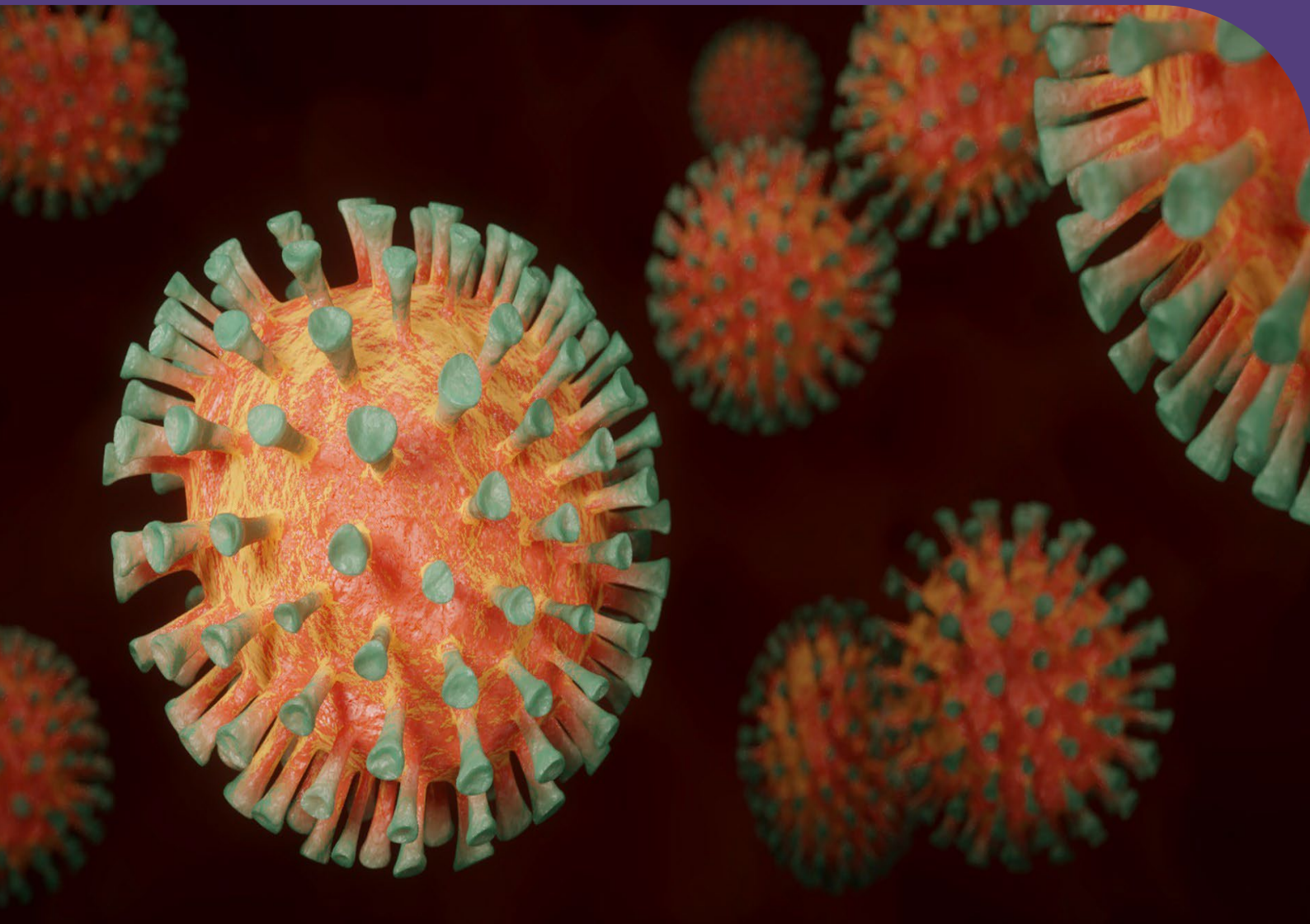


Infection Control Procedure (24)



Catholic
Safety & Injury
Management
South Australia



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1. PURPOSE

To provide guidance on infection control principles, so as to prevent or minimise the risk of exposure to infections.

2. SCOPE

This procedure applies to all workers under the Catholic Church Endowment Society Inc. (CCES).

3. DEFINITIONS

Definitions can be found on the [Catholic Safety & Injury Management Website](#).

3.1. Information

Nil

4. RESPONSIBILITIES

Specific responsibilities for carrying out certain actions required by the CCES, have been allocated to particular position holders within the organisation. Such responsibilities are consistent with the obligations that the legislation places on officers, managers, supervisors, workers and others in the workplace.

Responsibility, authority and accountability processes have been defined in [Responsibility, Authority & Accountability Procedure \(12\)](#), and summarised in:

- [Responsibility, Authority & Accountability Matrix – Workers \(025G\)](#);
- [Responsibility, Authority & Accountability Matrix – Managers & Supervisors \(023G\)](#);
- [Responsibility, Authority & Accountability Matrix – Officers \(024G\)](#); and
- [Work Health & Safety and Injury Management Policy](#).

You are required to familiarise yourself with this procedure in order to understand the obligations that you may have in relation to its implementation and to carry out your assigned actions and responsibilities.

This Procedure is to be read in conjunction with your Organisational Policies and / or Procedures.

5. PROCEDURE

5.1. Standard Precautions

Standard precautions are work practices that are used consistently to achieve a basic level of infection prevention and control. Standard precautions include:

- hand hygiene;
- personal protective equipment (PPE) as appropriate (e.g. mask, goggles, face shield, gloves, gown);
- respiratory hygiene and cough etiquette;
- standard aseptic technique safe management of sharps and other clinical waste;



- environmental controls such as design and maintenance, cleaning and spills management;
- support services such as waste disposal, laundry and cleaning services;
- effective reprocessing of reusable equipment and instruments and appropriate use of cleaning products.

Standard precautions are used when workers are likely to be in contact with:

- blood;
- other body fluids, secretions or excretions, except sweat (e.g. urine and faeces);
- non-intact skin;
- mucous membranes.

5.2. Transmission Based Precautions

Transmission Based Precautions are applied in addition to standard precautions. The aim of instituting early transmission-based precautions is to reduce further transmission opportunities that may arise due to the specific route of transmission of a particular pathogen.

5.3. Management of Communicable Disease (Disease outbreak)

Infectious diseases can spread in a variety of ways:

- through the air, from direct or indirect contact with another person;
- soiled objects;
- skin or mucous membrane;
- saliva, urine, blood and body secretions;
- through sexual contact; and
- through contaminated food and water.

Where the impacts of a communicable disease are national, state-wide or localised the organisation will keep informed of any health authority public health alerts (e.g. SA Health Alerts).

All known communicable disease sources in the workplace, exposures and outbreaks must be reported to your manager / supervisor. If unsure of what to do when notified of a communicable disease please contact the Communicable Disease Control Branch at SA Health on 1300 232 272 or email HealthCommunicableDiseases@sa.gov.au. For information about infectious diseases refer to SA Health website: [Health Topics A-Z – Infectious diseases](#).

5.3.1. Pandemics

A pandemic is the worldwide spread of disease. Outbreaks of new infectious diseases can cause more severe illness than other diseases already circulating in the population due to a lack of immunity to the new disease. This lack of immunity may also increase the pandemic potential of the new disease.



Effective development and implementation of risk control measures will depend on good consultation and communication with workers. Workplace measures to minimise disease transmission and prevent infection are based on an understanding of how the disease is transmitted from person to person.

The worksite will follow the directions of the Australian Government Department of Health & South Australian Government directives at the time of the outbreak.

5.4. Exclusion Periods (Isolation)

The spread of certain infectious diseases can be reduced by excluding a person (worker or others), known to be infectious, from contact with others who are at risk of catching the infection. Workers who have an infectious disease must not attend work, and should inform their manager / supervisor as soon as practicable to minimise risk of spreading the infection. Exclusion periods (isolation) are based on the time that a person with a specific disease or condition might be infectious to others.

Assistance to determine exclusion periods can be obtained via [SA Health Infectious Diseases Exclusion](#).

5.5. Management of Multi-Resistant Organisms

Multi-Resistant Organisms (MROs) are a group of infections resistant to antibiotics. The prevention of infection with antibiotic-resistant bacteria involves the simultaneous application of a number of strategies including:

- diligent hand hygiene practices, including alcohol-based hand rubs at point of care;
- application of personal protective equipment when performing care activities;
- appropriate cleaning and disinfection of surroundings and medical equipment;

Effective hand hygiene is the most important measure to prevent and control the spread of MROs. Rigorous adherence to hand hygiene is also integral to any outbreak control and management program.

For more information SA Health website on [MROs](#).

5.6. Controls

The following minimum controls are to be followed. Additional controls may be required as a result of the worksites hazard identification process and risk assessments.

5.6.1. Hand hygiene

We frequently touch items and surfaces within our work environment (e.g. pens, chairs, phone and door handles), and these are a potential source of infection. Good hand-hygiene practices can decrease microorganism transfer and the risk of healthcare-associated infection.



5.6.2. Liquid soap and sanitisers

- at a minimum, all sites must have liquid soap and hand sanitiser (also known as 'hand gel') available;
- bar or cake soaps, left wet, can harbour micro-organisms and therefore should not be used. Alternatives are liquid soap or antiseptic wash;
- if using pump packs it is best practice to dispose of them when empty. If a pump pack is to be reused, the container needs to be emptied and both the container and pump device thoroughly cleaned before adding a fresh hand-cleaning agent (not just 'topped up'). Topping up refillable containers can increase the risk of contamination and microbial growth occurring in the contents that thicken and dry around the top of the pump.

5.6.3. Types of hand hygiene

Routine hand cleaning for soiled hands:

Technique: • wet hands • wash with neutral liquid soap • rinse thoroughly • use paper towel to turn off taps if not 'hands free'

Duration: approximately twenty (20) seconds

Drying: Paper towel or clean, dry, single use cloth towel or clean section of roller towel when:

- before eating and smoking;
- after going to the toilet;
- before and after physical contact or when visibly soiled or perceived to be soiled; and
- after removing gloves.

Alcohol-based hand rubs:

Alcohol-based hand rubs (liquid or gel) are designed to be used without water and are easily accessible at point of care. They are suitable in circumstances where hand-hygiene facilities are not available or are inadequate (e.g. home visits, outreach clinics). Alcohol-based hand rubs are not suitable if hands are visibly dirty. If significantly soiled and handwashing facilities are unavailable, clean hands first using detergent-based wipes.

Alcohol-based hand rubs are more effective than plain or antiseptic soap and water against many pathogenic microorganisms on hands. However, efficacy is affected by the type and concentration of alcohol used, contact time, volume of product used and whether hands are wet when the product is applied. For routine hand-hygiene practices, use alcohol-based rubs that contain between 60% and 80% v/v ethanol or equivalent. Always use hand rubs and hand wipes according to the product directions.



Fragrance, colour, emollient agents, drying characteristics, risk of skin irritation and accessibility can affect acceptance of alcohol-based hand rubs.

Alcohol skin disinfectants:

Technique:

- remove soil first, using hand wipes or soap and water;
- apply alcohol-based hand rub;
- rub over all surfaces in the same manner as washing hands.

Duration: approximately twenty (20) seconds

Drying: Rub hands until dry, without wiping

When:

- before eating;
- after going to the toilet;
- before and after physical contact when hands are not visibly soiled;
- after removing gloves.

5.6.4. Respiratory Hygiene

- turn away from people when coughing or sneezing;
- cover a cough or sneeze with a tissue or arm (NOT HAND);
- dispose of tissue;
- wash hands.

5.6.5. Personal Protective Equipment

- worksite must supply and maintain appropriate PPE for workers use;
- workers to use PPE as directed by their manager / supervisor and the activities to be undertaken within the role;
- appropriate PPE to be determined through a risk assessment process.

Refer [Personal Protective Equipment Procedure \(29\)](#).

5.6.6. Management of blood and body fluid exposure

If exposed to blood or body fluids through sharps injuries or splashes into / onto mucous membranes or bare skin (intact or compromised) the following steps must be taken:

- wash the exposure site with soap and water;
- if eyes are contaminated then rinse them, while they are open, gently but thoroughly with water or normal saline;
- if blood or body fluids get in the mouth, spit them out and then rinse the mouth with water several times;
- if clothing is contaminated, remove clothing;



- inform an appropriate person to ensure that assistance can be provided;
- if the exposure involves a needle stick injury or exposure proceed without delay to a General Medical Practitioner or the nearest hospital casualty department for assessment and treatment. N.B. Where prophylaxis (preventative treatment) is required it must be commenced as soon as possible following exposure, preferably within 1-2 hours.

Subsequent action following exposure:

- seek medical treatment;
- inform WHS Coordinator / Officer as soon as is practicable;
- report the incident using the online incident data base (to be reported within 24 hours of the incident occurring);
- in the case of needle stick injuries or exposures to the eye or mouth every effort should be made to ascertain the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) status of the source.

For further information, see [SA Health Blood and Bodily Fluids](#).

5.6.6.1. Cleaning of blood and bodily fluid and spills kits.

Blood and bodily fluid spills must be cleaned promptly as follows:

- all workers must be informed of where the spill kit is located;
- blood or body fluids spills must be dealt with as soon as possible using the sites spills kit, and where possible cleaned up by the person who created the spill;
- wear gloves and other PPE appropriate to the spill / task;
- confine and contain the spill;
- clean visible matter with disposal absorbent material;
- discard cleaning materials in appropriate waste container;
- clean the spill area with a cloth or paper towel using detergent solution;
- once area has been cleaned allow area to dry thoroughly;
- professional cleaners may be used.

Depending on the site a Biological spill kit may also be required. Biological spill kit should contain the following;

- Instruction sheet
- 1 x face mask with eye shield
- 1 x polyethylene apron
- 1 x pair of nitrile gloves
- 1 x 200g sachet of absorbent material
- 1 x scoop and scraper
- 2 x waste bags with cable ties
- 1 x bottle of pH neutral detergent



- 2 x absorbent cleaning cloths

5.6.7. Medical Waste - Includes human body tissue, blood and body fluids, animal carcass

Refer to [Environment Protection Authority \(EPA\) Guidelines](#).

5.6.8. Sharps Management

Workers are at risk of occupational exposure to blood borne viruses (BBV) (including HBV, HCV and HIV) through exposure to blood, other body fluids or body tissues from an infected patient. Injuries from needles and other sharp devices carry the greatest risk of BBV transmission. The majority of occupational exposures can be prevented through an effective sharps safety program and hollow-bore needle safety program.

As an example an effective sharps safety program includes three core elements which should be implemented simultaneously:

- engineering controls, such as:
 - providing medical devices incorporating safety engineered protection mechanisms (e.g. retractable syringes or blunt-tip sutures);
 - use of sharps disposal systems that conform to Australian Standards (AS4031 Non-reusable containers for the collection of sharp medical items used in health care areas. or AS / NZS 4261 Reusable containers for the collection of sharp items used in human and animal medical applications);
 - sharps removal systems (e.g. scalpel blade removers).
- work practice controls, such as:
 - care in handling sharp devices;
 - recapping avoidance;
 - neutral sharps safety zones;
 - contaminated sharps are organised in a standardised way, until they are disposed;
 - ensuring sharps are not passed by hand;
 - clear communication, especially when passing a sharp;
 - availability at point of use sharps containers;
 - use of personal protective equipment;
 - personal consideration to double glove application during surgical procedures (e.g. reducing the risk of glove perforation);
 - establishing a responsibility practice – the person who generates the sharp is responsible for the safe disposal of the sharp;
- training, including:
 - on induction and annual education as it should not be assumed that new staff are familiar with specific devices used or policies and procedures related to sharps safety;



- the correct use of medical devices incorporating sharps protection mechanisms including demonstrated competent use of the device;
- preventative measures such as those outlined in the work practice controls section;
- the reporting, response and monitoring procedures for occupational exposures;
- introduction of a new device;
- if a member of staff sustains a sharps injury.

Additional components of an effective sharps safety program include:

- following local product complaint processes for sharps safety devices which fail to function as required (e.g. safety device fails to operate when activated);
- regularly reviewing the devices used and establish if there are any safer alternatives available;
- investigating each incident conducting a thorough, systematic root cause analysis;
- involving the manager / supervisor and workers in investigations, especially when a trend or problematic process is identified;
- partnering with senior staff, to become advocates for any change as well as safety in general;
- local occupational exposure data analysis and assessment of risks;
- a process of reporting any occupational exposure to key stakeholders.

5.6.9. Needles / Sharps

See the Management of [Dealing with Needles / Sharps Guideline \(030G\)](#).

5.6.10. Vaccination Program

Worksites are to identify vaccination programs appropriate to the risk of exposure for their workers. Worksites to arrange appropriate immunisation programs.

5.6.11. Counselling

If a serious incident occurs (e.g. exposure to a communicable disease) this may have a profound psychological impact on a worker.

Counselling offers the opportunity to explore personal / work issues in a private setting with someone who understands confidentiality. Workers may find that talking things over with a trained listener can offer a new perspective and help find ways to deal positively with difficult decisions. Refer to the site Employee Assistance Program (EAP) or consult with your WHS Coordinator for further information.

5.6.12. Information, Instruction and Training

Worksites are to ensure all workers receive up to date information and training associated with infection prevention and control.



5.7. Records

Document used to manage Infection Control as prescribed by this procedure will be produced in a format that allows tracking for verification and review and be in accordance with requirements detailed in [Document Control Procedure \(22\)](#).

5.8. Review

This procedure will be subject to a planned review by the document owner in accordance with the requirements outline in [Document Control Procedure \(22\)](#).

6. RELATED SYSTEM DOCUMENTS

6.1. Policies & Procedures

Audit Procedure (7)

Consultation Procedure (5)

Document Control Procedure (23)

First Aid Procedure (11)

Hazard Management Procedure (14)

Incident Reporting and Investigation Procedure (2)

Induction & Training Procedure (13)

Maintaining Workplace Health Procedure (1)

Personnel Protective Equipment Procedure (29)

Responsibility, Authority & Accountability Procedure (12)

WHS & Injury Management Policy

6.2. Forms & Tools

Group Legal Register (010T)

7. REFERENCES

Legislation and other requirements related to this procedure are defined in [Group Legal Register \(010T\)](#) which can be accessed via the Catholic Safety & Injury Management internet.

7.1. Internal Resources

Dealing with Needles / Sharps Guideline (030G)

Responsibility, Authority & Accountability Matrix – Managers & Supervisors (023G)

Responsibility, Authority & Accountability Matrix – Officers (024G)

Responsibility, Authority & Accountability Matrix – Workers (025G)



7.2. External Resources

Government of South Australia SA Health

AS 4031 Non-reusable containers for the collection of sharp medical items used in health care areas.

AS/NZS 4261 Reusable containers for the collection of sharp items used in human and animal medical applications

8. AUDITABLE OUTPUTS

The following examples of records will be used to verify implementation of this procedure:

- Incident Reporting
- Risk Assessments
- Training
- Immunisation Records
- EAP displayed
- Spill kits available



9. VERSION CONTROL & CHANGE HISTORY

Version	Approved by	Approved Date	Reason for Development of Review	Next Review Date
V3	Sector Forums	May 2014	Legislation – new WHS Act	2017
April 2015 – Document consolidated across CCES sectors				
V1	Executive Manager CSHWSA	24/04/2015	Procedure consolidation	2017
V2	Executive Manager CSHWSA	05/01/2017	Procedure review	2020
V3	Executive Manager CSHWSA	22/01/2021	Reviewed content, Reformatted template, Renumbered.	2024
V3.1	Director CSaIM	23/07/2024	Renumbered from 25 to 24, updated procedure numbers.	2024

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