

CC39 Infection Control

Purpose

1. To outline practices required to effectively prevent, manage and control healthcare associated infections (HAIs), in order to minimise the adverse health impacts on SAVVY participants and reduce the burden of HAIs.

Alignment with Practice Standards

1. Module 2: Provider Governance and Operational Management
2. Module 3: Provision of Supports
3. High Intensity Daily Personal Activities

Legislative Alignment

1. National Disability Insurance Scheme Act 2013
2. Work Health and Safety Act 2011 (Cth)
3. Work Health and Safety Regulations 2011 (Cth)
4. Health Practitioner Regulation National Law Act (NSW)
5. Public Health Act (NSW) 2010
6. Food Act (NSW) 2003
7. Privacy Act 1988 (Cth)
8. Health Records and Information Privacy Act (NSW) 2002
9. Therapeutic Goods Act 1989 (Cth)
10. Schedule 3 – Code of Conduct of the Public Health Regulation (NSW) 2012

Key Responsible Executive

Chief Executive Officer

For More Support

Head of Multidisciplinary Care

Policy Statement

1. This policy applies to performing work for SAVVY, unless an exemption to a specific section has been issued in writing by the CEO.
2. This policy applies to all clinical staff, whether employed directly by SAVVY, on a contract, or via a sub-contract agreement providing any service, or labour for SAVVY.

3. Open disclosure is the process of providing an open, consistent approach to communicating with the participant and their carer following a participant related incident.
4. SAVVY will provide:
 - a. well designed, high quality and accessible care.
 - b. care that is relevant and supportive.
 - c. care that is clinically and culturally safe and participant focused
 - d. a safe and health working environment

Procedures

1. The use of standard precautions aims to minimise, and where possible, eliminate the risk of transmission of infection, particularly those caused by blood borne viruses.
2. Standard precautions apply to all participants regardless of their diagnosis or presumed infection status. Standard precautions must be used in the handling of:
 - e. blood (including dried blood)
 - f. all other body fluids/substances (except sweat), regardless of whether they contain visible blood
 - g. non-intact skin
 - h. mucous membranes
3. Standard precautions consist of the following practices:
 - e. hand hygiene before and after all patient contact
 - f. the use of personal protective equipment, which may include gloves, impermeable gowns, plastic aprons, masks, face shields and eye protection
 - g. the safe use and disposal of sharps
 - h. the use of aseptic "non-touch" technique for all invasive procedures, including appropriate use of skin disinfectants
 - i. reprocessing of reusable instruments and equipment
 - j. routine environmental cleaning
 - k. waste management
 - l. respiratory hygiene and cough etiquette
 - m. appropriate handling of linen
4. Standard precautions are the minimum infection prevention and control practices that must be used at all times for all participants in all situations.
5. **Hand hygiene**
 - e. Hand hygiene is considered one of the most important infection control measures for reducing the spread of infection. Hand hygiene is a general term that refers to any action of hand cleansing, such as handwashing or handrubbing.
 - f. Microorganisms are either present on hands most of the time (resident flora) or acquired during healthcare activities (transient flora). The aim of hand hygiene is to reduce the number of microorganisms on your hands, particularly transient flora which may present the greater risk for infection transmission.
 - g. **Handwashing:** Hands should be washed with soap and water when visibly soiled and after using the toilet.
 - h. **Handrubbing:** Handrubbing with an alcohol-based hand rub (ABHR) is the preferred method for hand cleansing in the healthcare setting when hands are not visibly soiled. ABHRs are more effective against most bacteria and many viruses than either medicated or non-medicated soaps. ABHRs are also less drying on hands than washing hands with

soap and water, and consequently cause less irritation to the skin. ABHRs should be applied to dry hands.

- i. The 5 Moments for hand hygiene, or times when hand hygiene should be attended to, was developed by the World Health Organisation (WHO). The 5 moments are:
 - i. before touching a participant
 - ii. before performing a procedure
 - iii. after a procedure or exposure to body fluids/substances
 - iv. after touching a participant
 - v. after touching the environment around a participant.

6. Personal protective equipment (PPE)

- e. PPE protects the workers from exposure to blood and body fluids/substances. PPE that complies with relevant Australian Standards is readily available to SAVVY workers.

f. Gloves

- i. The use of gloves should not be considered an alternative to performing hand hygiene. Hand hygiene is required before putting on gloves and immediately after removal.
- ii. Wear gloves (single-use non-sterile) when there is the potential for contact with blood, body fluids/substances, mucous membranes or non-intact skin.
- iii. Sterile gloves are only required for certain invasive procedures, otherwise non-sterile gloves may be used if an aseptic non-touch technique is used.
- iv. Change gloves between tasks and procedures on the same participant. Gloves should be removed immediately after a procedure and hand hygiene performed so as to avoid contaminating the environment, the participant, or other people within the home.
- v. Gloves used for healthcare activities are to be single-use only. ABHR should not be used on gloves to decontaminate them, nor should gloves be washed with soap and water and continued to be used

g. Gowns and aprons

- i. Wear an apron or gown to protect skin and prevent soiling of clothing during procedures and participant care activities that are likely to generate splashing or sprays of blood, body fluids, secretions or excretions, or cause soiling of clothing.
- ii. Select a gown or apron (i.e., long or short sleeves) that is appropriate for the activity and the amount of fluid likely to be encountered. If an apron is used, staff should ensure they are “bare-below-the-elbows”.
- iii. Remove the used gown as promptly as possible and roll it up carefully and discard appropriately.
- iv. Perform hand hygiene immediately after removal.

h. Masks, eye protection, face shields

- i. Wear a mask and eye protection, or a face shield to protect mucous membranes of the eyes, nose and mouth during procedures, patient-care activities and cleaning procedures that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions.
- ii. Remove the mask by holding the ties only and dispose of the mask into a waste bin.
- iii. Perform hand hygiene immediately after removal.

7. Environmental control

- e. Ensure procedures for the routine care, cleaning and disinfection of environmental surfaces, beds, bedrails, bedside equipment and other frequently touched surfaces, and that these procedures are being followed.

8. Transmission-based precautions

- a. Transmission-based precautions (TBPs) are used in addition to standard precautions when standard precautions alone may be insufficient to prevent transmission of infection. TBPs are used for patients known or suspected to be infected or colonised with epidemiologically important or highly transmissible pathogens that can transmit or cause infection.
- b. TBPs are not required for patients with bloodborne viruses, such as HIV, hepatitis B virus or hepatitis C virus.
- c. The type of TBPs applied is based upon the mode of transmission of the pathogen. For diseases that have multiple routes of transmission, more than one TBP category is applied.
- d. The following are the routes of transmission.
 - i. airborne transmission, e.g. pulmonary tuberculosis, chickenpox, measles
 - ii. droplet transmission, e.g. influenza, pertussis (whooping cough), rubella
 - iii. contact transmission (direct or indirect), e.g. viral gastroenteritis, Clostridium difficile, MRSA, scabies
- e. TBPs should be tailored to the particular infectious agent involved and the mode of transmission.

References to other SAVVY policies

1. Nil

References to other external materials

1. Nil

Supporting documentation

1. NSW Infection Prevention and Control Practice Handbook

Version Control

1. 1 April 2023 - New Policy Creation