

38. Infection Prevention and Control Policy and Procedure

| | | |
|-----------------------------------|---------------------------------|---------------------|
| Approval Date: 19 Nov 2024 | Review date: 19 Nov 2025 | Version: 1.2 |
|-----------------------------------|---------------------------------|---------------------|

Purpose

The purpose of this policy is to minimise or eliminate as far as possible, risks of harm to Australian Quality Care staff, clients, contractors, and visitors which may arise through passing infections between each other.

Scope

This Policy and Procedure applies to all staff, contractors and clients who work at any of the Australian Quality Care facilities. Management of Australian Quality Care are obligated to educate staff, clients, contractors, and visitors on appropriate control measures. Management, employees, clients, contractors, and visitors are responsible for looking after their own and other people's health, hygiene, and safety.

Definitions

Infection – The invasion and multiplication of microorganisms such as bacteria, viruses and parasites that are not normally present within the body.

Infection control – Preventing the transmission of infectious organisms and managing infections if they occur.

Infectious agents (pathogen) – Biological agents that cause disease or illness to their hosts.

Contact transmission – Usually involves transmission of an infectious agent by hand or via contact with blood or bodily substances. Contact may be direct or indirect.

Direct contact transmission – Involves the transfer of an infectious agent through a contaminated object or person, for example, *a resident's blood entering a staff member's body through an unprotected cut in the skin.*

Indirect contact transmission – Involves the transfer of an infection agent through contaminated objects or persons, for example, *a resident touches an infected object and does not perform hand hygiene before touching another person or their own exposed skin.*

Standard precautions – Work practices which require everyone to assume that all blood and bodily substances are potential sources of infection, independent of perceived risk.

Policy

Australian Quality Care have a responsibility to reduce the risk of our staff, clients, and any other person in the home of a client from exposure to an infection that may occur during the delivery of supports.

Australian Quality Care's policies and procedures are established for the purpose of maintaining safe practice of preventing and managing infections. Australian Quality Care will ensure that relevant training, information, guidance, and supervision is provided so that safe work practices are carried out to minimise the spread of any infections.

Any incidents involving exposure to infections, or any suspected infections are to be referred to the Director (or delegate) to implement the relevant process for managing infections.

Procedure

Incidents

Any incidents involving an infection or suspected infection are to be:

- Reported to Australian Quality Care Management
- Recorded on an Incident Report Form
- Investigated by Director (or delegate)
- Reviewed and added to the Continuous Improvement Register

Standard Precautions

Standard precautions are the work practices required to achieve a basic level of infection prevention and control. The use of standard precautions aims to minimise, and where possible, eliminate the risk of transmission of infection, particularly those caused by blood borne viruses.

Standard precautions must be used in the handling, or cleaning, of:

- Blood (including dried blood)
- All other body fluids/substances (except sweat), regardless of whether they contain visible blood
- Non-intact skin
- Mucous membranes
- Medications

Standard precautions consist of the following practices:

- Hand hygiene before and after all patient contact
- The use of personal protective equipment, which may include gloves, impermeable gowns, plastic aprons, masks, face shields and eye protection
- The safe use and disposal of sharps

- The use of aseptic “non-touch” technique for all invasive procedures, including appropriate use of skin disinfectants
- Reprocessing of reusable instruments and equipment
- Routine environmental cleaning
- Waste management
- Respiratory hygiene and cough etiquette.

Standard precautions are the minimum infection prevention and control practices that must be always used for all residents in all situations.

Standard Precautions

Always follow these standard precautions

| | | | |
|---|--|---|---|
|  | Perform hand hygiene before and after every patient contact |  | Clean and reprocess shared patient equipment |
|  | Use personal protective equipment when risk of body fluid exposure |  | Follow respiratory hygiene and cough etiquette |
|  | Use and dispose of sharps safely |  | Use aseptic technique |
|  | Perform routine environmental cleaning |  | Handle and dispose of waste and used linen safely |

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

 **Queensland Government**

Hand Hygiene

Hand hygiene is considered one of the most important infection control measures for reducing the spread of infection. Hand hygiene is a general term that refers to any action of hand cleansing, such as handwashing or hand rubbing.

Handwashing - Hands should be washed thoroughly with soap and water for at least 20 seconds after coming into contact with contaminated surfaces or objects, or touching your eyes, nose, or mouth.

Hand rubbing – Hand sanitiser should be used when hand washing areas are unavailable. All staff, clients, contractors, and residents are encouraged to follow proper hand rubbing procedures as shown in posters placed around the facility.

Personal Protective Equipment (PPE)

PPE protects staff, clients, and visitors from exposure to blood, bodily substances, or airborne viruses. PPE that complies with relevant Australian Standards is available at every Australian Quality Care location. PPE that may be required consists of gloves, gowns or aprons, masks, eye protection or face shields. Staff members are expected wear PPE when Government mandated or if a situation poses a risk to spreading infection.

All staff are required to periodically review the [Personal Protective Equipment for Disability Support Workers video](#) available in Employment Hero and their review date and time will be recorded on their employee profile.

Quarantining

Staff members and contractors must not attend Australian Quality Care premises and activities during the infectious period of the condition. Where required by Government Health Directions, workers will be required to provide clearance from a medical practitioner stating the worker is no longer infectious and can safely return to work.

Client's will be asked to quarantine in their private room for the duration of the infection. Australian Quality Care will request clearance from a medical practitioner stating the resident is no longer infectious and can safely exit quarantine.

Vaccinations

It is Australian Quality Care's policy to request all workers be vaccinated for the seasonal influenza strains and COVID-19 unless it is refused on medical or religious grounds. Workers who refuse will be asked to provide a reason for the purpose of Australian Quality Care to undertake a risk assessment.

It is Australian Quality Care's policy to request all residents be vaccinated for the seasonal influenza strains and COVID-19 unless it is refused on medical or religious grounds. However, vaccinations for all residents are voluntary and Australian Quality Care will not refuse services to an unvaccinated client unless the level of risk is assessed to be unreasonable.

***As at the time this version of this policy was published, Australian Quality Care cannot lawfully mandate any vaccinations for workers. From the time any mandate is brought in to force under law, Australian Quality Care will require all employees to be vaccinated unless they refuse for religious reasons or on medical advice. Evidence of medical advice**

must be provided to Australian Quality Care and will be kept on the worker's personnel file.

Laundry and Linen

Gloves should be worn when handling soiled linen. PPE may be required if there is potential for contamination by way of splashing, spraying or splattering of faeces or vomit. Soiled linen or clothing should be removed immediately and placed in a collection bag or leak proof plastic bag. There should be minimal handling of soiled linen or clothing to prevent generating further aerosols. Contaminated linen, blankets or clothing should be washed as usual in detergent for the maximum washing cycle. Used non-disposable mop heads should be laundered in a hot wash. Exposed personal effects (e.g., wall hangings etc.) should preferably be hot-washed through the laundry and bleach cleaned where possible.

Where an outbreak becomes protracted or is difficult to contain, consideration should be given to outsourcing laundry services to allow high quality cleaning of the laundry. If an external laundry service is used by the institution, they should be informed about the outbreak so they can take necessary precautions to avoid infection.

Handling of Waste and Environmental Control

In line with Australian Quality Care's Management of Waste Policy and Procedure, all incidents involving infectious material, body substances or hazardous substances are:

1. Reported to management
2. Recorded on a Hazard Form
3. Investigated by management
4. Reviewed and added to the Continuous Improvement Register.

Safe handling and cleaning of potentially hazardous materials, such as sharps and used dressings, and substances including bodily waste, such as blood, faeces, urine, and vomit, must include the following steps:

1. Ensure all persons (clients, staff, and visitors) are removed from the area or source of harm.
2. Don PPE prior to handling. At a minimum, this should include:
 - a. Gloves
 - b. Apron
 - c. Face mask and protective eye wear, if appropriate.
3. Apply cleaning solution in line with the manufacturer's instructions.
4. Apply sanitising solution in line with the manufacturer's instruction, if required.
5. Dispose of all waste, in an appropriate manner (e.g., placed in a sealed plastic bag and deposited in a dedicated refuse receptacle).
Sharps are to be placed in a sharps disposal receptacle.
6. Ensure all re-usable cleaning products are properly sanitised, dried, and stored, ready for next use.
7. Correctly doff and dispose of used PPE.
8. Complete an incident report as soon as practicable after the event.

Australian Quality Care will ensure that staff and contractors follow adequate procedures for the routine care, cleaning and disinfection of environmental surfaces, beds, shared spaces, and any other frequently touched surfaces. All cleaning contractors will be required to provide procedures in line with this policy and provide records of completion on request for the purpose of internal compliance review and audit.

COVID-19

Cleaning and disinfection recommendations – Queensland Government Department of Health

In the event of a confirmed case or outbreak of COVID-19, gather the items needed for cleaning before entering the area and cleaning begins. This may include the following:

- personal protective equipment (PPE)
- cleaning equipment and solutions
- rubbish waste bag
- alcohol-based hand rub.

Place the following posters outside the room or areas where the confirmed case has been:

- Contact Precautions (Appendix 1)
- Droplet Precautions (Appendix 2)

Personal protective equipment recommendations

People entering the room and the person with suspected or confirmed COVID-19 should wear a surgical mask if the person with COVID-19 remains in the room while the cleaning is done.

People should use the following process to safely put on the recommended personal protective equipment before entering the area:

- Clean your hands. This can be done with either liquid soap and running water or alcohol-based hand rub.
- Put on a disposable apron. Fasten the back of the apron at the neck and waist.
- If the person with suspected or confirmed COVID-19 is in the area to be cleaned put on a surgical mask. Secure the ties of the mask at the middle of the head and neck. Fit the flexible band to nose bridge and ensure mask is fitted snug to face and below the chin. Do not touch or adjust the mask until you are ready to remove the mask.
- Put on protective eyewear to protect your eyes from the cleaning fluids.
- Put on disposable latex or vinyl gloves.

The purpose of personal protective equipment is to reduce the risk of direct contact with contaminated surfaces.

Once cleaning is completed, place all disposable cleaning items in the rubbish waste bag. Waste does not need any additional handling or treatment measures. Reusable cleaning items, such as mop heads, should be cleaned as per the cleaning recommendations below.

People should use the following process to safely remove personal protective equipment:

- Remove and dispose of gloves. The outside of gloves is contaminated. Remove gloves being careful not to contaminate bare hands during glove removal.
- Clean your hands. This can be done with either liquid soap and running water or alcohol-based hand rub.
- Remove and dispose of apron. The apron front maybe contaminated. Untie or break fasteners and pull apron away from body, touching the inside of the apron only.
- Clean your hands. This can be done with either liquid soap and running water or alcohol-based hand rub.
- Remove protective eyewear/face shield. The outside of protective eyewear/face shields maybe contaminated. Remove eyewear/face shield by tilting the head forward and lifting the head band or earpieces. Avoid touching the front surface of the eyewear/face shield. Reusable protective eyewear should be placed into a container and washed in detergent and water and allowed to completely air dry.
- Clean your hands. This can be done with either liquid soap and running water or alcohol-based hand rub.
- Remove and dispose of surgical mask if worn. Do not touch the front of the surgical mask. Remove the surgical mask by holding the elastic straps or ties and remove without touching the front.
- Clean your hands. This can be done with either liquid soap and running water or alcohol-based hand rub.
- Personal protective equipment can be disposed into general waste.
- Once you enter the area, avoid touching your face and don't touch or adjust your face mask if one is worn.
- If wearing a mask, it should be either on or off – ensure it always covers both the nose and mouth and don't let it dangle from the neck.

Tips for using personal protective equipment safely and effectively:

Cleaning recommendations

Once the person with suspected or confirmed COVID-19 vacates a room, cleaning can commence immediately. The room and all hard surfaces in the room should be physically cleaned. All furniture, equipment, horizontal surfaces, and all frequently touched surfaces (e.g., door handles) should be thoroughly cleaned.

When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.

Cleaning of hard surfaces (e.g., bench tops) should be done using either:

- a physical clean using a combined detergent and 1,000ppm bleach solution (2-in-1 clean) made up daily from a concentrated solution. Follow manufacturer's directions for dilution.
- a physical clean using detergent and water followed by a clean with 1,000ppm bleach solution (2-step clean), for example, household bleach or hospital-grade bleach solutions that are readily available from retail stores. Follow manufacturer's directions for use or see Table 1 below for dilution recipe.

Bleach solutions should be made fresh daily and gloves should be worn when handling and preparing bleach solutions. Protective eyewear should be worn in case of splashing.

Cleaning equipment including mop heads and cloths should be laundered using hot water and completely dried before re-use. Cleaning equipment, such as buckets, should be emptied and cleaned with a new batch of chlorine bleach solution and allowed to dry completely before re-use.

Preparation of bleach solutions

Household bleach comes in a variety of strengths of the active ingredient (sodium hypochlorite), and you can find this information on the product label often listed as available chlorine.

Table 1. Recipes to achieve a 1,000ppm bleach solution

| Original strength of bleach (available chlorine) | Disinfectant recipe to make up 1 litre of bleach solution. In a bucket, place the volume of water required and gently add the measured volume of bleach. | |
|---|---|------------------------|
| % | Volume of bleach | Volume of water |
| 1 | 100ml | 900ml |
| 2 | 50ml | 950ml |
| 3 | 33ml | 967ml |
| 4 | 25ml | 975ml |
| 5 | 20ml | 980ml |

Last updated: 27 March 2020

Low-Dose Methotrexate: Key Information for Carers/Support Workers

Low-dose methotrexate is a first-line treatment for various inflammatory conditions such as rheumatoid arthritis, psoriatic arthritis, inflammatory bowel disease, lupus, and severe psoriasis. It functions as an immunomodulator, not as chemotherapy, in these low doses.

Common Misconceptions

Methotrexate is also used at higher doses for cancer treatment, which may cause confusion. The label "Caution cytotoxic" on packaging can mislead people into believing low-dose methotrexate is highly dangerous. In reality, the risks of handling low-dose tablets are minimal.

Handling and Safety

- **Occupational Risk:** The risk of harm from handling intact methotrexate tablets is low. Use a "non-touch" technique when dispensing; personal protective equipment (PPE) is usually not necessary, however AQC's policy for donning gloves during medication remains a requirement when assisting with any medication.
- **Pregnancy:** Pregnant women or those trying to conceive should avoid handling any methotrexate dosage forms. However, they do not need to avoid contact with people taking low-dose methotrexate.
- **Crushing Tablets:** Tablets should not be crushed. If swallowing is an issue, seek guidance from a pharmacist.

Patient and Carer Guidance

- **Dosing:** Emphasize once-weekly dosing, specifying the exact day.
- **Chemotherapy Misconception:** Reinforce that low-dose methotrexate is not used for cancer treatment.
- **Safe Contact:** It is safe for individuals on low-dose methotrexate to have physical contact with others, including pregnant women. Standard precautions should be followed in all scenarios.
- **Pharmacist Precautions:** Health professionals may take extra precautions due to frequent handling, not because the medication is highly hazardous at low doses.

Providing clear, consistent information will help alleviate concerns and support adherence to therapy.

Related documents

- Management of Waste Policy and Procedure
- Work Health and Safety Policy and Procedure
- Risk Management Policy and Procedure
- Incident Report
- Continuous Improvement Register

References

- [National Disability Insurance Scheme \(Restrictive Practices and Behaviour Support\) Rules 2018](#)
- [National Disability Insurance Scheme Act 2013](#)
- [Disability Services Act 2006](#)
- [Work Health and Safety Act 2011 \(Australia\)](#)
- [NDIS Practice Standards and Quality Indicators 2020 – Version 3](#)
- [Public Health Act 2005 \(Queensland\)](#)
- COVID-19 cleaning and disinfection recommendations – Queensland Government Department of Health
- [Guidelines for the Public Health Management of Gastroenteritis Outbreaks due to Norovirus or Suspected Viral Agents in Australia – Chapter 8: Infection Control](#)
- [Position Statement on the use of low-dose methotrexate](#) – Council of Australian Therapeutic Advisory Groups

Appendix 1






Visitors

See a nurse for Information before entering the room

For all staff

Contact Precautions

In addition to Standard Precautions

| Before entering room | On leaving room |
|---|---|
| <p>1  Perform hand hygiene</p> | <p>1  Dispose of gloves</p> |
| <p>2  Put on gown or apron</p> | <p>2  Perform hand hygiene</p> |
| <p>3  Put on gloves</p> | <p>3  Dispose of gown or apron</p> |
| | <p>4  Perform hand hygiene</p> |

Standard Precautions

And always follow these standard precautions


- Perform hand hygiene before and after every patient contact
- Use PPE when risk of body fluid exposure
- Use and dispose of sharps safely
- Perform routine environmental cleaning
- Clean and reprocess shared patient equipment
- Follow respiratory hygiene and cough etiquette
- Use aseptic technique
- Handle and dispose of waste and used linen safely

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



Queensland
Government

Appendix 2



Visitors



See a nurse for Information before entering the room

For all staff



Droplet Precautions

In addition to Standard Precautions

Before entering room

-  Perform hand hygiene
-  Put on a surgical mask

On leaving room


-  Dispose of mask
-  Perform hand hygiene

Standard Precautions

And always follow these standard precautions

- Perform hand hygiene before and after every patient contact
- Use PPE when risk of body fluid exposure
- Use and dispose of sharps safely
- Perform routine environmental cleaning
- Clean and reprocess shared patient equipment
- Follow respiratory hygiene and cough etiquette
- Use aseptic technique
- Handle and dispose of waste and used linen safely

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



Queensland
Government