



2015 Infection Control August Newsletter # 7

Your top 3 issues and advice

Note that these are not necessarily the most important issues in Infection Control for General Practice

1. TOYS & MAGAZINES

While toys for shared use are part of many practices' environments, it is advised to

- wash weekly in detergent
- remove toys when they have been mouthed
- request parents of sick children not to share toys
- wipe over any wall hung activity centre each day

In the event of an outbreak, I suggest withdrawing toys or giving them away.

For those of us who would like to reduce shared use and spend less time tidying up each day and washing each week, we could pop a message on our phone to let parents know we are not providing them for sharing. However, offer them as giveaways when needed and always provide a couple to each GP room for same. There are always staff and pts who can bring more clean toys! When you point out to parents that it is cold or gastro season they are usually quite appreciative, especially if they have to stay home to look after sick children. There is no strong evidence of transmission for obvious reasons - patients don't stay long enough for us to observe transmission. There is no doubt transmission is occurring but the type of infections are self limiting and not serious generally. Of course if influenza, measles or pertussis have been diagnosed recently at your clinic, you will probably already have taken steps to let your pts know and not provide toys for sharing. I suggest do the same with magazines!

2. LINEN (for pt use) & LAUNDRY STANDARDS

Linen is not high risk for transmission of serious infection as long as it is removed as soon as any body fluid spill has occurred etc. While many practices still use linen, others use nothing except the odd piece of disposable towel and just wipe the couch as needed, not necessarily between every pt. Commercial laundries use a cold wash but put everything through a hot drying cycle as a disinfection process so that your linen comes back without MRSA, scabies or gastro. Some practices have their own washing machine with the dryer as an essential addition to destroy persistent gastro and scabies etc. Some staff take linen home but I would want to be assured they know that the normal washing cycle does not destroy gastro nor scabies nor MRSA and that they would be sharing this with the family - a strong yuck factor!. Further, it can work the other way where your machine may be sending back contaminated linen to the practice.

For those of us who want a non linen alternative to providing a clean, comfortable couch, provide a range of options for your GPs so they can select a piece of disposable towel when the patient may have bare skin against the couch or where a "modesty blanket" would be appreciated. Provide a tub of detergent wipes and a vinyl pillowcase to further assist.

3. CLINICAL WASTE ACROSS THE STATES AND THE RACGP

The RACGP states quite clearly that you follow your state/territory guide for definitions and where these are not available then the RACGP provides some guidance. The definitions are quite clear down the eastern seaboard - both the Victorian and NSW EPA both include all visible blood as clinical waste with Victoria including all genital fluids and exudates. Most states include all waste from a patient with a suspect epidemiologically significant communicable disease e.g. measles, influenza