

QUALITY PROCEDURE

COMMUNITY SERVICES

INFECTION CONTROL

1.0 PURPOSE

Alzheimer's Association Queensland (AAQ) will maintain a safe environment for consumers, visitors and staff by minimising the risk and incidence of transmission of infectious agents within multi-service centres and the community, and effectively manage any outbreaks of infectious disease.

2.0 TERMS AND DEFINITIONS

- Infection: A disease or illness caused when an organism inside a person multiplies to level where it causes harm.
- Colonisation: When an infection agents established itself on or in the body but does not cause infection.
- Contamination: When infectious agents spread to a surface or item, creating risks for the spread of infection.
- Source: The origin of the infectious agent, most sources are people, but they can be air, water, food or equipment.
- Susceptible host: A person exposed to an infectious agent who is vulnerable to infection.
- Transmission: The spread of infectious agents from one person to another.

3.0 RESPONSIBILITIES

- 3.1 The **Chief Executive Officer** or nominated representative is responsible for ensuring infection control measures are implemented and maintained and appropriate resources are available.
- 3.2 **Managers** are responsible for ensuring infection control measures are implemented and maintained and appropriate resources are available. Managers are responsible to ensure any outbreaks of infectious disease is managed effectively, service users are treated with dignity and respect.
- 3.3 All **Staff** are responsible for adhering to this procedure at all times.

4.0 PROCEDURE

- 4.1 Staff will be educated and monitored on their infection control techniques on an ongoing basis. Information and education will be provided during orientation of new staff and periodically through in-service programs.
- 4.2 The Community Service Manager (CSM) is responsible for ensuring all multi-service centre staff receive education, comply with this procedure and practice strict infection control practices at all times.

- 4.3 The Home Care Regional Manager is responsible for ensuring that all home care staff receive education, comply with this procedure and practice strict infection control practices at all time.
- 4.4 Managers will ensure that consumers and or their representatives, families and visitors are provided with appropriate information regarding infection control measures when required.
- 4.5 Hand washing is the single most important strategy to reduce the risk of transmission of infection. Handwashing comprises mechanical activity, use of approved soap and water, rinsing and drying to reduce the number of micro-organisms on hands.
- 4.6 All staff will be competent in effective hand washing. All staff at orientation and annually thereafter will be instructed and assessed on effective handwashing technics. (AAQ-Form-097 Handwashing Competency)
- 4.7 Immunisation protects staff and consumers from preventable diseases. Consumers visiting the Multi-Service Centre will be encouraged to be vaccinated annually against influenza.
- 4.8 Staff will be encouraged to be vaccinated against influenza, this will be provided by AAQ once annually. Staff will also be encouraged to vaccinate themselves against hepatitis B.
- 4.9 Staff should not attend work if they are suffering from diarrhoea, vomiting, fever, sore throat with fever or jaundice. Staff are to inform the Manager if they have any infected skin lesions.
- 4.10 Personal protective equipment (PPE) comprises gloves (appropriate to the task), facial protection (masks) eye protection (goggles, face) and impermeable aprons (if required).

Personal protective equipment (PPE) will be provided for staff in the following situations:

- when there is a risk of exposure to blood and other body fluids, secretions and excretions regardless of whether they contain visible blood (excluding sweat);
 - contact with non-intact skin, including skin rashes;
 - contact with mucous membranes.
- 4.11 Staff and or external contractors' complete routine cleaning to ensure all areas are cleaned following a logical order from "clean" to "dirty". Periodic cleaning of high areas and infrequently accessed fixtures is scheduled for attention by maintenance staff.
 - 4.12 All cleaning equipment used in the facility will be cleaned and stored to dry between uses. Equipment will be well maintained and designed to minimise the dispersion of dust during use.
 - 4.13 Spills of blood or body substances are to be managed promptly:
 - Use appropriate PPE and equipment depending on size of spill;

- Immediately wipe up spots and spills smaller than 10cm or cover larger spills with absorbent material;
- Discard contaminated materials;
- Clean with detergent or disinfectant.

4.14 Food handling training will be provided at orientation and annually thereafter.

4.15 Each multi-service centre will adhere to the requirements of Food Safety Standards which in regard to infection control imposes control over the following:

- All areas within the kitchen are cleaned regularly;
- The purchase, receipt, transport, storage, preparation and serving of food;
- Centres to ensure hygiene of food handlers; accessible handwashing facilities, single use towels for drying are to be maintained;
- Staff are to report illnesses and staff compliance with hygiene requirements when handling food;
- Food/ fridge temperature measuring devices are to be checked daily and recorded. Any discrepancies to be recorded and monitored. (RES-Form-034.2 Refrigerator and Freezer Temperature Monitoring);
- Waste is to be disposed of promptly and correctly;
- Cleaning, sanitising and maintenance of premises and equipment including cleaning, appropriate waste disposal, pest control and a means to appropriately clean eating and drinking utensils.

4.16 Work practices will ensure infection control is practised at all times.

4.17 Any pets owned by the centre will be well groomed. Pets will be regularly wormed and immunised (as per veterinary recommendations) and a records of this will be maintained.

4.18 Pet therapy activities will be facilitated by a reputable and responsible organisation. Evidence of routine screening and immunisation of visiting animals should be viewed regularly, at least annually.

4.19 Everyone should be encouraged and or assisted to wash their hands following contact with animals.

4.20 Animal access is denied to areas of medication storage areas, food preparation areas and clean supplies storage areas.

4.21 The centre utilises professional pest control prevention according to the recommended schedule.

- 4.22 All linen to be washed separately to client clothing and using the appropriate equipment and cleaning solutions.
- 4.23 Waste should be contained in the appropriate receptacle:
- Sanitary bins and nappy bins are provided for continence aids.
 - Purple bags are available for cytotoxic waste (if applicable).
 - Yellow sharps disposal containers are available (including razor blades).
- 4.24 Manual handling of waste should be minimalised and waste must be contained in leak-proof bags or containers. These must not be over-filled or compacted by hand.

Mult-Service Centre Outbreak Management Process

- 4.25 The presence of two or more cases of an identified illness occurring in a relatively short space of time requires immediate investigation to determine whether an outbreak is occurring.
- 4.26 The CSM will ensure consumers, visitors and staff are excluded from the centre if they have or are suspected to have an infectious illness, such as: Gastroenteritis, Influenza, Scabies, and Impetigo.

Immediate Action:

- 4.27 Notify the Community Service Manager. The CSM in discussion with the State Manager and Care Governance Manager will notify the relevant authority (eg Brisbane Public Health Unit) in order to gain early assistance and advice. Refer to 'The Gastro Info kit', Australian Government (if required).
- 4.28 Follow advice from Public Health Unit especially with regard to quarantine and or continued attendance of clients.
- 4.29 Where possible the infected staff member or consumer should be sent home and isolated to minimise spread of the illness.
- 4.30 Where consumers have to remain in the centre, they should be isolated from other consumers. Limit staff and visitor movement into these restricted areas.
- 4.31 All staff and consumers to increase strict infection control and hygiene practices. Ensuring adequate supplies of liquid soap and alcohol based gels are available.
- 4.32 Maintain documentation, infection surveillance data and case list utilising the outbreak management template in 'The Gastro Info Kit'. Ensure details of symptoms, onset date and the individual's family contacts are recorded.
- 4.33 Verify diagnosis through liaison with the individuals' medical practitioners, if possible.
- 4.34 Identify the source and method of spread, if possible.

- 4.35 Restrict access between affected and unaffected service users and staff for at least 72hours after resolution of symptoms.
- 4.36 Cleanse centre thoroughly with detergent and hot water, then with diluted bleach (0.1%).

Follow-up Action:

- 4.37 The Community Services Manager will thoroughly investigate the event and document the outcomes for distribution to all appropriate personnel.
- 4.38 The final report will include any difficulties or problems encountered, any actions required to prevent re-occurrence and any recommended revisions to procedures.

5.0 REFERENCED DOCUMENTS

[National Health & Medical Research Council; Australian Guidelines for the Prevention & Control of Infection in Residential and Aged Care 2013. Department of Health and Aging, Australian Government.](#)

[Department of Health: Guideline for the management of outbreaks of communicable diseases in health facilities, 2014. Queensland Government.](#)

[Gastro Info Kit Information Sheet 1 - Recognising and Managing Gastroenteritis Poster. Department of Social Services, Australian Government.](#)

AAQ-P-018	Staff Training and Development
AAQ-F-097	Handwashing Competency
AAQ-F-093	Manual Handling Competency – Non Clinical
RES-F-071	Manual Handling Competency – Respite Centres
RES-F-034.2	Refrigerator and Freezer Temperature Monitoring

APPROVED BY:  _____
CHIEF EXECUTIVE OFFICER

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