

Infection control

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Introduction

An infection is a disease or illness caused by microorganisms (infectious agent) such as bacteria, viruses, fungi and parasites. People with disability are often at a greater risk of infection particularly if they have a chronic disease or are frail. This policy aims to reduce the risk of infection both to participants and to workers.

Infections require three main elements to spread:

- a source of the infectious agent
- a mode of transmission, and
- a susceptible host.

This is the chain of infection and breaking the chain of infection helps to stop the spread of disease. Common modes of transmission include contact, droplet and airborne. Some disease can spread by more than one mode of transmission, e.g. flu can be spread by droplet or contact.

When supporting people with disability, PPE (personal protective equipment) is often used and depending on the support need can include:

- gloves
- gowns or aprons
- face masks
- protective eyewear.

Applicability

When

- applies at all times.

Who

- applies to all workers including key management personnel, full time workers, part time workers, casual workers, contractors and volunteers.

Documents relevant to this policy



Infection control policy (easy read)

Infection prevention

Stopping the spread of infection is everyone's responsibility and includes:

- practicing good hand hygiene

- following respiratory hygiene/cough etiquette
- wearing PPE (personal protective equipment) where required
- correctly handling medical devices
- correctly cleaning and managing spills
- correctly handling food, waste and linen.

Hand hygiene

Hand hygiene is the single most important factor in reducing the spread of infections. Hand hygiene must be performed at the right moments. Hand hygiene can be performed either by washing hands with soap and water or using an alcohol-based hand rub.

The five moments for hand hygiene:

1. before touching a participant or their surroundings
2. before a procedure or where there is risk of being exposed to body fluids
3. after a procedure or body fluid exposure risk
4. after touching a participant
5. after touching a participant's surroundings (e.g. bed, linen).

Additionally, hand hygiene should always be performed:

- before putting on gloves
- after removing gloves
- before touching food and eating
- after going to the toilet
- after lunch breaks or other breaks
- after blowing your nose or coughing
- after handling waste
- after handling unwashed linen or clothing
- after handling animals
- when your hands are visibly dirty.

Respiratory hygiene/cough etiquette

Covering sneezes and coughs prevents infected people from dispersing droplets into the air where they can spread to others. Practicing good respiratory hygiene means:

- covering your nose and mouth with a tissue when you cough, sneeze, wipe or blow your nose
- if no tissues are available, cough or sneeze into your elbow rather than your hand
- encouraging participants to use tissues when they sneeze or cough
- providing the means for prompt disposal of used tissues in general waste
- encouraging participants to practice hand hygiene
- making alcohol-based hand rub available.

PPE - gloves

Gloves should be worn:

- for procedures with a risk of exposure to blood or body substances i.e. assisting a participant with toileting, urinary catheter care or when dressing wounds

- when touching equipment or surfaces that may come into contact with blood or body substances
- when performing blood glucose monitoring
- when performing oral suctioning
- when caring for participants who have an infection spread by contact
- if the worker has broken skin
- when preparing food.

Remember:

- gloves are not used instead of hand hygiene
- perform hand hygiene before and after using gloves
- remove gloves when a care activity is finished, change gloves before starting a different care activity
- dispose of used gloves immediately
- do not use multiple gloves at the same time

Types of gloves include:

- sterile—used for procedures where there is contact with susceptible sites (urinary catheter care) or where aseptic technique is required (wound care or managing a tracheostomy)
- non-sterile—used when emptying a urinary catheter bag or assisting a participant with toileting
- reusable utility—used for non-care activities such as cleaning.

PPE - gowns and aprons

Waterproof gowns or aprons are used to stop contamination of workers' clothes and skin such as when there is risk of splashes or sprays of blood or body fluids (e.g. vomiting or diarrhoea). When using gowns or aprons:

- perform hand hygiene before and after using them
- gowns must fully cover the torso from neck to knees, arms to end of wrists and adequately wrap around the back with all tie fastenings tied at the back
- remove and dispose of gowns as soon as care is completed
- plastic aprons can be used:
 - when cloths may be exposed to blood or body fluids but low risk that arms will be contaminated
 - when the worker's clothes might get wet (e.g. showering a participant)
 - only once and then disposed of as soon as care is complete.

PPE - face masks

Face masks protect a worker's nose and mouth from exposure to infectious agents and are used if there is a risk of:

- droplets or aerosols (e.g. from coughs or sneezes)
- splashes or sprays of blood or body fluids (e.g. when providing complex wound care or urinary catheter care).

Face masks protect the wearer when caring for participants who have an infection spread by droplet or airborne route. Face masks can also be worn by participants who are coughing, especially if they are unable to cover their mouth (both only if wearing the face mask will not cause the participant distress).

When using face masks:

- check the manufacturer's instructions before use
- don't touch the front of the mask with your hands once the mask is in place
- use the mask for the care of one person only and change if a care activity is taking a long period of time
- don't leave the mask dangling around your neck

- when the care activity is complete, discard mask and perform hand hygiene.

PPE - protective eyewear

Protective eyewear protects a worker's eyes from exposure to infectious agents when there is a risk of:

- droplets or aerosols (e.g. from oral suctioning)
- splashes or sprays or blood or body fluids (e.g. when emptying urinary catheter bags).

Protective eyewear protect the wearer when caring for participants who have an infection spread by droplet or airborne route.

When using protective eyewear:

- remember that the outside of the eyewear is contaminated
- when care is complete, remove eyewear using the headband or ear pieces
- clean eye shield after each use with detergent and water and allow to dry
- if eyewear is single use, dispose after completion of care activity.

Handling medical devices

When supporting participants such as with urinary catheters or tracheostomy, good practices are vital to protect both the participant and the worker from risks of infection. When supporting participants with medical devices:

- always perform hand hygiene before any contact with the device or where the device enters the participant's body
- wear PPE if there is risk of exposure to blood or body fluids
- touch the device as little as possible
- remember that the longer a device is in place, the greater the risk of infection
- medical devices designed for single use must not be used multiple times—always follow manufacturer's instructions.

Cleaning

Cleaning is an important part of stopping the spread of infection and depends on the objects involved and risk of contamination. When cleaning:

- most surfaces can be adequately cleaned with warm water and detergent as per manufacturer's instructions
- allow cleaned surfaces to dry completely
- detergent solution followed by disinfectant may be appropriate when an infection is known or suspected.

Managing spills

Prompt clean-up of spills (e.g. vomit or diarrhoea) helps to stop infectious agents spreading from the environment to people. When managing spills:

- select the appropriate PPE (e.g. gloves and other equipment) depending on the size of the spill
- immediately wipe up spots and spills smaller than 10cm or cover larger spills with absorbent material
- dispose of contaminated cleaning materials
- clean with detergent solution and consider following with disinfectant for infectious or larger spills

- always perform hand hygiene.

Food handling and preparation

Safe food handling is important to prevent food-borne illness. When handling food:

- workers must advise their supervisor if suffering from diarrhoea, vomiting, fever, sore throat with fever or jaundice, seek medical advice and not return to work until free of symptoms for 48 hours
- workers must advise their supervisor if they have infected skin lesions (e.g. infected skin sore, boil, acne or abrasion, or any discharges from the ears, nose or eyes) and seek medical advice
- workers must advise their supervisor if they believe any food is unsafe to eat
- perform hand hygiene before handling food or putting on gloves
- perform hand hygiene after using the toilet, smoking, coughing, sneezing, blowing nose, touching face, nose, ears or mouth, handling rubbish or after cleaning
- avoid unnecessary contact with ready-to-eat foods
- cover hair and tie back long hair
- secure hair clips, hair pins, buttons on clothes, jewellery and bandages
- ensure bandages or dressings on any exposed parts of the body are covered with a waterproof covering
- do not sneeze, blow, cough over unprotected food or surfaces likely to come into contact with food
- do not eat over unprotected food or surfaces likely to come in contact with food
- do not spit, smoke or use tobacco or similar preparations in areas where food is handled
- do not touch food after touching earrings, body parts (hair, nose, ear, eye), skin lesions, saliva, mucus, sweat, blood or money without first performing hand hygiene
- do not wear gel, acrylic or false fingernails, jewellery or lanyards that may come into contact with food.

When preparing food:

- keep hot food hot and cold food cold
- use separate storage, utensils and preparation surfaces for cooked and uncooked foods
- wash all utensils and preparation surfaces thoroughly with hot water and detergent after use.

Handling linen

To avoid spreading infectious agents from used linen:

- wear gloves and disposable gown/apron when handling linen of participants who have an infection
- take laundry basket to the bedside and put linen directly in the basket
- place linen soiled with blood or urine or other body fluids into leak-proof laundry bags—do not carry soiled linen
- don't sort or rinse used linen in areas used to provide support to participants
- perform hand hygiene after handling linen
- store clean linen in a clean dry place, separate from used linen.

Transporting participants

When transporting participants, care is required to reduce the risk of spreading infection. When transporting participants:

- perform hand hygiene before and after transport
- if a participant has a respiratory illness, encourage them to wear a mask and to perform respiratory hygiene/cough etiquette
- contain and cover any infected areas of the person's body.

Exposure to blood or body fluids

If a worker comes in contact with blood or body fluids (e.g. on unprotected clothes or skin):

- flush the area with running water
- wash the area with soap and water
- report the incident to key management personnel
- record the incident as per the Manage incident internally process
- seek medical advice.

If any clothes are contaminated, rinse the item under running water, soak in a bleach solution, then wash separately from other clothing or linen with hot water and detergent.

Infection control responsibilities of key management personnel

- practicing hand hygiene at all times
- practicing respiratory hygiene/cough etiquette
- ensuring workers are trained in the correct practices to reduce risk of infection
- ensuring appropriate PPE is available to workers when required
- auditing of infection control policy and practices.

Infection control responsibilities of workers

- practicing hand hygiene at all times
- practicing respiratory hygiene/cough etiquette
- wearing PPE when required
- advising key management personnel and seek medical advice if they are suffering from diarrhoea, vomiting, fever or have infected skin lesions
- advising key management personnel if they notice anything that might increase the risk of infection e.g. inadequate cleaning or a participant who is unwell.