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Infection Control in the Community

PRACTICE GUIDELINES

COMPETENCIES

7 / 10
Commu7nication

7 / 10
Critical Thinking & Decision Making

9 / 10
Accountability

6 / 10
Teamwork & Collaboration

8/ 10
Leadership

SCOPE

This guideline applies to the provision of paid support services in the community. They are relevant Australia-wide or when a client is travelling overseas with their Australian team of support worker/s. This applies to all Provider workers, Clients and visitors to the home including contractors.

This policy should be read in conjunction with reference to any State relevant information and/or the Australian Government.

DISCLAIMER

This guideline is provided to help guide best practice in the disability, aged care and community support industry. This information does not in any way replace legislative, regulatory, or contractual requirements. Users of this document should seek appropriate expert advice in relation to their circumstances. ACIA does not accept any liability on the use of this guideline.

PURPOSE

This guideline is to assist:

- Provide general information and guidance for Service Providers in minimising risk through the appropriate management of infection control and the use of personal protective equipment (PPE) in the Home and Community setting.
- Provider is committed to providing an environment where all reasonable and practicable precautions are taken to prevent the spreads of infection and maintain the health and safety of all workers, Clients, visitors and volunteers.
- The Provider acknowledges that infection control is an integral element in the provision of quality care, as it seeks to minimise client inconvenience, pain and mortality and contributes to reducing health care costs and risk for workers, visitors and visiting health professionals. The Provider recognises that all workers have a responsibility for ensuring infection control measures are implemented.

DESIRED OUTCOME

- To maintain a quality and safe standard of service delivery support.
- To prevent the risk of the transmission of infections, and to best respond to Emergencies in the interests and safety of their clients and personnel in the home and community setting.
- This infection control approach is based on a risk management approach to the possibility of transmission of infection.
- The Provider maintains that quality in infection control is achieved through:
  - adoption of standard precautions;
  - adoption of additional precautions;
  - provision of appropriate training for all workers;
  - provision of adequate facilities and equipment;
  - implementation of an infection control surveillance program;
  - commitment of management and workers to the continual review and improvement of infection control practices; and
  - establishment of worker and client immunisation programs.

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BACKGROUND

- Effective infection prevention and control is key to maintaining continuity of high quality supports and minimising risk to clients whilst ensuring the safety and wellbeing of the service providers' workers and other community members. Consideration must be given to the environment in which the supports are being delivered as they may differ for each client.
- All workers will be provided with education and resources on infection control. Education on infection control principles will address Standard Precautions, Pandemic management, emergency preparedness, hand hygiene, personal protective equipment and infection control ettique to enable them to identify relevant hazards and risks and apply appropriate measures to prevent the transmission of infection between persons.
- Home based workers will complete a hand washing competency assessment annually and as required. Provider homes will take part in continuous improvement activities for the ongoing review of infection control procedures and outcomes.

Hand Hygiene

The evidence clearly validates that effective hand hygiene practices are one of the most effective and efficient strategies to reduce the transmission of pathogen transmission (Kaveh et al., 2021; Lambe et al., 2021), which has been further validated by enforcement of such in the management of the COVID pandemic (Duong et al., 2021; Dwipayanti et al., 2021). With a focus on mask wearing and hand hygiene practices we have been evidence of reduction in transmission of influenza, gastroenteritis and general cold and flu type illnesses (De Angelis et al., 2021; Qin et al., 2021).

The implications of a breach in hand hygiene practices have long been regarded as a critical first line defense mechanism in the reduction of transmission of harmful pathogens (Kaveh et al., 2021). Breaches can lead to transmission from source to source, contamination of source, reduced quality of life particularly for immunocompromised and those with open wounds at risk of infection (Kaveh et al., 2021; Lemmen & Lewalter, 2018). The practices are fundamental to core nursing and health care practices and taught from the outset of professional development with regular reinforcement occurring throughout a clinicians journey for self improvement along with professional regulatory requirements for refreshment (APHRA, 2016).

The risk assessment for hand hygiene needs to consider the theoretical and practical aspects of its application. The risks for hand hygiene include when contact occurs, the effectiveness of the hand hygiene practices and the type of pathogen. Surveillance rates of hand hygiene in cliential aged care were 94% in a study conducted by Shaban et al. (2020). As reflected in the Clinical Excellence Commission (NSW Government, 2021) guidelines risks occur in a number of areas:

- Before client contact;
- After client contact
- Before a procedure
- After a procedure of body fluid exposure
- After touching client surrounding
- Upon entering and leaving a ward
- Immediately before and after glove use
- Between individual clients
- Between clean and dirty sites on the same client
- Before handling sterile products or packs
- Before eating
- Before handling client food
- After coughing or sneezing or blowing nose
- After going to the toilet
- After cleaning shared care equipment
- After contact with animals
- Before and after smoking

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The governance behind hand hygiene is a critical element to manage and minimise the risk involved (NSW Government, 2021). Risk management on hand hygiene practices involves a consistent, structured and diligent approach to the practice. Evidenced based practices and policies have consistently been important for practice management when it comes to hand hygiene (Lambe et al., 2021). Relevant and timely reviews of such have been demonstrated to hold weight in terms of compliance (Lee et al., 2018). Regular and contemporary appropriate andrological approaches to education and clinical supervision of hand hygiene practices rely on solid and well informed supervision practices Lambe et al. (2021). Competency based hand hygiene practices have been validated as appropriate strategies for supervision, however whilst they are a single point in time for compliance, the longer term clinical supervision approaches should remain as a means to compliance and validation of consistent practice management (Purssell & Gould, 2021). Consistent with code of practice requirements for Registered Nurses as set out by APHRA (2016), regulatory requirements for consistent upskilling and supervision of practices site strongly both professionally and ethically. Availability of resources was identified by Lambe et al. (2021) as a key intervention in uptake of hand hygiene practices. Auditing and reporting of compliance is critical in risk management of hand hygiene, both from a practice and due diligence point of view but furthermore as a strategy for monitoring and supervision of such practices (Chong et al., 2021). Lambe et al. (2021) supported a strong initiative of interventions based on a change the behaviours wheel which primarily engages tailored education and simulation activities along with peer to peer accountability which provided for modeling that had a positive outcome on practice. This was further endorsed by Chong et al. (2021) as using client education and client empowerment being useful strategies to increase hand hygiene compliance. A trend occurring in more areas of a clinical care are regular audits noting compliance, application of policy and correct implementation of practices set out by the institution (Anguraj et al., 2021). This provision for transparency in audit and compliance results has helped to drive greater adherence to correct policies and procedures. Another measure to consider in compliance of hand hygiene is the adequate provision of hand washing facilities, which also includes the strategic placement of alcohol based hand sanitiser stations for the utilization of workers, clients and visitors (Borg et al., 2008; Lemmen & Lewalter, 2018).

The evaluation of the initiatives as a part of the risk assessment ensures the continuity of care and service provision is maintained not just for compliance purposes but also correctly as a part of professional practice to meet the needs of the provider and health system.

Waste Management

Recyclable waste products should be disposed of in appropriately marked bins according to local council guidelines. Recycling should be actively encouraged and collected by the appropriate council waste management provider. Garden waste should be encouraged to be composited onsite or in council waste strategy initiatives.

Clinical waste is waste which has the potential to cause injury, infection or offence. Sharps management involves disposing of sharps in dedicated containers designed and disposed of accordingly. Bulk body fluids and blood or byproducts are not typically classed as clinical waste unless highly visibly contaminated with blood and therefore treated as clinical waste. A risk management approach to visible contaminated products, especially those unable to be sluiced should be considered as clinical waste and disposed of appropriately. Protocols are in place to manage the first aid and management of occupational exposure to blood and bodily substances including mandatory reporting requirements as relevant and state specific. The management of cytotoxic waste is as per state specific and organisational procedures, including collaboration with pharmacy specialists. These are managed in a risk based approach including additional education, specific equipment, registers that are maintained and monitoring of those workers who are considering or are pregnant.

Pharmaceutical Waste includes pharmaceuticals or other chemical substances specified as regulated goods in the Poisons and Therapeutic Goods Act 1966. This includes expired or discarded pharmaceuticals. This should be disposed of by the Pharmacist as guided by the Act.

Chemical waste management is managed according to local council government regulations and manufacturer guidelines. Only chemicals deemed appropriate for standard recycling management are to be placed in standard rubbish removal processes, otherwise treated accordingly. All chemicals are to be labelled, isolated and managed by the supplier or a registered chemical waste management provider.

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All blood and body substance spills should be managed to avoid risk of transmission od infection and to ensure the safety of both the client and workers. Spill management involves gathering appropriate equipment depending on the size and location of the spill and donning appropriate personal protective equipment, removing sharps where appropriate, mopping up and cleaning up the spill using contents of a spill kit, disposing of all single use items in clinical waste containers. Where reusable items are used, appropriate colour coded cloths and equipment are to be used, laundered appropriately and hand hygiene completed at the end.

Food Safety

Compliance with state, local and Commonwealth Food Safety legislation is mandatory in facilities where catering services are provided (Food Standards Australia New Zealand, 2008). Compliance is maintained to ensure all food provided is stored, prepared and served hygienically and in such a way as to preserve the quality of the food (Liggans et al., 2019; Lund, 2015). People who handle food must have the required skills and knowledge to handle food correctly and according to policy/legislation & food safety plan requirements (Food Standards Australia New Zealand, 2008). Food Safety Advisor is in place and with the skills and authority to ensure that all workers handling food have sufficient skills and knowledge to provide safe food, and understand and follow the Food Safety Plan.

The Food Safety includes operating standards that identify potential hazards that may be reasonably expected to occur in food handling operations, specifies how each hazard can be controlled, provides for monitoring these controls, provides for corrective action if required, and provides for the ability to make and keep records (Food Standards Australia New Zealand, 2008; Liggans et al., 2019). It systematically identifies potential hazards that may be reasonably expected to occur in food handling procedures. Where identified, each hazard where control is plausible is introduced and systematic monitoring of these controls are put in place. Corrective action when the hazard is found not to be under control is implemented. Regular review of the food safety program is undertaken to ensure it is adequate, comprehensive and records are in place to validate its compliance (Food Standards Australia New Zealand, 2008). Food Safety includes minimum operating standards for personal hygiene for food handlers.

Biological, chemical and physical hazards are considered. These are managed predominantly through temperature control mechanisms and storage controls. Pathogenic bacteria at unacceptable levels for example Listeria, ecoli, and salmonella may occur due to time and temperature abuse therefore strict controls are in place to where possible eliminate these risks (Brown et al., 2021; Calix-Lara et al., 2014; Ehuwa et al., 2021; Oscar, 2021; Perez-Rodriguez et al., 2006; Sharma et al., 2014). Chocking hazards are considered high risk and strict protocols are in place to ensure that timely communication of a clients swallowing needs are assessed, managed, and controlled within the systems that are in place. Chemical hazards maybe introduced where food is not washed thoroughly, inappropriate use of chemicals for cleaning and storage of chemicals. Critical control points are used as set out in the food safety plan are in place to minimise and hopefully eliminate risks that may be identified.

Majority of the information was resourced from internal organisational policies and procedures. Legislation that guides practice in includes the Aged Care Act ("Aged Care Act.," 1997). This is informed by APHRA standards of practice (APHRA, 2016), Guidelines for prevention and control of infection in healthcare (Australian Commission on Safety and Quality in Health Care, 2019) and recent COVID management guidelines (Australian Government, 2021). Various food safety (Food Standards Australia New Zealand, 2008) and waste management guidelines are available that are state specific.

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DEFINITIONS & SUPPORTING INFORMATION

Community Supports and/or Services is defined as the provision of paid supports and services in a client's home or community. It includes but is not limited to, the following activities of daily living:

- personal care or support
- housework or domestic assistance
- transport assistance
- community access
- social support
- nursing services
- clinical supports
- gardening and home maintenance
- palliative care
- respite care

Support Worker - A paid person who assists people to perform tasks of daily living so as to participate in social, family and community activities in the person's home and their community. Support Workers have been commonly known in the past as attendant care worker, disability worker, aged care worker, community worker, homecare worker, care worker or paid carer.

Service Provider - Organisation or person accountable for the delivery of supports to Clients.

Carer - a person that provides supports to the Client at no cost (generally family or friend).

Support Worker Competency - trained and assessed as competent by a Registered Nurse or a person deemed competent by the provider to safely and appropriately perform a specified task as a support worker.

Client means the consumer, participant, user, care recipient, customer or person receiving the nursing or support services.

Plan means a Service Plan, Support Plan or Individual Plan (however titled – the plan) is a document developed in response to a request for service. It is developed by a Registered Nurse or a person deemed competent by the provider from the service provider, prior to the commencement of service delivery. It outlines the expected outcomes of the requested care/services and the tasks, duties and interventions required to meet the care and service needs of the client (within the parameters of the funding program). The plan guides and directs the individual support worker or Registered Nurse in their day-to- day delivery of the services.

Registered Nurse means a person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered and licensed with the Australian Health Practitioner Regulation Agency (AHPRA) as a Registered Nurse.

Competent means having been trained and assessed by a registered nurse or enrolled nurse or approved assessor as competent to safely and appropriately perform a specified task.

Emergency Event: is an event involving a sudden and large-scale alteration in state or circumstance which may also include Police / Military Operations, and Terrorism where there is the potential for widespread implications. In terms of its definition within this guideline, it refers to Natural Disaster, Severe Weather (Fire / Flood) and Health Pandemic with the potential of widespread implications for service delivery.

PPE: Personal Protective Equipment

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G U I D E L I N E

Hand Hygiene

- Ensure all workers perform hand hygiene as per the 5 moments for hand hygiene at all times.
- Alcohol based hand rubs and/or hand washing facilities will be available to all workers, Clients and visitors.

Using Gloves

- Wearing gloves does not eliminate the need for hand hygiene.
- Wear gloves when contact with body fluids is anticipated.
- Change gloves during Client care if moving from a contaminated body site to a clean body site.
- Remove gloves after caring for a Client. Do not wear the same pair of gloves for the care of more than one Client.
- Change and discard gloves if they become torn, punctured or compromised in any way.
- Gloves must not be sanitised, washed or reused.

Hand Care

- It is important to ensure that the selected Alcohol Based Hand Rubs, antiseptic handwashes, and moisturising lotions are chemically compatible and pH neutral (5.5 to 7), to minimise skin reactions and to ensure that the decontaminating properties of the hand hygiene product are not deactivated.
- Hand care problems such as dryness, dermatitis and/or sensitivity should be reported to the Manager for action or referral to address hand care problems.
- Workers who have cuts and abrasions on exposed skin and are involved in direct Client care/meal preparation should consult with their manager. Workers should cover cuts and abrasions on exposed skin areas with an occlusive waterproof dressing, which should be changed when required or when soiled.

Hand Hygiene

- Hands must be washed with liquid hand washing solution and water when visibly soiled.
- Take care not to re-contaminate hands when turning off taps.
- Alcohol-based hand rub must be allowed to dry (evaporate) appropriately by rubbing vigorously.
- Promote client and visitors hand hygiene
- Clients must be provided with the means to perform hand hygiene.
- During outbreak situations, clients and visitors should be actively encouraged to undertake frequent hand hygiene.

Standard and Additional Precautions

A two-tier system of infection control precautions is in place. The two tiers are Standard Precautions and Additional Precautions. Precautions are designed to reduce the risk of micro-organisms from both recognised and unrecognised sources of infection.

- Standard Precautions (Tier 1) constitute the minimum level of acceptable practice for infection control. They are designed to reduce the risk of transmission of micro-organisms from both recognised and unrecognised sources of infection. Standard Precautions are used by all workers members whenever required, without regard to the known or presumed diagnosis or status of any person.
    - Standard Precautions apply to:
        - blood (including dried blood);
        - all body substances, secretions and excretions, with the exception of sweat;
        - non-intact skin; and
        - mucous membranes.
    - Standard Precautions apply at all times to all persons regardless of their diagnosis or presumed perceived infection status.
    - These include:

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        - safe work practices such as hand hygiene and hand sanitising;
        - the use of protective barriers such as gloves, gowns/aprons, masks and eye protection;
        - appropriate management of contaminated sharps, clinical waste, Client care devices and linen; and
        - respiratory hygiene/cough etiquette.
- Additional Precautions (Tier 2) are implemented by all workers members when indicated by a provisional or confirmed diagnosis of a person, or when directed to do so by the Manager. Additional Precautions are designed for Clients known or suspected to be infected with pathogens for which extra precautions beyond Standard Precautions are needed to interrupt transmission. The use of Additional Precautions must always be in addition to Standard Precautions.
    - There are three types of Additional Precautions:
        - Contact Precautions are designed to reduce the risk of transmission of microorganisms by direct or indirect contact (e.g. contact with skin or surfaces contaminated with MRSA, scabies or gastroenteritis)
        - Droplet Precautions apply to any Client note to be suspected of being infected with pathogens can be transmitted by droplets(e.g., mumps, rubella, influenza and SARS)
        - Airborne Precautions apply to Clients known or suspected to be infected with pathogens that can be transmitted by the airborne route (e.g. tuberculosis or chickenpox virus).
    - A combination of types of Additional Precautions may be required for organisms or diseases that have multiple routes of transmission.

Personal Protective Equipment (PPE), Spills & Exposure

- Appropriate personal protective equipment is provided and is worn by all workers when required.
- Perform Hand hygiene immediately after removing PPE.
- Hand hygiene with alcohol-based hand rub or hand washing must be performed before putting on PPE and after removing PPE.
- Use of gloves does not replace hand washing.
- Non-sterile examination gloves are suitable for most routine Client care related activities.
- Sterile surgical gloves must be worn if there is likely to be contact with tissue which is normally sterile or with sterile items e.g. urinary catheter during catheterisation.
- Gloves must be worn whenever there is a risk of exposure to blood and/or body substances.
- General purpose utility gloves are worn to protect the hands from contact with chemicals as well as a protective barrier to microorganisms from external source and to prevent transmission of organisms present on the hands. General purpose utility gloves must be used for all housekeeping-type tasks including environmental cleaning, equipment decontamination and cleaning; and situations where potential contact with blood or body substances, or gross microbial contamination may be present e.g. handling of soiled linen.
- Impervious aprons or gowns must be worn where there is a likelihood of splash or contamination with blood or body substances. Impervious aprons or gowns are single use and cannot be re-used. Following use, the apron or gown must be disposed of into the appropriate waste stream. If clothing becomes contaminated with blood or body substances, soiled clothing should be removed as soon as possible, and before attending any other duties.
- A fluid-repellent mask is to be used if there is a likelihood of splashing or splattering of blood or other body substances e.g. while cleaning soiled equipment. An appropriate fluid repellent surgical mask should be used when there is a risk of inhalation of micro- organisms e.g. when a Client has a respiratory illness such as influenza, COVID, or during suctioning. Be worn and fitted according to the manufacturer's instructions. Not be touched by hand when being worn. Be removed as soon as practicable after they become moist. Not be re-used.
- Protective eyewear must be worn where there is a risk of aerosolisation and/or splashing or splattering of blood or body substances to the eyes e.g. wound irrigation. Protective eyewear must be worn and fitted. Single use eyewear must be discarded after use. Reusable eyewear must be cleaned after each use in with neutral detergent.
- Use of PPE as directed during an outbreak of infection is to continue until informed by the Manager or their delegate.

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PPE required when providing care for or visiting an asymptomatic client in quarantine

When to use	 Hand hygiene	 Surgical mask	 Eye protection (glasses/ goggles/ face shield)	 Disposable gloves	 Disposable fluid repellent gowns
Caring for or visiting an asymptomatic client in quarantine	✓	✓	✓	✓	✓

PPE required when providing care for a client with suspected or confirmed COVID-19

When to use	 Hand hygiene	 Surgical mask	 Eye protection (glasses/ goggles/ face Shield)	 Disposable gloves	 Disposable fluid repellent gowns
Caring for a client with suspected/ confirmed coronavirus (COVID-19)	✓	✓	✓	✓	✓

Respiratory Hygiene and Cough Etiquette

- Respiratory hygiene and cough etiquette is practiced when any person has signs of a respiratory infection, regardless of known or presumed cause.
  - Cover the nose/mouth with a tissue when coughing or sneezing
  - Dispose of the tissue into a waste container immediately after use
  - Perform hand hygiene after disposing of the tissue
- Clients with signs of respiratory infection are educated in respiratory hygiene and cough etiquette procedures. These instructions are reinforced by workers as necessary.
- Workers who have symptoms of a respiratory illness are encouraged to seek medical advice regarding the risk of transmission of any infection that may be present.

Management of Blood and Body Substance Spills

- All blood and body substance spills will be managed to avoid risk of transmission of infection and to ensure workers and Client safety.

Multi-Resistant Organisms

- Every reasonable effort is made by management and workers to limit the occurrence and spread of multi-resistant organisms. Standard Precautions apply at all times.
- Contact precautions are not recommended unless the Client is heavily contaminating the environment e.g. has a grossly exudating wound or an MRSA chest infection with productive cough. Advice must always be sought from the Manager.

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Management of Occupational Exposure to Blood and Other Bodily Substances

- Any workers member who sustains an exposure to blood or body substances in the course of duties is offered appropriate immediate and ongoing management and support. Confidentiality is maintained for all associated information.
- In the event of any exposure to blood/bodily fluid, no matter how minor, the appropriate measure outlined below should be taken as soon as possible.
    - Cut or puncture - wash with soap and water
    - Eye splash - rinse eye(s), while open, gently but thoroughly with water or normal saline
    - Mouth splash - spit, then rinse the mouth with water several times and spit after each rinse
    - Intact skin - wash area with soap and water
    - Contaminated clothing- remove clothing and shower if necessary
- Immediate reporting of the incident to the Manager is required. Counseling should take the form of: access to the Needlestick Injury Hotline - 1800 804 823 (free-call, 24 hours a day, 7 days a week)
    - Incident notification must be forwarded to the insurer within 48 hours.
    - Arrangement for medical advice, counseling and testing shall be initiated as a matter of priority. The results of such testing are confidential and shall be managed appropriately.
    - Investigation into the circumstances and causes of the incident should be undertaken as per incident management processes and practices.

Care After Death

- Appropriate infection control standards are applied when attending to deceased Clients while maintaining respect and dignity.
- Standard Precautions should be used when handling deceased Clients.
- Additional Precautions should also be used when there is a known or possible diagnosis of an illness or infection which requires the use of Additional Precautions during life.
- The reasons for use of Standard and/or Additional Precautions when handling the body of a deceased person should always be clearly and sensitively explained to the family/carer, if present.

Outbreak Management

An outbreak is defined as an epidemic, or an increase above the normal or expected level of an infection or infectious disease. Any outbreaks of infection or infectious disease are managed to prevent a further increase in cases. The Manager determines if an outbreak exists in consultation with the Public Health Unit based on information reported from workers such as signs/symptoms, pathology results etc. If the outbreak is of a notifiable disease, or if the outbreak is judged beyond the capacity of the service to effectively manage, the Disease Control section of the Public Health or Population Health Unit for the appropriate Area Health Service must be notified as soon as possible. Management of the outbreak should be in accordance with the decisions and directions of the Manager and any other relevant persons e.g. medical officers, public health officials.

- Medical officers are to be kept informed by the Manager or their delegate.
- All categories of workers are to be informed of the outbreak.
- Families /carers of the Clients involved in the outbreak should be initially informed and then given regular updated information by the Manager or delegate.
- All categories of workers are required to comply with the infection control precautions in place to manage the outbreak.
- Education and information as well as any required extra equipment is provided to workers regarding management of the outbreak, and any particular requirements related to their area of work.
- Infection control precautions instituted to contain the outbreak are to remain in place until the Manager announce that they may be ceased.
- Following control of the outbreak, the Manager or delegate will coordinate an investigation into factors which may have contributed to the outbreak. The aim of this is to minimise the risk of further outbreaks.

Client Health Program

- Clients are offered screenings and immunisations as appropriate, to protect them against risk of infectious diseases. This is done in consultation with all individual's medical health professional as appropriate.
- Providers should maintain awareness of infection risks in body systems e.g. skin, urinary tract, respiratory tract, and monitoring for any signs or symptoms of infection.

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Clinical Cytotoxic Management

Cytotoxic drugs may be used in to treat cancer, autoimmune or inflammatory conditions e.g. rheumatoid arthritis, psoriasis or lupus. All cytotoxic drugs may cause side effects and these maybe severe. Elderly and Vulnerable Clients are more susceptible to adverse effects due to reduced immunity.

- When providing care to any Clients, standard precautions must always be used by all workers to reduce any risk of contamination. This includes use of gloves, gown and mask depending on the procedure being conducted.
- Cytotoxic drugs can be dangerous if not handled correctly. The Cytotoxic drugs used in aged care are thought to have a low level risk for care workers or other workers members who may be responsible for assistance with personal care, laundering and cleaning.
- Cytotoxic medications should be delivered in a container or bag separate from any other medication or items and the pack will have the cytotoxic precautionary warning label.
- Risks to workers may be higher in pregnant women, but all workers and also Clients and visitors may be at risk and must avoid unnecessary exposure.
- All workers must be trained and assessed as competent prior to handling cytotoxic drugs and related waste.
- Workers administering cytotoxic medications or handling waste may be exposed to cytotoxic drugs through: handling the medication, body fluid spills, splashed to skin or eyes, inhalation of airborne contaminants or sharps injury. Recommended standard procedures for administration of cytotoxic drugs should be followed at all times.
- Cytotoxic drugs may be eliminated from the Client by kidney and liver excretion. All body substances of all Client may be contaminated and should be handled with care using standard precautions.
- Workers are to use personal protective equipment (PPE) for administration of the cytotoxic medication and disposal of any equipment or waste. A spill kit should be available for handling any spills associated with administration of cytotoxic drugs, e.g. the Client refused the medication or a spill of any body waste.
- Suitable equipment designed to reduce the risk of exposure must be employed.
- To ensure workers safety it is imperative that workers avoid crushing and breaking oral cytotoxic agents.
- Document the need to implement cytotoxic precautions when handling bodily waste during the period of drug excretion. The excretion time is the length of time that safe handling precautions should be taken with urine and stools after the administration of cytotoxic medication. These excretion times are a guide for when to wear the appropriate Personal Protective Equipment (PPE). Standard Universal Precautions are to be used when attending to Clients at all times.
- Best practice is to have a monthly record of clients on cytotoxic medication or therapy and kept as per archiving requirements.

Sharps Management

Sharps are managed to minimise the risk to Clients, visitors, workers and waste handlers. Sharps are defined as any object capable of inflicting a penetrating injury, which may or may not be contaminated with blood and/or body substances. This includes all needles, or any other sharp objects or instruments designed to perform penetrating procedures, as well as razors and broken glass.

- The health care worker who generates a sharp is responsible for its safe disposal.
- Disposable needles and syringes must be disposed of as a whole unless otherwise indicated e.g. insulin pen.
- Retractable syringes and safety needles are the preferred products for use.
- Needles must not be resheathed.
- Sharps must never be passed hand to hand. A puncture resistant tray must be used if it is ever necessary to transfer sharps.
- Any reusable sharps must be placed immediately after use in a puncture-resistant container.
- All disposable sharps are to be put into yellow sharps containers as supplied.
- Sharps containers must be kept in an area where they are not readily accessible to Clients or members of the public, especially children.

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Food Handling

- All food served to Clients is safe, in accordance with the requirements of the Food Act and Regulations.
- Workers handling food must wash hands at appropriate times including:
  - Before commencing work;
  - Before handling food or food utensils;
  - After handling any used food preparation equipment, utensils, work surfaces or cleaning equipment;
  - After using the toilet;
  - After touching any part of their body e.g. blowing nose, adjusting hair; and
  - Before and after breaks.
- Workers who are handling food must follow the guidelines outlined below when they have symptoms indicating that they are suffering from a food-borne condition. The following symptoms may indicate the presence of food-borne condition:
  - diarrhea
  - vomiting
  - sore throat with fever
  - fever or jaundice
- Workers should not be involved in food handling for at least 48 hours following cessation of gastrointestinal symptoms, or until cleared by a medical officer. Further advice should be sought from the Manager, or a medical officer if required. Workers must not prepare or handle food if suffering from any infection on the hands, without seeking advice from the Manager, or a medical officer.
- Food waste is to be disposed of appropriately, in order to avoid odours and health risks including attraction of vermin and animals.
- Any signs of vermin or pest activity e.g. droppings are to be reported to Manager immediately so that appropriate pest control measures can be organised as soon as possible.

Surveillance

Surveillance is an important component of the infection control program. It includes outcome surveillance, process surveillance and critical incident surveillance. Surveillance of adverse events includes surveillance of healthcare associated infections (HAIs) occurring in clients (and in some instances, in workers). Process surveillance involves auditing practices and processes against a standard, guideline or policy. Process surveillance is an important tool where adverse events such as infections are not sufficient to provide useful statistical analysis. Critical incident surveillance is undertaken when there is a serious breach in infection control procedures which has, or may have, serious consequences for Clients, workers or others.

- Infection control data is collected from relevant documents such as, client notes/charts, audits etc.
- Data on the following infections can be collected either continuously or for selected periods.
- Reports related to surveillance of outcome surveillance indicators are regularly submitted to the Management and the relevant forums and meetings.
- Other targeted surveillance may be carried out and reported as decided by Management.
- Surveillance of outcome indicators is carried out and reported in accordance with any statutory or regulatory requirements.
- Variance reports and trends will be submitted to the relevant facility meetings which meets regularly.
- Audits are conducted in accordance with the organisational auditing and clinical indicator review systems.
- Reports related to surveillance of outcome measures are regularly.
- Variance reports and trends will be reported.
- Data is collected as appropriate for the event, and as directed by the Manager.
- Reports related to critical incident surveillance are submitted by Manager, as a matter of urgency.
- Investigation of critical adverse event is undertaken by the Manager, in cooperation with external agencies as required.

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RESOURCE DOCUMENTS

- External ACIA Guidelines 002 – Care and Service Provision in the Community
- Australian Community Industry Standards ACIS
- NDIS Commission coronavirus (COVID-19) information
- Coronavirus (COVID-19) Guide for Home Care Providers
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