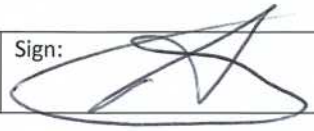
Greystanes
DISABILITY SERVICES

Service Provision

INFECTION PREVENTION & CONTROL

Policy Approved	Sign: 	Date: 27/6/25

POLICY:

Infection occurs when an infectious agent is passed from a source e.g. an ill person, or infected organic material such as food, to another person.
The people Greystanes support can be susceptible to illnesses and become unwell quickly. Staff are encouraged not to come to work if they are unwell i.e. colds, flu or stomach bug. Staff may require a clearance from their doctor before returning to work.

Greystanes aims to minimise the risk of transmission of an infectious agent by:

- Providing education and Training
- Embedding principles of Standard Precautions and hand hygiene in organisational procedures.
- Encourage and support staff vaccinations for vaccine preventable diseases.
- Utilising Infection Prevention principles to reduce transmission of an infectious agent.
- Correct use of antimicrobial or disinfectant products.
- Providing guidelines for reducing transmission referencing the legislative requirement for Infection Control and Work Health and Safety.

STANDARD PRECAUTIONS

Standard precautions are applied to people regardless of their diagnosis or presumed infectious status. The precautions are designed to reduce the risk of the transmission of micro-organisms from recognised and unrecognised sources.

These precautions apply to

- blood and all body substances (except sweat)
- acutely or chronically non-intact skin and
- mucous membranes including eyes

They involve the use of safe work practices and protective barriers including:
hand hygiene, appropriate use of gloves, use of facial protection, use of Personal Protection Equipment (PPE) i.e. masks, gowns/apron, appropriate device handling, social distancing, appropriate handling of laundry and the incorporation of respiratory hygiene/cough etiquette.

SCOPE:

This policy applies to all employees of Greystanes, contractors, volunteers and other stakeholders of Greystanes Disability Services.

PROCEDURES:

1. STANDARD PRECAUTIONS

Risk Factors:

- Blood
- All body substances, secretions and excretions (except sweat)
- Broken skin
- Mucous membranes; secreted bodily fluids e.g. from the nose, mouth and rectum

Prevention:

1.1 Hand washing.
1.2 Safe food handling.
1.3 Regular cleaning of surfaces and equipment.
1.4 Separate storage of hygiene and grooming items.
1.5 Appropriate use of Personal Protective Equipment (PPE).
1.6 Appropriate handling and disposal of sharps, continence aids and other infectious waste.
1.7 Safe laundering of clothes, bed linen and towels.
1.8 Appropriate grooming and vaccination of pets.

Staff are required to:

1.9 Complete all necessary training as per the Training and Development Policy.
1.10 Use appropriate equipment when dealing with body fluids and substance spills.
1.11 Ensure cuts and abrasions are treated and covered with waterproof dressings.
1.12 Covering coughs and sneezes and appropriate disposal of tissues.
1.13 Implement additional precautions, as required.
1.14 Staff are encouraged to access vaccinations.
1.15 Report any issues to their Team Leader, Registered Nurse, Service Coordinator or relevant Manager.

Managers, Registered Nurses, Service Coordinators and Team Leaders are required to:

1.16 Ensure staff complete all necessary training.
1.17 Review that staff practice standard precautions.
1.18 Regularly monitor and review the daily practice of infection control principles.
1.19 Assess the workplace or home to ensure appropriate facilities and equipment are available.
1.20 Encourage vaccinations for staff and people supported by Greystanes.
1.21 Clearly communicate to staff and discuss with the nursing team when additional precautions are required.

Facilities and Equipment:

1.22 Handwashing items, including liquid soap dispensers and paper towels.
1.23 Water-based hand moisturiser to reduce the risk of cracked and broken skin.
1.24 Personal Protective Equipment includes gloves, masks and aprons.
1.25 Separate cleaning cloths, mops and buckets for food preparation areas and for bathrooms, preferably with removable, washable mop heads.
1.26 Lidded foot pedal bin, with plastic liners for kitchen, bathroom and laundry.

2. HAND HYGIENE

2.1 Staff are to follow the hand washing procedure -see attachment.
2.2 Keep nails short and hands and nails clean and in good condition
2.3 Limit jewellery on hands and wrists to prevent interference with correct hand washing procedures and to prevent injury to the person they are supporting
2.4 Be aware of any cuts or scratches and keep them well-covered
2.5 Handwashing to occur:

- Whenever hands are soiled
- Before and after attending to the needs of the person you are working with
- Between procedures on the same person
- After using the toilet
- Before preparing food, during food preparation (between preparing raw and cooked foods)
- Before supporting people with meals
- Before eating
- After contact with blood or body fluids or contaminated items for example: a nose bleed
- After smoking
- After removing protective gloves
- After touching pets

2.6 Staff are to follow the applying and removing gloves procedure – see attachment.
2.7 Wearing gloves does not negate the need to wash your hands.
2.8 Gloves are to be used when performing personal care.
2.9 Gloves may be considered when preparing food or undertaking cleaning activities.
2.10 Gloves must be removed and disposed of immediately after each use, and hands washed.

Hand Washing

Correct hand washing is the most important procedure to reduce the risk of infection being transferred. Hands should be washed and dried thoroughly by:

- removing rings and jewellery (these must also be washed and dried, especially if they have been in contact with contaminant)
- using running water, wetting the skin first and then using liquid soap/ soap product.
- rubbing hands together, washing the backs of hands, wrists, between the fingers and under the fingernails – this should take 20 to 30 seconds
- rinsing well
- drying with single-use paper towel.

If hand washing facilities are unavailable, for example, when on an outing, an alcohol gel, or wipes may be used until hands can be properly washed.

ADDITIONAL PRECAUTIONS:

Additional Precautions are used when extra measures are required to prevent and/or control infections and are to be tailored to the particular infectious agent involved and the mode of transmission.

There are three types of Additional Precautions:

- Airborne precautions
- Droplet precautions
- Contact precautions

3. ADDITIONAL PRECAUTIONS AND PERSONAL PROTECTIVE EQUIPMENT (PPE)

3.1 PPE may be required when:

- Providing personal support
- Undertaking general cleaning tasks
- Cleaning body fluid spills

3.2 All PPE must be discarded after use according to the Doffing of PPE gear training provided to staff.

4. APPROPRIATE HANDLING OF LAUNDRY

4.1 Clean linen must be stored in a clean dry place that prevents contamination from aerosols, dust, moisture and vermin, on clean shelves, separate from used linen and in a manner that allows stock rotation.

4.2 Linen soiled with blood, body substances, secretions, and excretions should be handled as little as possible and with minimal agitation to prevent gross contamination. Washing must involve the use of an appropriate detergent and hot water.

5. FOOD PREPARATION AND INFECTION CONTROL

Some of the things we do to avoid cross-contamination include:

- Always wash hands before and during food preparation,
- Keeping the kitchen and all equipment clean,
- Keeping kitchen cloths, tea towels and aprons clean – wash daily.
- Use disposable when practical, wash knives after every use, keep raw foods separate from cooked foods and ready-prepared foods on the bench top store raw foods separately from cooked or ready-prepared foods, and use the colour-coded chopping boards.

White = Bakery & Dairy Red= Raw Meats
Green = Fruit & Vegetables Brown= Cooked Meats

6. CLEANING AND INFECTION CONTROL

6.1 Cleaning activities to be completed to reduce infection transmission risk, especially when people we support have an infectious illness.

6.2 The following should be done daily:

- hard floor surfaces should be vacuumed to remove dust and particles, and mopped with hot water and gentle detergent
- wet areas should be dried as quickly as possible, and carpets vacuumed
- surfaces should be wiped with hot water and a gentle detergent

Cleaning using person-centred active support

People we support should be involved in household routines and activities and must be supported to do tasks in line with infection prevention and control requirements. People we support can be included in specific infection prevention and control strategies by assisting with daily activities.

7. CLEANING EQUIPMENT

7.1 Disinfectant solution should be used for bathroom surfaces and toilets.

7.2 Cleaning items, buckets, cloths and mop heads must be changed and regularly cleaned.

7.3 Equipment used for the cleaning of blood or body substance spills must be changed immediately and disposed of appropriately.

7.4 Cleaning equipment should include items such as mops with detachable heads for laundering and vacuums fitted with appropriate filters.

7.5 Cleaning equipment must be stored dry between each use, well maintained, and designed to minimise the dispersion of dust during use. Handles on mops should be made of a non-porous material such as aluminium, not wood.

7.6 Identification of reusable cleaning equipment utilised in the different areas is essential. Clear identification, by colour coding, of the various items of reusable cleaning equipment is the most effective method for restricting equipment to individual areas of organisations. Colour coding should be used for all reusable equipment including, mop handles, buckets, reusable cloths and other appropriate equipment.

7.7 Separate mops, buckets and cleaning cloths should be used for bathroom and kitchen areas. Using different coloured cloths for each area is the best way to ensure cloths to clean the toilet and bathroom areas are not used in food handling and preparation areas. Cleaned areas should be rinsed using hot water, and dried, to prevent detergent build-up, which may become sticky and attract contaminants. Steam or dry-cleaning may be required for carpets. This should be completed in accordance with the manufacturer's instructions.

8. CLINICAL EQUIPMENT

8.1 Digital or tympanic thermometers must be cleaned according to the manufacturer's instructions after use and between people. Tympanic earpieces are labelled single use and must be discarded after each use. Protective sheaths used on digital thermometers must be disposed of between people. Their use does not negate the need to clean the thermometer between people.

8.2 Enteral feeding pumps must be cleaned regularly in the outer casing and the inner door area.

9. BODY FLUID SPILLS

In the event of spills of blood or body substances, staff involved in the management of spills must immediately:

- minimise traffic around the spill area.
- use personal protective equipment- PPE must be discarded after use to clean up Body fluid spills.
- use appropriate equipment to remove broken glass/ sharps to prevent injury.
- confine and contain the spill by using paper towels or disposable absorbent material to absorb the bulk of the blood or body substances.
- place laundry items soaked with blood and body substances in a leakproof bag.
- clean the spill site with a neutral detergent and water immediately after the spill occurs. The use of disinfectant solution and bleach is not necessary (detergent cleaning and rinsing and drying the area well is sufficient in most circumstances).
- blood spills should be mopped up with a paper towel and cleaned using tepid water. Cold and hot water 'set' the blood making cleaning more difficult. Rinse with hot water and dry the area.
- body spills on carpets should be soaked-up using a paper towel and the area carefully washed with warm water and detergent (carpet should not be soaked as this may spread the spill – carpet spills may also require steam or dry cleaning)
- body spills on hard floors should be cleaned using hot water and detergent
- body spills on furniture should be wiped over with hot water and detergent (washable furniture should be cleaned as per the manufacturer's instructions for hard surfaces.
- Contaminated articles must be doubled-bagged and placed in the garbage bin.

Each location may have a body fluid spill kit containing:

- a ten-litre bucket with a lid
- Leakproof bags for waste disposal
- a pair pairs of gloves – latex or nitrile only – (vinyl gloves should not be used)
- two single-use face masks to protect the airways from inhaling spray or droplets
- a plastic, or single-use disposable apron
- paper towels

10. Personal hygiene and Infection Control

10.1 Toothbrushes, razors, towels, face washers and other personal care items must not be shared. These items carry body fluids and should be kept separately.

10.2 Toothbrushes should be thoroughly cleaned after each use and replaced as recommended by the dentist. Replacement is usually recommended every 3-4 months with immediate replacement required if a person has been ill, with gastroenteritis, or influenza.

10.3 When supporting a resident to change incontinence pads, staff must ensure a disposal bag and gloves are available before starting. The soiled incontinence pad and the gloves should be bagged before leaving the area and hands must be washed and dried after the task is completed.

11. INFECTIOUS DISEASE OUTBREAK

The main goal of managing an outbreak is to prevent a further increase in the incidence of infection and identify factors that may have contributed to the outbreak. This allows for the development and implementation of measures to prevent future outbreaks.

If staff suspect an outbreak of an infectious condition they must report this to the Registered Nurse or Participant Manager immediately. The Registered Nurse or Participant Manager will seek expert advice regarding the management of an outbreak of an infectious agent.

The local Public Health Unit or Infection Control representative committee may provide advice for the management and investigation of suspected outbreaks. In the event of a large outbreak of a notifiable disease, the local public health unit must be contacted.

DEFINITIONS:

Person Responsible: A 'person responsible' for an adult who is not capable of consenting to their own treatment is defined by the Guardianship Act 1987.
There is a hierarchy of persons from whom the ***person responsible*** for a person other than a child or a person in the care of the Director-General under section 13 is to be ascertained. That hierarchy is, in descending order:

- The person's guardian, if any, but only if the order or instrument appointing the guardian provides for the guardian to exercise the function of giving consent to the carrying out of medical or dental treatment on the person,
- The spouse of the person, if any, if:
  - The relationship between the person and the spouse is close and continuing, and
  - The spouse is not a person under guardianship,
- A person who has the care of the person,
- A close friend or relative of the person.

PPE: Personal Protective Equipment

Sharps: are any item that has the possibility to puncture or penetrate. They may include needles, scissors, scalpels and razors.

LEGISLATIVE FRAMEWORK:

Disability Inclusion Act 2014 (NSW)
Australia Privacy Principles 2014
Attendant Care Industry Standard: 2013
National Standards for Disability Services
NSW Disability Service Standards
NDIS Practice Standards 2018 Quality and Safeguards Commission
Disability Discrimination Act 1992
Guardianship ACT 1987 (NSW)
Health Records and Information Privacy Act 2002 (NSW)
Ombudsman Act 1974 (NSW)
UN Convention on the Rights of Persons with Disabilities

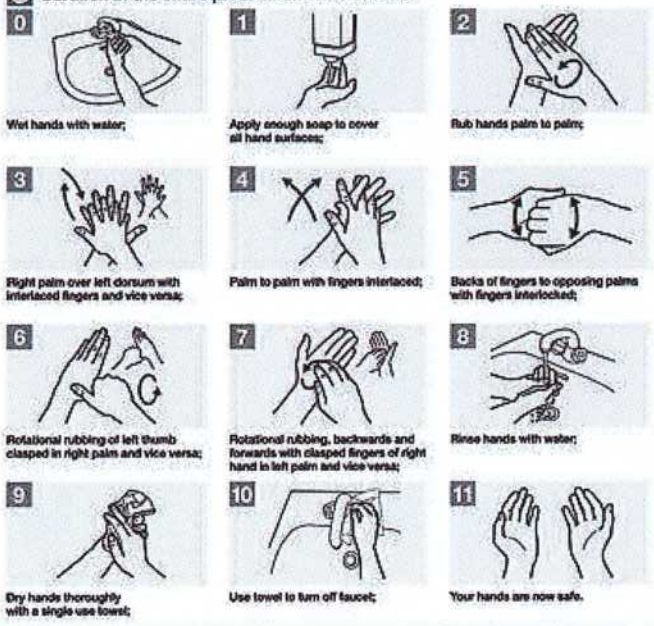
REFERENCES AND LINKS:

NSW Health: https://www.health.nsw.gov.au
NSW Health PD2023_025 Infection and Prevention Control in Healthcare Settings Policy
National Occupational Health and Safety Commission.
National Code of Practice for the Control of Work-related Exposure to Hepatitis and HIV (Blood-borne) Viruses [NOHSC:2010(2003)] 2nd Edition
NHMRC Australian Immunisation Handbook 11th Ed 2020
Work Health and Safety Act 2011 no. 10
National Health and Medical Research Council 2013 D1034

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the handwash (steps 2-7): 15-20 seconds
Duration of the entire procedure: 40-60 seconds



How to Handrub?

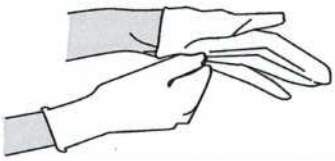
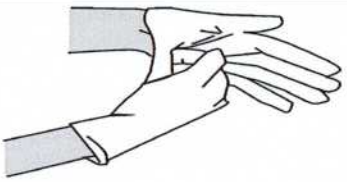
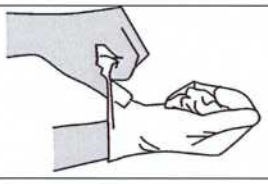
RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

Greystanes
DISABILITY SERVICES

Procedure: APPLYING and REMOVING GLOVES

PURPOSE: To protect hands from contamination and to reduce the spread of infection.
EQUIPMENT: Clean gloves in suitable size (small, medium, large or extra-large).
Note: If using latex (rubber) gloves, ensure no contact with anyone who has a latex allergy.

STEP	WHY WE DO THIS
APPLYING GLOVES	
1. Wash hands (see Handwashing Procedure).	Standard Precautions. Glove dispensers retain microorganisms from unwashed hands.
2. Remove gloves from dispenser and place where needed.	Organisation and time management.
3. Pick up first glove at wrist opening and slip fingers of other hand into openings. Pull glove up to wrist.	Reduces contamination.
4. Repeat for other hand.	
REMOVING GLOVES	
1. Pull first glove off from the cuff, turning glove inside out. Make sure you touch only the **outside** of the glove.	
2. Put removed glove into other 'gloved' hand.	Contains soiling.
3. Slip finger from ungloved hand under cuff of remaining glove. Pull off so the second glove is inside out and contains both soiled gloves.	
4. Dispose of soiled gloves into suitable rubbish bin.	Standard Precautions
5. Wash hands.	Standard Precautions

Practical - Removing PPE

Hand hygiene must be performed if hands become contaminated at any step, and always after removing gloves.

Doffing Personal Protection Equipment PPE (08 21)