



SERVICE DELIVERY

## **E.33 Infection Prevention & Control**

REVIEWED: JANUARY 2022

## E.33 Infection Prevention & Control

Mercy Services is committed to preventing and managing the spread of infection within its service environment, through the infection control measures outlined in this policy.

Healthcare Associated Infections (HAIs) are a major cause of poor resident or client outcomes, and a significant proportion of infections can be prevented if infection control practices are developed, implemented and adhered to.

This Infection Control Policy will seek to minimise the risk of infection for:

- Persons receiving care or support across our services
- Persons employed or engaged when providing care or support across our services
- Visitors and other persons at risk of infection when engaging with those we support or in support of their care.

Mercy Services will adhere to the following principles in relation to infection prevention and control:

- Infection control will be a component of the overall risk management framework (under Clinical)
- Assigning appropriate governance through the Clinical Advisory Council and service Outbreak Management Teams overseeing infection prevention & control within services
- Ensuring organisation-wide engagement and involvement in managing infection control, including appropriate training and guidance for staff.

Mercy Services acknowledges that infection control is an integral element in the provision of quality care, as it seeks to minimise inconvenience, pain and mortality for those it provides care for, while contributes to reducing health care costs and risk to employees, visitors and visiting health professionals. Mercy Services recognises that all employees have a responsibility for ensuring infection control measures are implemented.

Mercy Services maintains that quality in infection control is achieved through:

- adoption of standard precautions;
- adoption of transmission based precautions where necessary;
- provision of appropriate education and training for all employees;
- provision of adequate physical facilities and equipment;
- institution of an infection control surveillance program;
- commitment of management and employees to the continual review and improvement of infection control practices;
- establishment of employee and resident immunisation programs; and
- following antimicrobial stewardship guidelines.

Record of policy development		
Version	Date approved	Policy Changes
1.0	25/01/2022	Combined into an organisational policy

Responsibilities and delegations	
This policy applies to	All Staff and Volunteers
Specific responsibilities	Infection Prevention Control Leads, Clinical care staff
Policy approval	Risk & Continuous Improvement Committee

Policy context – this policy relates to:	
Standards	NDIS Practice Standards Aged Care Quality & Safety Standards Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) National Safety and Quality Health Service (NSQHS) Standards (2 <sup>nd</sup> edition)
Legislation	NSW Public Health Orders
Contractual obligations	N/A
Organisation policies	Community Nursing, Duty of Care, Outbreak Management Plans, Medication Management, COVID-19 (Vaccination)
Forms, record keeping, other documents	Infection control directions, pandemic practices

## Definitions

**Airborne precautions:** are a set of practices used to mitigate the risk for patients who are known or suspected to be infected with agents transmitted person-to-person by airborne route.

**Aseptic technique:** aims to ensure that the service environment is free from infection or infectious pathogenic microorganisms being introduced to patients and others via hands, surfaces or equipment.

**Clinical handover:** the transfer of responsibility and accountability for some or all of the care of a patient on a temporary or permanent basis to another person or professional group.

**Droplet precautions:** are a set of practices used for patients who are known or suspected to be infected with agents transmitted by respiratory droplets from functions such as coughing, sneezing or talking.

**Hand hygiene:** is a general term applying to processes used to clean hands by reducing the number of microorganisms. Hand hygiene can be performed either by washing hands with soap and water, or using an alcohol-based hand liquid or sanitiser.

**Healthcare worker:** are all people delivering healthcare services, who have direct contact with patients or with blood or body substances.

**Healthcare-Associated Infections (HAI):** are infections which are contracted in healthcare facilities (or where the healthcare service is provided) and occur as a result of healthcare interventions, which could manifest after people leave the healthcare site.

## Infection Control Governance

Mercy Services' Clinical Advisory Council comprises of clinicians across residential and home care services. It forms the key part of the organisation's clinical governance structure.

Infection Control Leads are to be established for both residential and home care services, who each hold appropriate clinical and IPC qualifications. These clinicians are members of the Clinical Advisory Council and address IPC matters for Mercy Services.

As part of being Infection Control Leads for the respective services, they are responsible for:

- Establishing and implementing local infection control policies and procedures;
- Conducting risk assessments of the service area to identify potential infection risks; and
- Monitoring the effectiveness of the organisation's infection control systems.

### Preparing Staff

Mercy Services will ensure that staff members:

- Receive training and supervision related to infection prevention and control procedures;
- Can identify and assess infection control risks;
- Plan and prepare for identified risks, including communication to those supported or staff;
- Always act with caution and use protective barriers or personal protective equipment;
- Understand the importance of hand care and hand washing; and
- Follow procedures regarding the use of needles and sharp objects.

### Responsibilities:

The Risk & Continuous Improvement Committee will ensure:

- Appropriate governance systems are in place within services for Infection Prevention and Control;
- Ensure Infection Control Policies/Practices are implemented; and
- Ensure Mercy Services has access to a clinical microbiology and infectious diseases service that provides consultation and specialist advice; and
- Ensure the necessary tools and resources are provided to Infection prevention and control worker training for them to be able to implement this policy;

Mercy Services' Infection Prevention and Control Leads will:

- Develop an infection management plan in line with national and state guidelines to minimise the occurrence and impact of Healthcare associated Infections (HAI);
- Ensure adequately trained workers are responsible for the surveillance of hand hygiene compliance data;
- Identify risks that apply to parts within their service area through surveillance data and implement strategies to mitigate such risks.
- Contribute to the formulation of consensus practice guidelines; and
- Ensure education and training on infection control and prevention is provided to all workers as part of induction.

Mercy Services' Healthcare facility workers:

- Understand the requirements of infection prevention and control;
- Adhere to state and local policies and procedures on infection control at all times; and
- Undergo the required training and competency assessment in infection prevention and control procedures.

## Quality Management in Infection Control

### Principles

Mercy Services strives to maintain the highest standards in the maintenance of infection control by:

- maintaining and reviewing the infection control policy and protocols in response to new legislation and/or best practice guidelines;
- maintaining service agreement(s) with appropriately licensed organisation(s) for the removal of waste;
- maintaining a service agreement with an appropriately licensed organisation for the routine surveillance and/or eradication of pests;
- maintaining service agreements with food suppliers to achieve compliance with Food Safety Guidelines;
- maintaining service agreements with service providers for the maintenance of kitchen and laundry equipment
- maintaining service agreements with service providers for the surveillance and maintenance of air handling systems, where installed;
- providing, to all classifications of employees, training in infection control practices; and
- displaying appropriate educational and directional material to facilitate compliance with infection control practices.

Mercy Services will monitor the number of infections within its services and report to the Board and relevant committees monthly, to review and identify any issues or trends.

## Environment

All equipment used in provision of services to those we support will be cleaned, disinfected and/or sterilised according to its degree of contamination and its proposed use (level of risk), as described in the Non-disposable Clinical Instruments and Equipment Cleaning Schedule (Attachment A).

Residents care articles and equipment will be utilised and maintained to prevent infection by:

- determining the appropriateness of the use of disposable versus non disposable equipment/products;
- using individual toiletries for each resident;
- using pump action devices or single use products for use in communal use; and
- using individual pharmaceutical products for each resident.

The cleanliness of the service environment and infection control will be maintained by:

- utilising appropriate cleaning agents and equipment in accordance with Mercy Services' cleaning schedule and cleaning instructions;
- utilising colour coded cleaning equipment in residential facility designated areas;
  - Yellow - infectious isolation areas
  - Red - toilets, bathrooms, dirty utility areas
  - Green - food service preparation areas
  - Blue - general cleaning areas
- utilising appropriate personal protective clothing and equipment; and
- disposing of waste in accordance with organisational waste procedures/practices

Infection control in residential laundry services will be maintained by:

- maintaining laundry equipment in accordance with Australian Standard 4146;
- utilising appropriate chemical agents;
- utilising standard precautions when handling and sorting soiled linen and
- providing designated clean and dirty work areas and equipment.

Infection control in food services will be maintained by:

- storing preparing and serving food in accordance with Food Safety Guidelines or as outlined in the Food Safety Plan for Residential;
- establishing and maintaining a stock control system;
- monitoring refrigeration, reheating and dishwashing equipment;
- providing clean and dirty work areas; and
- disposing of kitchen waste in accordance with organisational waste procedures/practices.

## Standard Precautions

In relation to ongoing infection prevention and management, all employees will be required to observe Standard Precautions in relation to the handling of:

- blood;
- all body substances, secretions and excretions except sweat regardless of whether or not they contain visible blood;

- non-intact skin; and
- mucus membranes.

Employees will practice standard precautions routinely through:

- effective hand washing and use of antiseptic hand gel;
- correct use of gloves, masks, aprons and protective eye wear;
- the use of aseptic techniques, when applicable;
- correct management of sharps, including practices related to preparation for use, sheathing and disposal; and
- careful disposal and handling of infectious waste in accordance with facility procedures/guidance.

Employees will practice additional transmission based precautions in conjunction with Standard Precautions in cases where residents are known or suspected to be infected with or colonised by highly transmissible pathogens in accordance with Mercy's Outbreak Management Plan, and infection control processes outlined in Attachment B.

## **Waste Management**

Mercy Services aims to protect and preserve the wider environment where possible through waste minimisation and waste disposal practices that comply with relevant IPC guidelines along with health and safety standards.

All waste will be segregated immediately after it is generated into appropriate colour coded waste containers. For residential, the disposal schedule is outlined in attachment C.

All single use sharp articles and instruments (such as needles, scalpel blades, razor blades) will be disposed of into a stable, rigid-walled container that complies with Australian Standards 4231. Sharp containers will be sealed and changed when the specific level is reached. Sharps containers will be stored in appropriate locations to avoid the chance for needle stick injuries.

Mercy Services will maintain a service agreement/s with appropriately licensed organisation/s for the removal of general and contaminated (clinical) waste, including with the ability to provide additional disposal services (containers, storage) in the event of an outbreak.

Any clinical waste spills will be reported to a registered nurse, who will then be responsible for recording the spill within the organisation's record management system for continuous improvement. All significant chemical spills will be managed according to the appropriate material safety data sheet and also reported via the RN to record the incident for continuous improvement.

## Staff Health

All employees will demonstrate their responsibilities in relation to infection control by:

- maintaining high standards of professional dress, grooming and personal hygiene;
- monitoring their own health and reporting infections;
- participating in infection control training; and
- maintain appropriate occupational screening prior to working, including considering symptoms or locations of exposure to infection
- complying with Mercy Services policy or protocols related to vaccinations as issued or directed by the organisation

With the exception of COVID-19 vaccinations, there may be other vaccinations for communicable diseases which staff are asked to advise their status of (particularly in residential) to ensure the safety of residents and staff in an outbreak. This could include but not limited to Hepatitis A/B, Pertussis, Measles, Mumps, Rubella and Varicella (Chicken Pox). Employees who do not provide evidence of their immunisation status will be considered as unvaccinated and may be required to sign a risk acknowledgment. Should there be an outbreak within the facility of these diseases, dependent on the situation these staff may be required to work either elsewhere within the organisation or placed on leave.

Mercy Services will ensure employees are provided with sufficient information about any vaccination to support them in making an informed decision on vaccination. Mercy Services will encourage staff to go through registered providers for vaccinations they wish to have. Mercy Services will maintain a secure and confidential record of any disclosure made by an employee as to their immunisation history.

Any staff occupational exposures to blood and/or body fluids will be reported, recorded via the organisational incident reporting form and managed in accordance with the Incident Management Policy.

## Outbreak Management

Mercy Services has developed specific Outbreak Management Plans for its services related to pandemics (e.g. COVID-19). These detail the specific requirements around notification of an outbreak and the definition of what an outbreak is in relation to services. Key principles to follow related to infection prevention and control are outlined that also apply to non-pandemic disease outbreaks (e.g. Gastro).

### Residential – Notification of Disease Outbreak

An '**outbreak**' in relation to a pandemic disease (e.g. COVID-19) is defined as a single diagnostically confirmed case in a resident, staff member, volunteer or frequent attendee of the facility. For other communicable diseases (e.g. gastro, general influenza), an 'outbreak' in the facility is classified as 2 or more resident cases (or associated symptoms) in a period of 24 hours.



For pandemic related outbreaks, specific notifications procedures are in place as per Outbreak Management Plans. For non-pandemic outbreaks, the Facility Manager, Clinical Manager or Registered Nurse in Charge will notify the local Public Health unit of any diagnosed communicable diseases that appear on the Notification of Diseases List within 24 hours of diagnosis. For proactive risk management and escalation to the Public Health Unit, all cases of a diagnosed diseases that appear on the Notification of Disease List will be reported or any occupational exposures to blood and/or body fluids.

**Contact Details:**

Local Public Health Unit applicable for Mercy Services residential facility:

Newcastle Public Health Unit  
(Hunter New England LHD)

Phone: (02) 4924 6477

Fax: (02) 4924 6048 (secure line)

Locked Bag 10, Wallsend NSW 2287

After hours, phone John Hunter Hospital (02) 49246477 and ask for Public Health Officer on call.

Under non-pandemic outbreaks of an infectious disease the following key actions will be taken to manage the outbreak from an IPC perspective and inform relevant stakeholders:

**1. Implement additional infection control measures**

- Increase hygiene measures taken by all staff with standard hygiene plus additional measures
- Observe standard infection control practices & wear personal protective equipment, eg. gloves, gown, mask
- Activate Outbreak Management Team (OMT)

**2. Minimise staff contact with infected/exposed where possible while still maintaining essential care**

- Suspend non-essential group activities or services until outbreak resolved
- Exclude staff with symptoms of infection for at least 48 hours after last symptom

**3. Inform & communicate to staff, client/residents, relatives & other stakeholders**

- Advise of increased hygiene measures due to outbreak
- Inform of process, provide details for contact and how Mercy is managing situation / providing care

**4. Restrict contact (Residential)**

- Consider cohorting affected residents
- Restrict visitors where possible and movement within the facility (unless palliative visit)
- Ensure visitors practice hand hygiene
- Exclude visitors with any symptoms for at least 48 hours after last symptoms

**5. Document the outbreak**

- Details of client/residents & staff with symptoms

- Onset date of infection symptoms for each
- 6. Collect Specimens / arrange testing**
  - Arrange for staff, resident or client testing
  - Collect specimens or take swab & label for pathology
- 7. Review**
  - Ongoing monitoring of client or resident for symptoms
  - OMT oversight of situation to ensure updates to staff and address issues.
  - Update Department of Health Outbreak Registry and forward as needed.
- 8. Management of Laundry or Waste**
  - Laundry managed in line with IPC practices for infectious items e.g. alginate thread bag
  - Waste disposed of in line with IPC practices and in designated bins

## Policy Review

This policy is to be reviewed either every three years, if there are major changes to the services provided or if there are changes to clinical guidance around infection prevention and control management.

## Attachment A: Non-disposable Clinical Instruments and Equipment Cleaning Schedule

Equipment	Category (CRITICAL/ SEMI-CRITICAL/ NON-CRITICAL)	Process (STERILISATION/ DISINFECTION/ CLEANING)	Frequency	Category of staff responsible	Description of process
Shower chair	non-critical	clean	after each use	Direct Care Staff	Clean with Neutral Detergent and hot water or approved chemical wipes
Commode	non-critical	clean and disinfect bowls	frame - daily bowl - after each use	Cleaners Direct Care Staff	Clean frame with Neutral Detergent and hot water or approved chemical wipes Place in pan sanitiser (>80°C for minimum of 60 seconds) Remove when cycle completed and store dry and covered
Bed pans/urinal	non-critical	clean and disinfect	after each use	Direct Care Staff	Place in pan sanitiser (>80°C for minimum of 60 seconds) Remove when cycle completed and
Wash bowl	non-critical	clean	after each use	Direct Care Staff	Clean with Neutral Detergent and hot water and place in Malmet Washer Store in dry place
Vomit bowl	non-critical	clean	after each use	Direct Care Staff	Clean with Neutral Detergent and hot water and place in Malmet Washer Store in dry place
Bath	non-critical	clean	after each use	Direct Care Staff Cleaners	Clean with Cream Cleanser after use. Run Neutral Detergent through weekly.
Pillow/ mattress	non-critical	clean	on a needs basis and once returned to general circulation	Direct Care Staff Cleaners Maintenance Staff	Clean plastic cover with Neutral Detergent and hot water or approved chemical wipes
Thermometer	semi-critical	clean and disinfect	after each use	Direct Care Staff	Clean and disinfect with approved chemical wipe Store dry

Equipment	Category (CRITICAL/ SEMI-CRITICAL/ NON-CRITICAL)	Process (STERILISATION/ DISINFECTION/ CLEANING)	Frequency	Category of staff responsible	Description of process
Nasogastric/gastric tube	semi-critical single person use	clean	daily and discard Third daily	Direct Care Staff	Rinse with cold water Clean with Neutral Detergent and hot water, using bottle brush if required Rinse in hot water Dry thoroughly with non-linting towel Store dry in a clean, covered container in refrigerator between use
Stethoscope	non-critical	clean	after each use	Direct Care Staff	Clean ear pieces and diaphragm with 70% alcohol Wipe over tubing with approved chemical wipe
Instruments (scissors/forceps)	semi-critical or critical	clean and disinfect or sterilise	after each use	Direct Care Staff	Rinse in cold water Wash thoroughly in Zexa Rinse and dry Disinfect with 70% alcohol if in contact with intact skin or dressings Sterilise if in contact with sterile tissue, cavity or blood stream
Hoist and related equipment	non-critical	clean		Direct Care Staff	Hoist - Clean with Neutral Detergent and water or approved chemical wipes Slings - Launder when visibly soiled as per manufacturer's instructions
Suction equipment:	single person use	-	-	-	Discard after each use
b) reusable collection bottle and tubing	non-critical	clean	after each use	Direct Care Staff	Empty after each use into sluice Clean thoroughly with Neutral Detergent and water Vigorously scrub surfaces with a brush Rinse completely Allow parts to dry before reassembly
c) pump	non-critical	clean	after each use	Direct Care Staff	As per manufacturer's cleaning instructions
d) pump housing	non-critical	clean	after each use	Direct Care Staff	Wipe external surfaces with cloth dampened sponge with soapy water Follow up with water dampened sponge Dry with paper towel or cloth

Equipment	Category (CRITICAL/ SEMI-CRITICAL/ NON-CRITICAL)	Process (STERILISATION/ DISINFECTION/ CLEANING)	Frequency	Category of staff responsible	Description of process
Sphygmomanometer and cuff	non-critical	clean	when visibly soiled	Direct Care Staff	Clean with Neutral Detergent and water or approved chemical wipes
Oxygen equipment	single person use	clean	daily	Direct Care Staff	<i>Masks</i> Clean with Neutral Detergent and water daily Store dry when not in use <i>Nasal cannula</i> Clean with Neutral Detergent and water daily Provide alternative cannula when cleaning <i>Tubing</i> Damp dust Store dry when not in use
Peak flow meters	single person use	clean	daily	Direct Care Staff	Clean with Neutral Detergent and hot water or approved chemical wipes
Spacers for metered dose	non-critical	clean	daily	Direct Care Staff	Clean with Neutral Detergent and hot water Store dry
Thermal/cold packs	single person use	clean	after each use	Direct Care Staff	Place protective cloth cover before each use
b) Cold packs	non-critical	clean	after each use	Direct Care Staff	Place in protective cloth cover Clean surfaces with Neutral Detergent and water
Urinary drainage bags	single person use	clean		Direct Care Staff	<i>Uridome drainage bag</i> Replace bag every night <i>Indwelling catheter leg drainage bag</i> Do not disconnect from catheter Replace weekly. Empty as needed. <i>Indwelling catheter overnight bag</i> Empty bag T.D.s Replace bag weekly.

## Attachment B - Infectious Disease List Requiring Additional Precautions

This table provides a summary of infectious diseases for which Additional Precautions are recommended. It does not include all infectious diseases and should be read in conjunction with the *Australian Government Infection Control Guidelines*.

Disease	Precautions			Comments
	Airborne	Droplet	Contact	
Avian Influenza (Highly Pathogenic Influenza)	✓	✓	✓	Airborne = negative pressure room if available and P2 mask Droplet = eye protection and face shield Contact = gown/apron, gloves
Adenovirus Pneumonia		✓	✓	Droplet = eye protection or face shield and surgical mask Contact = gown/apron, gloves
Clostridium difficile			✓	It is recommended that health care workers perform hand hygiene with liquid soap and water after direct contact with client/resident + wipe down surfaces. Gloves, thumbs up gown to be worn. Diagnosed via pathology analysing stool sample.
Covid-19	✓	✓	✓	As per Avian influenza
Enteroviral infections Children < 6 years and incontinent residents			✓	
Giardiasis Children < 6 years and incontinent residents			✓	
Hemorrhagic fevers (Marburg, Lassa and Ebola)	✓	✓	✓	Airborne = negative pressure room if available and P2 mask Droplet = eye protection or face shield <i>Residents must be transferred immediately to designated hospital (Westmead Hospital) for appropriate isolation</i>
Hepatitis A Children < 6 years and incontinent residents			✓	
Hepatitis E Children < 6 years and incontinent residents			✓	
Haemophilus influenza, known or suspected		✓		Depending on invasion site of infection – consult with an infection control professional
Impetigo			✓	
Influenza (seasonal)		✓	✓	Droplet = eye protection or face shield and surgical mask Contact = gown/apron, gloves
Legionnaires' disease				Standard Precautions (no evidence of person-to-person transmission)
Lice (pediculosis)			✓	Resident should not be cohorted unless treatment is concurrent

Disease	Precautions			Comments
	Airborne	Droplet	Contact	
Measles	✓			Unvaccinated and susceptible persons should not enter room. Room to remain vacant for 2 hours post discharge of infectious resident.
Multidrug-Resistant Organisms, infection or colonisation Eg VRE, MRAB, MRSA			✓	
Mumps (infectious parotitis)			✓	Unvaccinated and susceptible persons should not enter room.
Neisseria meningitidis (meningococcal disease)		✓		Isolation can be discontinued after 24 hours of appropriate antibiotic therapy.
Norovirus	✓		✓	P2 mask when there is a potential for aerosol dissemination eg resident vomiting or toileting (diarrhoea), disposing of faeces. Airborne = negative pressure room if available and P2 mask Contact = gown/apron, gloves Ensure consistent environmental cleaning and disinfection
Pandemic Influenza	✓	✓	✓	Airborne = negative pressure room if available and P2 mask Droplet = eye protection or face shield Contact = gown/apron, gloves
Parovirus B19		✓		Maintain precautions for duration of stay when chronic disease occurs in an immunodeficient resident
Pertussis (Whooping cough)		✓		Unvaccinated and susceptible persons should not enter room.
Respiratory Syncytial virus (infants and young children and immunocompromised residents)		✓	✓	Droplet = eye protection or face shield and surgical mask Contact = gown/apron, gloves
Rotavirus			✓	Ensure consistent environmental cleaning and disinfection: prolonged shedding may occur in the immunocompromised resident
Rubella		✓	✓	Unvaccinated and susceptible persons should not enter room. Droplet = eye protection or face shield and surgical mask Contact = gown/apron, gloves
SARS	✓	✓	✓	Airborne = negative pressure room if available and P2 mask Droplet = eye protection and face shield Contact = gown/apron, gloves
Scabies			✓	
Shigella species Children < 6 years and incontinent residents		✓		
Streptococcal Group A infections		✓	✓	Droplet = eye protection or face shield and surgical mask

Disease	Precautions			Comments
	Airborne	Droplet	Contact	
Infants and young children only				Contact = gown/apron, gloves
Streptococcal Pneumonia or Scarlet fever		✓	✓	Droplet = eye protection or face shield and surgical mask Contact = gown/apron, gloves Isolation can be discontinued after 24 hours of appropriate antibiotic therapy
Tuberculosis (including Multi Drug Resistant TB) Pulmonary or laryngeal disease	✓			
Varicella-zoster Disseminated	✓		✓	Airborne = negative pressure room if available and P2 mask Contact = gown/apron, gloves Unvaccinated and susceptible persons should not enter room.
Varicella (chickenpox)	✓		✓	Airborne = negative pressure room if available and P2 mask Contact = gown/apron, gloves Unvaccinated and susceptible persons should not enter room.

### Summary of Standard Precautions

Requirements	Standard Precautions
	All persons, blood ( <i>including dried blood</i> ), all body substances, secretions and excretions ( <i>excluding sweat</i> ), non-intact skin, and mucus membranes including eyes.
Single room	No
Negative pressure	No
Hand hygiene	Yes
Gloves	Protect hands if anticipated contact with blood or body substances.
Gown/apron	Protect clothing where soiling or splashing is likely.
Mask	Protect face using a surgical mask if splash or aerosol likely.
Protective eyewear	Protects eyes if splash likely or where aerosol may be generated.
Special handling of equipment	Gloves for handling equipment contaminated either blood and/or body substances. Avoid contaminating environmental surfaces and equipment with used gloves
Transport of residents	Cover all residents' open wounds. Surgical mask if coughing/sneezing and other signs and symptoms of an infectious transmittable disease spread by airborne or droplet route.
Alert	Respiratory hygiene for coughing and sneezing patients suspected of having an infectious respiratory illness. Exposures to blood/body substances – immediately wash site, promptly notify supervisor and seek management of exposure. Handle needles, syringes and sharps with care. Use approved rigid sharps containers for disposal. DO NOT recap, break or bend needles.
Cleaning	Standard cleaning protocol.

### Summary of Airborne Precautions

Requirements	Airborne Precautions
Single room	Yes Door closed



Requirements	Airborne Precautions
	If no ensuite facilities available, a toilet and bathroom should be dedicated for individual resident use.
Negative pressure	Yes, if available, otherwise single room with door closed and window open.
Hand hygiene	Yes.
Gloves	Standard Precautions.
Gown/apron	Standard Precautions.
Mask	Yes P2 mask. Remove mask after leaving resident room.
Protective eyewear	Standard Precautions.
Special handing of equipment	Standard Precautions. Avoid contaminating environmental surfaces and equipment with used gloves.
Transport of residents	Surgical mask for residents when they leave the room. Residents on oxygen therapy must be changed to nasal prongs and have a surgical mask over the top of the nasal prongs for transport (unless medical condition does not allow). Advise transport staff of level of protections to be maintained. Surgical mask if coughing/sneezing and other signs and symptoms of an infectious transmittable disease spread by airborne or droplet route. Notify service receiving resident.
Alert	Visitors to residents room must also wear a P2 mask and perform hand washing. Residents Health Records can not be taken into the room Signage of room.
Cleaning	Standard cleaning protocol. May require additional cleaning with disinfectant agent depending on organism. Consult with an infection control professional.

### Summary of Droplet Precautions

Requirements	Droplet Precautions
Single room	Yes, or Cohort with resident with same pathogen (in consultation with infection control professional) or Maintain spatial separation of at least one meter If no ensuite facilities available, a toilet and bathroom should be dedicated for individual or cohort resident use.
Negative pressure	No
Hand hygiene	Yes.
Gloves	Standard Precautions.
Gown/apron	Standard Precautions.
Mask	Yes surgical mask Remove mask after leaving resident room.
Protective eyewear	Yes
Special handing of equipment	Standard Precautions.
Transport of residents	Surgical mask if coughing/sneezing and other signs and symptoms of an infectious transmittable disease spread by airborne or droplet route. Surgical mask for residents when they leave the room. Residents on oxygen therapy must be changed to nasal prongs and have a surgical mask over the top of the nasal prongs for transport (unless medical condition does not allow). Advise transport staff of level of protections to be maintained. Notify service receiving resident.
Alert	When cohorting residents, they require minimum of one meter of resident separation. Visitors to residents room must wear a fluid resistant surgical mask and protective eyewear (if unable to maintain 1 meter distance) and perform hand washing Residents Health Records can not be taken into the room

Requirements	Droplet Precautions
	Signage of room
Cleaning	Standard cleaning protocol. May require additional cleaning with disinfectant agent depending on organism. Consult with an infection control professional.

### Summary of Contact Precautions

Requirements	Contact Precautions
Single room	Yes, or Cohort with resident with same pathogen (in consultation with infection control professional)
Negative pressure	No
Hand hygiene	Yes.
Gloves	Yes, if there is direct contact with the client/resident or their environment.
Gown/apron	Yes, if there is direct contact with the client/resident or their environment.
Mask	Standard Precautions.
Protective eyewear	Standard Precautions.
Special handling of equipment	Single use or if reusable reprocess before next resident. Avoid contaminating environmental surfaces and equipment with used gloves.
Transport of residents	Surgical mask if coughing/sneezing and other signs and symptoms of an infectious transmittable disease spread by airborne or droplet route. Advise transport staff of level of protections to be maintained. Notify service receiving resident.
Alert	Remove gloves and gown/apron and perform hand washing on leaving the resident room. Residents Health Records can not be taken into the room Signage of room
Cleaning	Standard cleaning protocol. May require additional cleaning with disinfectant agent depending on organism. Consult with an infection control professional.

**Attachment C – Residential Waste Disposal Schedule**

ITEM	TYPE OF WASTE	COLOUR OF WASTE CONTAINER	LOCATION OF WASTE CONTAINER	FREQUENCY OF REMOVAL FROM WORK AREA	FREQUENCY OF REMOVAL FROM FACILITY
Razors	Clinical	Yellow	Treatment Room	Weekly or as required	6 Weeks
Needles/syringes	Clinical	Yellow	Treatment Room	Weekly or as required	6 Weeks
Stitch cutter	Clinical	Yellow	Treatment Room	Weekly or as required	6 Weeks
Dressings	Clinical	Yellow	Pan Room	Daily	Fortnightly
Urinary catheters	Clinical	Yellow	Pan Room	Daily	Fortnightly
Disposable continence products	General	Black Bags	Theiss Bin	Daily	Weekly
Paper/cardboard - newspaper - packing - boxes - printed matter (excluding papers containing confidential material)	Recyclable	Yellow Lid Recycling Bin	Yellow Lid Recycling Bin	Daily	Fortnightly
Tins	Recyclable	Yellow Lid Recycling	Yellow Lid Recycling	Daily	Fortnightly
Glass bottles	Recyclable	Yellow Lid Recycling	Yellow Lid Recycling	Daily	Fortnightly
Plastic (insert local council provisions)	Recyclable	Yellow Lid Recycling Bin	Yellow Lid Recycling Bin	Daily	Weekly
Plastic - other	General	Theiss Bin	Theiss Bin	Daily	Weekly
Food scraps	General	Theiss Bin	Theiss Bin	Daily	Weekly
Garden waste	General/Recyclable	Theiss Bin	Theiss Bin	Daily	Weekly
Cleaning products					
Pharmaceutical products					