedure.
- Practice sign indicating privacy of health information
- Sharps stick injury sign – should be placed near the yellow sharps disposable bins
- No smoking signs
- Toilet signs – directional signs to the toilet
- Vaccine temperature record minimum and maximum charts – kept near vaccine fridge
- Wheelchair accessibility sign
- How to hand wash signs – placed near any sink in the practice
- How to hand rub sign – placed near any liquid hand sanitising units in the practice
- Policy and procedure manual
- Occupational, health and safety manual
- Computer security manual
- After hours signage clearly visible from outside the building such as in the window.
- Sterilisation log for recording processing by an off-site facility
- Safety data sheets for any chemical/cleaning products kept on the premises.
- Staff immunisation consent and refusal form
- Strive for five – the national vaccine storage guidelines
- Computer security checklist
- Staff induction checklist and record (for any new staff which may have commenced at your practice.
- S8 drug record
- Patient feedback survey template
- Incident report form
- Near miss and adverse register (slip lapse register)
- Recall contact attempt record (e.g. when test results are significant)
- Computer disaster recovery plan
- Information on how to contact the health complaints commission and a complaints register.
- Record template for clinical and staff meetings
- Infection control guidelines

- Template for validation of a service. E.g. shredding company, outside sterilising company, disposal of clinical waste.
- Template for consent to health information
- Information sign/form if a third party may be present during consultation. E.g. a medical student.

If you have any questions regarding this information sheet or for further information on accreditation please contact Amy Young at The Sutherland Division of General Practice on 9545 3533 or ayoung@shiregps.org.au

Disclaimer: *The Sutherland Division has made every effort to ensure that, at the date of this publication "Accreditation Tips" is free from errors and omissions. However due to the fact that relevant laws and environment are subject to change, the Division and any other person associated with this publication do not accept responsibility for the results of any action taken or not taken by any person as a result of anything contained in or omitted from the guide.*

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GPA *plus* online resources, www.gpa.net.au