

Infection Control – Community Nursing

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POLICY

Westmont Community Care (Westmont) understands the modes of transmission of infectious organisms and knowing how and when to apply the basic principles of infection control is critical to the success of an infection control program. This responsibility applies to everybody working at Westmont.

Successful approaches for preventing and reducing harms arising from healthcare associated infections (HAIs) involve applying a risk-management framework to manage human and system factors associated with the transmission of infectious agents.

Successful infection prevention and control involves implementing work practices that reduce the risk of the transmission of infectious agents through:

- Routinely applying basic infection prevention and control strategies (standard precautions) to minimise the risk such as hand hygiene, appropriate use personal protective equipment (PPE), cleaning and safe handling and disposal of sharps (in Community Nursing)
- Effectively managing infectious agents where standard precautions may not be sufficient on their own (transmission-based precautions)

PROCEDURES

Staff will implement standard precautions through:

- Hand hygiene, consistent with the 5 moments for hand hygiene
- The use of appropriate PPE
- The safe use and disposal of sharps
- Routine environmental cleaning
- Respiratory hygiene and cough etiquette
- Aseptic technique
- Waste management
- Appropriate handling of linen

Staff will implement transmission-based precautions through:

- Risk assessment prior to going into a consumer's home
- Wearing specific PPE
- Providing patient-dedicated equipment
- Use of alcohol based (hospital grade) wipes to wipe over equipment after every use
- Restricting the movement of both consumers and staff

Standard Precautions

RISK MANAGEMENT

Risk management is the basis for preventing and reducing harms from healthcare associated infection (HAI).

Refer to Westmont Community Care's Risk Management Policy and Procedure.

CONSUMER INVOLVEMENT

Effective infection prevention and control is central to providing high quality consumer-centred health care.

Staff will listen to and act on consumers feedback as well as provide consumers with education and support so that they can be involved in looking after themselves. Staff will encourage consumer participation to minimise cross infection or transmission by:

- Familiarising consumers with infection prevention and control strategies
- Encouraging consumers to disclose their health or risk status
- Provide opportunities for consumers to identify and communicate risks and encourage them to use feedback procedures for any concerns they have about infection prevention and control procedures
- Provide educational materials about infection prevention and control
- Inform consumers about the protocols for protecting their privacy and confidentiality

PERSONAL PROTECTIVE EQUIPMENT

Staff will maintain knowledge of and apply the correct use of PPE including:

- Wearing of appropriate PPE such as gloves, gowns and masks
- Performing hand hygiene before putting on and after removing PPE
- Wearing gowns or aprons to protect clothing from contamination
- Wearing masks if there is a risk of inhaling an infectious agent
- Wearing masks, eye protection or face-shields where a consumer's body substances may splash onto his or her face
- Wearing gloves when there is direct hand contact with blood or body substances, mucous membranes, wounds or if there is a chance that touching the consumer could transmit infection

Staff will inform consumers of the use of PPE before providing the services.

COMMUNICATION

Client roster notes and the Client Communication folder will include any infection risk that is relevant for care staff.

HAND HYGIENE

Effective hand hygiene is an important strategy in preventing HAIs.

Staff will perform routine hand hygiene:

- Before touching a consumer
- Before a procedure, including personal care
- After a procedure or body substance exposure risk
- After touching a consumer
- After touching a consumer's surroundings

Additional situations when hand hygiene will be performed BEFORE including:

- Putting on gloves
- Starting/leaving work or a consumer's home
- Eating/handling of food/drinks
- Using computer keyboard, tablet or mobile device in a clinical area

Additional situations when hand hygiene will be performed AFTER including:

- Hands becoming visibly soiled
- Eating/handling food/drinks
- Visiting the toilet
- Using a computer keyboard, tablet or mobile device in a clinical area
- Being in consumers home during outbreaks of infection
- Removing gloves
- Handling laundry/equipment/waste
- Blowing/wiping/touching nose and mouth
- Smoking

To ensure effective hand hygiene staff will:

- Follow the five moments for hand hygiene
- Carry and use alcohol-based hand rub
- Ensure cuts and abrasions are covered with a waterproof dressing
- Keep fingernails short
- Not wear nail polish or jewellery
- Minimise physical contact of the consumer and surrounds during outbreaks of infection
- Complete routine refresher training on hand hygiene
- Regularly apply an emollient hand cream
- Share hand hygiene information and techniques with consumers

Westmont will provide training and monitor staff knowledge and skill in hand hygiene annually or earlier as required.

USE AND MANAGEMENT OF SHARPS

The use of sharp devices exposes staff to the risk of injury and potential exposure to blood borne infectious agents.

Nursing staff will undertake a risk assessment prior to providing clinical care involving the use and management of sharps.

The first step in managing the risk is to eliminate and reduce the use of needles and other sharps where possible. The second step is to isolate the hazard through the use of engineering controls. Where these strategies are not available, staff will follow work-practice controls and PPE. The sharps container will remain in the consumer's home where relevant.

Nursing staff will undertake regular training and professional development on handling sharps, new safety devices and how to use them.

If a sharps injury is sustained staff must:

- Seek care immediately
- If skin is penetrated, wash the affected area immediately with soap and water or alcohol-based hand rub
- Not squeeze the affected area
- Report the incident immediately to the Director of Community Care
- Complete an Adverse Event Form within 24 hours of the injury
- Complete bloodwork of the staff and consumer as advised by medical practitioner
- Complete ongoing tests and treatment with a medical practitioner

CLEAN ENVIRONMENT

Community nursing is conducted in the consumer's home and is considered an uncontrolled environment. The consumer or their carer are responsible for general cleaning in the home.

Staff may provide guidance and information to the consumer or their carer on the recommended minimum cleaning frequency of furniture, equipment and the home environment. This information will be in line with *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.

Staff will report concerns of cleanliness in a consumer's home to the Director of Community Care. Referral may be made where cleaning services are required for a consumer's home.

Nursing staff will use single-use surface barriers and single-use dressing packs when providing clinical care in the consumer's home. Clinical equipment will not be shared between consumers.

Equipment such as blood pressure cuffs, pulse oximeters and nebulisers will be cleaned after each use, using detergent and disinfectant for multi-resistant organisms. Computer, keyboard and devices will be cleaned between consumers, using detergent per manufacturer's recommendations.

MANAGEMENT OF BLOOD AND BODY SUBSTANCE SPILLS

Westmont understands that prompt removal of spots and spills of blood and body substance followed by cleaning and disinfection of the area contaminated is a sound infection control practice and meets occupational health and safety requirements.

In circumstances where emergency procedures or urgent transport are under way, spills will be attended to as soon as it is safe to do so.

Management of spills will differ based on the consumer's home setting, resources available and the volume of the spill. Nursing staff will use single-use surface barriers to help contain spills.

The process for spot cleaning will include:

- Select appropriate PPE
- Wipe up spot immediately with a damp cloth, tissue or paper towel
- Discard contaminated materials
- Perform hand hygiene

The process for small spills (up to 10cm diameter) will include:

- Select appropriate PPE
- Wipe up spill immediately with absorbent material
- Place contaminated absorbent material into impervious container or plastic bag for disposal
- Clean the area with warm detergent solution, using disposable cloth or sponge
- Wipe the area with a disinfectant and allow to dry
- Perform hand hygiene

The process for large spills (greater than 10cm diameter) will include:

- Select appropriate PPE
- Cover area of the spill with absorbent material and allow to absorb
- Use disposable resources to scoop up absorbent material and any unabsorbed blood or bodily fluids
- Place contaminated absorbent material into impervious container or plastic bag for disposal
- Mop or clean the area with warm detergent solution, using disposable cloth or sponge
- Wipe the area with a disinfectant and allow to dry
- Perform hand hygiene

REPROCESSING OF REUSABLE MEDICAL DEVICES

Westmont Community Care does not have the facilities or resources to reprocess reusable medical devices and consumer care equipment. Westmont will only use single-use medical devices.

Staff will only reprocess protective eye wear or face shields. Protective eye wear and face shields will be washed with detergent after each consumer and disinfected where there is a suspected or confirmed infectious agent.

RESPIRATORY HYGIENE AND COUGH ETIQUETTE

Westmont understands that respiratory hygiene and cough etiquette must be applied as a standard infection control precaution at all times.

Staff with signs and symptoms of a respiratory infection, regardless of the cause, will adhere to respiratory hygiene and cough etiquette as follows:

- Cover the nose/mouth with disposable single-use tissues when coughing, sneezing, wiping and blowing noses
- Use tissues to contain respiratory secretions
- Dispose of tissues in the nearest waste receptacle or bin after use
- If no tissues are available, cough or sneeze into the inner elbow rather than the hand
- Practice hand hygiene after contact with respiratory secretions and contaminated objects/materials
- Keep contaminated hands away from the mucous membranes of the mouth, eyes and nose
- Socially distance as far away as possible from consumers and staff

Staff will provide information to consumers on respiratory hygiene and cough etiquette where required and assist consumers who need assistance with containment of respiratory secretions.

Staff with viral respiratory tract infections will not work for 72 hours after their symptoms have resolved.

ASEPTIC TECHNIQUE

Aseptic Technique (AT) is an evidence-based practice that provides nursing staff with a standardised approach to procedures.

Aseptic Technique (AT) reduces the risk of health care associated infections and improves the practices of nursing staff performing procedures. It is required for all invasive procedures.

Correct AT prevents contamination and transfer of pathogens from hands, surfaces and equipment to the patient during procedures. This is achieved by:

- Identifying key parts and key sites and protecting them at all times
- Ensuring key parts only come into contact with other key parts and/or key sites

Key sites include non-intact skin and insertion or access sites for medical devices connected to the consumer.

Key parts are the sterile components of equipment used during the procedure.

Prior to commencing the procedure, the nursing staff will consider the potential risks to either the consumer or themselves as a result of the procedure by determining:

- The type and complexity of the procedure
- What are the key parts and key sites
- Whether the key parts or key sites need to be touched
- The appropriate infection prevention measures to protect key parts and key sites

Nursing staff will apply the following key infection control processes when performing any invasive procedure prior to AT:

- Ensure that there are no avoidable nearby environmental risk factors such as waste management
- Cleaning of the nearby environment
- Routine hand hygiene
- Use single-use non-sterile gloves if key parts or key sites are not touched directly or sterile gloves if it necessary to touch key parts or key sites directly
- Wear other PPE in line with standard precautions to reduce the risk of blood and body fluid exposure to the staff member
- Determine the aseptic field required and how that field will need to be managed

When ready to perform the AT procedure and required equipment is prepared, staff will:

- Remove gloves (if used for the preparation for procedure) and perform hand hygiene
- Apply single-use gloves
- Perform the procedure using non touch technique, ensuring all key parts/components are protected at all times
- Only use sterile items once per procedure
- Ensure sterile items do not come into contact with non-sterile items
- Dispose of used items once used

On completion of the procedure staff will:

- Remove their gloves and perform hand hygiene
- Dispose of all waste and single-use items
- Perform hand hygiene again

Nursing staff will complete annual training on aseptic technique processes and complete competency assessments, which will be maintained by Westmont.

Compliance with aseptic technique will be monitored through reported rates of infection and observation aseptic technique processes completed with consumers.

WASTE MANAGEMENT

Westmont will develop clinical waste processes during the development of the Care Plan with the consumer and/or carer to ensure suitable waste containers are available where necessary.

Pharmaceutical waste

Pharmaceutical waste, which includes unwanted and out of date medication will be returned to the consumer's pharmacy for disposal.

Sharps and packaging will be disposed in the sharp's container.

All extractable contents excluding cytotoxics or Schedule 8 drugs of addiction, such as empty pill bottles, will be disposed in the general waste.

Unless it is saline, sugar or a nutrient solution, pharmaceutical substances will not be flushed, poured down sinks or disposed of directly to the environment.

Schedule 8 drugs will be destroyed at the consumer's pharmacy in accordance with the *Drugs, Poisons and Controlled Substances Regulations 2017*.

Sharps waste

A sharp is any item capable of cutting or penetrating the skin. A syringe without a needle is not classified as a sharp.

If the sharp can cut the skin it must be disposed of as pharmaceutical waste.

Sharps waste is disposed of in a yellow container with a white lid and depicts a biohazard symbol in black. A sharps container will remain in the consumers home until the required period or when full.

Full sharps containers will be delivered to the consumer's pharmacy for disposal and exchange. Staff must minimise the transportation of the sharps container, therefore only to be taken when required.

Clinical waste

Any waste resulting from medical, nursing, dental, pharmaceutical, skin penetration or other related clinical activity, being waste that has the potential to cause injury, infection or offence. It includes:

- Human tissue (other than hair, teeth and nails)
- Bulk body fluids or blood
- Visibly blood-stained bodily fluids, materials and equipment

Clinical waste will be disposed of in the correct manner in the consumer's home.

HANDLING OF LINEN

Linen is the property of and provided by the consumer in their home.

Westmont will develop linen handling processes during the development of the Care Plan with the consumer and/or carer to ensure the suitable launder of soiled linen where necessary. Westmont is not responsible for the collection and launder of soiled linen.

Staff will wear appropriate PPE during handling of soiled linen to prevent exposure to blood and body substances. Soiled linen will be kept separate from domestic washing in the consumers home.

Transmission-based Precautions

Westmont will apply transmission-based precautions where standard precautions alone may not be sufficient to prevent transmission.

Transmission-based precautions will be tailored to the particular infectious agent involved and its mode of transmission. A combination of measures may be used.

CONTACT PRECAUTIONS

Direct transmission occurs when infectious agents are transferred from one person to another person (from an infected person to a susceptible person).

Indirect transmission involves the transfer of an infectious agent through a contaminated intermediate object or person (from reservoir to host), such as:

- Contaminated hands of staff touching surfaces
- When clothing becomes contaminated while providing services for a consumer who is infectious
- When contaminated consumer-care devices are shared between consumers
- When environmental surfaces become contaminated

Westmont will implement contact precautions when there is a risk of direct or indirect contact transmission.

Staff will wear gloves, gowns and surgical masks and ensure PPE is put on and taken off in the correct order. Eye protection will be worn when there is potential of exposure to splashes or sprays to mucosa. Where possible, consumer notes and medical information will be kept outside the consumers care environment. Staff will disinfect their hands after leaving the consumers care environment and after writing notes.

Only single use equipment will be used.

Carers of consumers will be encouraged to implement the standard precautions, wear the above listed PPE and keep the consumer.

DROPLET PRECAUTIONS

Droplet transmission occurs when respiratory droplets are transferred to susceptible mucosal surfaces such as the eyes; when infectious respiratory droplets are expelled by coughing, sneezing or talking, and come into contact with another's mucosa (eyes, nose or mouth), either directly or via contaminated hands.

Standard precautions, hand hygiene and the 5 moments for hygiene principles will be implemented by staff. Staff will also wear surgical masks and eye protection.

Where possible, consumer notes and medical information will be kept outside the consumers care environment. Staff will disinfect their hands after leaving the consumers care environment and after writing notes.

Only single use equipment will be used.

Carers of consumers will be encouraged to implement the standard precautions, wear the previously listed PPE and restrict visitors into the consumers home and care environment.

AIRBORNE PRECAUTIONS

Airborne precautions are required to protect against airborne transmission of infectious agents.

Airborne precautions are based on evidence that shows that:

- The use of P2 respirators prevents the inhalation by staff of small particles that may contain infectious agents transmitted via the airborne route
- Wearing of correctly fitted surgical masks by coughing patients prevents dispersal of respiratory secretions into the air

Staff will implement standard precautions, including respiratory hygiene and cough etiquette, the use of P2 respirators and eye protection.

Where possible, consumer notes and medical information will be kept outside the consumers care environment. Staff will disinfect their hands after leaving the consumers care environment and after writing notes.

Only single use equipment will be used.

Carers of consumers will be encouraged to implement the standard precautions, wear the above PPE, restrict visitors into the consumers home and care environment and keep the consumers care environment closed when safe to do so.

Wearing Personal Protective Equipment

Staff will wear PPE based on assessment of the risk of transmission of infectious agents to the consumer or carer, and the risk of contamination of the clothing or skin of staff by consumer's blood, body substances, secretions or excretions. Factors that will be considered include:

- Probability of exposure to blood and body substances
- Type of body substance involved
- Probable type and probable route of transmission of infectious agents

Appropriate sequences and procedures for putting on and removing PPE will be followed.

Sequence for putting on PPE

Staff will put on PPE before consumer contact and before entering the consumer's home or care environment as follows:

1. Perform hand hygiene – wash hands or use an alcohol-based hand rub.
2. Put on gown or apron – fully cover torso from neck to knees, arms to wrists and wrap around back. Fasten at the back of neck and waist. Gown to be used when there is a known infectious agent.
3. Put on mask – secure ties or elastic bands at middle of head and neck, or behind ears.
4. Put on protective eyewear or face shield – put over face and eyes and adjust to fit.
5. Put on gloves – extend to cover wrist if wearing an isolation gown.

Sequence for removing PPE

Staff will remove PPE at the doorway of the consumer's home or care environment as follows:

1. Remove gloves.
 - Outside of gloves are contaminated
 - Grasp outside of glove with opposite gloved hand; peel off
 - Hold removed glove in gloved hand
 - Slide fingers of ungloved hand under remaining glove at wrist
 - Peel glove off over first glove
 - Discard gloves in waste container
2. Perform hand hygiene.
 - Wash hands or use an alcohol-based hand rub
3. Remove gown.
 - Gown front and sleeves are contaminated
 - Unfasten ties
 - Pull away from neck and shoulders, touching inside of gown only
 - Turn gown inside out
 - Fold or roll into a bundle and discard
 - Perform hand hygiene if the removed PPE is contaminated
4. Remove protective eyewear or face shield.
 - Outside of eye protection or face shield is contaminated
 - To remove, handle by head band or earpieces
 - Place on paper towel for cleaning
 - Perform hand hygiene if the removed PPE is contaminated
5. Remove mask.
 - Front of mask is contaminated – do not touch
 - Grasp bottom, then top ties or elastics and remove
 - Discard in waste container
6. Perform hand hygiene.
 - Wash hands or use an alcohol-based hand rub immediately after removing all PPE

Removal of PPE will be done at the doorway of the consumer's home or care environment or immediately outside the consumer's home or care environment.

Surgical or particulate masks will be removed outside of the consumer's home.

Where staff wear a P2 respirator, PPE will be removed as follows:

- Remove gloves and gown at the doorway of the consumers home or care environment
- Step outside the consumers home or care environment
- Remove protective eye wear or face shield before removing and disposing of the respirator in a closed container
- Perform hand hygiene again

At a minimum, hand hygiene will be performed after the removal of gloves as well as after the removal of any other individual item of contaminated PPE.

Sequencing may vary across consumer care settings.

Gowns and aprons

Staff will wear aprons or gowns when in close contact with a consumer, materials or equipment that may lead to contamination of skin, uniforms or other clothing with infectious agents, and when there is a risk of contamination from blood, body substances, secretions or excretions.

Gowns and aprons are single-use and will be changed between consumers.

Plastic aprons will be worn for general use when there is the possibility of sprays or spills or exposure to blood or body substances during low-risk procedures and during contact precautions when consumer contact is likely.

Gowns will be worn to protect staff's exposed body areas and prevent contamination of clothing with blood, body substances, and other potentially infectious material.

Full body gowns will be worn when there is a risk of contact of the staff's skin with a consumer's broken skin, extensive skin to skin contact, or a risk of contact with bloody and body substances which are not contained. Full body gowns will also be worn when there is the possibility of extensive splashing of bloody and body substances or there is a risk of exposure to large amounts of body substances.

Sterile gowns will be worn for procedures that require an aseptic field.

Aprons and gowns will be removed in a manner that prevents contamination of clothing, skin and the environment.

Face and eye protection

Surgical masks are used as part of standard precautions. Staff will ensure:

- Masks are changed between consumers and when they become visibly soiled or wet
- Masks are not reapplied after they have been removed
- Masks are not left dangling around the neck or ear
- Avoid touching the front of the mask
- Perform hand hygiene upon touching or discarding a used mask

Eye protection

Personal eyeglasses and contact lenses are not considered adequate eye protection.

Reusable face shields and protective eyewear will be cleaned with detergent and be completely dry before being stored or reused. They will be disinfected if contaminated.

Staff will:

- Explain to the consumer that wearing PPE is a routine part of infection prevention and control
- Assess the risk of spraying or splashing in the specific situation and choose PPE accordingly
- Follow appropriate sequence and procedure for putting on and removing PPE
- Remove PPE before leaving the consumer's home or care environment

Gloves

As part of standard precautions, gloves will be used to prevent the contamination of staff hands when anticipating direct contact with blood or body substances, mucous membranes, non-intact skins and other potentially infection materials, when providing personal care, and when handling or touching visibly or potentially contaminated patient-care equipment and environment services.

Staff will determine the need for gloves based on careful assessment of the task to be carried out, the related risk of transmission of microorganisms to the consumer, and the risk of contamination of the staff's clothing and skin by the consumer's blood and body substances. Staff will consider:

- Who is at risk
- Whether sterile or non-sterile gloves are required
- The potential from exposure to blood or body substances
- Whether there will be contact with non-intact skin or mucous membranes during general care and invasive procedures
- Whether contaminated instruments will be handled

Staff will inform the Director of Community Care if they have a sensitivity or allergy to latex

When gloves are worn in combination with other PPE, they will be put on last.

Non-sterile gloves will be used when there is potential for exposure to blood, body substances, secretions or excretions and when there is contact with non-intact skin or mucous membranes.

Sterile gloves will be used when there is potential for exposure to blood, body substances, secretions or excretions and when there is contact with susceptible sites or clinical devices where sterile conditions should be maintained.

Natural rubber latex (NRL) gloves will be used for clinical procedures require manual dexterity and/or will involve more than brief consumer contact. Synthetic gloves will be used for procedures involving high risk to exposure of blood-borne virus and where high barrier protection is needed.

Gloves will be changed between consumers, during the care of a single consumer to prevent cross-contamination of body sites and if consumer interaction involves touching portable computer keyboards, other portable devices or any other mobile equipment that is used between different consumers.

Staff will take care not to contaminate their hands when removing gloves. Gloves will be disposed of as soon as they are removed. After gloves have been removed, hand hygiene will be performed. Staff will also:

- Explain to the consumer that PPE is a routine part of infection prevention and control
- Assess the risk of spraying or splashing in the specific situation and choose PPE accordingly
- Inform the Director of Community Care if they have a sensitivity or allergy to latex
- Follow appropriate sequence and procedure for putting on and removing PPE
- Remove PPE before leaving the consumer's home or care environment

Other items of clothing

The wearing of ties and lanyards will be avoided.

Staff footwear must be suitable for the duties being undertaken and designed to minimise the risk of injury from dropped sharps, as well as minimise the risk of exposure to blood and body substances.

Staff will wear Westmont specific uniforms when providing services to consumers. Staff must wear a clean uniform for each shift or day. If the uniform is contaminated with blood or body substances, the uniform must be changed.

Management of multi-resistant organisms and outbreak situations

MULTI-RESISTANT ORGANISMS

Westmont will apply a two-level approach for the management of multi-resistant organisms (MROs) as per the Australian Commission on Safety and Quality in Health Care guidelines. This is:

1. Core strategies for prevention and control in any situation where MRO infection or colonisation is suspected or identified.
2. Organism-based or resistance mechanism-based approaches if the incidence or prevalence of MROs are not decreasing despite implementation of core strategies.

In the event of an MRO outbreak, investigation and control/containment will be conducted.

Westmont's risk management approach will focus on:

- The type of MRO
- The healthcare area (consumer's home)
- Consumer factors
- Available resources
- Whether interventions to interrupt transmission are available

The decision to screen for specific MROs will be based on the level of risk and the local epidemiology of the specific MRO. Control measures specific to local factors will be determined through communication with local health authorities. As a minimum standard to reduce the risk of transmission of MROs, Westmont will take the approaches to screening as outlined in Table 19 and 20 from the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.

Prevention and control

Staff must adhere to hand hygiene and appropriate use of PPE.

Westmont will minimise the number of staff providing services to consumers in their home in the event of an MRO outbreak. Staff will advise and encourage consumers and their carers to isolate, contact precautions are followed and cleaning with detergent and disinfectant.

Consumer care devices will not be shared between consumers.

Nursing staff will continue to monitor the incidence of target MRO infection and colonisation after interventions are implemented.

Management of specific MROs

In addition to standard precautions and contact precautions, droplet precautions will be used for consumers known to be infected or colonised with methicillin-resistant *Staphylococcus aureus* (MRSA) in the lower respiratory tract when consumer care activities are likely to expose staff.

Management of consumers positive for vancomycin-resistant enterococci (VREs) will depend on the potential risks involved. This may include contact precautions, isolation, dedicated toilet facilities, infection control precautions and standard precautions where possible in the consumer's home.

Consumers with suspected or confirmed Gram-negative bacteria (MRGNs) will be managed through contact precautions, isolation and dedicated toilet facilities where possible in the consumer's home.

Consumers with suspected or confirmed Carbapenemase-producing *Enterobacterales* (CPE) will be managed through contact precautions, isolation and dedicated toilet facilities where possible in the consumer's home.

OUTBREAK INVESTIGATION AND MANAGEMENT

An outbreak may be defined as:

- Occurrence of more cases of disease than expected in a given area among a specific group of people over a particular time

- Two or more linked cases of the same illness

When an outbreak is detected, the Director of Community Care will form an outbreak control team and notify the Department of Human Services. The outbreak will be investigated immediately, and an outbreak management plan will be developed. Implementation of the outbreak management plan will be overseen by the Director of Community Care and Chief Executive Officer (CEO).

Westmont's staff rostering system, Carer Feedback Form, Adverse Event Form and attendance records will assist with identifying staff and other consumers who may have been exposed to the infectious consumer and be at risk.

Staff and consumers will be informed of the outbreak through signage, emails and other forms of communication, newsletters and consumer and carer notes.

The following steps will be considered during community investigations of outbreaks:

1. Recognise outbreak and prepare to investigate.
 - Determine the existing source of the outbreak
 - Determine if immediate control measures are needed
 - Notify and communicate with relevant stakeholders
 - Formation of an outbreak investigation/management team
2. Verify the diagnosis and confirm that an outbreak exists.
 - Confirm that there are more than expected number of cases meeting the surveillance case definition of the disease of interest in the period under review
 - Consider likely outbreak definition and whether criteria are met
3. Establish case definition and find cases.
 - Establish a set of standard criteria to decide whether or not a person has the disease of concern
 - Find cases
 - Identify and count cases
 - Tabulate information collected on cases investigated and update as new cases appear
4. Characterise outbreak by person, place and time.
 - Review descriptive epidemiology of all cases
5. Determine who is at risk.
 - Identify groups at risk
 - Initiate precautionary measures
6. Implement ongoing control/prevention measures.
 - Review measures initiated for immediate control
 - Implement appropriate ongoing control measures and strategies to prevent further illness
 - Communicate and coordinate with all stakeholders
 - Make plans to evaluate their effectiveness
7. Communicate findings.
 - Prepare written report that evaluates methods used for the control of the outbreak

In addition, the following steps will be considered during public health level investigations of outbreaks.

8. Develop hypothesis – the 'how' and 'why'.
 - Develop hypothesis from the factual information gathered to date on potential source, vector, pathogen and route of transmission
9. Test hypothesis with established facts.
 - Perform epidemiologic study
 - Analyse the data
 - Carry out further studies if necessary

Infection control strategies to contain an outbreak

Staff members role in outbreak management includes:

- Reinforcement of standard precautions, including the 5 moments for hand hygiene, environmental cleaning protocols and appropriate use of PPE
- Implementation of relevant transmission-based precautions, including isolation and cohorting

Westmont will refer to the specific precautions required for each infectious agent as listed in Appendix 2 – Section 6.4 of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.

Applying standard and transmission-based precautions during procedures

TAKING A RISK MANAGEMENT APPROACH TO PROCEDURES

Westmont will aim to perform clinical procedures with the lowest level of perceived infection risk that will meet the treatment goals for the consumer.

Staff will ensure associated risk infections are identified and minimised when performing the procedure. This includes:

- The appropriate use of devices and single-use items
- Applying aseptic technique
- Applying a care bundle approach

INVASIVE MEDICAL DEVICES

An invasive medical device is any medical device that is introduced into the body, either through the skin or opening in the body.

In minimising the risk of infection related to the use of invasive medical devices, Westmont will:

- Only use an invasive medical device when clinically indicated and consider the infection-risk during decision making
- Ensure all staff are adequately trained and competent in the skills required for safe insertion, maintenance and removal of a device
- Choose the most appropriate device and system for the consumer
- Check the device at every service or shift and remove as soon as it is no longer necessary
- Regularly monitor consumers, the insertion site and the device for any signs and symptoms of infection
- Minimise the period of time a device remains in a patient
- Provide consumer education on the infection risk associated with the insertion of devices and the importance of proper maintenance
- Clearly document the insertion, maintenance and removal of the device, as well as review of device necessity
- Implement appropriate surveillance systems to monitor infection rates

Indwelling urinary devices

Staff will minimise the risk from indwelling urinary devices by:

- Assessing the need for catheterisation
- Education of staff
- Educating consumers
- Implementing appropriate surveillance

Intravascular access devices

Staff will minimise the risk from intravascular access devices by:

- Identifying the need an intravascular device
- Allowing sufficient contact time for site preparation
- Device selection
- Site selection
- Insertion
- Dressing securement

Staff will inform consumers of the reasons why they require an intravascular access device and the plan of care including planned removal. Where appropriate, consumers will also be involved in the choice and placement of the intravascular access device. Staff will educate the consumer about keeping the dressing dry.

The replacement of peripheral intravenous catheters (PIVCs) will be based on a formal risk assessment that takes into account the availability of staff appropriately trained in the insertion, monitoring, assessment and maintenance of PIVCs and how regularly the consumer will receive care services in the home.

Enteral feeding tubes

During the preparation, staff will minimise the risk of infection by:

- Performing hand hygiene before starting feed preparation
- Wherever possible, using pre-packaged, ready to use feeds
- Using a clean working area if decanting, reconstitution or dilution is required
- Mixing feeds with cooled boiled water or freshly opened sterilised water using an aseptic non-touch technique

During the administration, staff will minimise the risk of infection by:

- Performing hand hygiene immediately before administration
- Using minimal handling and aseptic non-touch technique to connect the administration system to the enteral feeding tube
- Using aseptic technique for administration of medications
- Discarding administration sets and feed containers after each feeding session

To reduce the risk of infection during care of the insertion site and feeding tube, staff will:

- Perform hand hygiene immediately before commencing
- Wash the stoma daily with water and dry thoroughly
- Flush the enteral feeding tube with fresh tap water before and after feeding or administering medications to help minimise the potential risk of microbial colonisation of the internal and external surfaces
- Use cooled boiled water or sterilised water for consumers who are immunosuppressed

Staff health and safety

HEALTH STATUS SCREENING AND IMMUNISATION

Staff are required to follow Westmont's infection prevention and control processes at all times.

Prior to beginning employment, it is a requirement for all new staff to be immunised for influenza within the last 12 months and have a Covid vaccination.

Westmont will implement a framework for the assessment, screening and vaccination of nursing staff to minimise the risk of transmission of vaccine preventable diseases. Before beginning employment, nursing staff will complete a personal assessment of disease and immune status. The assessment will check the medical details of medical history for rubella, measles (rubeola), mumps, chickenpox (varicella), hepatitis B, immune disorders, skin conditions, and for prior exposure to tuberculosis.

Where pre-vaccination screening is required, Westmont will engage the services of an external provider to conduct this. Westmont will retain details of the screening results and immunisations provided, including vaccine preventable disease history, date and results of serology, record of immunisations consented/refused, date given, batch number, type and brand name of vaccine.

Westmont will maintain current staff vaccination records. Records are reviewed monthly to identify staff who require updated vaccinations.

Staff who decline vaccination must provide a Doctor's Medical Certificate to confirm the staff member cannot or should not have a vaccination.

Westmont recommends that all nursing staff have the following vaccination:

- Hepatitis B
- Pertussis (dTpa)
- MMR (in non-immune)
- Varicella (in non-immune)

Where required, nursing staff will undertake risk assessment at the development of the consumer care plan to estimate the specific infection risks. The risk assessment will consider the following:

- History of previous vaccination
- Opportunity for exposure
- Consequences of exposure

EXCLUSION PERIODS FOR STAFF WITH ACCUTE INFECTIONS

All Westmont staff who have an infectious disease have a responsibility to:

- Consult with an appropriate medical practitioner to determine that they are capable of performing their tasks without putting consumers and other staff at risk
- Undergo regular medical follow-up and comply with all aspects of informed clinical management regarding their condition

Staff exclusion periods for infectious illness

Acute infection	Exclusion period
Conjunctivitis	Must not provide consumer care for the duration of the symptoms.
COVID-19	People can be released from isolation or quarantine (home or in hospital) if they meet the current State and Commonwealth Government guidelines.
Gastroenteritis* (except norovirus)	Must not come to work while symptomatic (eg diarrhoea and/or vomiting) and until 72 hours after symptoms have resolved.
Glandular fever	No need for exclusion.
Hand, foot and mouth disease	Staff should be excluded until all blisters have dried.
Herpes Simplex (cold sores)	Must not provide direct care to severely immunocompromised consumers, burns consumers or, consumers with extensive eczema. May provide direct care to other consumers.
Herpes Zoster (Shingles)	Must not provide any direct consumer care if lesions cannot be covered. If active lesions can be covered, can provide care to consumers.
Influenza	Clinical care staff must remain off work until at least 24 hours since the resolution of fever, provided: <ul style="list-style-type: none"> • They have received 72 hours of anti-influenza medication or • 5 days have elapsed since onset of respiratory symptoms Non-clinical care staff must remain off work until 72 hours after symptoms have resolved.
Norovirus	Must not come to work for at least 72 hours after symptoms have stopped (eg diarrhoea and/or vomiting)
Pertussis (Whooping Cough)	Remain away from work until at least 5 days after commencement of appropriate antibiotic therapy; or for 21 days after the onset of symptoms if not receiving antibiotic treatment; or 14 days after the onset of paroxysmal cough (if the onset is known).
Scabies and Lice	Staff should remain off work until 24 hours after first treatment started.
Staphylococcal infection	Any staphylococcal lesions must be covered with an occlusive dressing while at work. If lesions cannot be covered, staff must not perform consumer care or prepare food until they have received appropriate antibiotic therapy and the infection is resolved.
Streptococcal infection	Any staff with streptococcal lesions must ensure that lesions are covered with an occlusive dressing while at work. If lesions cannot be covered, staff must not provide direct consumer care nor prepare food until 24 hours after commencement of appropriate antibiotic therapy. Staff with pharyngitis/tonsillitis should avoid patient contact for at least 24 hours after starting appropriate antibiotic therapy.
Tuberculosis (TB)	If TB is suspected or is present, the relevant department for TB Services are to be notified of the staff, and the staff treated. Any staff with pulmonary TB is to be excluded from work until cleared by TB services. Any active TB must be monitored by TB Services.

Acute infection	Exclusion period
Viral rashes	<p>Before starting employment, staff will be screened by completing a pre-employment health assessment for measles, mumps, rubella and varicella. Non-immune staff will be offered vaccination unless contraindicated.</p> <p>Measles (rubeola) – if suspected, staff must remain off work until appropriate test results are known. Staff may return to work if they have serological evidence of immunity; but must be excluded until 4 days after the appearance of the rash if they develop measles.</p> <p>Mumps – if suspected, staff must remain off work until appropriate test results are known. Staff may return to work if they have serological evidence of immunity. If mumps develop, they must be excluded from work for 9 days after the onset of parotid gland swelling or until the swelling goes down.</p> <p>Rubella (German Measles) – if suspected, staff must remain off work until appropriate test results are known. Staff may return to work if they have serological evidence of immunity. If staff develop Rubella, they must be excluded for at least 4 days after the appearance of the rash.</p> <p>Chickenpox (Varicella) – if staff develop Varicella, they must be excluded until all blisters have dried (usually takes at least 5 days).</p> <p>Human Parvovirus B19 (Slapped Face) – does not require exclusion from work; non-infectious once rash develops.</p>
Viral respiratory tract infections (eg common cold)	Staff should be excluded from contact with susceptible persons, until they are no longer symptomatic. Staff with viral respiratory tract infections should stay at home until they feel well.

MANAGING EXPOSURES TO OCCUPATIONAL HAZARDS

Westmont will ensure the management of needlestick injuries and provide immediate post-exposure advice for sharps injuries and other blood or body substance instances involving staff. This will include:

- Staff will receive immediate care and treatment at the site of exposure
- A risk assessment of the exposure will be taken, including the type of exposure, type and amount of fluid involved, infectious status of the source, and susceptibility of the exposed staff member
- If the source of exposure can be identified, staff will be tested for HBV surface antigen, HCV antibody and HIV antibody
- Staff will have baseline testing, as required
- Counselling and follow-up will be provided to staff

Treatment protocols will include the removal of contaminated clothing, thorough washing of the injured area with soap and water; and flushing of affected mucous membranes with large amounts of water.

The decision to prescribe post-exposure prophylaxis (PEP) will be made on a case-by-case basis and include consideration of the need for first aid, counselling including the assessment of risk of exposure to the infection, testing, and depending on the outcome of the exposure assessment, the prescription of antiretroviral drugs, with appropriate support and follow-up as per medical practitioner.

When PEP is recommended, it will be prescribed and started as close to time of exposure as possible, and within 72 hours. Eligibility for PEP and the type of regime prescribed will be individualised and determined by a number of factors, including the transmission risk associated with the exposure. This will occur as per medical practitioner.

Hepatitis B – staff with evidence of previous immunity to hepatitis B will not require follow up. Non-immune staff will require immunisation and follow up.

Hepatitis C – staff potentially at risk will require baseline and follow-up testing for hepatitis C. Patients will be informed about the symptoms of hepatitis C and advised to seek medical advice if any are displayed.

Tetanus – Tetanus status will be assessed for any staff who sustain abrasions or wounds.

STAFF WITH SPECIFIC CIRCUMSTANCES

Westmont will assist staff who experience circumstances that place them at greater risk of infection to develop management plans that ensure their well-being.

Where a staff member is known to be particularly susceptible to healthcare associated infections, work duties will be assessed to ensure that the welfare of the staff member, consumers and other staff is safeguarded.

Pregnant staff

Westmont will provide information on the risks associated with pregnancy and assist pregnant staff to avoid infectious circumstances that may present a risk to the staff member or the baby. It is the responsibility of the pregnant staff member to advise their doctor and Westmont of their pregnancy.

All pregnant staff will adhere to standard and transmission-based precautions and ensure they are appropriately vaccinated. Pregnant staff will be given the opportunity to avoid patients with specific infections.

Immunocompromised staff

Staff with immune deficiencies will undertake duties that will minimise their exposure to infections.

Staff with skin conditions

Staff with skin conditions will be identified by personal history screening when they start employment and will be informed of the risks they may pose to consumers.

Any damaged skin must be appropriately covered and use appropriate PPE.

Staff with cystic fibrosis

Staff with cystic fibrosis will be identified during pre-employment screening to determine the safest workplace arrangements. Staff with cystic fibrosis will not work with consumers or other staff with cystic fibrosis.

Staff living with a blood-borne virus (BBV)

Westmont will provide a supportive work environment, counselling and appropriate infection control measures for staff living with BBV. Staff living with BBV must be under the care of a treating doctor and must be tested for the respective BBV viral load levels, as well as other BBBs, in accordance with the *Australian National Guidelines for the Management of Health Care Workers known to be infected with blood-borne viruses 2018*.

EXPOSURE-PRONE PROCEDURES (EPP)

Westmont will be guided by the *Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses (2018) (National Guidelines)*.

Staff who perform EPPs are required to take reasonable steps to know their BBV status and will be tested for BBVs at least once every three years and are required to have appropriate and timely testing after potential BBV exposures, both occupational and non-occupational.

Staff living with BBV who are performing EPPs must be under the care of a medical practitioner with relevant expertise and will be expected to comply with the requirements stated in the National Guidelines and relevant legislation.

Westmont will support staff who perform EPPs with access to appropriate information, testing, training, counselling and vaccination programs, and ensure their confidentiality is maintained.

Education and Training

Westmont will provide education and training to staff at orientation and ongoing professional development.

On-the-job training and online learning will be provided to staff as part of orientation, annual training, when new procedures affect staff members occupational exposure and before rostering to a hazardous environment. Staff competency will be assessed, and records will be maintained of their participation in education programs.

Infection Surveillance

Westmont recognises that many infections can be prevented using approaches based on quality and safety theories.

Westmont will collect data on HAI's, infection prevention and control breaches, outbreaks of infectious disease and antibiotic resistance.

Surveillance will involve:

- Defining surveyed events precisely
- Systematic collection and validation of data
- Analysis and interpretation
- Communication of findings to relevant people

Westmont will follow epidemiologic principles during HAI surveillance by using standardised definitions of infection, and when available, use laboratory-based data and collect epidemiologically important variables, analyse data to identify trends that may indicate increased rates of transmission, and feedback information on trends, probable risk factors and prevention strategies and their impact.

When an outbreak is detected, Westmont will form the infection prevention and control outbreak team and inform relevant staff and management. The relevant public health authority will be informed of outbreaks related to notifiable infections.

Date approved:	October 2020	By Department:	DCC		
	12/01/2022				Minor changes to Covid-19 isolation and exclusion requirements.
To be reviewed:	October 2023	By Department:		Key changes:	