

Infection Control

POLICY AND PROCEDURE

1. Purpose

To provide clear guidelines for all staff around infection control and antimicrobial stewardship.

To underpin the organisation's reasonable duty of care to ensure the risk to employees are not exposed to hazards at work; and, to prevent and control the spread of any disease.

2. Scope

Reducing the risk of exposure to infectious diseases in the workplace is part of a general Workplace Health and Safety duty of care and supports quality service delivery to clients vulnerable to infection. Factors must be identified in the workplace that may allow or promote the spread of infectious diseases, and appropriate responses, both preventative and reactive, practiced routinely.

For the purposes of this policy, the workplace is defined as any environment in which an employee carries out a function for remuneration and may include an office, a client's home or any service in a community or public area.

Common forms of transmission include:

- Airborne; sneezing or coughing
- Contaminated objects or food
- Skin to skin contact
- Contact with body fluids

The Infection Control Policy has been developed in accordance with:

The *Public Health Act 2010*

The *National Disability Insurance Scheme Act 2013*
The *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018*
The *Quality of Care Amendment (Single Quality Framework) Principles 2018*

The New Aged Care Quality Standards 3 g (i) & (i)
Australian Community Industry Standard 2018(ACIS) 4.3

3. Policy Statement

Good hygiene and infection control procedures should be part of every staff member's routine in the workplace.

Handwashing is the most important and most successful intervention in controlling infection. This is effective as it dilutes and flushes off potentially infectious matter.

Cleaning procedures always include wearing gloves and using detergent and water or disinfectants. Thoroughly wash all cleaning aids, including mops, brooms, cloths and hang out to dry.

In the event of body fluids and you don't have a spill kit, put on gloves, carefully mop up spill with paper towel, clean the area with detergent and warm water and disinfect to avoid spread of infection.

If fluids come into contact with the worker's broken skin or mucosa, wash area thoroughly with water and soap and report immediately on an Incident Form.

All care staff must attend annual compulsory in-service training on Infection Control. Staff will be

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offered a choice of sessions to attend. Attendance at compulsory training will be paid.

It is the care worker's responsibility to advise their supervisor if additional PPE is required for any shift or client.

4. Responsibility and Authority

The Registered Nurse, Quality Manager, Team leaders Manager and any supervising staff have authority to ensure this procedure is followed.

The Registered Nurse, Case co-ordinators and senior managers are responsible for enforcing the Infection Control procedures through training, provision of PPE and materials, care plans and spot checks.

All employees are responsible for knowing and following this procedure.

Employees have a duty of care to clients under the mentioned acts and standards as well as under state and federal law.

Subee Pty Ltd is responsible for having appropriate work cover insurance.

Subee is responsible for reporting notifiable infectious diseases to the NSW Public Health Unit.

A current list of notifiable diseases is included at the end of the policy with Public Health Unit contact number and details.

5. Vaccination for Administration and Support Care Staff

Working in the health care industry exposes staff to disease. Staff are educated on infection prevention and control guidelines to protect themselves against disease.

Subee promotes vaccination awareness through the staff portal and regular emailed correspondence from NSW Department of Health and other relevant regulatory bodies.

All staff members are responsible for their own wellbeing. However, Subee offers all staff

Influenza vaccination annually.

Advice should be sought from an infectious diseases expert when staff members have contracted a communicable disease.

6. Jewellery & Fingernails

Effective hand hygiene requires:

1. No hand or wrist jewellery. Hand contamination with infectious agents is increased when wearing hand or wrist jewellery. Rings, bracelets, bangles and wrist watches should not be worn because they can hinder effective hand hygiene practices.
2. The consensus recommendations from the World Health Organisation are that healthcare workers **do not** wear artificial fingernails or extenders when

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having direct contact with patients and natural nails should be kept short (< 0.5cm long).

Hand hygiene Australia
<https://www.hha.org.au/faq/general>

7. Blood and Body Substance Exposure

All staff members are aware and trained in the process for dealing with blood or body fluid exposure.

The Subee Waste Management Policy outlines process for body fluid spills and use of spill kits.

The registered nurse employed by Subee Pty Ltd is responsible for managing this process and is required to inform all staff members of the potential risks with needle stick and sharp injury. A needle stick injury follow-up protocol is visible in the Needle Stick and Sharps Safety policy and procedure.

The Quality Manager is responsible for maintaining and updating this policy.

Any staff member exposed to blood or body substances is encouraged to consult a general practitioner for assessment, advice and counselling if necessary. Staff are required to report this incident immediately to their management and complete an incident form.

The results of any testing are confidential. All the required paperwork is to be completed in compliance with state-based health legislation.

If the source is known, test for HIV and hepatitis C and B with informed consent.

Sexual Health Helpline (9227 6178 metro – 1800 198 205 country) or for advice on infectious diseases call Health Direct 1800 022 222

Counselling is offered and recommended for the staff member and the source patient if testing is done.

The results from any tests are confidential and the staff member receives them directly. These results are also forwarded to the referring practitioner. The staff member is under no obligation to inform the practice of the results.

The Operational Manager completes any insurance advice form required by the workers' compensation insurer.

8. Antimicrobial Stewardship Clinical Care

Purpose

To ensure that a client with a bacterial infection receives optimal treatment with antibiotics by:

- appropriate use and review of antibiotics to optimise a client's health outcomes,
- lessen the risk of adverse effects and reduce the emergence of antibiotic resistance.
- To prevent inappropriate or over prescribing use of antibiotics

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Subee support workers should be **aware** of the following Clinical Care Standards for Antimicrobial Stewardship.

A client with a suspected infection, and/or their carer, receives information on their health condition and treatment options in a format and language that they can understand.

When a client is prescribed antibiotics, whether empirical or directed, this is done in accordance with the current version of the Therapeutic Guidelines (or local antibiotic formulary). This is also guided by the patient's clinical condition and/or the results of microbiology testing.

When a client is prescribed antibiotics, information about when, how and for how long to take them, as well as potential side effects and a review plan, is discussed with the client and/or their carer.

When a client is prescribed antibiotics, the reason, drug name, dose, route of administration, intended duration and review plan is documented in the patient's health record.

A patient who is treated with broad-spectrum antibiotics has the treatment reviewed and, if indicated, switched to treatment with a narrow-spectrum antibiotic. This is guided by the patient's clinical condition and the results of microbiology tests.

Consumer Fact Sheet

<https://www.safetyandquality.gov.au/our-work/clinical-care-standards/antimicrobial-stewardship-clinical-care-standard/>

Educational information can be reviewed by support workers or given to the client or their guardian/advocate.

Cytotoxic waste management

According to work place health and safety guidelines, Subee has a duty of care to alert support staff that a client they are caring for is undergoing chemotherapy and direct them to the correct procedures for handling cytotoxic waste.

Support staff who work in client's homes who are being treated with cytotoxic chemicals, the most common being chemo therapy are at risk of being exposed to cytotoxic waste. Cytotoxic waste may be inhaled, ingested, absorbed by the skin or through percutaneous injury. Clients who take cytotoxic drugs excrete bodily fluids that are contaminated with cytotoxic waste. It is recommended by the NSW department of Health that these clients be considered contaminated for up to seven days, and staff must take the highest precautions.

Subee recommends extended precautions during the whole-time clients are being treated with cytotoxic drugs, not just 7 days.

As a support worker if you are unwell call the office to report, and DO NOT attend your shift. Clients' immune

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systems are impaired when having cytotoxic treatment and they are vulnerable to catching infections.

Cytotoxic waste, because it is highly toxic, must be handled with utmost care, otherwise, it can be dangerous to those who are exposed. These guidelines include safeguarding against cytotoxic drugs that are found in the urine, vomit, and stool of chemotherapy patients. When you care for someone who's receiving treatment in the home, you need to be careful about coming in contact with chemotherapy and the patient's body fluids.

Support Workers must:

- Double glove whilst doing care work or cleaning
- Clients use the toilet as usual but close the lid and flush twice. Be sure to wash hands with soap and water.
- If a bedpan, commode or urinal is used, the caregiver should wear gloves when emptying it. (Two pairs of latex or nitrile gloves are recommended.) Rinse it well with water and wash with soap and water at least once per day.
- The same applies to basins used for vomiting. Use disposable containers for vomiting, when possible, empty in toilet and flush
- Wash clothing and linen as usual unless it's soiled with chemotherapy or body fluids. Use gloves and immediately put the soiled laundry in the washer separate from other laundry. If you don't have a

washer, put laundry in a sealed plastic bag until it can be washed.

- Any disposable items including gloves need to be double bag and place in RED bin.
- If chemotherapy is spilled on skin, irritation or rash may occur. Wash the area thoroughly with soap and water. If redness lasts more than an hour, make an appointment to see a doctor. Phone your supervisor and fill in an incident report. You can avoid contact with skin by wearing gloves when handling chemotherapy, equipment or wastes.
- Use gloves when handling all oral chemotherapy doses.
- For spills on the floor or in the home (not on your skin), use a spill kit. If the client hasn't been supplied with one call the office and one will be brought out. Fill in an incident report.

New or newly evolved communicable infectious disease

Every disease is different. The local, state, and federal health authorities will be the source of the latest information and most up to date guidance on prevention, case definition, surveillance, treatment, and skilled nursing center response related to a specific disease threat

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Subee Emergency Preparedness Procedure will be followed that includes a response plan.

This plan will:

- i. build on the workplace practices described in the Infection Control Policy
- ii. include administrative controls (screening, isolation, visitor policies and employee absentee plans)
- iii. Address human resource issues such as employee leave
- iv. Clinical leadership will be vigilant and stay

informed about Emergent Infectious Disease EIDs around the world. They will keep administrative leadership briefed as needed on potential risks of new infections in their geographic location through the changes to existing organisms and/or immigration, tourism, or other circumstances.

V. As part of the emergency operations plan, Subee Newlake will maintain a supply of personal protective equipment (PPE).

vi. Staff and clients will be kept informed about service delivery.

authorities in NSW. These include infectious various diseases.

<https://www.health.nsw.gov.au/Infectious/Pages/notification.aspx>

Public Health Unit Contact Details

Mid North Coast and Northern NSW LHD

PO Box 498, Lismore, 2480

Phone: (02) 6620 7585

Fax: (02) 6622 2151 / 6620 2552 (secure line)

After hours

Phone: 0439 882 752 Infectious Disease or

Phone: 0428 882 805 Environmental Health

Port Macquarie Public Health Unit

(Mid North Coast and Northern NSW LHD)

PO Box 126, Port Macquarie, 2444

Phone: (02) 6589 2120

Fax: (02) 6589 2390 (secure line)

After hours

Phone: 0439 882 752 Infectious Disease or

Phone: 0428 882 805 Environmental Health

In NSW calling 1300 066 055 will direct you to your local Public Health Unit

Related Policies & Procedures

Sharps and Needlestick Policy and Procedure

Waste Management Policy and Procedure

Risk Management Policy and Procedure

Incident Policy

Notifiable Diseases

Public Health Act 2010 No 127

The Public Health Act 2010 requires that certain medical conditions be notified to public health

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COVID-19 Risk Management Policy and Procedure

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