



## Frequently Asked Questions

*Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)*

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### Is there a simple way to prevent healthcare associated infections?

Effective hand hygiene is one of the most important strategies in preventing healthcare associated infections. It is an essential component of standard precautions and multifactorial approaches to infection control. Ease of access to hand washing facilities (soap and water) and alcohol-based hand rubs can influence the transmission of healthcare associated infections. Washing hands with soap and water is required if hands are visibly soiled while either product can be used if hands are visibly clean.

### When should I perform hand hygiene?

Always perform hand hygiene:

- before touching a patient
- before a procedure
- after a procedure or after exposure to blood or body substance
- after touching a patient
- after touching a patient's surroundings
- when hands are visibly soiled or after going to the bathroom
- before putting on gloves and after the removal of gloves.

### If I wear gloves, do I need to perform hand hygiene?

Yes, hand hygiene must be performed before putting on gloves and after the removal of gloves.

- If your gloves are damaged (e.g. torn, get a hole) or if there is visible contamination of your hands despite wearing gloves, use soap and water to clean hands and help remove any potential spores. After washing, hands should be dried thoroughly with a single-use towel.
- If gloves have been worn and the gloves are undamaged, it is expected that the hands are less contaminated. Given this, an alcohol-based hand rub can be used for hand hygiene.



## Are P2 respirators and N95 respirators the same thing?

While the terms 'P2 respirator' and 'N95 respirator' are often used interchangeably in the healthcare setting, they are required to meet different standards. In Australia, the requirements for P2 respirators are stated in **Standard AS/NZS 1716: 2012**. The United States (US) National Institute of Occupational Safety and Health (NIOSH) specifies N95 respirator requirements.

## Do I need to perform fit test and fit checking of my P2 respirator?

In order for a P2 respirator to offer the maximum desired protection it is essential that the wearer is properly fitted and trained in its safe use. Healthcare workers are encouraged to actively observe each other's mask fitting and immediately advise of any fitting issues so as to maximise healthcare worker and patient safety. A risk-management approach should be applied in training staff working in high-risk areas so they can think about the risks and have the technical skills to appropriately fit the P2 respirator and to perform a fit check at the point of use. This may also include fit testing of the mask to identify which size and style of P2 respirator is suitable for an individual. For further information on fit testing and fit checking, see *Recommendation 27* in the guidelines.

## What do NHMRC's 'statutory requirements' mean?

This term is used in the guidelines to indicate where there is also a mandated Commonwealth or State/Territory requirement which must be considered when implementing the advice at the local level. It is important to note that statutory requirements vary across states and territories, and in their applicability to health service delivery sectors and settings.

## What is 'routine cleaning' and why is it important?

Routine cleaning refers to cleaning with detergent and water followed by rinsing and drying. It is the most useful method for removing germs from surfaces. Detergents help to loosen the germs so that they can be rinsed away with clean water. Mechanical cleaning (scrubbing the surface) physically reduces the number of germs on the surface. Rinsing with clean water removes the loosened germs and any detergent residues from the surface, and drying the surface makes it harder for germs to survive or grow.

## Can detergent-impregnated wipes be used for routine cleaning?

No. Detergent-impregnated wipes may be used for single pieces of equipment or small areas but should not be used routinely as a replacement for the mechanical cleaning process.

## When should disinfectants be used?

Disinfectants are usually only necessary if a surface that has already been cleaned with detergent and water is suspected or known to have been contaminated by multi-resistant organisms and/or other potentially infectious material including blood and other bodily fluids. Most germs do not survive for long on clean surfaces when exposed to air and light, and routine cleaning with detergent and water should be enough to reduce germ numbers. Disinfectants might be used after routine cleaning during an outbreak of, for example, a gastrointestinal disease.



## Why do the guidelines now recommend the use of Therapeutic Goods Administration (TGA)-listed hospital grade disinfectants instead of TGA-registered hospital grade disinfectants?

The guidelines recommend the use of TGA-listed hospital grade disinfectants with specific claims for the disinfection of hard surfaces in healthcare facilities.

This change reflects reduced TGA regulation for hard surface disinfectants. The streamlining of the regulatory pathway has resulted in changes to terminology and requirements of entry:

- Hard surface disinfectants which were previously 'listed' (hospital grade without specific claims) are now 'exempt' from the requirements of entry in the Australian Register of Therapeutic Goods (ARTG).
- Hard surface disinfectants which were previously 'registered' (hospital grade with specific claims) are now 'listed' other therapeutics goods (OTG).

In addition, TGO 54 (Standard for Disinfectants and Sterilants) was superseded by TGO 104 (Standard for Disinfectants and Sanitary Products) on 1 April 2019.

## Why can't a disinfectant or a 2-in-1 detergent/disinfectant product be used for routine cleaning?

Routine cleaning requires manual or mechanical effort. Sole reliance on a disinfectant without this mechanical/manual cleaning is not recommended.

High-level disinfectants or liquid chemical sterilants are not appropriate for general cleaning; such use is counter to manufacturer's instructions for these hazardous chemicals.

## Why does NHMRC advise against the use of emerging disinfection methods when local level results are promising?

The overall body of evidence remains sparse on the effects on clinical outcomes of antimicrobial surfaces, hydrogen peroxide vapour and ultra-violet light as disinfection methods. Therefore routine use is not suggested for healthcare facilities.

## What if my healthcare facility is already using one or more of these emerging disinfection methods?

If emerging disinfectants (such as antimicrobial surfaces, hydrogen peroxide vapour and ultra-violet light) are being used in healthcare facilities, this should always be used in addition to standard cleaning practices.



## Why isn't the term 'Aseptic Non Touch Technique (ANTT)' used in the guidelines?

ANTT is a commercial framework that assists with the implementation of aseptic technique and is practised in some healthcare facilities. In some instances, commercial frameworks are also trademarked brands.

It is outside the scope of the guidelines to recommend or suggest uptake of any specific commercial framework or entity.

## What is antimicrobial resistance?

Antimicrobial resistance is recognised as a significant global health priority. It occurs when microorganisms develop ways to avoid the effects of specific medications, including antibiotics and antiviral therapies. This means that treatments become ineffective and lose their ability to kill the microorganisms which make us unwell.

Infection prevention and control practices are recognised in Australia and internationally as a key part of an effective way to reduce antimicrobial resistance. Preventing infection reduces the need for antimicrobials and the subsequent opportunity for organisms to develop resistance. Vaccination can also reduce antimicrobial resistance through preventing infectious diseases and reducing the prevalence of primary viral infections, which are often inappropriately treated with antimicrobials.

## Should peripheral intravenous catheters (PIVCs) be replaced routinely?

Invasive medical devices are a common source of healthcare associated infections and provide a route for infectious agents to enter the body. They should only be used when clinically indicated.

Healthcare facility policies on the replacement of PIVCs should be based on a formal risk assessment. The guidelines advise that after assessing the various risks, healthcare facilities may routinely follow one of the following two options for adults:

- Option 1: Replace a PIVC every 72 hours
- Option 2: Replace a PIVC based on clinical indication.

PIVCs should not be routinely replaced in neonates and children.

## Do the guidelines advise against the use of chlorhexidine?

No. Chlorhexidine is an antiseptic antibacterial agent which is widely used in healthcare facilities, general practice and aged care settings. Skin cleansing with chlorhexidine plays an important role in reducing the incidence of healthcare associated infections.

It is important to use chlorhexidine appropriately and only when clinically indicated, as this can assist in preventing chlorhexidine resistance and adverse reactions.

### Contact information

If you have any further questions, please contact NHMRC's Infection Prevention and Control Team via email - [icg@nhmrc.gov.au](mailto:icg@nhmrc.gov.au).