

[insert organisation name/logo]

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## Infection Control Policy

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**Document Status:** Draft or Final

**Date Issued:** [date]

**Lead Author:** [name and position]

**Approved by:** [insert organisation name] Board of Directors on [date]

**Scheduled Review Date:** [date]

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### Record of Policy Review

Review Date	Person Initiating/Leading Review	Other People Consulted

### Triggers for Policy Review (tick all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Standard review is timetabled.   | <input type="checkbox"/> Internal / organisational factors   |
| <input type="checkbox"/> A gap has been identified  | <input type="checkbox"/> A stakeholder has identified a need, eg by email, telephone etc                                   |
| <input type="checkbox"/> Additional knowledge or information has become available to supplement the policy.     | <input type="checkbox"/> A serious or critical incident has occurred, requiring an urgent review.                          |
| <input type="checkbox"/> External factors   | <input type="checkbox"/> Need for consistency in service delivery across programs and organisations.                       |
| <input type="checkbox"/> Policy is no longer relevant/current due to changes in external operating environment. | <input type="checkbox"/> Separate, stand-alone policy is now warranted   |
| <input type="checkbox"/> There are changes to laws, regulations, terminology and/or government policy.          | <input type="checkbox"/> A near miss has occurred, requiring a review to prevent a serious/critical incident in the future |
| <input type="checkbox"/> Changes to funding environment, including requirements of funding bod(y)ies            |  |
| <input type="checkbox"/> Other (please specify).  |  |

**Additional Comments**

[for example, policy now covers details related to new legislation].

# Infection Control Policy

## 1. Purpose and Scope

The purpose of this policy is to minimise as far as possible risks of harm to **[insert organisation name]** Board members, staff, consumers, volunteers, students and visitors which may arise through passing infections between each other.

## 2. Definitions

Infection requires three main elements — a source of the infectious agent, a mode of transmission and a susceptible host.

Infection control is preventing the transmission of infectious organisms and managing infections if they occur.

Infectious agents are 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 body substances. Contact may be direct or indirect.

Direct contact transmission occurs when infectious agents are transferred from one person to another, for example, *a consumer's blood entering a healthcare worker's body through an unprotected cut in the skin.*

Indirect contact transmission involves the transfer of an infectious agent through a contaminated intermediate object or person, for example, *an employee touches an infected body site on one consumer and does not perform hand hygiene before touching another consumer.*

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

## 3. Principles

Effective infection control is central to providing high quality support for consumers and a safe working environment for **[insert organisation name]** employees, Board members, students, and visitors.

Staff and consumers are most likely sources of infectious agents and are also the most common susceptible hosts. Other people visiting the premises may be at risk of both infection and transmission.

The main modes for transmission of infectious agents are contact (including blood borne), droplet and airborne. Transmission of infection may also occur through sources such as contaminated food, water, medications, devices or equipment.

Infection control is integral to consumer support, not an additional set of practices.

Consumers’ rights are respected at all times; they are involved in decision-making about their support, and they are sufficiently informed to be able to participate in reducing the risk of transmission of infectious agents.

**4. Outcomes**

Infections and infection transmission is prevented and managed as far as possible through the application of standard precaution practices.

**5. Functions and Delegations**

Position	Delegation/Task
Board of Directors	Endorse Infection Control Policy.  Compliance with Infection Control Policy.  Promote and maintain workplace occupational health and safety.
Management	Compliance with Infection Control Policy.  Establish and implement systems for infection control.  Ensure infection control policies and procedures are effectively implemented and adhered to.
Staff	Compliance with Infection Control Policy

**6. Risk Management**

Risks of infection are regularly assessed, identified and managed.

Employees are trained in infection control practice, including relevant application of precautions to minimise the risk of infection.

**[if applicable - employees are offered vaccinations against Influenza, Diphtheria, Tetanus, Hepatitis A & B, and other relevant contagious conditions].**

Mechanisms are in place for monitoring compliance with infection control procedures.

## **7. Policy Implementation**

The organisation ensures effective implementation of infection control.

All staff have access to policies and procedures relating to infection control.

Tailored training is provided to persons with specific tasks where infection transmission is a risk.

Records of infection control activities are maintained, including infection control training undertaken, information provided to consumers and the use of personal protective equipment (PPE).

There are mechanisms for monitoring compliance with infection control.

## **8. Policy Detail**

### **8.1 Infection Control Risk Management Plan**

Once infection risks are identified, the organisation's risk management program includes:

- eliminating the risk factors
- modifying or changing procedures, protocols and work practices
- monitoring consumer and employee compliance with infection control procedures
- providing information/education and training to consumers and employees.

### **8.2 Infection Risk Assessment**

**[insert organisation name]** identifies and assesses infection control risks by taking into consideration the likelihood of infection from a particular hazard, and the consequences if a person is infected. Factors such as frequency of exposure, levels of training and knowledge, existing controls, environmental factors and the experience of employees are considered.

The risk assessment matrix (see Risk Management Policy) prioritises identified risks for action.

**[insert organisation name]** develops and prioritises actions for managing identified risks.

### **8.3 Education and Information**

Education regarding infection prevention core principles is provided to all new staff and to existing staff annually.

Advice and information is provided to staff regarding new and emerging infectious disease threats and trends.

Advice and education related to infection prevention is routinely provided to consumers.

### **8.4 Standard Precautions**

Standard precautions are applied in all situations in which staff may have contact with blood / body fluids.

#### **8.4.1 Hand Washing and Hand Care**

Hand washing and hand care are considered the most important measures in infection control. Skin is a natural defence against infection. Cuts and abrasions on exposed skin should be covered with a water resistant dressing changed as often as necessary.

Hands must be washed and dried before and after any direct consumer contact and/or the removal of gloves. Hands should be washed with a soap or cleaning agent covering all surfaces. Protective gloves must be worn when handling blood and body substances.

#### **8.4.2 Protective Barriers**

Protective barriers (eye shields, gloves, gowns and masks) are to be used whenever there is a potential for exposure to blood and body substances.

General purpose utility gloves should be worn for housekeeping tasks including: cleaning clinical instrument and handling chemical disinfectants.

Utility gloves are to be discarded if they are peeled, torn or punctured or have other evidence of deterioration.

#### **8.4.3 Needles and Sharps**

Special care must be taken to prevent injuries during procedures when cleaning sharp instruments, and use or disposal of sharps (needles). Sharps must not be

passed from one worker to another unless specifically required for the proper conduct of the procedure.

Needles must not be removed from disposable syringes for disposal nor resheathed before disposal. Where special circumstance require resheathing, it is preferable to use forceps or a protective guard.

Sharps containers should be placed as close as practical to the consumer care area, not easily accessible to visitors and out of the reach of children. Containers should be clearly labelled with the biohazard symbol and never overfilled.

#### **8.4.4 Quarantining**

Staff, Board members, students, volunteers and consumers experiencing infectious conditions will be requested to refrain from **[insert organisation name]** premises and activities during the infectious period of the condition.

#### **8.5 Response to Possible Infection**

When potentially infected body fluids come into contact with an employee, Board member, student, volunteer or consumer, steps are taken to decrease the impact of such contact, including first aid and assessment at a medical service.

A supervisor must be notified of such incidents as soon as possible and an incident report form completed.

#### **8.6 Notifiable Diseases**

**[insert organisation name]** notifies the Public Health Unit in the event of an outbreak of any of the following: food borne illness in two or more related cases or gastroenteritis among people of any age in an institution.

### **9. References + Resources**

#### **9.1 Internal**

Occupational Health and Safety Policy  
Risk Management Policy  
Incident Report Form  
Vaccination Risk Assessment

#### **9.2 External**

#### **Legislation**

Work Health and Safety Act 2011 (Commonwealth)

Model Work Health and Safety Regulations 2011 (Cth)

## **Resources**

National Health and Medical Research Council (NHMRC) 2010, *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, Commonwealth of Australia.

NSW Health Department 2007, *Infection Control Policy*. NSW Health, Sydney.

*This policy is taken from the NADA Infection Control Policy.*

[http://www.nada.org.au/index.php?option=com\\_content&task=view&id=236&Itemid=44](http://www.nada.org.au/index.php?option=com_content&task=view&id=236&Itemid=44)

## **9.3 Quality and Accreditation Standards**

### **EQuIP4**

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.5: The organisation provides safe care and services.

Criterion 1.5.2: The infection control system supports safe practice and ensures a safe environment for consumers / patients and healthcare workers.

### **Health and Community Service Standards (6<sup>th</sup> edition)**

Provided by Quality Improvement Council (QIC)

#### Standard: 1.7: Risk Management

The organisation identifies, assesses and manages risks to ensure continuous, safe, responsive and efficient services.

Evidence questions: What is the evidence that:

- a) the organisation understands that risk has dimensions that include strategic, governance, operational, property, financial and clinical risks.
- b) the organisation complies with the legislative context in which it operates and which defines relevant risks.
- c) there are planned and systematic ways of collecting and analysing data that address potential and actual risks to the organisation as a whole and to the services it provides?
- d) procedures are implemented to manage and respond to risks in a timely way.

## **9.4 National Mental Health Standards**

Criterion 2.7 The organisation complies with infection control requirements..

**9.5 Recovery Oriented Service Self-Assessment Tool (ROSSAT)**

N/A

**9.6 NSW Disability Services Standards (DSS)**

8.2: The service provider provides a safe physical environment for service users.