Infection Control

Self Directed Learning Package
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HOW TO USE THIS PACKAGE

- The Infection Control Self-Directed Learning Package is part of the Feros Care Mandatory Education Program.

- The aim is for all staff of Feros Care to work within the Infection Control Standards & Guidelines and Feros Care Infection Control Policies.

- This package should take approximately one (1) hour to complete. You can refer to the following references for further reading.

- All the material you require to assist you in completing the Workbook is included in the package. It is therefore advisable to read this material before attempting the Workbook Assessment.

- The Workbook Assessment is located at the end of this package. (It is the only part of the package you need to return).

- When all questions are completed in full, within four (4) weeks of commencement, please hand in the Workbook Assessment and Evaluation Form to your Supervisor or Manager.

OBJECTIVES

- To maintain a safe & healthy working environment each person is responsible for completing their own Mandatory Education. This is required by Workplace Health & Safety Legislation and Feros Care Policy.

- This Self-Directed Learning Package has been developed to enable Infection Control mandatory training easier to access & allow time for completion at your own pace.
LEARNING OUTCOMES

- Identify methods of Infection Control in the workplace
- Describe how and identify what is involved in the transmission of infection
- Describe the importance of effective infection control strategies to prevent spread or transmission of infection
- Identify appropriate Personal Protective Equipment to wear
- Understand the need for infection control management strategies such as:
  - routine cleaning procedures,
  - safe waste disposal,
  - safe linen management,
  - procedures for blood and body substance spills,
  - personal health and hygiene.

INFECTION CONTROL EDUCATION

Effective Infection Control education involves improving awareness, changing attitudes and work practices and encouraging compliance for all levels of staff in all health care settings.

This is due to -
- changing patterns of health care,
- new technological advances in procedures and instrumentation,
- recognition of blood borne viruses as a major cause of cross infection,
- increasing resistance to antibiotics
- awareness of new and emerging diseases.

All staff are required to support provision of quality care and be diligent in applying a high standard of infection control practice based on current best practice guidelines and proven scientific knowledge to minimise transmission of infection.
PRINCIPLES OF INFECTION CONTROL

- Appreciation of modes of disease transmission & basic microbiology
- Implementation of work practices, standard & additional precautions
- Conscientious hygiene
- Regular cleaning of work areas, equipment and instruments
- Modification of clinical procedures
- Appropriate use of antibiotics
- Vaccination against infections
- Surveillance activities
- Ongoing quality management & improvement activities
- Legal & ethical considerations
- Ongoing education & training

WHAT CAUSES INFECTION?

Infection arises from invasion and multiplication of microorganisms in a host (susceptible people), with an associated host response (eg, fever, purulent discharge).

Microorganisms include - bacteria, viruses, fungi and protozoa.

The relationship of the human body and these microorganisms, is kept in check by an intact immune defence system. Factors that weaken the resistance of the human body (host) or increase the virulence of microorganisms will disturb this relationship and cause harmful and potentially lethal disease.
Spread of infection requires the presence of three elements: a susceptible host, an agent and an environment or means of transmission that facilitates interaction between the host and agent.

1. **A Susceptible host**: Human sources, or hosts, susceptibility to infection is greater in the presence of factors that alter or compromise their defence mechanisms or resistance to infections.

   ‘**Internal’ factors include:**
   - Immunosuppression (e.g., radiation and chemotherapy, steroids)
   - Underlying diseases (e.g., diabetes, cancer, HIV)
   - Presence of devices (e.g., intravenous lines, urinary catheters)
   - Age (i.e., the elderly and very young) – immune system changes
   - Poor nutritional status
   - Incomplete immunisation
   - Functional impairment (e.g., immobility, dysphagia, incontinence)
   - Non intact skin or mucous membranes (e.g., surgical wounds, burns)

   ‘**External’ factors in Residential Aged Care facilities include:**
   - Close proximity of and socialisation between residents
   - Physical facilities and layout (e.g., access to handwashing facilities)
   - Number, type and presence of invasive devices such as peg tubes or indwelling catheters

2. **An Agent**: is a micro organism which is capable of transferring to a susceptible host with or without subsequent infection. Sources of micro organisms may be:
   - other consumers
   - health care workers,
   - contaminated food, water, air, surfaces, medications, equipment
   - the person’s own resident flora

3. **The Environment**: must enable interaction between the agent and host (e.g., Hospital or aged care facility). Interaction or transmission may occur via contact, droplet and airborne routes.
**DISEASE TRANSMISSION**

Disease can be transmitted by:

- **CONTACT** - Direct by acquiring organisms on hands when in consumer contact (touching) eg, infected wound, sharps injury.  
  Or Indirect through contaminated equipment, items, objects  
  Eg, antibiotic resistant organisms - MRSA, enteric diseases,

- **DROPLET** - large particle droplets do not stay in the air and require close proximity (within one metre) during coughing, sneezing, talking or suctioning procedures.  
  Eg, mumps, influenza, rubella

- **AIRBORNE** - small droplets after sneezing or coughing can remain in the air for long periods.  The droplets are dispersed in air currents and inhalation of contaminated air will cause disease.  
  Eg, Tuberculosis, chickenpox, measles

- **BLOOD & BODY FLUIDS** - All blood and body fluids are potentially infectious. Standard Precautions are applied when there is a risk of exposure to blood and body fluids, secretions and excretions, regardless of whether they contain visible blood, and contact with non-intact skin and mucous membranes.  
  Eg, Blood Borne Viruses – Human Immunodeficiency Virus (HIV), Hepatitis C, Hepatitis B

**STANDARD PRECAUTIONS**

**FOOD** - Almost all foods have the potential to cause food poisoning  
Bacteria, viruses and fungi are present on the outside and inside of many foods, eg, meat and eggs. Given a suitable environment to multiply these ‘germs’ will cause illness. Eg, gastroenteritis  
**FOOD should be** -  
1. Handled as little as possible  
2. Stored appropriately  
3. Cooked sufficiently  
4. Eaten immediately

- **PETS** - Includes any animal or bird. Animal bites and scratches are major risk of infection. Zoonotic (parasitic) diseases can be transmitted if health of the pet and Standard Precautions are not adhered to when in contact with pets, their excreta and bedding. Pets are to be restricted from kitchens, eating, storage and medication preparation areas.
Standard Precautions are:

1. Standard safe work practices are required for the basic level of infection control in all settings and in all situations.

2. Intended to minimise the risk of cross infection

3. Recommended for the treatment and care of all consumers regardless of known or perceived infectious status.

4. Designed to protect consumers and health care workers

5. To be used in the handling of -
   - blood (including dried blood)
   - all other body fluids, including saliva, secretions, excretions, regardless of whether they contain visible blood
   - non intact skin
   - mucous membranes

Each care situation must be individually assessed so that appropriate precautions are applied.

**STANDARD PRECAUTIONS COMPRISSE OF THE FOLLOWING MEASURES:**

- Effective handwashing
- Personal Protective Equipment which includes gloves, mask, eye protection, face shields, aprons/gowns,
- Management and appropriate handling of sharps, spills, linen, waste and consumer care equipment,
- Aseptic Technique as in wound dressing, Intravenous access or any other sterile procedure
- Staff Immunisation
- Routine cleaning and environmental control
**ADDITIONAL PRECAUTIONS**

Additional Precautions are measures used for consumers known or suspected to be infected or colonised with a micro organism that is:

1. **Considered a significant infection risk or is highly contagious and**
2. **Cannot be contained with Standard Precautions alone**

Infection transmission is by Airborne, Droplet, Contact and a combination of these routes eg, chicken pox requires both airborne and contact precautions. Isolation of the infectious source with designated toilet facilities, appropriate ventilation and restricted movement by consumers and staff may be required to break the chain of infection.

**HANDWASHING AND HANDCARE**

Handwashing is the single most important strategy used in the prevention of the spread of infection. Using soap, water and friction (the mechanical action of rubbing the hands together) is a simple and effective method of removing microorganisms from the skin. Hygienic hand rub or gel may be used if soap, water and hand basins are not available. These solutions are flammable and should be stored under 25°C.

**WHEN TO WASH HANDS?**

- when starting and finishing work
- before and after wearing gloves, going to the toilet, food handling, cleaning duties
- prior to and following contact with consumers
- prior to and following a clinical procedure
- prior to eating, smoking and feeding others
- and after eating, smoking and feeding others
- following contact with blood, body fluids, secretions and excretions,
- following contact with mucous membranes, non intact skin rashes
- after handling soiled, contaminated equipment, used linen and pets
- whenever hands feel dirty or are visibly soiled

**ROUTINE / SOCIAL HANDWASH - 10 to 15 seconds duration**

**CLINICAL HANDWASH - 30 to 60 seconds duration**

Performed before any aseptic and invasive procedure.
HOW TO WASH HANDS?

- Remove hand jewellery. Artificial nails and polish is discouraged
- Wet hands thoroughly under warm (NOT HOT) running water before applying 3 to 5 mls unscented mild liquid soap
- Using plenty of lather rub palms, back of hands, areas between each finger and wrists in a systematic manner
- Rinse thoroughly under running water (if possible)
- Pat hands dry with paper towel
- Avoid touching taps and wash basin

HANDCARE

- Intact skin is the first line of defence against infection.
- If the skin is open, the risk of infection is increased.
- Fingernails to be short and clean
- Ensure cuts and abrasions are covered with a sealed dressing and to change as necessary.
- A suitable unscented hand cream or approved moisturiser should be used to maintain protect the skin.
PERSONAL PROTECTIVE EQUIPMENT (PPE) AND PERSONAL HYGIENE

GLOVES
- To be worn to protect hands from harmful chemicals and direct contact with potentially infectious blood and body fluids
- To be worn to protect consumers from acquiring microorganisms present on the hands of staff
- Selection must be task appropriate and correct size chosen from non sterile, sterile or utility gloves
- Not a substitute for hand washing
- Wash hands after removal of gloves
- Overuse can cause allergies, dermatitis and skin irritability

MOST IMPORTANTLY GLOVES ALSO NEED CARE. Gloves are:
- To be changed between consumers and between procedures on the same consumer,
- To be changed when torn or punctured
- Disposable gloves are not to be washed or disinfected

MASKS
- Must be worn when a possibility of splashing, spraying or splattering of blood and body substances or aerosol generation
- To be worn covering mouth and nose
- Not to be touched by hand when worn. Remove using strings or loops.
- Remove after 20 minutes of exposure, and when wet or soiled

EYEWEAR and FACE SHIELDS
- Must be worn during procedures, cleaning instruments and other events that have a potential for splashing, splattering or spraying the face of body fluids or substances.
- Prescription eyewear is not adequate protection
- Can be either reusable after cleaning or single use

GOWNS and APRONS
- Worn to protect clothing and skin from contamination with blood, body substances and microorganisms
- Change between consumers
- Impermeable or fluid resistant gowns to be worn when there is a risk of exposure to large volumes of blood and body fluids

PERSONAL HYGIENE
- Hair to be well groomed, tied back or hat worn if necessary
- Fingernails to be clean and short
- Dress / Uniforms to be clean and worn appropriately
- Hand washing and handcare (refer to Page 8)
- Staff Health and Immunisation (refer to Page 17)
**ASEPTIC TECHNIQUE**

Asepsis is the absence of infectious agents that can produce disease

Aseptic technique is the practice used through purposeful prevention that aims to eliminate the introduction and transfer of microorganisms from one person to another by ensuring only sterile objects and fluids will make contact with tissue or wounds and airborne contamination is minimised.

The implementation of an aseptic technique will vary according to the complexity of the invasive procedure and is to be determined prior to each care activity.

**PREPARATION IS THE MOST IMPORTANT PART OF THIS TECHNIQUE**

- **Prepare the environment** – provide privacy, close windows, no housekeeping or bedmaking to cause air turbulence
- **Prepare consumer** – explain procedure and inform not to touch or cough over site
- **Prepare self** – do clinical handwash, assess need for protective attire, use sterile gloves if in direct contact with treatment area
- **Prepare surface** – check clean, dry and support equipment
- **Prepare equipment** – check not expired, packaging intact and sterility maintained. Aqueous solutions are to be disposed if opened longer than twenty four (24) hours
- **Prepare sterile field** – immediately before use, open equipment using non-touch technique, place only sterile equipment onto sterile field
- **Prepare consumers treatment site** – position for procedure, place protector, expose area, loosen or remove bandages, tape etc.

To maintain a Sterile Field during procedure:

- keep body movements to a minimum
- keep sterile field in visual range
- avoid coughing or speaking
- items removed from sterile field are not to be returned to sterile field
- use different forceps to obtain item and attend treatment site.
SHARPS MANAGEMENT

**SHARPS represent the major cause of accidents involving potential exposure to blood borne diseases and must be handled with care at all times**

SHARPS are any objects or devices capable of cutting or penetrating the skin eg, needles, broken glass, razor blades, scalpel blades, lancets and stitch removers.

**SHARPS HANDLING and DISPOSAL**

- The person using a sharp object is responsible for the safe disposal of the item at the point of use.
- Sharps MUST NOT be passed by hand to another person
- Contaminated sharps should not be broken, bent, removed from disposable syringes
- Needles MUST NOT be re-sheathed
- Sharps must be disposed of at the point of use and immediately after use
- If a sharp has to be transported it must be in a container designed specifically to transport a sharp

**SHARPS CONTAINERS**

- must be labelled, puncture resistant and conform with Australian Standards Specification
- should be placed at eye level or at a safe height
- out of reach of children, non-authorised persons and pets
- no more than two thirds full or as marked by manufacturer
- must not be cleaned or reopened
- must be carried by handle
**SPILLS MANAGEMENT**

To facilitate the efficient management of spills:

- Standard precautions apply where there is risk of contact with blood or body substances
- Use appropriate device to remove broken glass/sharps
- Wear personal protective equipment and wash hands thoroughly after cleaning
- Bulk of spill to be cleaned up before area is disinfected
- Avoid spraying droplets of spilled material
- Dispose of waste in designated waste bin
- Have a spills kit available for safe cleaning

**SMALL SPILLS**

- Wipe area immediately with disposable towel
- Clean area with cold water and detergent
- Dry with disposable towel
- A disposable alcohol wipe can also be used

**LARGE SPILLS**

**Wet areas:** Bathroom or toilet
- Carefully hose area to drain into sewerage system
- Flush with cold water and detergent
- Dry with disposable towel

**Dry areas**
- Minimise traffic in the spill area
- Contain and absorb spill with disposable towel
- Clean area with standard cleaning equipment, designated for spills management, detergent and cold water
CLEANING

Refers to the mechanical action of detergent and cold water followed by rinsing and drying with the aim of removing dust, soil, micro organisms and organic matter such as faeces or urine and disposing of the pollutants. Thorough cleaning is also a prerequisite to disinfection and sterilisation.

Micro organisms are unable to multiply on clean, dry surfaces therefore general cleaning in a routine manner maintains an environment that is safe, clean and free from potentially infectious substances

EQUIPMENT

- Damp dusting, vacuuming and wet mopping is preferred
- Mops to have detachable heads
- Colour coded cleaning cloths to be changed between areas ie, kitchen, laundry
- Vacuums fitted with appropriate filters
- Spray bottles – must be sprayed onto cloths, not straight to surface
- All cleaning equipment to be well maintained, cleaned and stored to dry after use
- Where possible colour codes are used to prevent cross contamination:
  - BLUE – General area
  - GREEN – Kitchen
  - YELLOW – Infectious or blood and body fluids
  - RED – Toilet area

FREQUENCY

- Cleaning should be performed on a routine basis depending on number of people, frequency of use and type of surface
- Tasks should follow a logical order from ‘clean’ to ‘dirty’
- Technique designed to avoid the generation of aerosols of contaminated fluids

SOLUTIONS

- Detergent (liquid) bio degradable, non toxic, non abrasive and cold water

FLOWERS AND PLANTS

Due to a high level of bacteria in stagnant vase water, and with plants and soil containing various fungi, measures should be taken to minimise contact with susceptible people.

- Change vase water at least every 2 days.
- Do not dispose vase water into hand basins
- Clean vases following use and store dry
- Wash hands after handling
- Limit the care and handling of flowers/plants to staff with no direct consumer contact and staff are to wear gloves
# DISINFECTION AND STERILISATION

Depending on the intended use of an item, medical and surgical equipment may require the following processes between uses on consumers.

<table>
<thead>
<tr>
<th>Processing Level</th>
<th>Action</th>
<th>Available Processes</th>
<th>Examples of Use</th>
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<tbody>
<tr>
<td><strong>LOW LEVEL DISINFECTION</strong></td>
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<tr>
<td>Non critical items</td>
<td>Kills most bacteria and some viruses but not tubercle and bacterial spores</td>
<td>Cleaning - manual or mechanical - with detergent and water rinsing, drying</td>
<td>• Cleaning the general environment and&lt;br&gt;• Non invasive equipment&lt;br&gt;Eg, crutches, BP cuffs, stethoscopes, tabletops &amp; other shared consumer equipment</td>
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<tr>
<td><strong>HIGH LEVEL DISINFECTION</strong></td>
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<tr>
<td>Semi critical items</td>
<td>Inactivates tubercle bacilli, vegetative bacteria, most viruses &amp; fungi but not bacterial spores</td>
<td>Thermal disinfection  &lt;br&gt;water temperature ±80° for 2 minutes eg dishwasher.</td>
<td>Items will need to be disinfected or sterile&lt;br&gt;Eg, nebulisers, eating or drinking utensils&lt;br&gt;Non critical equipment, intravenous access devices, medication vials.&lt;br&gt;Laundry items and surfaces.</td>
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<tr>
<td><strong>STERILISATION</strong></td>
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<tr>
<td>Critical items</td>
<td>Destroys all microorganisms including all bacterial spores</td>
<td>Sterilisation must be preceded by meticulous cleaning. Use of ‘Single Use ‘ sterile products</td>
<td>Steam sterilisation eg, surgical instruments.&lt;br&gt;Recommended to outsource sterilisation of equipment or use disposable single use items</td>
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</tbody>
</table>

**ANTISEPSIS:** Cleaning / disinfecting skin prior to injection or venipuncture of the skin. Eg, Alcohol wipes for skin prep, have rapid bactericidal effect in disinfecting the skin prior to injection. Currently it is appropriate practice until substantial evidence proves otherwise.

- Allow alcohol wipes to dry **BUT** effect diminishes quickly following drying.
- Triclosan and Chlorhexidine require 3 to 5 minutes contact time for effective antiseptic use.

**SINGLE USE ITEMS:** Items labelled “one use only” should not be re used and re processed within any facility. Items such as oxygen masks, nasal cannulas and tubing is to be allocated to one consumer for their sole use and items cleaned, dried and stored appropriately.
**LAUNDRY MANAGEMENT**

**Used laundry** is considered contaminated with microorganisms.

**Soiled laundry** is laundry soiled with blood and body substances

### HANDLING

- Standard precautions apply. Gloves and plastic aprons to be worn
- Wash hands prior to handling clean laundry and after handling used and soiled laundry
- Handling of used and soiled laundry to be kept to a minimum and laundry not to come in contact with floor or furniture.
- Used laundry is to be handled with care to avoid dispersion of microorganisms into the air by throwing and shaking and to reduce the risk of cross infection.
- Bulk soiling on laundry, such as faeces, is to be removed or debulked directly into the toilet or sluice prior to placement in bag or washing machine.
- Soiled laundry to be placed in a leak proof laundry bag and securely fastened
- In the home items soiled can be laundered in the usual manner
- Do not hold used laundry close to your body
- Take linen skips to the point of use and do not overfill

### STORAGE

- Clean and dirty laundry is to be transported, processed and located in separate areas
- Storage areas, trolleys, vehicles are to be cleaned regularly
- Clean laundry should be used on a rotational basis

### LAUNDERING and LAUNDRY FACILITY

- In our residential setting water machine washing temperature and detergent ensures adequate cleaning and thermal disinfection through chemical usage
- Consumers to be supervised or educated on the correct use of machine
- Laundries to have routine cleaning, pest and maintenance programs
- Laundries to be designed to promote air movement from clean to dirty and to prevent clean laundry being contaminated by used, soiled laundry or equipment
- Washing machines not to be overfilled and to be well maintained.
WASTE MANAGEMENT

- Waste management involves waste minimisation as well as safe and efficient disposal of waste directly into disposal/wheelie bin.
- Standard precautions to be applied
- Avoid unnecessary handling and bags to be held away from body
- Waste should not be compacted by hand
- Removal of waste is to comply with local council by-laws and state legislation

Waste is to be appropriately segregated at the point of generation into the following categories for disposal.

TYPES OF WASTE INCLUDE:

CLINICAL WASTE – Container colour YELLOW - Includes:
- Discarded sharps – syringes, stitch cutters, razor blades in an approved container
- Wound dressing products
- Human tissues including material or solutions containing free-flowing blood
- Laboratory and associated waste directly involved in specimen processing

RELATED WASTE - Includes:
- Cytotoxic waste includes the drug and material associated with preparation or administration of cytotoxic drugs and disposed of into a PURPLE container.
- Pharmaceutical waste includes expired, unused and contaminated medications, solutions or creams
- Chemical waste – solvents and disinfectants
- Radioactive waste – container colour RED

GENERAL WASTE – Includes:
- Waste that does not fall into the above categories. It forms the bulk of waste generated by households and health care facilities and is suitable for landfill.

RECYCLABLE WASTE – Container colour GREEN, GREEN/YELLOW
This assists in waste reduction and is environmental best practice. It includes:
- General waste which contains paper, cardboard
STAFF HEALTH AND INFECTIOUS DISEASES

Maintenance of a safe working environment for staff and consumers requires co-ordination between management, health care workers and support services to minimise the risk of transmission disease and spread of infection.

VACCINATIONS

Optimal use of vaccines can prevent acquisition and transmission of vaccine preventable disease and eliminate unnecessary work restriction.

- **Hepatitis B virus (HBV)** and **Influenza** are recommended to all care workers and Feros Care is responsible for costs associated with these two vaccinations.

- **HBV** – recommended to all non-immune care workers. Primary vaccination of 3 doses at 0, 1 and 6 months with post immunisation test, three months after the third dose to identify non-responders.

- **Hepatitis A virus** – Not routinely recommended unless working with children

- **Influenza** – Recommended annually for staff with direct consumer contact.

- **Measles, Mumps, Rubella, Chickenpox (Varicella)** – Recommended to non-immune care workers and no history of chicken pox or shingles.

- **Tuberculosis** – Regular Mantoux tuberculin retest for Mantoux-negative clinical contact workers and staff who are Mantoux-positive to be followed up with chest x ray and medical review.

- **Tetanus** – Recommended for gardening and maintenance staff.

SKIN CONDITIONS (Hand Dermatitis)

- **Report** hand dermatitis and skin conditions eg dry, rough, weeping and cracked skin.

- Commonly caused by incorrect hand washing and drying technique, harsh soap / detergent and use of gloves.

- **Reduce** the use of gloves where possible, change gloves frequently, avoid powdered gloves, change glove type (latex or vinyl)

- **Remove** gloves as soon as practicable and wash hands following removal.
HEPATITIS A (HAV)
- Transmitted person to person via faecal oral route. Handwashing to be reinforced.
- Staff infected with HAV should be excluded from work until one week after the onset of jaundice.
- Prevention of transmission through standard precautions, reviewing food handling procedures, compliance with food hygiene standards and personal hygiene practices.

HEPATITIS B (HBV)
- A blood borne virus transmitted by direct contact with blood and body fluids from a person with acute infection or a chronic carrier.
- Staff who are likely to perform exposure prone procedures have a responsibility to know their HBV health status.
- Vaccination, standard precautions, management of exposure incidents, cleaning and sterilisation protocols prevent transmission.

HEPATITIS C (HCV)
- A blood borne virus transmitted by direct contact with blood and body fluids from a person acutely and chronically infected.
- Staff who are likely to perform exposure prone procedures have a responsibility to know their HCV health status.
- Standard precautions and risk reduction strategies to reduce occupational exposure to blood and body fluids and contaminated sharps prevent transmission.
- Currently active immunisation is not available.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)
- HIV is blood borne virus transmitted by direct contact with blood and body fluids.
- Staff who are likely to perform exposure prone procedures have a responsibility to know their HIV health status.
- Transmission is prevented by standard precautions and additional precautions for consumers with HIV and an opportunistic infection eg, pulmonary tuberculosis, risk reduction strategies to reduce occupational exposure to blood and body fluids and contaminated sharps.
- Active immunisation is not available. However Post-exposure prophylaxis (PEP) is available with a combination of medications to be taken as soon as possible following exposure.

INFLUENZA
- Annual influenza vaccine reduces risk of infection, prevents transmission from staff to consumers with immunodeficiency, and reduces absenteeism.
- Predominantly transmitted by respiratory droplet and direct contact with contaminated hands and fomites eg, towels, cups, tissues.
- Prevention and control by compliance with standard precautions and vaccination
- Influenza virus is shed for up to 5 days beyond the onset of symptoms. Staff to be deployed elsewhere to avoid consumer contact.
CHICKENPOX and SHINGLES (VARICELLA – ZOSTER VIRUS)
• Transmitted by direct, indirect contact, droplet, airborne or vesicle discharge from shingles.
• Prevention and control is by standard and additional precautions. Staff to ensure vaccination or have evidence of immunity.
• Staff diagnosed with Shingles or Herpes Zoster are regarded infectious for up to 1 week after rash appears.
• If shingles are disseminated or located in areas unable to be covered, staff to be excluded from work until all lesions have dried and crusted.
• Staff diagnosed with chickenpox are to be excluded from work for 5 to 7 days after vesicles appear.

GASTROINTESTINAL INFECTIONS
• Acute infection is defined as vomiting and/or diarrhoea, (>3 loose stools in a 24 hour period) with or without associated symptoms of fever, nausea, abdominal pain.
• Transmitted by contact, oral–faecal route and airborne transmission of viral gastrointestinal infections.
• Cross infection from consumer to consumer from the contaminated environment and hands of staff.
• Staff who have consumer contact or handle food, are to be excluded from work until diarrhoea has resolved. Staff who handle food are not to return to food handling duties for a further 48 hours after symptoms have resolved.
• Excretion of the infecting agent may continue following cessation of symptoms.
• Compliance with handwashing technique and personal hygiene practices will reduce cross infection.

SCABIES
• Transmission is skin to skin contact with an infected person and can result in cross transmission between staff and consumers.
• Defined as papules, vesicles or tiny linear burrows containing mites and eggs. Norwegian scabies causes dermatitis and crusting.
• Intense itching at night or after a hot bath / shower may not start until 2 to 6 weeks after infestation
• Skin scrapings will facilitate an early and accurate diagnosis.
• Staff to adhere to standard precautions, (contact precautions to continue until skin scraping is negative), and follow pharmacists / manufacturers directions in applying treatment.
• Laundering of linen and clothing used in the last two days and to be done at the time of treatment.

FUNGI
There are two forms: moulds and yeasts.

Moulds include:
• histoplasmosis – spread from contaminated soil
• tinea, including
  • tinea pedis – athlete’s foot
- tinea corporis – ringworm
- tinea capitus – ringworm of the scalp
- tinea unguium – nail fungus

Yeast include:
- candidiasis – causes (skin and mouth), vaginitis and endocarditis
- thrush – monilia

Fungi are usually opportunistic. They can cause disease when the host’s normal flora can no longer balance the growth.

**EXPOSURE TO BLOOD and BODY FLUIDS**

*Adherence to infection control practices, including standard precautions remain the first line of protection for staff against occupational exposure to blood borne viruses.*

Risk assessment is based on type of exposure and amount of infectious material involved.

Exposure is categorised as No Exposure, Doubtful, Possible, Definite and Massive.

Following exposure the following should be done immediately or as soon as possible:

1. If the exposure involves a cut or puncture of the skin encourage bleeding, wash area with running water and soap. If no running water use an alcoholic hand rub.

2. If eyes are contaminated, rinse them while open, gently with water or normal saline for at least 30 seconds.

3. If blood or other body fluids get in the mouth, spit them out and rinse mouth with copious water or normal saline.

4. Remove clothing if contaminated and shower if appropriate.

5. Dispose of sharps in the appropriate manner

6. Report incident to appropriate person, maintain confidentiality, document on relevant incident form, refer to medical officer / hospital where access to antiretroviral medication is available.
# SHARPS INJURY AND EXPOSURE TO BODY FLUIDS

## 1 Policy Statement

Feros Care is committed to preventing injuries involving exposure to body fluids in the workplace.

## 2 Interpretation

2.1 Exposure to bodily fluids can occur through sharps injuries or the transmission of fluids via open wounds on the skin or transmission through mucous membranes.

2.2 Sharps include needles, pins, broken glass, lancets etc. A sharps injury occurs when the skin is accidentally punctured.

2.3 Injuries involving body fluid exposure have the potential to transmit blood-borne diseases including Human Immunodeficiency Virus (HIV), Hepatitis B (HBV) and Hepatitis C (HCV).

2.4 Health care workers are at increased risk of body fluid exposure because of the nature of their work.

2.5 Sharps and body fluid injuries represent a serious Occupational Health and Safety (OHS) issue (see the OHS Policy).

2.6 Feros Care will ensure that appropriate infection control and hazardous waste management procedures are in place to minimise the risk of body fluid injuries among staff (see relevant policies).

2.7 Staff will take appropriate precautions when handling sharps and working with body fluids to minimise the risk of injury. See the Infection Control Policy.

2.8 Feros Care will encourage all staff whom may come into contact with blood or body fluids to be vaccinated against Hepatitis B.

2.9 All staff will receive prompt and appropriate support and intervention from Feros Care in the event of a sharps injury or body fluid exposure incident.

2.10 The Body Fluid Exposure Procedure in Attachment A must be followed in the event of an injury.

2.11 Staff will be encouraged to access the NSW Needlestick Injury Hotline on 1800-804-823 for confidential advice and counselling.

## RELATED STANDARDS

- Residential: 4.2, 4.5
- Community: 3.3, 8.2, 8.3
- HACC: 3.3
- DVA: 4
- Disability: 8, 8.1
- Children: 7, 8

## VERSION CONTROL

- Implemented: 1 May 2006
- Update:
- Review Date: 1 May 2009
2.12 Any sharps injuries or incidents that involve exposure to body fluids must be reported according to the Incident and Hazard Reporting and Management Policy.

2.13 Any injury of this nature will be referred within 24 hours to RiskCover in ensure appropriate workers compensation assistance and support (see the Workers Compensation Policy).

2.14 Information about the prevention and reporting of sharp injuries will be included in staff orientation sessions and made part of ongoing training and development activities.

3 Procedure(s)

Attachment A  Body Fluid Exposure Procedure

4 Source and Related Documents

Occupational Health and Safety Policy
Infection Control Policy
Management of Hazardous Wastes
Incident and Hazard Reporting and Management Policy
Worker’s Compensation Policy

5 Monitoring Mechanisms

- Number of sharps and/or body fluid exposure injuries reported.
- Evidence of injury prevention training in staff education activities.

6 Key Words

Injury, exposure, infection, disease.

7 Endorsement

________________________________________  ____________________________
Chief Executive Officer                  Date
BODY FLUID EXPOSURE PROCEDURE

Ensure that standard and additional precautions are used when it is anticipated that exposure to blood and body substances may occur.

Utilise standard infection control principles including the following:
- Utilise personal protective equipment (gloves, gowns and eyewear).
- Don't bend or snap used needles.
- Never re-cap a used needle.
- Place used needles into a clearly labelled bio-hazard sharps approved container.
- Remember that effective hand washing remains the most important aspect in breaking the infection chain. Hand washing should be repeated upon the removal of gloves.
- Obtain a Hepatitis B vaccination for added protection.

Immediate Injury Management
- Wash the wound with soap and water.
- If soap and water aren't available, use alcohol-based hand rubs or solutions.
- Notify the Service Manager or OHS Officer.
- Contact the NSW Needlestick Injury Hotline on 1800-804-823, if necessary.
- Make immediate arrangements to attend a Medical Practitioner or hospital.
- Document the incident using the Incident/Accident Form.
- Commence worker’s compensation claim procedures.

During the Medical Consultation
- Take detailed information about the injury, including how long ago it happened, how deeply the skin was penetrated, whether or not the needle was visibly contaminated with blood and any first aid measures used.
- Use the Incident/Accident Form as a source of reference.
- Discuss the risk of transmission which in most cases is minimal.
- Conduct a blood test recommended within 72 hours of the incident to identify any detectable exposure.
- Consider contacting the source of the body fluid and ask their consent to conduct blood tests to check their HIV, HBV and HCV status.
- Seek advice about reducing the risk of transmission until the blood test results are known (including practising safe sex and avoiding blood donations).
- Consider the use of post exposure prophylaxis depending on source information. This may involve referral to an infectious diseases specialist for treatment.
- Identify the medical consultation as a worker’s compensation claim.
- Obtain appropriate medical certificates prior to return to work.

Feros Care will offer counselling and support to the staff person.

The Service Manager will ensure that appropriate OHS action has been taken to prevent the reoccurrence of the incident and manage evident hazards.

Incorporate the incident into staff education and training, where appropriate.
CLEANING EQUIPMENT

COLOUR CODING

INFECTIOUS / ISOLATION AREAS

TOILETS / BATHROOMS /
DIRTY UTILITY ROOMS

FOOD SERVICE / PREPARATION AREAS

GENERAL CLEANING