



Infection Control Procedures

The following procedures are to be implemented to ensure that employees/contractors minimise the opportunities for cross infection in the workplace and ensure members are supported in the safest, most hygienic and effective way possible.

Risk Management

Hazard Identification

Hazard identification should identify activities in the workplace that may put workers or members of at risk of exposure/transmission of an infectious disease. It requires the identification of sources of infection e.g. blood and body fluids/substances and material potentially contaminated with blood or body fluids such as sanitary waste, soiled linen etc. and means of transmission e.g. first aid, cleaning toilets, disposal of used syringes etc. Cam Can will consult with staff and contractors to identify specific activities and transmission modes.

Risk Assessment

The purpose of risk assessment is to evaluate the risks to employees and members arising from exposure as a result of work activities and the working environment and must be undertaken when the control measures are not obvious. For example the use of standard precautions when applying first aid to open wound is a known control and does not require a risk assessment to implement. Risk assessment should take into account:

- The type and frequency of exposure including the probability, amount of blood or body fluids/substances, type of body fluid/substance encountered, possible routes of transmission, and potential for multiple exposures,
- Volume and frequency of contact with discarded used needles and syringes
- Factors contributing to exposure and their recurrence
- Risk associated with workplace layout, design and work practices including
- Poor lighting
- Crevices that encourage concealment of used needles and syringes
- Access to relevant medical and first aid services
- The level of knowledge and training of employees regarding infectious diseases and safe work practices
- The availability and use of personal protective equipment (PPE) and the suitability of equipment for the tasks
- Individual risk factors for each worker, such as damaged/broken skin, dermatitis and eczema
- The number of workers and other persons at risk of exposure
- Availability of vaccines and post exposure prophylaxis (PEP)
- Current risk control measures and the potential need for new risk control measures.

Safe Working Procedures

Standard precautions

Compliance with standard precautions has been shown to significantly reduce the risk of exposure. A high standard of personal hygiene is essential and the following practices should apply to all workers and other persons:

- Hands must be washed after contact with blood and body fluids/substances and before eating, drinking or smoking.
- A mild liquid hand wash (with no added substances which may cause irritation or dryness) should be used for routine hand washing.
- To minimize chapping of hands, use warm water and pat hands dry rather than rubbing them.
- Repeated hand washing and wearing of gloves can cause irritation or sensitivity, leading to dermatitis or allergic reactions. This can be minimized by early intervention, including assessment of hand-washing technique and the use of suitable individual-use hand creams.
- Aqueous-based hand creams should be used before wearing gloves. Oil-based preparations should be avoided as these may cause latex gloves to deteriorate.
- Water impermeable gloves must be readily available to all workers and worn when likely to be exposed to blood or other body fluids/substances, or contaminated materials. The wearing of gloves substantially reduces the risk of hands being contaminated with blood or other body fluids/substances. PPE will be supplied by Cam Can as identified in the Individual Service Plan.
- It is the responsibility of individual staff and contractors to ensure that supplied PPE is utilised as per the manufactures recommendations.
- Hands must be washed and dried immediately after removing gloves (gloves cannot be guaranteed to prevent skin contamination and may not remain intact during use).
- Gloves should be removed and replaced (if needed) once the specific task is finished.
- Individualised procedures will be developed that reflect the need of the Member, as well as Occupation Health and Safety requirements. This may include items such as waterproof aprons or gowns to be worn when clothing may be contaminated with blood or other body fluids/substances, or surgical masks and/or protective eyewear to be worn where eyes and/or mucous membranes may be exposed to splashed or sprayed blood or other body fluids/substances.
- Cuts or abrasions on any part of a worker's body must be covered with waterproof dressings at all times.

Routine cleaning

Standard precautions must be implemented when cleaning surfaces and facilities. Employees must wear suitable gloves and other protective clothing appropriate for the task. Protective eyewear must be worn where splashing is likely to occur.

Toilets, sinks, washbasins, baths, shower areas, and surrounding areas should be cleaned regularly or as required. Cleaning methods for these items should avoid generation of aerosols. Although environmental surfaces play a minor role in the transmission of infections, a regular cleaning and maintenance schedule is necessary to maintain a safe environment.

Surfaces should be cleaned on a regular basis using only cleaning procedures that minimise dispersal of micro-organisms into the air. Routine surface cleaning should proceed as follows:

- clean and dry work surfaces before and after usage or when visibly soiled.
- spills should be dealt with immediately;
- use detergent and warm water for routine cleaning;
- where surface disinfection is required, use in accordance with manufacturer's instructions;
- clean and dry surfaces before and after applying disinfectants;
- empty buckets after use, wash with detergent and warm water and store dry; and mops should be cleaned in detergent and warm water then stored dry.

Blood Spills

Small blood spills

Ensure the employee is wearing latex/rubber gloves and enclosed footwear. Small blood spills can be easily managed by wiping the area immediately with paper towelling and then cleaning the area with water and detergent or a suitable disinfectant such as sodium hypochlorite (bleach).

Small spots or drops of blood or body fluids can be removed immediately by wiping the area with a damp cloth, tissue or paper towelling. A disposable alcohol wipe can also be used.

Large blood spills

Ensure the employee is wearing latex/rubber gloves and enclosed footwear. The spill should be carefully washed down the sink and the area flushed with water and detergent.

After the area is cleaned and if there is a possibility of bare skin contact with the surface, the area should be disinfected as above with sodium hypochlorite (bleach) or other suitable (equivalent acting) disinfectant.

Sharps

The principal risk of occupational exposure to infection of Hepatitis and HIV for most workers is from sharps injuries. Sharps should only be handled with appropriate designed tongs or similar equipment. If this is not available the sharp should be disposed of by holding the barrel of the syringe with a gloved hand. The sharp should be placed in a sealable rigid-walled, puncture-resistant container and the local council or health service should be contacted for collection/disposal information.

The following principles should also apply to the use and handling of sharps:

- Containers should be positioned at the point of use
- The person generating the sharp should be responsible for its safe disposal
- Sharps should not be passed by hand between workers
- Disposable sharps should be used when possible

Workers should be instructed not to:

- Bend, break, recap or otherwise manipulate needles
- Place their hands into areas where their hands or fingers are not clearly visible (e.g. into garbage bags and crevices)
- Manually compress garbage bags, hold garbage bags close to their body
- Hold garbage bags by the base of the bag.

Post exposure procedures

Where it is believed that an employee has been exposed to potentially infectious material they should follow the following post exposure steps.

Needle-Stick Injuries

If a staff member accidentally pricks themselves with the needle of a used syringe, the following first aid measures must be taken:

- encourage the puncture point to bleed by gently squeezing around it;
- wash away any blood or body substances using soap and water (if available);
- cleanse puncture point with a Medi-Prep antiseptic wipe (first aid kit item);
- apply a fabric strip (eg band aid) to puncture point;
- a doctor should be seen as soon as possible for an assessment;

Other Exposures

If a staff member is exposed to (is in direct contact with) blood or body fluids the following first aid measures should be taken:

- Skin – wash with soap and water
- Eyes – rinse eyes with copious amounts of water
- Mouth – spit out and repeatedly rinse with water

Waste Management

- All waste generated from first aid treatments or the clean-up of spills should be handled with care, so as to avoid contact with blood and body substances. Medical latex gloves should be worn when handling contaminated waste.
- Small amounts of contaminated waste should be placed in a sealed, leak-proof bag and disposed of with general waste.

Soiled Clothing

- Latex medical gloves must be worn when handling soiled clothing. Soiled clothing should be identified as such and placed in a leak proof bag separate from other materials.
- Staff should be advised to take home any soiled clothing belonging to them and to wash as soon as possible. Normal washing procedures and detergents are adequate for decontamination of most laundry items.

Incident Management

Following a needle-stick injury or exposure where there has been a possibility of blood or body fluid entering the body (ie via cut or broken skin, eyes or mouth):

The responsible Manager must:

- Support the person to attend a doctor, and advise they take with them the needles or syringe (if safe to do so) for potential testing.
- Inform the staff member about their access to appropriate professional counselling.
- The manager is to notify and investigate the incident
- The manager is to ensure confidentiality of all investigations and related documents.

Hepatitis and HIV Testing and Counselling

Testing for HIV/AIDS/Hepatitis antibodies involves a blood test. In the case of HIV/AIDS/Hepatitis a positive test indicates the person is infected with HIV/AIDS /Hepatitis. A negative result may mean either the person is not infected or is infected but has not yet developed antibodies to HIV/AIDS/Hepatitis.

It usually takes about three months for HIV/AIDS/Hepatitis antibodies to appear after exposure to HIV/AIDS/Hepatitis, so if a person has recently been at risk, a second test is recommended after three months.

Related Documents

- Policy on Infection Control