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*Consultation paper: Changes to the RACGP Standards for general practices (5th edition) – **COVID-19/IPC***

We are seeking stakeholder feedback on changes to the *Standards for general practices* (5th edition) (the Standards) in relation to COVID-19/Infection prevention and control by COB 17 November 2021.

1. Background

Due to the COVID-19 pandemic, various measures have been taken to improve and pivot to new ways of working in clinical practice. This includes more stringent infection prevention and control as well as the introduction of telehealth consultations. The Standards Business Unit (SBU) critically reviewed the Standards to ensure they are in line with these recent changes to practice. The proposed changes were presented to the RACGP Working Group – *Infection Prevention and Control* (RWG-IPC) and the RACGP Expert Committee – *Standards for general practices* (REC-SGP) for review.

The RWG-IPC and the REC-SGP determined that while the scope of changes was brought upon by the COVID-19 pandemic, the updates to the Standards need to be applicable and relevant to the pandemic as well as other scenarios such as bushfires, floods and other forms of emergencies or disasters. This feedback has been applied to all proposed changes in presented in this paper.

This paper outlines the areas of the Standards that have been updated by the REC-SGP as part of this review. There are changes across all three modules (Core, Quality improvement and General practice) of the Standards.

1.1 Request for feedback

We would appreciate any feedback you can provide regarding the changes to the Standards outlined in this paper. The REC-SGP will consider and incorporate feedback into the Standards and *Resource guide*.

2. Updates to the Standards

2.1 Criterion C1.2 – Telephone and electronic communications

Background
The REC-SGP agreed to update the explanatory notes in Criterion C1.2 in relation to the increase in incoming communications during a crisis, emergency and disaster.
Proposed changes are in red text below (blue text is existing content in the Standards)
Meeting this criterion **Communicating by telephone** **[…]** **Communication during a crisis, emergency and disaster** During a crisis, emergency or disaster, volumes of incoming telephone or electronic communication may increase. It is important that your practice develop and maintain a communication policy to appropriately triage and manage communication to patients and clinical team members during this time.

2.2 Indicator C1.2 ►A

Background
The REC-SGP agreed to add a new 'could' to Indicator C1.2 ►A around maintaining a communication policy during a crisis, emergency and disaster.
Proposed changes are in red text below (blue text is existing content in the Standards)
C1.2►A Our practice manages telephone calls, telephone messages, and/or electronic messages from patients. You could: • have a recorded phone message (which may be an introductory message or 'on hold' message) that tells patients to call 000 if they have an emergency • have a policy, procedure or flow chart that shows how to manage messages from patients • maintain a communication policy to manage and triage incoming communications during a crisis, emergency and disaster • document what information and advice the practice team can and cannot give to patients over the phone or electronically • educate reception staff about which messages need to be transferred to the clinical team • have an appointment system that includes time for the clinical team to return messages to patients • have an automatic email response (if your email system allows it) that includes the practice's telephone number and when the sender can expect to receive a reply • establish a process so that patients are advised of the practice's policy for checking, responding to, and sending emails.

2.3 Criterion C3.1 - Business operations systems

Background
The REC-SGP agreed to cross reference the 'Business risk management' section of explanatory notes in Criterion C3.1 to Criterion C3.3 as some business risk qualifies as crisis, emergency and disaster risks.
Proposed changes are in red text below (blue text is existing content in the Standards)
Meeting this Criterion […] **Business risk management**

You could develop a business risk management strategy that identifies, analyses and evaluates risks and explains how you have managed them.

[…]

You could schedule regular risk management meetings and/or include risk management as a standing agenda item for team meetings so that identified risks are regularly reviewed, updated and minimised.

More information on emergency planning and preparation is located at Criterion C3.3 – Emergency response plan.

2.4 Criterion C3.5 – Work health and safety

Background

The REC-SGP agreed to update the explanatory notes in Criterion C3.5 under 'Health and wellbeing of your practice team' to include wording on providing support to staff during periods of a crisis, emergency and disaster.

Proposed changes are in red text below (blue text is existing content in the Standards)

Meeting this Criterion

[…]

Health and wellbeing of your practice team

You can support the health and wellbeing of the practice team in many ways. For example:

- regular breaks for practitioners during consulting time can reduce fatigue as well as enhance the quality of patient care. Fatigue and related factors (sometimes called 'human factors') are associated with increased risk of harm to patients
- a plan for re-allocating patient appointments if a practitioner is unexpectedly absent from the practice can reduce the burden on the other practitioners
- making information about support services available to the practice team can help them identify and deal with pressures and stressors. This is particularly important in rural and remote areas and in small practices
- providing additional support such as leave arrangements, entitlements or options to staff who may be impacted by a crisis, emergency or disaster.

2.5 Criterion C3.5 – Work health and safety

Background

The REC-SGP noted that a stronger position on pandemic vaccination is required in the Standards and agreed that while alternative work arrangements may be possible for some staff who refuse vaccination, it still represents an inherent risk to patients and the practice team. The REC-SGP agreed to update the wording under 'Practice team immunisation' to reflect the agreed position.

The REC-SGP also agreed to add wording around offering pandemic vaccination to all members of the practice team.

Proposed changes are in red text below (blue text is existing content in the Standards)

Meeting this Criterion

[…]

Practice team immunisation

Refer to the Australian immunisation handbook to identify recommended vaccinations for healthcare workers. View or download this handbook at https://immunisationhandbook.health.gov.au

Offer and encourage practitioners and other members of the practice team to have:

- immunisations recommended by the current edition of the Australian immunisation handbook
- testing of their natural immunity to vaccine-preventable disease or immunisation status.

These services can be undertaken by the practice if appropriate, or the practice team member's own GP.

Consider the wellbeing of practice team members who are ~~not~~ unable to undergo immunisation due to medical reasons ~~immunised~~ if there is an outbreak of disease. For example, during a disease outbreak, you could suspend non-immunised team members ~~to reduce the likelihood of them contracting the disease~~ or negotiate acceptable alternative working arrangements to protect staff and patients. This would also help prevent transmission of the disease to patients who cannot be immunised for medical reasons.

In the event of a pandemic, you must offer your practice team members pandemic vaccination, if one is available.

2.6 Criterion C3.5 – Work health and safety

Background

The REC-SGP agreed to cross-reference the 'Practice team immunisation' section of the explanatory materials in Criterion C3.5 with *Section 2.1 – Staff immunisation* of the IPC Standards.

Proposed changes are in red text below (blue text is existing content in the Standards)

Meeting this Criterion

[…]

Practice team immunisation

Refer to the Australian immunisation handbook to identify recommended vaccinations for healthcare workers. View or download this handbook at https://immunisationhandbook.health.gov.au

Offer and encourage practitioners and other members of the practice team to have:

- immunisations recommended by the current edition of the Australian immunisation handbook
- testing of their natural immunity to vaccine-preventable disease or immunisation status.

These services can be undertaken by the practice if appropriate, or the practice team member's own GP. Consider the wellbeing of practice team members who are not immunised if there is an outbreak of disease. For example, during a disease outbreak, you could suspend non-immunised team members to reduce the likelihood of them contracting the disease. This would also help prevent transmission of the disease to patients who cannot be immunised for medical reasons.

More information on staff immunisation is available in Section 2.1 – Staff immunisation in the RACGP *Infection prevention and control standards for general practices and other office-based and community-based practices* (5th edition).

2.7 Indicator C8.1►A

Background

The REC-SGP agreed to add two new 'coulds' to Indicator C8.1►A on:

- practice staff being aware of the person responsible for infection, prevention and control, and

- practice staff receiving infection prevention and control training appropriate to their role.

Proposed changes are in red text below (blue text is existing content in the Standards)

C8.1 ► A Our non-clinical staff complete training appropriate to their role and our patient population

You could:

- record each employee's qualifications in employment files
- specify required qualifications in job descriptions for each non-clinical role in the practice team
- keep training logs that record training that non-clinical team members have completed
- keep a training calendar listing opportunities for professional development and training that has been completed
- conduct annual performance reviews that identify learning and development goals
- store documents that record training needs and training completed
- demonstrate that non-clinical staff have undertaken infection prevention and control training appropriate to their role
- demonstrate that non-clinical staff know who is responsible for infection prevention and control at your practice.

2.8 Criterion QI3.1 – Managing clinical risks

Background

The REC-SGP agreed to update the explanatory materials in Criterion QI3.1.

Proposed changes are in red text below (blue text is existing content in the Standards)

Meeting this Criterion

[…]

You may want to have your medical defence organisation check and approve your process for recording and responding to near misses and adverse events.

To reduce near misses and adverse events during periods of crisis, emergency or disaster, your practice must ensure that it has appropriate systems in place to receive relevant public health notifications. You must also ensure that the information is distributed to all practice team members in a timely manner.

Practitioners are increasingly referred to as the 'second victims' of adverse events because they can often feel that they have failed the patient, which can lead to them second-guessing their clinical judgement and knowledge. You could therefore consider how to support practitioners after an adverse event has occurred.

2.9 Criterion QI3.1 – Managing clinical risks

Background

The REC-SGP agreed to add the expanded explanatory materials in relation to systems to support infection prevention and control.

Proposed changes are in red text below (blue text is existing content in the Standards)

Why this is important

[…]

If you use systems to recognise and analyse near misses and adverse events, you can identify, implement, and test solutions to prevent them happening again. This includes having systems and processes in place to support infection prevention and control.

[…]

Meeting this Criterion

Most practitioners and practices already manage clinical risk on a daily basis. Many have informal and ad hoc methods aimed at preventing near misses and adverse events.

To reduce near misses and adverse events, you could:

[…]

- keep copies of the practice's risk or critical incident register
- monitor the effectiveness of systems and processes for infection prevention and control (eg standard precautions)
- implement a clinical governance framework to help achieve a balance of 'find it', 'fix it' and 'confirm it' functions in order to improve the quality and safety of care
  - find it – use tools such as clinical audits and performance indicators to identify where quality improvement programs could improve the quality of care and patient health outcomes
  - fix it – after identifying where improvements can be made, implement strategies to address the issue
  - confirm it – measure the outcomes of the improvement using an effective evaluation process.

You may want to have your medical defence insurer ~~organisation~~ check and approve your process for recording and responding to near misses and adverse events.

[…]

2.10 Indicator QI3.1►A

Background

The REC-SGP agreed to update the Indicator to include a need to respond to any identified risks. Therefore, an additional 'must' has been moved from the 'could' top reflect the requirements of the Indicator.

An adjustment has also been made to the suggestions within the 'coulds' of this Indicator to further support the compliance to the requirements.

Proposed changes are in red text below (blue text is existing content in the Standards)

Meeting each Indicator

QI3.1►A Our practice monitors, identifies, responds to and reports near misses and adverse events in clinical care.

You must:

- implement and maintain an incident or event register
- review existing monitoring processes and activities to identify if there are any deficiencies ~~gaps~~ or if amendments ~~changes~~ are required.

You could:

- implement and maintain a clinical risk management policy
- conduct clinical audits ~~and make changes to clinical care to reduce the risk of identified issues~~
- make and document changes to reduce the risk of identified issues and to prevent adverse outcomes
- keep a record of team meetings and planning meetings where risks are discussed.

2.11 Criterion GP1.1 – Responsive system for patient care

Background

The REC-SGP agreed to update the distancing requirements and include references to local health recommendations in the explanatory notes in Criterion GP1.1.

Proposed changes are in red text below (blue text is existing content in the Standards)

Meeting this Criterion

[…]

Managing cross-infection through triage

Use transmission-based precautions for a patient known or suspected to be infected with a highly transmissible infection (eg influenza). You can minimise exposure to other patients and the practice team by:

- implementing effective triage and appointment scheduling
- using personal protective equipment (PPE) (eg masks)
- implementing distancing techniques, such as
    - spacing patients in the waiting room at least ~~a~~ 1.5 metres apart or in line with relevant health authority guidance
    - isolating the infected patient in a separate space
- strictly adhering to hand hygiene when conducting a home visit, where it is deemed safe and reasonable

2.12 Criterion GP1.2 – Home and other visits

Background

The REC-SGP agreed to update the explanatory notes in Criterion GP1.2 under 'Defining 'safe and reasonable' in the local context' to include an additional point on the clinician's responsibility to ensure that they themselves are safe and do not pose a risk to patients when conducting home visits and face-to-face consultations.

Proposed changes are in red text below (blue text is existing content in the Standards)

Meeting this Criterion

[…]

Defining 'safe and reasonable' in the local context

Your practice needs to decide what is 'safe and reasonable' in your local context, with consideration of your practice's location and patient population. To determine if a home or other visit is 'reasonable', consider:

- if it is clinically appropriate to conduct a home visit

- whether it is safe to conduct a home visit based on issues such as potential for violence or risk of infection
- whether the circumstances mean the patient needs to be visited at home instead of coming into the practice.

One approach is to consider what your peers, particularly those in the same area, would agree is safe and reasonable.

Additional risk screening and mitigation measures will need to be put in place in the event of a pandemic or local disease outbreak. This includes:

- providing personal protective equipment to all members of the practice team who will be conducting home visits
- pre-screening patients and other third parties who will be present at the appointment for symptoms as routine clinical assessment
- minimising close contact and the number of people present during the home visit.
- ensuring that clinicians are themselves are not a risk to patients and other third parties (ie consider individual clinician's infection or exposure status prior to conducting a home visit).

2.13 Criterion GP4.1 – Infection prevention and control, including sterilisation

Background

The REC-SGP agreed to make the following changes in the explanatory notes under 'Managing the risk of cross-infection in the practice' in Criterion GP4.1:

- Update the distancing requirements and include local recommendations
- Update first sentence to 'Implement transmission-based precautions during recognised periods of increased risk of transmission or because of potentially infectious patients'
- Remove (eg masks) from second point
- Add a point on the use of equipment during a pandemic/infectious disease outbreak.

Proposed changes are in red text below (blue text is existing content in the Standards)

Meeting this Criterion

[…]

Managing the risk of cross-infection in the practice

Implement transmission-based precautions during recognised periods of increased risk of transmission or because of potentially infectious patients. ~~Transmission-based precautions need to be taken when patients are known to be, or suspected to be, infected with highly infectious agents (eg influenza).~~ You can minimise exposure to other patients and the practice team by:

- implementing effective triage and appointment scheduling
- using PPE ~~(eg masks)~~
- implementing distancing techniques, such as
  - spacing patients in the waiting room at least ~~one~~ 1.5 metres apart **or in line with local, state and/or national guidance**
  - isolating the infected patient in a separate space

- strictly adhering to hand hygiene
- reconsider the use of services dependent on equipment that presents a heightened cross-infection risk (eg spirometry) in line with expert recommendations

2.14 Criterion GP4.1 – Infection prevention and control, including sterilisation

Background

The REC-SGP agreed to update the explanatory in Criterion GP4.1 to include wording on isolation and quarantine.

Proposed changes are in red text below (blue text is existing content in the Standards)

Meeting this Criterion

[…]

Isolation

If your practice isolates infectious patients for observation, it needs to have a dedicated area/s to do so. Isolating infected patients can minimise the risk of infection transmission. Isolated patients must receive appropriate medical care and observation while isolated, and have access to bathroom facilities.

Isolation areas require additional cleaning, especially where there is a risk of multi-resistant organism transmission. Your practice's clinical team member responsible for coordinating prevention and control of infection must collaborate with all relevant staff to minimise risk of outbreak.

If your practice has a dedicated isolation space, it must develop, implement, assess and revise policies regarding isolation based on your patient population demography and your practice's specialties.

2.15 Criterion GP4.1 – Infection prevention and control, including sterilisation

Background

The REC-SGP agreed to update the explanatory notes under 'Keeping up to date' in Criterion GP4.1 to include am additional point to broaden the requirement so that practices are guided by local public health units or state Departments' of Health.

Proposed changes are in red text below (blue text is existing content in the Standards)

Meeting this Criterion

[…]

Keeping up to date

Keep up to date with changes in laws and guidelines relating to infection prevention and control and implement them promptly. Establish:

- systems for monitoring and obtaining information about public health alerts for national and local infection outbreaks, such as pandemic influenza, measles and pertussis
- protocols for managing outbreaks of infectious disease, in line with local, state and national guidance.

2.16 Criterion GP4.1 – Infection prevention and control, including sterilisation

Background

The REC-SGP agreed to update the explanatory notes under 'Tracking the sterility of medical instruments and tracing patients' in Criterion GP4.1 to include the use of sterile single use items from an external medical company.

Proposed changes are in red text below (blue text is existing content in the Standards)

Meeting this Criterion

[…]

Tracking the sterility of medical instruments and tracing patients

Wherever your practice uses and sterilises reusable equipment, instruments, and devices, implement a traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying the patient, the procedure, and the reusable equipment, instruments and devices that were used.

If sterile single use items are used from an external medical company, ensure these are documented as such (ie a separate chart), including the date, patient, instrument used with the batch number and company. This ensures that if that company later identifies that an infection control breach has occurred, your practice can easily identify and inform the patient and take appropriate measures.

To prove that the medical instruments used in any individual case were sterilised correctly, you may want to refer to the details of the sterilisation process. So that you can do this, you need to enter into the patient's health record the sterilisation load number from the sterile barrier system that the instruments came in. If an issue arises, you can use this load number to refer back to the sterilisation log to recheck the results of that particular cycle. However, it is important to note this does not actually prove that the instruments were sterile at the time of use.

If a process failure is identified after the release of sterile items for use, it is helpful to be able to identify all patients on whom those items were used. In order to achieve this for items:

- reprocessed onsite – record patient identifiers (eg name and/or record number or date of birth) for each patient next to each item or pack listed in the load details in the steriliser log
- sterilised offsite or purchased sterile – keep a list of the items onsite.

2.17 Criterion GP5.1 – Practice facilities

Background

The REC-SGP agreed to update the explanatory notes under 'Environmental cleaning' in Criterion GP5.1 to include the need for increased deep cleaning during an infectious disease outbreak/pandemic.

Proposed changes are in red text below (blue text is existing content in the Standards)

Meeting this Criterion

[…]

Environmental cleaning

Your practice could appoint one member of the practice team who has the primary responsibility for ensuring that appropriate cleaning processes are in place.

If your practice engages commercial cleaners for environmental cleaning, have them sign a written contract that outlines a schedule, suitable products to be used, and areas to be cleaned. You could also consider having the cleaners record their work in a log.

Environmental cleaning must be intensified in the event of a pandemic or other infectious disease outbreak. This includes increasing the frequency of cleaning high touch surfaces (eg door handles, tables and handrails), disinfecting surfaces after cleaning, and terminal cleaning. You may need to refer to local, state and national public health guidance to determine if there are any additional cleaning requirements

2.18 Criterion GP5.3 – Doctor's bag

Background

The REC-SGP agreed to make the following changes in the explanatory notes for Criterion GP5.3:

- add a definition of PPE to explanatory notes
- add wording on the appropriate use of PPE per circumstances
- cross reference explanatory notes to Section 1.4 – Precautions and Section 1.5 – Personal protective equipment of the *Infection Prevention and Control Standards for general practices and other office-based and community-based practices*.

Proposed changes are in red text below (blue text is existing content in the Standards)

Meeting this Criterion

[…]

Equipping a doctor's bag

[…]

Deciding what to include in a doctor's bag

Determine which medications you need to include in a doctor's bag based on the:

- location of the practice local community's health needs
- types of clinical conditions likely to be encountered
- shelf life and climatic vulnerability of each medicine.

To ensure patients' safe use of medicines, you must store these products appropriately and securely, and not use or distribute them after their expiry dates.

[…]

Personal protective equipment (PPE) is used by staff to minimise the risk of infection. PPE refers to a variety of barriers used to protect mucous membranes, airways, skin and clothing from contact with blood and body substances. This may include gloves, water impermeable aprons/gowns, masks, googles, face shields and footwear.

The choice of appropriate PPE to include in a doctor's bag is determined by the risk of infection and transmission-based precautions. At a minimum, surgical mask and disposable gloves must be included in a doctor's bag.

More information on the use of PPE is available in the RACGP Infection Prevention and Control Standards for general practices and other office-based and community-based practices (5th edition) at Section 1.4 – Precautions and Section 1.5 – Personal protective equipment.

2.19 Indicator GP5.3► A

Background

The REC-SGP agreed to make the following changes in Indicator GP5.3►A:

- add hand sanitiser
- remove personal protective equipment (PPE) from the Indicator
- add surgical face mask.

Proposed changes are in red text below (blue text is existing content in the Standards)

GP 5.3►A Each of our GPs has access to a fully equipped doctor's bag for routine visits and emergency care, containing:

- **auriscope**

- **disposable gloves**
- **equipment for maintaining an airway in adults and children**
- **hand sanitiser**
- **in-date medicines for medical emergencies**
- **practice stationery (including prescription pads and letterhead)**
- ~~**personal protective equipment (PPE)**~~
- **sharps container**
- **sphygmomanometer**
- **stethoscope**
- **surgical mask**
- **syringes and needles in a range of sizes**
- **thermometer**
- **tongue depressors**
- **torch.**