

Infection Control Education & Procedure Manual

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1. Purpose

To minimize the risk of transmission of infectious agents

- From patient to patient
- From patient to healthcare worker
- From healthcare worker to patient

To determine when to apply 'contact precautions' as opposed to 'standard precautions'.

Standard precautions:

The primary risk minimisation strategy for successful control of infection.

Standard precautions are recommended for the treatment and care of all patients, regardless of their perceived infectious status and in the handling of:

- Blood
- Body fluids, secretions and excretions (excluding sweat)
- Non intact skin
- Mucous membranes

Contact precautions:

Contact precautions are used when standard precautions may be insufficient to prevent transmission. Patients known or suspected to be infected or colonised with micro-organisms which are easily dispersed, and able to cause outbreaks of infection, or are significantly resistant to antibiotics should be separated from other patients with implementation of additional precautions.

2. Employees as the potential source of infection

- All **MRA** health care workers have an ethical responsibility to notify the employer if their illness is infectious and poses a risk to patients and or staff.
- Affected individuals are responsible for following medical advice and treatment by their medical physician.
- Direct care staff have a responsibility to be aware of their own immunoprophylactic status and to make judgements about this in terms of how they can best protect themselves and those for whom they care.
- All healthcare workers of **MRA** with in infectious disease will be individually advised of the necessary actions required to prevent transmission.
- Special consideration will denote whether a healthcare worker requires sick leave, can be redeployed or have their duties modified.

Considerations include:

- Infectiousness of the illness
- The longevity of the infection
- Individual medical fitness and health
- Availability of appropriate work

3. Employer responsibility

- The notification of an individual's infectious status must be treated confidentially
- Hospital records and laboratory results of a health care worker, including infectious diseases will be handled with strict confidentiality.
- Employers must ensure that health care workers affected by an infectious disease will not be disadvantaged or discriminated in their employment.

4. Standard precautions

Standard precautions should be applied routinely as a part of each examination.

These include Hand hygiene, the use of protective appropriate protective equipment and the maintenance and upkeep of disinfecting equipment used on patients and correct disposal of waste.

Hand hygiene: (The main route of spread of acquired infections)

- Hands must be washed and dried or disinfected between every patient contact. In most cases neutral liquid soap and water is adequate for hand washing. The use of alcohol hand rubs for routine hand hygiene, offer a practical and acceptable alternative to hand washing when the hands are not visibly soiled.
- MRA staff shall cover cuts and abrasions on the hands with a waterproof dressing.
- MRA staff will strategically place readily accessible alcohol-based hand rubs for staff use.

Fingernails:

- Kept short and clean.
- As chipped nail polish supports the growth of organisms on fingernails, nail polish and nail art must not be worn.
- Natural nail tips must be less than 0.6 centimetres long due to the risk of glove puncture.

Long sleeves:

- Sleeved clothing (e.g. cardigans, jackets, business shirts, undergarments etc.) shall not be worn when providing direct care. Staff will endeavour to wear sleeves which do not extend beyond the level of the elbow.
- Coats and jackets should be removed before attending to a patient.

Gloves:

- Hands should be washed before and after the use of gloves. Gloves should be worn and then disposed of when:
 - Contact with body substances is anticipated
 - When staff skin integrity is compromised
 - Handling waste and linen contaminated with body substances.

Hair:

- Shall be worn in a manner that does not pose a risk to patients or staff, i.e. long hair tied back, beards kept short.

Jewellery:

- As jewellery has been proven to pose an infection risk, MRA staff shall keep jewellery and accessories to a minimum when dealing with patients.

5. Contact precautions

The following are some examples where contact precautions should be applied. If unsure or unfamiliar with a patients' infectious state or condition, the health care worker with direct contact with the patient should utilise full contact precautions.

Identification lanyards:

- Must not be worn by direct care staff. Lanyards may be contaminated with pathogenic bacteria which could be transmitted to patients.

Neck ties/scarves:

- If worn, must be tucked in, restrained or removed when dealing with patients, as neck ties can carry and transfer bacteria.

GASTROENTERITIS (INFECTIOUS DIARRHEA)**Infected staff:**

- Staff with symptoms of viral gastroenteritis will be sent home or

asked not to come to work if they develop symptoms until symptom free for at least 48 hours.

Infected patients:

- Direct patient care should be avoided if possible
- Strict attention to hand hygiene
- Use of gown/plastic apron for all patient contact
- Gloves only for handling of blood and or body fluids (not required for touching intact skin).
- Mask and goggles worn if risk of aerosol from vomitus
- Waste handled as usual, double bag if risk of leakage of body fluids.

VANCOMYCIN-RESISTANT ENTEROCOCCI (VRE) INFECTED STAFF:

Infected Staff:

- May be unable to work clinically until the infection is resolved. Infected

patients:

- Gloves are only required for patient care involving blood and body substances
- Gowns and masks are required to prevent person-to person transmission.
- Vigorous hand hygiene before and after patient contact.
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METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

Infected staff:

- Staff may be unable to work clinically until the infection is resolved.

Infected patients:

- Gloves should be worn for patient care involving blood and body substances
- Disposable covers over equipment that come into direct contact with
- The patient should be used and then disposed of into appropriate waste bags as per protocol of specific nursing home or clinic.
- Gowns should be used to protect clothing from becoming contaminated with microorganisms with all patient care. Gowns must be removed at the door and placed into the yellow linen bag or as per

protocol of specific nursing home or clinic.

- Transmitted via contact and can show as boils, skin infections, wound infections.

HERPES SIMPLEX

Infected staff:

- Staff who have exposed, vesicular, ulcerated or moist lesions shall apply an effective antiviral antiseptic and cover lesions during direct patient contact.
- Reallocation of clinical duties may be advised if lesions are unable to be covered.

Infected patients:

- Patient care activities should be avoided if possible.
- Lesions should be covered during direct patient contact.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Infected staff:

- Infected staff shall follow the specific recommendations and advice or their treating physician.
- HIV positive staff with secondary infections that may be transmitted and are likely to pose a risk to others should seek treatment and may not be able to provide direct patient care during the infectious stage.
- Due to the compromised immunity, staff who are at risk of acquiring infection from patients will have their duties modified appropriately.
- Staff with HIV infection must not provide direct care to patients with suspected or confirmed Tuberculosis.

Infected patients:

- Ensure all cuts and lacerations are covered

TUBERCULOSIS

Infected staff:

- Staff with active pulmonary tuberculosis shall be rostered off duties and commenced on anti-tuberculous therapy.
- Return to work must only be on the instruction of a medical physician.

Infected patients:

- Avoided if possible
- Gloves, mask and gowns to be worn and disposed of after use.

RESPIRATORY TRACT INFECTIONS

These include but are not exclusive to: Colds, pharyngitis, Bronchitis, Influenza (flu)

Infected staff:

- Infected staff should not provide direct patient care.
- If influenza is diagnosed, return to work must only be on the instruction of a medical physician.

Infected patients:

- Staff should avoid direct patient care if possible
- If required, gloves, gown and mask should be worn due to possible transmission through air and physical contact

OTHER VIRAL INFECTIONS

Measles, Mumps, Rubella (German Measles), Varicella (Chicken Pox), Shingles (Herpes Zoster) & COVID-19 can be transferred via airborne droplets or contact.

Infected Staff:

- Staff with these viral infections must not have direct patient contact until signs and symptoms have resolved. Staff may return to work only after the instruction of a medical officer.

Infected patients:

- Avoided if possible

- If required, gloves, gown and mask should be worn due to possible transmission through air and physical contact.
- Patient mask is also required to be worn due to possible transmission through air and physical contact.

COVID-19:

- In the case of Novel COVID-19 please also refer to our more specific operational policy for the handling of positive or suspected cases - **ACI COVID Safe Action Policy**

6. Needle stick Injury

- Closed shoes should be worn in case a needle is dropped
- Latex gloves do not prevent needle stick injuries

Post injury care:

- Wash the wound with soap and water or alcohol-based solutions
- An incident report form should be filled out and the supervisor and or occupational health and safety officer notified.
- Go straight to your doctor or the nearest emergency department
- Give a detailed account of the incident to the doctor including how long ago it happened, how deeply the skin was penetrated and whether or not the needle was obviously contaminated with blood and any first aid measures.
- The doctor will need to take a blood sample to check for pre-existing HIV, HBV and HCV.
- The original user of the needle should be notified of the incident and asked to consent to blood tests to check their HIV, HBV and HCV status.
- Staff should avoid donating blood and practice

safe sex until blood results arrive.

7. Equipment disinfection and equipment classification

- Instruments can be classified according to the area in which they become in contact with the patient.
- Critical instruments – are those that are used to penetrate soft tissues or bones, i.e. biopsy gun. And must be sterilized after each use.
- Semi-critical instruments – contact with non-sterile mucosa/ non intact skin: must be sterilized or disinfected with a minimum of high level disinfectant after each use.
- Non-critical instruments – contact with non-sterile mucosa/intact skin including those on ‘contact precautions’: cleaned with a low-level disinfectant or detergent and water or with hospital grade disposable wipes or hospital grade alcohol wipes.
- **Probe covers:** in the event where equipment has required the use of a probe cover, disinfection must still be applied due to possible rupture/break of the cover or breeching of the transducer. Equipment that requires a probe cover must also be disinfected via a process which includes:
 - Firstly, the probe cover should be disposed of appropriately and the instrument washed under running water with application of detergent that has low foaming properties.
 - A soft brush of some kind is then used to clean any crevices
 - The instrument should be pat dry with a clean disposable soft cloth
 - Finally, a high-grade (TGA approved) chemical agent should then be used on the instrument following manufactures instructions. Alternatively, if a liquid chemical is used, then the instrument should be soaked in the solution appropriately as recommended by the manufacturer.

➤ **High level disinfectant** – disinfectant that kills all microbial pathogens, with the exception of large numbers of bacteria endospores when properly used.

➤ **Low level disinfectant** – disinfectant that quickly kills most vegetative bacteria as well

as medium sized lipid containing viruses when properly used.

➤ **Hospital grade disinfectant** – disinfectant that is suitable for general purpose disinfection, and purposes not involving instruments or surfaces that are likely to come into contact with broken skin.

8. Equipment Cleaning including Ultrasound Probe Cleaning

- MRA provides general Xray and Ultrasound services, particularly there is

no intracavity ultrasound performed such as transvaginal sonography, in this:

- Only a low-level disinfectant needs to be used to effectively clean equipment
- All surfaces / equipment / digital plates / grids / ultrasound probes are to be wiped down using Clinell Universal Wipes
 - Clinell Universal Wipes are a Instrument Grade / Low Level Disinfectant
 - As a Class IIB disinfectant the Clinell Wipes meet the requirements of the Guidelines for the Evaluation of Sterilant and Disinfectants.

