

G.08 Infection Control Policy and Procedure

1.0 INTRODUCTION/BACKGROUND

Many Mercy Services clients are vulnerable to serious impacts from infection. Some Mercy Services clients and staff may at times have infections that could harm others. In addition some Mercy Services activities (e.g. cleaning body spills) may also expose staff/others to infection. As an organisation that is committed to care and justice Mercy Services would not want to see its staff/others affected by an infection during or as a result of a Mercy Services activity.

2.0 SCOPE

The scope of this policy applies to all Mercy Services sites and activities to outline the steps to be taken by staff, volunteers, clients and others in relation to prevention and transmission of infectious diseases.

3.0 POLICY STATEMENT

Mercy Services will take all reasonable efforts to ensure that its staff, volunteers and others are not exposed to infection during Mercy Services activities or at Mercy Services venues. Mercy Services will:

- Identify and assess the infection risks;
- Adopt controls: eliminate the risk factors, whenever possible; modify or change procedures, work practices, and protective equipment;
- Respond immediately in the event of possible exposure to infection;
- Provide information/education and training to staff, volunteers, clients;
- Monitor staff/volunteer and client compliance with infection control procedures; and
- Evaluate effectiveness of Infection Control program.

4.0 PROCEDURE

4.1 Risk Identification and assessment

The Chief Executive Officer and the Director of Care/Coordinators are responsible for identifying all potential risks of infection acquired from exposure to blood or other body fluid.

The following table indicates the Assessment of Infection Risks¹ across Mercy Services (July 2009):

<i>Risk type</i>	<i>Activities of Extreme risk</i>	<i>Activities of High risk</i>	<i>Activities of Medium risk</i>
Blood exposure	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • Sitting on or hitting an unseen needle • Pickup and dispose of needles 	<ul style="list-style-type: none"> • Transporting or assisting in the movement of people

¹ Risk level is on the basis of Likelihood and Consequence as per Mercy Services (G.05) Risk Management Policy

Risk type	Activities of Extreme risk	Activities of High risk	Activities of Medium risk
			susceptible to skin tears • Foot care • Wound care
Urine or faecal exposure	• None identified	• Changing bed linen of incontinent person • Toileting assistance	• Changing bed linen of ill person • Handling bags of soiled linen • Showering assistance • Accident at activity in the community • Changing catheter
Vomit	• None identified	• None identified	• Illness at day centre or group activity • Transport on winding roads • Transporting ill person or person after medical treatment
Sputum	• None identified	• None identified	• Emptying sputum containers • Handling a used tissue or handkerchief • Handling bed linen or clothes smeared with sputum
Secretion exposure as a result of airborne/droplet transmission of an individual suffering from a contagious disease	• None identified	• Personal care & other close contact with an infected person	• Contact with infected person at office, day centre or group activity • Wound care • Assisting client blow their nose
Contact with animal waste and other contaminants	• None identified	• None identified	• Lawn mowing in long grass • Cleaning squalor • Animal waste on vehicle or person from working in rural areas
Contaminated food ²	• None identified	• Cooking meals for vulnerable people without control over food storage	• Cooking meals for vulnerable people with Mercy Services control over food storage

4.2 Risk Control

² Food Safety risks are dealt with in Food Safety Policy and Procedures

The Risk Management Procedure will be followed in order to identify, assess and control infection risks. All attempts must be made to eliminate exposure to blood or body fluids.

4.2.1 Notifiable diseases

Under the provisions of the Public Health Act 1991 and the Public Health (General) Regulation 2002, doctors, hospital chief executive officers (or Chief Executive Officers), pathology laboratories, directors of child care centres and school principals are required to contact the Public Health Unit regarding notifiable diseases. A complete list of notifiable diseases is available from:

<http://www.health.nsw.gov.au/publichealth/Infectious/notification.asp>

Mercy Services will notify the Public Health Unit Ph: (02) 4924 6477 of an outbreak of any of the following diseases:

- Food borne illness in two or more related cases; and/or
- Gastroenteritis among people of any age, in an institution (e.g. Brighton House, Centre based meals).

4.2.2 Quarantining infected people

Any non-essential work practices that are assessed as posing an infection control risk should be eliminated if possible.

Staff, volunteers and clients suffering from TB, measles, chickenpox, shingles, mumps, rubella, pertussis (whooping cough), gastroenteritis, influenza or other infectious conditions should be requested to refrain from Mercy Services activities for the infectious period of their illness. A medical certificate stating that a person is no longer infectious may be required prior to a staff member or volunteer returning to work or for resumption of services for a client.

Clients are required to notify Mercy Services if they are suffering from a contagious disease so that appropriate arrangements may be made.

4.2.3 Additional measures when a person has an infection

When a client is known to have an infectious condition (e.g., MRSA or influenza) additional measures will be taken to prevent the spread of the condition.

If the client has a temporary infectious condition Mercy Services will restrict service to essential activities. During these periods the Coordinator will ask the client or their family to carry out other activities or wait for Mercy Services to complete them when the infection has passed. When

performing essential activities for the client the staff and client must wear necessary PPE and minimise close contact.

If an ambulance is required the client's consent will be obtained so that the ambulance service is able to put in place appropriate infection control precautions.

4.2.4 Immunisation

Mercy Services will provide immunisation for relevant staff against:

- Influenza
- Boostrix (which is Tetanus, Diphtheria and Pertussis combined)
- Hepatitis (A & B)

4.2.5 Standard Precautions

Standard precautions is a strategy which requires all personnel to treat blood or body fluids of all persons as potential sources of infection, independent of diagnosis or perceived risk. It requires the routine wearing of gloves, other protective clothing, hand washing and such infection control measures that are designed to place a barrier between potentially infectious blood or body fluids and all staff, volunteers or clients.

All staff and volunteers need to ensure they always adopt standard precautions in their work. The Chief Executive Officer and Director of Care/Coordinators are responsible for ensuring standard precautions are applied in all situations in which personnel may have contact with blood or body fluids.

A. *Personal Hygiene*

Hand washing and hand care are considered extremely important measures in infection control. Skin that is intact, that is without cuts, abrasions or lesions, is a natural defence against infection.

The Chief Executive Officer is required to ensure that hand washing facilities are provided at clearly identified places within Mercy Services centres. Hand washing facilities must include adequate supplies of running water, neutral pH soap and single-use paper towels.

When it is not possible for personnel to wash their hands in running water, alternate methods for hand cleaning should be made available e.g. Alcohol based water-free skin cleanser

Each staff member is required to check for cuts or abrasions on exposed parts of their body. Cuts or abrasions should be covered with waterproof dressings. Staff should also be provided with a suitable hand cream e.g., sorbolene, in order to reduce the detrimental effects of hand washing and wearing of gloves.

All Mercy Services staff and relevant volunteers will be instructed in the following hand washing requirements.

1. For **routine hand washing** see: Safe Work Practice: Hand Washing
2. **When hands are to be washed:**
 - a. before eating, drinking or smoking;
 - b. after going to the toilet;
 - c. after contact with blood or body fluids;
 - d. before and after use of gloves;
 - e. after handling any equipment, laundry, tissues etc. soiled with blood or body substances;
 - f. after smoking; and/or
 - g. after gardening, handling rubbish, handling animals, attending to a sick person.
3. **Gloves** shall be worn as an adjunct to hand washing when contamination of hands with blood or body fluid is anticipated and/or skin is not intact. Gloves should be changed and hands washed after each single requirement for the use of gloves.

Clothing/uniform contaminated with blood or body substances should be removed as soon as possible. Equipment and surfaces contaminated with blood or body substances should be safely cleaned as soon as possible.

B Cough hygiene

Staff are to instruct all people who cough at a Mercy Services activity to:

- cover the nose/mouth when coughing or sneezing with a tissue;
- use tissues to contain respiratory secretions;
- spit into tissue, if spitting is necessary;
- dispose of tissues in the nearest rubbish bin;
- perform hand hygiene after contact with respiratory secretions and contaminated tissues or materials; and
- wear a surgical mask (if they have a respiratory infection and others are within one metre of them e.g., in a car or when receiving personal care).

C Spills Management see: Safe Work Practice: Body Spills Management.

A cytotoxic body waste spills kit is to be used whenever there is any doubt as to whether the person producing the blood or body fluid spill has been exposed to cytotoxic drugs. Nursing staff of Mercy Services may be aware of the cytotoxic status of their programs' clients. This may not always be the case however and other programs, such as Community Transport, may be much less informed about the cytotoxic status of clients. In any case of doubt, the cytotoxic spills kit must be used (see Safe Work Practice).

Refer to Appendix 1 regarding body fluids contact with exposed skin and orifices

D Linen and laundry

NSW Health Infection Control Policy (2007:27) states:

“The risk of disease transmission from soiled linen is negligible. However, employees involved in the handling, transport and processing of used linen soiled with blood, body substances, secretions and excretions should carry out these tasks in a manner that prevents skin and mucous membrane exposure, contamination of clothing and transfer of micro-organisms to other persons and environments.”

Mercy Services Linen Service will ensure infection control by:

- Handling used/soiled linen as little as possible;
- Ensuring clients do not overfill linen bags (they should only be filled to a maximum three quarters);
- Ensuring clients do not discard sharps and other objects into linen bags;
- Ensuring there is no chance of clean linen becoming infected by soiled linen; and
- Storing clean linen on clean shelves in a clean dry place that prevents contamination by aerosols, dust, moisture and vermin.

E Medical equipment sterilisation

Some instruments used by Community Nurses are reused and must be handled and stored correctly to prevent an injury.

Community nursing instruments will be cleaned, disinfected or sterilised as appropriate to their nature and use. Sterilisation will only be conducted by agencies with suitable equipment and quality controls.

4.2.6 Preventative Environmental Actions

There are several environmental actions such as cleaning and equipment maintenance that can prevent the development and spread of infections.

A. Cleaning and disinfection of surfaces and facilities

Work surfaces walls and blinds must be cleaned routinely and when visibly soiled. Frequently touched surfaces (e.g., handrails, door knobs, tap handles) should be the focus of routine cleaning. Office staff will be provided with single use alcohol wipes for the cleaning of their computer keyboards, phones and other equipment that may become dirty or may be used by others.

Periodic cleaning of high areas, ceiling fans and exhaust vents and infrequently accessed fixtures is also required.

Safe Work Practices for cleaning are to be applied. General purpose gloves must be worn when cleaning. If there is a likelihood of splashing during environmental cleaning, then a fluid-resistant gown, protective eyewear and mask/face shield must be worn.

B. Pest control

All Mercy Services centres will have regular pest control treatment and inspections. Where a pest control issue arises in other venues, including clients home, Mercy Services will actively seek a resolution.

C. Equipment maintenance

Air conditioners at Mercy Services centres will be regularly serviced by qualified personnel.

D. Building design, renovations and refurbishment

Minimising the risk of transmission of infection will be a consideration in the planning and execution of any building design, renovations and refurbishment.

4.2.7 Sharps handling

The NSW Health Infection Control Policy (2007:14) defines a sharp as: *“... any object capable of inflicting a penetrating injury. This includes needles, broken glass, broken capillary tubes and any other sharp objects or instruments designed to perform penetrating procedures.”*

Some instruments used by Community Nurses are reused and must be handled and stored correctly to prevent an injury.

Most sharps encountered by Mercy Services staff will be discarded by others. Staff with a high likelihood of encountering sharps will be provided with a safe disposal container and means of handling sharps.

In the absence of a purpose-built sharps container, staff can use any container that:

- is puncture-resistant, waterproof and leak-proof; and
- has an opening that is wide enough to allow sharps to be dropped into the container by a single hand operation and can be securely sealed with a lid before disposal.

4.2.8 Personal Protective Equipment (PPE)

Gloves must be worn whenever employees are likely to come into contact with blood or body fluids.

The Mercy Services PPE Policy includes details on what items are required to protect people from exposures to blood or body fluids. Such items may include:

- Gloves;
- Gowns;

- Face masks;
- Eye protection; and/or
- masks for mouth-to-mouth resuscitation (if person is qualified and feels comfortable to give such resuscitation).

4.3 Information, education and training

The relevant Coordinator, Site Manager or WHS Coordinator will ensure that information is provided to clients/carers/Mercy Services staff/visitors to Mercy Services site regarding infection prevention and control. This information may be provided verbally, in the form of memos/posters or other appropriate methods.

The Chief Executive Officer, staff and volunteers will receive a basic overview of infection control procedures at orientation. A more comprehensive compulsory training in infection control procedures will be conducted within the first six months of commencing employment.

4.4 Immediate response in the event of possible exposure to infection

Specific first aid is required in the event of body fluids coming in contact with another person (see Appendix 1). The person should then immediately present at a hospital emergency department for assessment and post exposure prophylactic treatment for potential exposure to HIV, Hepatitis B and Hepatitis C.

Possible exposure to infection must be reported to a supervisor as soon as possible.

4.5 Compliance

Compliance with this policy is being measured by:

- a) Site inspections to ensure preventive environmental measures are conducted;
- b) Records show staff have been assessed as competent in 50% of the Safe Work Practices (SWP) relevant to their work;
- c) Incident Report Form showing appropriate follow-up on infection issues;
- d) Annual immunisation records show staff offered vaccinations;
- e) Appropriate PPE is supplied;
- f) Worksite spot check (may include client's home) to ensure staff are using PPE and following infection control procedures; and
- g) Hand washing competence.

4.6 Evaluation

The performance indicators for the evaluation of this policy are:

- a) 0% of Incidents highlighting breaches of Mercy Services infection control procedures;
- b) Infection control education/training is delivered at least every two years; and
- c) At least 90% of staff give a positive rating on how well Mercy Services is committed to safety.

5.0 REFERENCES

1. Current issues	None identified
2. Australian Standards	<ul style="list-style-type: none"> a) AS/NZS 4360: <i>Risk Management</i> b) AS/NZS 4187 <i>Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in healthcare facilities</i> c) AS/NZS 4815 <i>Office-based healthcare facilities – reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment</i>
3. Legislation	<ul style="list-style-type: none"> a) Work Health and Safety Act, 2011 (NSW) b) Work Health and Safety Regulations, 2011 (NSW) c) NSW Public Health Act 1991 (Notification of Infectious Diseases) http://www.health.nsw.gov.au/policies/pd/2006/pdf/PD2006_014.pdf d) All health organisations and healthcare workers (HCWs) have a common law duty of care to take all reasonable steps to safeguard patients, staff and the general public from infection.
4. Professional Guidelines	<ul style="list-style-type: none"> a) None identified
5. Codes of Practice	<ul style="list-style-type: none"> a) Safe Work Australia (2011) Code Of Practice: How to Manage Work Health and Safety Risks http://www.safeworkaustralia.gov.au/AboutSafeWorkAustralia/WhatWeDo/Publications/Documents/633/How_to_Manage_Work_Health_and_Safety_Risks.pdf
6. Codes of Ethics	<ul style="list-style-type: none"> a) Australian Association of Social Workers Code of Ethics http://www.aasw.asn.au/document/item/1201 b) Australian Psychological Association Code of Ethics http://www.psychology.org.au/Assets/Files/Code_Ethics_2007.pdf c) The Nursing and Midwifery Board of Australia. Registration Requirements http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx d) Integrity in the Service of the Church https://www.catholic.org.au/media-centre/media-releases/cat_view/10-organisations/38-national-committee-for-professional-standards e) Mercy Services Code of Conduct
7. Evidence	<ul style="list-style-type: none"> a) NSW Health (2009) H1N1 Influenza 09 (Human Swine Influenza) - Key Points for NSW Health Care Workers http://www.emergency.health.nsw.gov.au/swineflu/factsheets/healthcare.asp b) NSW Dept of Commerce (2009) Workplace Guide to Managing Influenza Pandemic http://www.industrialrelations.nsw.gov.au/pdfs/Workplace_Guide_to_Managing_an_Influenza_Pandemic.pdf c) NSW Health (2007) Infection Control Policy PD2007_036 http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_036.pdf d) NSW Health (2007) Policy And Guidelines For The Prevention Of Sharps Injuries In The NSW Public Health System http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_052.pdf e) Australian Government (2006) Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings http://www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/7587228D3932D8D1CA2573D4001EB02F/\$File/pandemic-infec-ql.pdf f) Workcover (2006) Code of Practice: HIV and other blood-borne pathogens in the workplace g) Hand Hygiene Australia Online Learning Package http://www.hha.org.au/LearningPackage/olp-home.aspx
8. Mercy Values	<ul style="list-style-type: none"> a) Justice, Care, Unity, Service, Respect

6.0 RELATED POLICIES

- C.05 Quality Improvement

- C.06 Risk Management
- E.07 Client Rights and Responsibilities
- E.10 Community Nursing
- F.04 Learning & Development
- G.06 Safe Home Visiting
- G.04 WHS Training
- G.15 First Aid
- G.16 Emergency Response
- G.17 Incident Reporting
- G.19 Offices and Buildings WHS Management
- G.22 Personal Protective Equipment

7.0 RELATIONSHIP WITH STANDARDS

<i>Aged Care Accreditation Standards</i>	<i>Home Care Standards</i>	<i>Disability Standards</i>	<i>EQIP Standards</i>
1.1, 1.2, 1.3, 1.6, 1.7, 1.8, 1.9, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13, 2.14, 2.15, 2.16, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 3.3, 3.5	1.1, 1.3, 1.4, 1.5, 6.1, 6.2, 6.3, 6.4, 6.6, 6.7	1.5.1, 1.5.2, 1.5.4, 1.5.6, 2.1.2, 3.1.4, 3.1.5, 3.2.1, 3.2.2, 3.2.3, 3.2.4, 3.2.5

8.0 DOCUMENT CHANGES RECORD

<i>Dates of change</i>	<i>Section altered</i>	<i>Natures of changes made</i>
01/11/2005	First record of document	
01/07/2009	a) Header and footer details, b) 1.0 Introduction c) 3.0 Policy Statement d) 4.1 Risk Identification e) 4.2.1 Notifiable Diseases f) 4.2.2 Quarantining Infected people g) 4.2.3 Additional measures... h) 4.2.4 Immunisation i) 4.2.5 Standard Procedures j) 4.2.6 Preventative.. k) Old personal hygiene section l) 5.0 References m) 5.9 Document Changes record n) Appendices Use of Cytotoxic spills kit, Dealing with body spill on bus and Safe retrieval and disposal of discarded needles	a) Titles and dates b) Minor changes c) Minor changes d) Table of risk and contents added e) Section and information added f) Heading added with some additional information g) Section and information added h) Section and information added i) Added coughs and linen/laundry with handwashing and spills moving to this section. Much of cytotoxic spills management moved to relevant SWP j) Section and information added k) Heading deleted but references to SWP throughout l) Section added m) Added n) Safe Work Practices were created for all these tasks
30/06/2010	a) 4.2.4	a) Pertussis added to vaccination list
28/03/2011	7.0 Relationship to Standards	Section added

Dates of change	Section altered	Natures of changes made
10/05/2011	<ul style="list-style-type: none"> a) 4.2.6.c b) 4.2.6.d c) 4.3 d) 4.5 e) 4.6 f) 6.0 	<ul style="list-style-type: none"> a) Section on Community Nursing equipment moved to newly created 4.2.5.e b) New section c) Added requirement that information be provided about infection prevention and control d) Hand hygiene check frequency specified e) Evaluation performance indicators changed f) Additional Policies listed
06/02/2012	<ul style="list-style-type: none"> a) Various sections b) 4.3 c) 4.5 and 4.6 d) 5.0 References 	<ul style="list-style-type: none"> a) Change terms in line with new WHS laws b) Changed frequency of hand hygiene training and combine infection control in safety orientation. c) Details abbreviated and updated d) Added current issues, updated WHS laws and Codes of Ethics. Added Hand Hygiene Australia
27/11/2012	All Sections	Organisation name updated
02/04/2014	<ul style="list-style-type: none"> a) 4.5.g Compliance b) 4.6.b Evaluation c) 7.0 References 	<ul style="list-style-type: none"> a) Handwashing competency now completed every two years by all staff b) Delete measuring staff vaccination as these are voluntary and we don't know when staff are vaccinated outside work c) Change Community Care Common Standards to Home Care Standards and add Aged Care Standards, update Disability Standards
10/02/2016	<ul style="list-style-type: none"> a) All sections b) 2.0 Scope c) 4.6 Evaluation 	<ul style="list-style-type: none"> a) Replace GM with CEO b) Reworded c) Replace measures and c
Review due 10/02/2019		

Appendix 1

NEEDLE-STICK INJURY OR OTHER SIGNIFICANT EXPOSURE TO BLOOD OR OTHER BODY SUBSTANCES**1. FIRST AID**For cuts, scratches, and needle-sticks:

- Bleed (i.e. open the wound to allow the blood to drain out), wash and dry.
- Apply Milton 1:20 solution or use an alcohol swab.
- Cover site with a waterproof occlusive dressing, e.g. opsite.

For exposure to intact skin:

- Assess skin integrity (i.e. check that the skin is in tact) with an alcohol swab.

For splashes to eyes:

- Avoid rubbing eyes.
- Irrigate liberally with water.

If wearing contact lenses:

- Remove immediately from affected eye.
- Disinfect lenses before reinsertion.

If exposure to mouth:

- Do not swallow.
- Spit out.
- Irrigate.
- Repeat spit and irrigate several times. Do not swallow.

If exposure to nose:

- Blow nose, irrigate with water and repeat several times.

NOTE:

Where the exposure is from urine.

The urine must be tested for blood. The person who is the source of exposure must provide urine in a specimen container for testing by the injured person's treating doctor.

2. REPORT

- i. The staff member will IMMEDIATELY report exposure to Mercy Services Program Coordinator, or WHS Coordinator or Chief Executive Officer by telephone or in person as appropriate.
- ii. The staff member will proceed IMMEDIATELY to the closest hospital to be tested for Hepatitis B, Hepatitis C and HIV.
- iii. If the exposure incident has any known risk factor, such as exposure to a person known to have HIV, this should be reported by the staff member to the treating nurse or doctor immediately, for subsequent treatment to be implemented.

- iv. Documents will need to be completed for the Hospital including:
 - a. Consent form for blood tests, and other body fluid tests where relevant – from staff member as well as source of exposure, the client.
 - b. Signature is required twice, on exposure forms:
 - (i) Description of Injury/exposure;
 - (ii) To confirm that counselling has been attended and consent for any appropriate treatment, including serology testing has been given.
- v. As soon as practicable, complete Mercy Services Incident Form. For confidentiality reasons, this form should not include actual names of staff or source nor the infectious status of the source. These details must be recorded elsewhere in a secure location.

3. REVIEW

Through their General Practitioner, the staff member will have follow-up blood tests at:

- i. 6 weeks after the exposure;
- ii. 3 months after the exposure; and
- iii. 6 months after the exposure.

Given that exposure test results for Hepatitis B or HIV will not be finalised for 6 months, the staff member should be aware:

- that the Blood Bank will not accept a donation of blood, plasma, body tissue etc.;
- to adopt safe sex practices to protect partners.

The Program Coordinator will:

- maintain confidentiality for the staff member;
- offer to provide advice and counselling (e.g. Employee Assistance Programme) throughout the period of waiting for results and refer to trained medical personnel, such as General Practitioner or the HNE Health Infection and Control Officer for information as required; and
- ensure that the Mercy Services Incident Form and Risk Assessment Form have been completed and passed on to WHS Coordinator.

The WHS Coordinator will:

- take any relevant follow-up action as highlighted from the Risk Assessment process.