


Policy Number	Policy Title	
Infection Control Policies		
General		
200	Infection Control	
202	Summary Guidelines	
203	Staff illness policy	
Diseases and Infections		
210	Gastro-intestinal illness contingency plan	
215	Influenza Illness Contingency Plan	

Infection Control Policies and Procedures

Policy No.	200
Subject:	<u>Infection Control</u>
Last reviewed:	June 2018
Developed by	Director of Nursing



PURPOSE

To outline the responsibilities of staff and Management in maintaining a safe and effective infection control program.

POLICY

Management accepts its Duty of Care to provide a safe and healthy working environment for our employees. We also recognise our common law Duty of Care to ensure the prevention and control of infection for all stakeholders. The Director of Nursing of the respective area is the Infection Control Coordinator

Each employee must take reasonable care to protect his/her own health and safety and the safety of others within the facility.

PROCEDURE

Management will:

- Establish and practice infection control guidelines.
- Maintain adequate physical facilities, waste management methods and appropriate equipment to control the spread of harmful micro-organisms.
- Monitor infections within the facility using infection control surveillance program.
- Inform Staff of risks that they may face in the course of their employment and utilise Staff input to resolve risk situations.
- Provide education, information, instruction, training, guidance and supervision to ensure that safe work practices are carried out to minimise the spread of infection eg. hand-washing and standard precautions and training in use of equipment.
- Maintain an awareness of new vaccines becoming available to protect Staff and to initiate procedures to ensure that those at risk are fully vaccinated.
- Ensure that all Staff are informed about the rights and responsibilities of the residents.
- Maintain the confidentiality of medical information.
- Provide access to support services for Staff who are concerned as a result of exposure to a potential hazard.

The Employee must:

- Carry out their duties in a responsible manner consistent with instructions given (Policies and Procedures) in relation to health and safety.
- Use equipment for health and safety purposes.
- Assist with the maintenance of a clean and safe environment.
- Adhere to policies and procedures that guide work performance to prevent the spread of infection.
- Notify the employer should their infection status pose any risk to residents or co-workers.
- Maintain confidentiality of information about residents within the facility. (Failure to uphold this is not only a breach of faith but may involve the employee in legal proceedings).

Note: The Village Baxter utilises the Industry Standard Oates Colour Coding Guide, Blue for general cleaning, Red for wet areas, Green for Kitchen and Yellow for infectious areas.

RELATED POLICIES AND DOCUMENTS

Additional infection control information can be found on the following Australian Government website
<https://www.nhmrc.gov.au/guidelines-publications/d1034>

Infection Control Policies and Procedures

Policy No.	202
Subject:	<u>Summary Guidelines</u>
Effective Date:	June 2018
Developed by	Director of Nursing



PURPOSE

The Infection Control Summary Guidelines provide Staff with a basic understanding of The Village Baxter Infection Control Program.

POLICY

Thorough hand washing before and after each resident contact is the best defence against transmission of infections.

Effective infection control is a basic and essential component of the safe environment and in providing optimum resident care. Our infection control program is developed to:

- Reduce the risk of infection to residents, staff and visitors,
- To monitor the effectiveness of such practices by establishing an infection control surveillance program,
- Implement a course of management and intervention should an infectious outbreak occur,
- To provide in-service education for all staff on hygiene and infection control practice,
- To regularly review infection control policies to ensure that methods and practices are efficient and current.
- All staff must be familiar with the contents of these summary guidelines
- A copy of the Summary Guidelines is provided to all new staff
- Copies of Summary Guidelines should be available in all staff rooms.

Infection Control and Elderly People

The Elderly may be at greater risk of infections due to the ageing process impairing the immune functioning. Additional factors include:

- Fragile skin and thinning mucous membranes.
- A less efficient circulatory system.
- Onset of chronic diseases.
- Reduced mobility.
- Loss of self-caring ability.

Sources of infection

- Body secretions e.g. from the respiratory and genitourinary tracts.
- Excreta – faeces, vomit, urine.
- Exudate – from infected wounds and lesions.
- Blood and blood products.
- Equipment used in the care of an infected patient.

Forms of Transmission

- Direct contact – person to person.
- Fomites – bed linen, towels, crockery.
- Body substances – urine, faeces.
- Airborne droplets and dust.
- Contaminated food and fluids.
- Vectors – e.g. insect.

PROCEDURE

Staff Responsibilities

As you work, it is important to consider potential sources of infection and to practice proactive measures to ensure that you protect yourself and do not spread infection between residents. The main mode of transmission of infection is by direct contact. Having intact skin and mucous membranes is the best barrier to infection.

Staff should maintain:

- A high standard of person hygiene and grooming.
- Their own health status.
- Recommended immunisation levels.

Hands

- Practicing good hand washing techniques.
- Keeping fingernails short and clean.
- Using moisturisers / hand creams to maintain skin integrity.
- Using waterproof / protective dressings to cover open cuts.
- Seeking prompt attention to diagnosis of skin lesions / rashes.

Jewellery

Ornate rings and watches should not be worn while giving direct care to residents as they prevent adequate hand washing and can harbour micro-organisms.

Clothing

Should be clean and changed each day to decrease the chance of cross infection.

Reporting of Staff Infections

Reporting of staff infections in the RACF should occur in accordance with:

<https://www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/c2-1-2-responsibilities->

Staff Immunisation

Staff who have either direct or indirect contact with residents, soiled waste and / or body substances are encouraged to be immunised against the following diseases:

- Hepatitis B.
- Influenza.
- Diphtheria.
- Poliomyelitis.
- Measles.
- Mumps.
- Rubella.
- Tuberculosis.
- Whooping Cough.

Staff Practices – protective measures

Hand washing techniques

Washing of hands must be thorough, systematic and carried out as follows:

- Before commencing work.
- Before and after meal/ tea breaks.
- Before handling food and utensils.
- Before and after resident care activities.
- When contaminated with body substances.
- After touching a contaminated surface or material.
- Before handling medical equipment.
- Following the removal of gloves.
- After personal toileting or handling toilet equipment.
- After smoking.

- Before all aseptic procedures.
- After disposing of potentially infected materials.
- Whenever hands are inadvertently contaminated.

Process to wash hands



Protective Clothing

Gloves

Disposable gloves should be worn

- To prevent the soiling of the hands with blood or other body substances e.g. changing urinary drainage bags, collecting pathology specimens, cleaning up body fluid spills.
- To perform invasive procedures.
- When carrying out dressings on infected wounds.
- When applying medicated creams.
- If you have an infection, lesion or skin break on your hands.

Hands must be washed before and after glove usage.

Disposable utility gloves should be used for housekeeping, cleaning and attending to residents ADLs.

Plastic Aprons

Aprons should be worn to protect staff clothing from water and residents bodily fluids. Disposal of aprons is in the general waste.

Handling and Disposal of Sharps

<https://www.nhmrc.gov.au/search/site/sharps%20disposal>

Specimen Collection

This is potentially a hazardous procedure for staff because of the possible contact with contaminated or infected body fluid.

- Gloves must be worn to carry out the procedure.
- Containers must be labelled prior to taking the specimen.
- Containers must be safely sealed in a labelled plastic bag for transporting to the lab.
- The request slip must remain separate from the specimen to avoid contamination
- If a specimen needs to be refrigerated before transportation it must be placed in the specimen refrigerator located in the treatment room/s.
- Unwanted specimens are to be disposed of via the sewerage system.

Spills of Body fluids

Management of blood-body fluids-substances in the RACF will occur in accordance with the following guidelines

<https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/manage-exposure-blood-body-fluids-substances>

Maintaining Aseptic Drainage of Urinary Catheters

INDWELLING CATHETERS

- Indwelling catheters must be inserted under sterile conditions, using sterile, gloved hands and a no-touch technique.
- Use only the manufactures recommended fluid type to inflate the balloon.
- Aseptic technique must be maintained when emptying drainage bags.
- Care must be taken to avoid kinking the tubing.
- The catheter bag must be kept below the residents bladder.
- Bags must not touch, or be placed on the floor.
- Single-use bags must be replaced when full.
- Re-usable catheter bags should be changed weekly or as per the manufactures recommendations.
- The resident's personal hygiene must be maintained. Twice-a-day soap and water washes to the genital area will usually prevent contamination by micro-organism.
- Keep the meeting of catheter and urethra clean and dry. Catheter dressings are not recommended.
- The application of antiseptics to the outside of the catheter is of little or no use.
- Immobilise the catheter to prevent micro-organisms being carried into the urethra on the surface of a moving catheter.
- To minimise contamination of the outside of the catheter, the catheter and tubing should be led over the thigh, not under it. Always attach the catheter or tubing to the resident, not to clothing and never to the bedclothes.
- Collect urine specimens for culture by inserting a needle in the tubing's rubber port (after swabbing the port with alcohol), not by disconnecting the catheter from the tubing.
- If it is necessary to close off the catheter use an external clamp, rather than disconnecting the tubing and closing the catheter off with a spigot.
- Choose the smallest catheter possible, not too small or it may buckle in the urethra during insertion.
- Leakage around a catheter means either a blocked catheter or bladder spasm. The spasm will not be alleviated by changing the catheter for a bigger one.
- If leg bags are used, the overnight bag should be connected to the leg bag, so the point of connection is furthest from the bladder.
- Bladder washout should not be performed unless ordered by a medical practitioner.
- Latex catheters should not be considered for long-term use.
- Long-term catheters are available and may be used for up to 12 weeks. The date of insertion must be recorded in the resident's notes and catheter care plan.

CONDOM DRAINAGE

A condom must be changed daily, with careful attention to washing and drying the penis. The resident's foreskin must be retracted during the cleaning process and then returned to its original position. Creams should not be applied as they may cause irritation and inflammation.

Clean and superficial – pink or pink-white tissue migrating from the wound edge.

Protocol for Managing Needle Stick Injuries and Other Exposures to Body Substances

Management of Needle stick injuries and other exposures to body substances in the RACF will occur in accordance with the following guidelines

Thermometers

Thermometers must be wiped with an alcoholic swab before after each use.

Oxygen Masks, Cannulas

Are single resident use items and must be disposed of when no longer required by the resident. Care staff are to wash both oxygen and cannulas with warm soapy water as required.

Nebulisers

Clean with hot soapy water and stored dry. Must be returned to the same resident.

Bed Pans / Urinals

Must be cleaned and disinfected (soaking) after use. Dried and stored. Disposable bedpans or urinals should be disposed of in the macerator or double bagged in rubbish bin.

Wheelchairs

- must be maintained in a clean condition.
- washed regularly with warm, soapy water and dried.
- Cleaning should be on a regular basis or any other time if soiled.

Shower chairs

Must be cleaned after use with hot water and detergent

Other General Guidelines for Resident Care

- Residents are to use their own creams and toiletry items – do not share with other residents.
- Never share razors.
- Always wash the resident face first then the rest of the body (if this is not possible, use a clean washer for the face).
- If a resident has an eye infection do not clean it with a washer – discuss alternative procedure with the Registered Nurse.
- Report rashes to the Register Nurse.

Wound Management

Dressings

- Use disposable equipment (when possible)
- Use disposable equipment if dressing infected wounds
- Aseptic technique is to be used when dressing wounds.
- Dressings that become wet or soiled must be changed
- Dispose of used material / dressings (medical waste) by double bagging
- Dress infected wounds last
- Report slow healing or infections to Registered Nurse (if EN or PCA attending to wound dressing)
- Check expiry date on all equipment and solutions and do not use if out of date

Disposal of waste

- Incontinence pads, colostomy bags, urinary drainage bags are to be adequately contained and then disposed into the general waste by being double bagged.
- Rubbish must be placed in rubbish bins and secured

Linen

- Dirty linen is to be placed directly into the linen bag
- Dirty linen must not be thrown onto the floor or placed on the sink or bedside table
- If clean linen falls onto the floor it must be sent back to the laundry
- Do not put clean linen for one residents bed on top of another residents bed
- Keep dirty linen and clean linen separate

RELATED POLICIES AND DOCUMENTS

<https://www.nhmrc.gov.au/guidelines-publications/d1034>

Infection Control Policies and Procedures

Policy No.	203
Subject:	<u>Staff Illness</u>
Effective Date:	November 2018
Developed by	Executive Manager



PURPOSE

To outline the responsibilities of staff in maintaining a safe and effective infection control program.

POLICY

Each employee must take reasonable care to protect his/her own health and safety and the safety of others within the facility. Staff must advise the Director of Nursing if they experience symptoms that are reportable to the relevant health authorities

PROCEDURE

Residents living in Aged Care represent a vulnerable population and special precautions need to be taken to ensure that infection control processes prevent (as much as possible), the introduction of infectious illnesses known to cause disease outbreaks. Relevant details are contained in the infection control policy manual and all staff are required to be familiar with the contents and how to access the policy manual on the LeeCare System. The Village Baxter is required to report potential outbreaks to the relevant authorities and this includes reporting the names, contact details, dates of birth and symptoms of Village Baxter Staff.

Staff who experience the following symptoms (see list below) are asked to take personal leave and to notify the Director of Nursing (or registered nurse in-charge) of the shift - by telephone. The Registered Nurse In-Charge of the shift is to disseminate this information on Lee Care to the Director of Nursing and roster staff.

1. The unwell staff member is to seek medical confirmation of the infectious illness.
2. The staff will provide the medical certificate to Director of Nursing or Registered Nurse in charge of the shift.
3. Additionally, the staff member is to provide written medical confirmation they are no longer infectious and is safe to return to work in an Aged Care environment.
4. Staff will need to provide the written clearance certificate to Director of Nursing or Registered Nurse in charge prior to commencing their shift.

Reportable symptoms include the rapid onset of the following symptoms

- Nausea,
- Vomiting
- Diarrhoea
- Fever/chills
- Cough
- Muscle and joint pain
- Sore throat
- Stuffy/runny nose

Please note:

Staff who experience the symptoms listed above, as a normal pre-existing illness should advise the Director of Nursing or registered nurse in-charge, to avoid unnecessary investigation.

Staff are asked to take a reasonable approach and be aware of their own health. It is not expected staff report symptoms related to non-infectious illness such as, but not limited to:

- nausea related to menstrual pain; or
- diarrhoea related to irritable bowel syndrome; or
- cough related to asthma etc.

If in doubt please discuss your symptoms with your General Practitioner to ensure residents are not exposed to any infectious illnesses.

Staff who experience but choose not to declare reportable symptoms (unrelated to a pre-existing illness) to the Director of Nursing or registered nurse in-charge are still required to take personal leave and seek a clearly documented medical clearance stating they are safe to return to work. Staff who impair the proper investigation and resolution of an outbreak or declare symptoms in social workplace chatter but withhold this information from the Director of Nursing or registered nurse in-charge may be subject to disciplinary action.

A staff vaccination register is maintained with staff offered free influenza vaccinations each year. Staff who choose to be unvaccinated may be required to take personal leave from working in the Manor and Lodge during an influenza outbreak.

Infection Control Policies and Procedures

Policy No. 210

Subject: **Gastro-intestinal Outbreak Guidelines**

Reviewed Date June 2018

Developed by Director of Nursing



PURPOSE

To ensure staff have a clear understanding of the signs, symptoms and mode of transmission for gastro intestinal illness and a understanding of outbreak procedures.

POLICY

Management of Gastro-Intestinal illness in the RACF will occur in accordance with:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm>

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the handwash (steps 2-7): 15-20 seconds

Duration of the entire procedure: 40-60 seconds



World Health
Organization

Patient Safety

A World Alliance for Better Health Care

SAVE LIVES

Clean Your Hands

Infection Control Policies and Procedures

Policy No. 215

Subject: **Influenza illness Guidelines**



Reviewed Date June 2018

Developed by Director of Nursing

PURPOSE

To ensure staff have a clear understanding of the signs and symptoms of Influenza illness and an understanding of management procedures.

POLICY

Management of Influenza illness in the RACF will occur in accordance with <http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm>

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

- ⌚ Duration of the handwash (steps 2-7): 15-20 seconds
- ⌚ Duration of the entire procedure: 40-60 seconds

0  Wet hands with water;	1  Apply enough soap to cover all hand surfaces;	2  Rub hands palm to palm;
3  Right palm over left dorsum with interlaced fingers and vice versa;	4  Palm to palm with fingers interlaced;	5  Backs of fingers to opposing palms with fingers interlocked;
6  Rotational rubbing of left thumb clasped in right palm and vice versa;	7  Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;	8  Rinse hands with water;
9  Dry hands thoroughly with a single use towel;	10  Use towel to turn off faucet;	11  Your hands are now safe.



Patient Safety
A Shared Mission for Better Health Care

SAVE LIVES
Clean Your Hands