14.0 Infection Control Policy

1. Intensive Care at Home will maintain the highest standards in the maintenance of infection control by:
   - Ensuring all employees to remain vigilant with all Standard precautions while working in a client's home;
   - implement an Infection Control Policy Manual and review the contents regularly to adopt new change in legislative or best practice guidelines;
   - comply with all food safety guidelines;
   - provide information, education and better understanding through the provision of infection control training and assessment; and
   - conduct audits in relation to infection control practices, in accordance with the Internal Audit Schedule and will examine finding for issues/trends.

2. ICAH will revise the Infection Control policy, protocols and other procedures in response to changes in legislation and new evidence-based practice guidelines.

3. The Director will be responsible for remaining current with all changes in infection control practice and act as a resource for other employees seeking information about infection control practices.

4. Infection statistics collected will be tabled for discussion during the Management Review Committee Meeting as an agenda item.

5. All field staff will participate in an induction/orientation program and an update program which includes training in relation to, as applicable:
   - Standard and Additional Precautions;
   - blood and body fluid exposure incidents;
   - waste management;
   - food handling; and
   - reporting and recording incidents of infections.

6. Clients who have an infectious disease or who are at risk of infectious contamination will be identified during assessment by the Nurses.

7. The Director will have all potential risk issues addressed and will ensure staff develop an infectious risk management strategy for the Care Plan.

8. In the event of an infection control adverse event, such as a needle stick injury, the Director will manage the situation in accordance with the procedures described in the NHMRC infection control guidelines.

9. The HR Manager will also ensure the incident is recorded on the **7.2 Incident Management & Service non-conformance Form** and will report in accordance with the reporting structure.

10. All nurses will be responsible for notifying the Director who will notify any relevant State Public/Population Health Unit of any diagnosed diseases that appear on Attachment A - *Communicable Diseases that Require Notification* within 24 hours of diagnosis. Those items identified with the symbol '' should be notified by telephone within 24 hours.

11. To protect client confidentiality, notification must **not** be made by facsimile machine except in exceptional circumstances and when confidentiality is ensured. The Director will also be responsible for completing and forwarding to the relevant State Public/Population Health Unit written notification using the specific form in their jurisdiction.

STAFF HEALTH

1. All employees will demonstrate their responsibilities in relation to infection control by:
    - following and adhering to the standards of dress, grooming and personal hygiene;
    - monitoring their own health and reporting infections;
    - participating in infection control training; and
    - participating in vaccination program.

2. ICAH will ensure employees are provided with adequate information about the immunisation program to enable them to make an informed decision.

3. Consent will be obtained from all employees who participate in the immunisation program, where applicable.

4. ICAH will maintain a secure and confidential record of each employee's immunisation records and if requested, a certified copy of which will be provided to the employees on separation from the organisation.

5. All occupational exposures to blood and/or body fluids will be reported, recorded on form **7.2 Incident Management & Service non-conformance Form** and managed in accordance with best practice

STANDARD PRECAUTIONS

1. ICAH will ensure that relevant personal protective equipment (PPE) that complies with Australian Standards is readily available.

2. All field staff 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;
- mucus membranes; and
- spills

3. Employees will practice standard precautions routinely through:

- effective hand washing;
- correct use of PPE such as gloves, masks, aprons and protective eye wear;
- the use of aseptic techniques, when applicable; and
- correct management of sharps, including practices related to preparation for use, sheathing and disposal.

ADDITIONAL PRECAUTIONS

1. Employees will practice *Additional Precautions* (transmission based) in conjunction with Standard Precautions in cases where clients are known or suspected to be infected with or colonised by highly transmissible pathogens as described in the NHMRC infection control guidelines. For example:

- Airborne transmission (Tuberculosis, Measles, Chicken Pox);
- Droplet transmission (Mumps, Rubella, Influenza, Pertussis); and
- Contact transmission (MRSA, Clostridium difficile).

2. *Additional Precautions* may also be implemented for:

- immunocompromised clients;
- clients with altered mental state and/or poor hygiene; and
- gross disseminators of microorganisms (e.g. clients with large areas of colonised, infected skin or large, open, purulent wounds).

3. *Airborne precautions* require:

- Use of standard precautions plus;
- Disposable gown;
- Protective eyewear; and
- P2 or N95 Face mask.

4. *Contact precautions* require:

- Use of standard precautions plus;
- Disposable impervious gown;
- Protective eyewear; and
- P2 or N95 Face mask.

5. *Droplet precautions* require:

- Use of standard precautions plus;
- Disposable impervious gown;
- Protective eyewear; and

- P2 or N95 Face mask (for TB use a high filtration 1-micron mask).

Environment

1. All equipment used by ICAH care workers will be cleaned, disinfected and/or sterilised according to its degree of contamination and its proposed use.

2. Client articles and equipment will be utilised and maintained to prevent infection by:

   - determining the use of disposable -v- non disposable products;
   - using individual toiletries for each client; and
   - using individual pharmaceutical products for each client.

3. The cleanliness of the environment and infection control, if required, will be maintained by:

   - utilising appropriate cleaning agents;
   - utilising equipment in accordance with cleaning schedule and cleaning instructions;
   - utilising appropriate P.P.E.; and
   - disposing of waste in accordance with best practice & Infection Control Guidelines.

4. Infection control in the client's home laundry will be responsible / maintained by client / carers :

   - Maintaining laundry equipment;
   - Using correct chemical agents;
   - Using standard precautions when handling and sorting soiled linen; and
   - Maintaining clean and dirty laundry procedures in a client's home laundry area.

5. Infection control in food handling will be maintained by:

   - Storing preparing and serving food in accordance with Food Safety Guidelines;
   - Maintaining and ensuring client food stores are within date;
   - Monitoring temperature requirements for refrigeration, heating; and
   - Disposing of kitchen waste promptly & appropriately in outside garbage bins.

INFECTION CONTROL IN CLINICAL PRACTICE

1. Wherever practical and possible disposable single-use clinical instruments will be used. In the event that non-disposal items are not available or practical arrangements for disinfection and sterilisation will be made.

2. The infection control integrity of all stored clinical and care related equipment will be maintained by:

   a. storing all clinical and care items in accordance with manufacturer's instructions;

   b. rotating stock; and

c. checking ‘use by dates’ prior to use.

d. Cleaning as per manufacturer's instructions. As a default, neutral detergent in hot water washes will be undertaken regularly, this includes flushing of cannulated items and careful drying of equipment, including CPAP and respiratory equipment. Assessment is included in the appropriate competency document.

3. Service Agreements with allied health professionals will outline the practitioners’ responsibilities in relation to infection control. The service agreement will stipulate the conditions in which re-useable items can be used and the cleaning, disinfection and/or sterilisation methods required for any re- Relevant Legislation & Guidelines

Legislation listed is not exhaustive and Acts and Amendments are as legislated on the day this policy was authorised.

Department of Health and Ageing, 2011: Australian Health Management Plan for Pandemic Influenza.

National Health and Medical Research Council, 2013: Australian Immunisation Handbook 10th Ed.

National Health and Medical Research Council, 2010: Australian Guidelines for the Prevention and Control of Infection in Healthcare.

National Health and Medical Research Council, 2013: Infection Prevention and Control in Residential and Community Aged Care..

Standards Australia, 2001: AS/NZS 4939 - Non Reusable Containers for the Collection and Disposal of Hypodermic Needles and Syringes.

Attachment A

Communicable Diseases that Require Notification (Patrik is Victoria the same)

Acquired immunodeficiency syndrome (AIDS)

Acute viral hepatitis

Adverse event following immunisation

Botulism

Cholera

Creutzfeldt-Jakob disease (CJD) and variant Creutzfeldt-Jakob disease

Diphtheria

Foodborne illness in two or more related cases

Gastroenteritis among people of any age, in an institution (eg, among persons in education or residential institutions)

Haemolytic uraemic syndrome

Haemophilus influenzae type b

*Avian Influenza *

*Legionnaires' disease *

Leprosy

*Lyssavirus infection *

*Measles *

*Meningococcal disease *

Paratyphoid

*Pertussis (Whooping cough) *

*Plague *

*Poliomyelitis *

Rabies

*Severe Acute Respiratory Syndrome (SARS) *

Smallpox

Syphilis

Tetanus

Tuberculosis

Typhoid

*Typhus (epidemic) *

*Viral haemorrhagic fevers *

*Yellow fever *

* *Notification requested by telephone as soon as a provisional diagnosis is made.*

1. Management, Control and Prevention of Tuberculosis. Guidelines for Health Care Pr oviders (2002-2005). Department of Human Services.
2. Building (Legionella Risk Management) Regulations 2001, Victorian Government.
3. Health (Legionella) Regulations 2001, Victorian Government.
4. Guidelines for the Control of Measles Outbreaks in Australia. 2000, Communicable Diseases Network Australia and New Zealand, Commonwealth Australia.
6. Guideline for the Management of Patients with Vancomycin-Resistant Enterococci (VRE) Colonisation/Infection. 1999. Human Services Victoria.
7. Cruetzfeldt-Jakob Disease and Other Human Transmissible Spongiform Encephalopathies, Guideline on Patient Management and Infection Control. 1995.
5. National Health and Medical Research Council (NHMRC), Commonwealth of Australia
6. 9. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in healthcare Settings. Draft 2004, Centers of Disease Control and Prevention (CDC