



# CASS Group- Disability Services

## INFECTION CONTROL

**Policy Code: 1118**

**INFECTION CONTROL**

### **Policy Statement**

The management of the CASS Disability Services promote safe infection control practices through increased awareness and training of staff and the implementation of standard procedures. Standard precautions are used to prevent the transmission of infection occurring between all CASS Disability Services staff and Participants. Any suspected or reported infection occurring in a participant will be notified to the service and additional precautions instigated if necessary.

### **Procedures**

Responsibilities:

CASS Disability Services will:

- Establishing and implementing local infection control policies and procedures;
- Conducting risk assessments of the service area to identify potential infection risks; and
- Monitoring the effectiveness of the organisation's infection control systems.

CASS Disability Services' management will:

- Ensure the necessary tools and resources are provided to infection prevention and control staff training for them to be able to implement CASS Disability Services's Infection Control policy;
- Conduct surveillance and audit programs to monitor key infection rates and process measures; and
- Identify risks that apply to units within their facility through surveillance data and implement strategies to mitigate such risks.

CASS Disability Services' coordinators will:

- Develop an infection management plan in line with national and state guidelines to minimise the occurrence and impact of Healthcare associated Infections (HAI);
- Ensure adequately trained workers are responsible for the surveillance of hand hygiene compliance data;
- Contribute to the formulation of consensus practice guidelines; and
- Ensure education and training on infection control and prevention is provided to all staff as part of induction.

CASS Disability Services' staff members:

- Understand the requirements of infection prevention and control;
- Adhere to state and local policies and procedures on infection control at all times;
- Ensure education and training on infection control and prevention is provided to all staff as part of induction; and
- Undergo the required training and competency assessment in infection prevention and control procedures.
- All staff members receive specific training in Food Handling.



### Reporting

Surveillance and monitoring system will be established and implemented. Monitoring may include both outcome measures and/or process measures. Such measures may include:

- Hand hygiene;
- Application of standard and transmission based on precaution; and
- Cleaning – appropriate level to the level of service.

All breaches of practice that affect participants or staff safety should be reported to management and registered in the CASS Disability Services Incident register.

Examples of breaches of infection control procedures include, but are not limited to:

- Correct Personal Protective Equipment (PPE) not worn;

### Risk Management

CASS Disability Services will ensure there is cooperation between management, staff and participants in the risk management framework for controlling Healthcare-Associated Infections. The risk management framework for Healthcare-Associated Infections should include;

- The identification of participants/situations that are presenting an infection transmission risk to other participants and/or staff;
- Participants or staff members who are at increased risk of acquiring infection in the care services/ supported accommodation setting.

### Measures to prevent and control infection:

CASS Disability Services will take a two-tiered approach to implementing work practices to prevent and control infection. This will include both standard precautions and transmission-based precautions.

Standard based precautions include, but are not limited to, the appropriate:

- Hand hygiene:
  - Hands should be washed and dried on the start and end of service delivery.
  - Hands should be washed adequately with soap and water when visibly dirty, after using the toilet and before and after food consumption and/or direct participant care.
  - Handrubbing with an alcohol-based hand rub should be implemented into daily hand hygiene practice
  - Both handrubbing and handwashing should occur;
    - Before touching a participant;
    - Before attending to personal care;
    - After a procedure or exposure to bodily fluids/substances;
    - After touching a participant; and
    - After touching the environment around a participant
  - Participant- centred approach
    - A two-way approach that allows for participants to be actively involved in the hygiene process is more effective in reducing the risk of infection
    - Staff should ensure that participants are involved in hand hygiene and are offered the opportunity to clean their hands where appropriate
    - Participants should feel empowered to ask if staff has performed hand hygiene prior to and following their care/attendance
- Use of personal protective equipment (PPE):
  - Gloves
    - Hand hygiene must be exercised before putting on gloves;



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- Any cuts or abrasions on exposed skin are to be covered by a water resistant dressing;
- Gloves must never be used as an alternative to hand hygiene practice;
- Single-use, fit-for-purpose gloves should be used when there may be contact with blood, body fluids/substances, mucous, membranes or non-intact skin or soiled dressings;
- Gloves must be changed between tasks and procedures, even if tasks are conducted on the same participant. Gloves are to be removed immediately after a procedure followed by adequate hand hygiene practice to avoid contamination of the environment and other participant(s);
- Gloves used in personal care/attending care activities are single use only;
- Household rubber gloves should be used to clean bathrooms and must remain in service location;
- Disposable gloves are to be worn when preparing food;
- Separate coloured gloves must be used to clean the kitchen (such as in green) from the gloves used to clean the bathroom (such as in red);
- Regular use of hand cream can assist in the prevention of drying and cracking and therefore protect the skin integrity of staff; and
- If a staff member has an allergic reaction to gloves it must be reported to their supervisor and non-allergenic gloves will be supplied.
- Waterproof gowns and aprons
  - Aprons or gowns are to be worn during personal care activities (e.g. showering) which have the potential to cause splashing, sprays of blood, body fluids, secretions or excretions or cause soiling of clothing;
  - The selected gown or apron is appropriate for the activity; and
  - Gowns and aprons are to be quickly removed, in the area where the episode of personal care took place, and these items are to be left to dry in each premise: they are not transferable from one premise to another in a way which minimises spreading bacteria.
- Masks, eye protection and face shields
  - Hair is to be kept clean;
  - Shoulder length or longer hair is to be tied back;
  - Masks, eye protections and face shields are to be worn during procedures, personal care activities and cleaning procedures which could cause splashes or sprays of blood, bodily fluids, secretions and excretions;
  - Careful removal and adequate disposal of masks is to occur immediately after use; and
  - Ensure hand hygiene is practiced immediately after removal
- Handling and disposal of sharps:
  - Handle all sharps by the barrel;
  - Communicate to staff when handling or passing sharps;
  - Avoid hand-to-hand passing of sharps by using a basin;
  - Keep handling to minimum;
  - Do not recap, bend or break needles after use;
  - Where appropriate, use round-tipped scalpel blade instead of pointed sharp-tipped blade; and
  - Place all sharps in an appropriate puncture-proof container (which meets the Australian and New Zealand Standards AS 4031:1992 and AS/NZS 4261:1994). Single use sharps should be disposed of immediately, by the person who has used the sharp. Sharps containers must not be filled above the mark indicating the



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maximum fill level.

- Environmental controls (cleaning and spills management):
  - Documented cleaning procedures outline frequency, roles and responsibilities of workers and a roster of duties required;
  - Risk of the spreading of infectious diseases should be assessed and the cleaning schedule should take such risks into account;
  - General surfaces and fittings should be cleaned when visibly soiled and immediately after spillage;
  - Contaminated waste including soiled paper towelling is to be placed into a garbage bag, double bagged and then sealed before placing in rubbish receptacle.
  - Blood and body substance spills are to be addressed promptly but only with protective clothing on (especially gloves).
  - Frequently touched surfaces should be cleaned with hospital -graded disinfectant at least daily, as well as when visibly dirty and after known contamination;
  - Paper towelling is to be used to absorb blood and body substance spills.
  - Site decontamination should occur after spills of blood or other potentially infectious materials, as follows:
    - Staff should wear gloves and other PPE(s) as appropriate to the task;
    - The spill should be confined and contained, visible matter should be cleaned with disposable absorbent material and used cleaning materials should be discarded in the appropriate waste container; and
    - The spill area should be cleaned / disinfected with a cloth or paper towels using detergent/disinfected solution.
- Respiratory hygiene and cough etiquette:
  - Cover the nose/mouth with disposable tissues when coughing, sneezing, wiping and blowing the nose;
  - Use tissues to contain respiratory secretions;
  - Dispose of tissues after use;
  - Practice hand hygiene after contact with respiratory secretions and contaminated materials; and
  - Keep contaminated hands away from the eyes and nose.
- Waste and linen handling:
  - Apply standard protective precautions against exposure to blood and body substances during the handling of waste;
  - Practice hand hygiene after disposing of waste;
  - Ensure waste is contained in appropriate receptacle and disposed of according to the CASS Disability Services waste management plan; and
  - Ensure adequate training is provided to staff on correct waste handling procedures.

For further information on how standard precautions are implemented CASS Disability Services will adhere to Sections 2 and 3 of the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019).

In addition to standard precautions, CASS Disability Services will implement the following transmission-based precautions, as relevant:

- Droplet precautions:
  - Will be implemented for patients known or suspected to be infected with agents transmitted by respiratory droplets;
  - Staff should wear a surgical mask when entering a participant-care environment with participants who require droplet precautions.



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- Airborne precautions:
  - Will be implemented in the presence of known or suspected infectious agents which are transmitted from person to person by the airborne route;
  - Staff should wear a properly fitted P2/N95 respirator when entering the participant-care environment when an airborne-transmissible infectious agent is known or suspected to be present.

Transmission-based precautions include, but are not limited to, the appropriate:

- Implementation of standard contact precautions;
- Hand hygiene and PPE to prevent droplet and airborne transmission (see above guidelines on hand hygiene and PPE);
- Participant-care equipment for patients on contact precautions;
- Implementation of droplet and airborne transmission precautions;
- Thorough cleaning and disinfecting of the participant environment;
- Implementation of core strategies in the control of multi-resistant organisms.

For further information on how transmission-based precautions are implemented CASS Disability Services will adhere to Section 3.2 of the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019).

### **Clinical governance and staff health and safety:**

Protection against infection for staff members is an integral part of the infection prevention and control within our organisation. While CASS Disability Services has a duty of care to staff members, the staff also have a responsibility to not put others at risk.

- Clinical handover (for accommodation setting)
  - Effective clinical handover processes are important for participant safety and care as well as for reducing healthcare associated infection
  - CASS Disability Services has effective clinical handover processes in place that reduce the risk of infection
- Health status screening and vaccinations
  - Vaccination lowers the risk of disease and infection not only for individuals but for the whole community by increasing immunity levels in the population
  - Before employment all staff are assessed and offered testing and/ or vaccination against infectious diseases
  - All staff should be vaccinated in accordance with recommendations made in the Australian Immunisation Handbook. Refer to the Handbook for further information on immunisation and vaccinations.
- Exclusion period for workers with infections
  - CASS Disability Services has comprehensive policies surrounding disease specific work restrictions
  - Any employee with an infectious disease has a responsibility to seek appropriate medical assistance and seek advice as to whether they can perform their tasks without putting patients at risk
  - If norovirus symptoms occur staff should remain away from work until 48 hours after symptoms resolve
- Antimicrobial stewardship
  - Resistance to antimicrobials is increasingly being found in Australian hospitals and in the community
  - CASS Disability Services is increasingly working with strategies to ensure that



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antimicrobials are used appropriately, these include:

- Requiring prescribers to document the dose, duration, and indication for all antibiotic prescriptions
- Adherence to prescribing documentation
- Recording the use of antibiotics and outcomes at group home
- To arrange training/ educational resources and materials about antibiotic resistance and opportunity for improving antibiotic use e.g. resources from NPS MedicineWise

For further information on organisational support and staff work health and safety. CASS Disability Services will adhere to Section 4 of the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019).

Ongoing professional development:

Infection prevention and control staff at all levels at CASS Disability Services will be supported to access formal and informal education and training relevant to their role.

Documents related to this policy	
Related Policies	FOOD HANDLING
Forms, record keeping or other organisational documents	<ul style="list-style-type: none"> <li>• Food handling and infection control training record</li> <li>• Usage of Antibiotics Record</li> </ul>
Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019).	

Reviewing and approving this policy		
Frequency	Person responsible	Approval
3 years	Unit Head	HAS & DS Committee

Policy review and version tracking			
Review	Date Approved	Approved by	Next Review due
Version 1	1 June 2014	HAS & DS Committee	31 May 2017
Version 2	29 May 2017	HAS & DS Committee	28 May 2020
Version 3	November 2020	HAS & DS Committee	November 2023