

INFECTION CONTROL PROCEDURE (26) V2

PURPOSE

To provide guidance on Infection Control principles so as to prevent or minimise the risk of exposure to infection.

RESPONSIBILITIES

Person Conducting a Business or Undertaking (PCBU) must ensure so far as is reasonably practicable:

- appropriate controls are implemented to manage the risks associated with infectious agents
- information, instruction and supervision is provided to workers as required for protection from infection
- consultation, coordination and cooperation occurs with other duty holders, workers and worker representatives about infectious disease sources and exposure in order to monitor the risk and the effectiveness of controls.

Officers:

Officers must exercise due diligence to ensure that the PCBU meets their responsibilities as above.

Workers must:

- take reasonable care for their own health and safety and avoid adversely affecting the health and safety of others through any act or omission
- follow reasonable instructions and procedures provided by the PCBU
- use and maintain personal protective equipment (PPE) as instructed.

DEFINITIONS

Definitions of terms can be found on the Catholic Safety website or via this link [here](#).

ACTIONS

INFORMATION	
Infectious diseases are illnesses caused by the spread of microorganisms to humans from other humans, animals or the environment.	
HAZARD IDENTIFICATION	
Infectious Agent Sources	Identify infectious agent sources through: <ul style="list-style-type: none"> • consultation • incident/hazard reports • laboratory testing • Department of Health warnings/alerts.
RISK ASSESSMENT	
Risk Assessment	Assess the level of risk by considering: <ul style="list-style-type: none"> • infectious agent (seek advice from the SA Health Infectious Diseases website) • activities and environments with the potential for exposure • exposure time and contact methods.
CONTROLS	
Hand Hygiene	Clean hands with soap and water or alcohol-based hand rub: <ul style="list-style-type: none"> • before touching or eating food • after you have gone to the bathroom/toilet • after sneezing, coughing or disposing of tissues • before touching your eyes, nose or mouth • after handling dirty clothes or linen

	<ul style="list-style-type: none"> • before and after touching a wound or its dressing. <p>Remember to clean back of hands, wrists, between fingers and under nails.</p>
<p>Respiratory Hygiene</p>	<ul style="list-style-type: none"> • Turn away from people when coughing or sneezing. • Cover a cough or sneeze with a tissue or arm (NOT HAND). • Dispose of tissue. • Wash hands. <p>Worksite resources available here.</p>
<p>Sharps Management</p>	<ul style="list-style-type: none"> • Includes any item that can pierce or puncture the skin (eg. needle, blade). • Use heavy duty gloves and tongs. • Place used sharps into an approved yellow Sharps container or equivalent hard container (eg. glass jar). <p>Sharps disposal can be at local pharmacy or local government office unless collected through medical waste company.</p>
<p>Exposure to Blood or Bodily Fluids (blood, urine, semen, microbiological agents or tissue).</p>	<p>Immediate action following exposure:</p> <ul style="list-style-type: none"> • Wash the exposure site with soap and water. • If eyes are contaminated then rinse them, while they are open, gently but thoroughly with water or normal saline. • If blood or body fluids get in the mouth, spit them out and then rinse the mouth with water several times. • If clothing is contaminated, remove clothing. • Inform an appropriate person to ensure that assistance can be provided. • If the exposure involves a needlestick injury or exposure (such as splashes) to the eye or mouth proceed without delay to the nearest hospital casualty department for assessment and treatment. N.B. Where prophylaxis (preventative treatment) is required it must be commenced as soon as possible following exposure, preferably within 1-2 hours. <p>Subsequent action following exposure:</p> <ul style="list-style-type: none"> • Seek medical treatment. Report the incident using the online incident data base (to be reported within 24 hours of the incident occurring). • In the case of needlestick injuries or exposures to the eye or mouth every effort should be made to ascertain the HIV, HBV and HCV status of the source.
<p>Blood and Body Fluids</p>	<p>Blood and body fluid spills must be cleaned promptly as follows:</p> <ul style="list-style-type: none"> • Wear gloves and other PPE appropriate to the task. • Confine and contain the spill. • Clean visible matter with disposable absorbent material. • Discard cleaning materials in the appropriate waste container. • Clean the spill area with a cloth or paper towel using detergent solution • Once the area has been cleaned, allow area to dry thoroughly. <p>Ensure an appropriate spill kit is available to clean biological spills.</p>
<p>Environment</p>	<p>Routine cleaning of surfaces (including equipment)</p> <ul style="list-style-type: none"> • Detergent and warm water is all that is usually necessary to maintain a clean and healthy environment. Unnecessary use of disinfectants encourages the development of bacteria that are harder to kill (SA Health). • If a detergent is used then manufacturer's instructions must be followed. <p>Kitchen hygiene is important to prevent food poisoning.</p> <ul style="list-style-type: none"> • Dishes and utensils should be washed in warm soapy water – best left to air dry (DO NOT COVER WITH TEA TOWEL). • Use separate boards for raw meat and ready-to-eat foods.

	<ul style="list-style-type: none"> • Change cleaning sponges frequently. • Change tea towel when wet or dirty. • Clean inside fridge and cupboards regularly.
Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • Worksite to supply and maintain appropriate PPE. Record it on the PPE Register. • Workers to use PPE as determined by a risk assessment, eg. where there is a risk of exposure to blood, body secretions and excretions.
Isolation	<ul style="list-style-type: none"> • The spread of certain infectious diseases can be reduced by excluding a person, known to be infectious, from contact with others who are at risk of catching the infection. • Exclusion periods (isolation) are based on the time that a person with a specific disease or condition might be infectious to others. <p>Assistance to determine isolation periods can be obtained here.</p>
Immunisation <i>A control to prevent the spread of certain infections.</i>	<ul style="list-style-type: none"> • Worksites to identify required immunisation programs appropriate to the risk of exposure for their workers. • Worksites to arrange appropriate immunisation programs.
INCIDENT REPORTING	
Disease outbreak	<p>Where a single case or a worksite outbreak of disease occurs (eg. chicken pox, measles, school sores etc) it must be recorded on the electronic Incident Reporting system and inform the worksite CSHW WHS Consultant.</p> <p>Notifiable diseases are to be reported to SA Health by the treating medical practitioner.</p> <p>Further information can be obtained at SA Health.</p>
INFORMATION, INSTRUCTION AND TRAINING	
	<ul style="list-style-type: none"> • All workers will be informed of the requirements of this procedure during induction • Instruction and information will be provided to all workers to prevent the spread of infection in the worksite.
DOCUMENT CONTROL	
	<ul style="list-style-type: none"> • Retain records of immunisations provided by the workplace • Retain documented risk assessments as per CCSM Document Control 24.
MONITOR AND REVIEW	
	<p>This procedure will be monitored for compliance and effectiveness by Catholic Safety Health & Welfare SA as per Audit Procedure 7.</p>

INTERNAL DOCUMENTS

Work Health & Safety and Injury Management Policy
CCES Procedures 1-31

EXTERNAL DOCUMENTS

SA Work Health and Safety Act 2012
SA Work Health and Safety Regulations 2012
Code of Practice
Australian Guidelines for the prevention and control of infection in healthcare (2010)
South Australian Infection Control Management of Infectious Diseases (January 2014)



FORMS

[PPE Register](#)

SUPPORTING INFORMATION

[Protecting Your Health](#) – SA Health

VERSION CONTROL AND CHANGE HISTORY

Version	Approved By	Approved Date	Reason for Development of Review	Review Date
3	Sector Forums	May 2014	Legislation – New WHS Act	2017
April 2015 – Document consolidated across CCES sectors				
V1	Executive Manager CSHW	24/04/2015	Procedure consolidation	2017
V2	Executive Manager	05/01/2017	Procedure Review	2020

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