GP IPC Webinar – Questions - 26th March 2024

Please note that the advice given was current at that time and in line with the UKHSA guidance.

Q: If you have a single measles and a single rubella vaccine and you are immune, should you have an MMR if you are clinical
A: The recommendation is that you need 2 doses of MMR as per the Green Book.
https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

Q: How would a GP Practice source immunoglobulin?
A: Arrangements can be made via UKSHA
Telephone: 0300 303 8537
Out of hours for health professionals only: 0300 303 853 (Option 9 for measles team)
Email: eastofenglandhpt@ukhsa.gov.uk
Email for personal identifiable information (PII): phe.eoehpt@nhs.net

Q: Why do UKHSA not refer directly to emergency care. GP cannot give iv.
A: The decision on treatments sits with UKSHA and healthcare providers are advised to follow this pathway currently. Additional pressures to ED should be avoided wherever possible.

Q: We do not have access to FFP3 masks in our Practice (New Road, Croxley Green)
A: Please liaise with your primary care localities team regarding fit testing and masks.

Q: Where do the hoods come from for the GPs with beards? are they supplied by the ICB.
A: The ICB localities team are in the process of locating hoods. Please contact locality teams to discuss.

Q: Do you have contact details for the training please
A: Please contact locality teams to discuss.

Q: Should we be sourcing FFP3 masks for each of our practices?
A: Yes – Please discuss with localities team.

Q: Hi, we have 5 sites, do all have to do an ICAT or is an annual audit sufficient?
A: Any practice with multiple sites will require an audit for each site. The offer of ICAT audits provided by HWEICB has now ended. Practices are recommended to explore which audit tools they would like to utilise moving forward.

Q: I am still doing the monthly audits on sharps, PPE and handwashing? Are there any new ones on the website as the PPE ones are not always relevant.
A: We advise you to continue to use the audit tools that are available on the HWEICB website.

Q: This seems hard if you have a suspected case to be able to get fit tested and get a mask ready for the appt?
A: Localities have organised FFP3 Fit test training; for 2 people to be trained per PCN. They are responsible for fit testing at the practices.

Q: Is there a link to FIT testing training on the website easy to find?
A: Please contact locality teams to discuss.

Q: I am going to be stepping down as ipc link as of September can I pass this role over to admin staff if they have training?
A: The IPC Practitioner does not necessarily need to be a Dr or a Nurse but may be any allied health care professional. Please refer to the HWE training site:
https://www.hwetraininghub.org.uk/resources2/infection-prevention-and-control/ipc-champions

Q: Sorry I've been asked to check...when cleaning an arm for a blood test has it changed to chloropropyl instead of alcohol wipes?
A: The guidance taken from WHO guidelines on drawing blood best practices in phlebotomy (Eng) & The Marsden manual which is also referenced in Venepuncture (infectionpreventioncontrol.co.uk) Harrogate policy (which can be found on the training hub), recommends that skin is cleaned/ decontaminated with 70% alcohol swabs or chlorhexidine 2% in 70% alcohol, for 30 seconds and allowed to dry.(We would recommend that if decontaminating the skin, using both chlorhexidine and alcohol would be best practice here).
epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England (his.org.uk).does not mention venepuncture specifically but states that (Sp41). The aseptic technique should be used for any procedure that breeches the body's natural defences, including: • insertion and maintenance of invasive devices; and goes onto say that skin should be decontaminated with 2% chlorhexidine in 70% isopropyl alcohol.

The skin must be decontaminated with the appropriate technique, for the correct amount of time, and left to air dry prior to the procedure.
We would recommend that practices refer to their own policies re venepuncture, and that appropriate risk assessments be carried out where required.