

# HCS Infection Prevention and Control Policy

## Purpose

Reducing the risk of infection is a priority for Catholic Healthcare Home & Community Services. All reasonable and practical precautions shall be taken to prevent the spread of infection and maintain health and safety of all clients, staff, visitors and volunteers.

## Applicability / Scope

All Catholic Healthcare Home & Community Services clients, and those who reside with them All Catholic Healthcare Home & Community Services staff, visitors, volunteers and contractors.

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# HCS Infection Prevention and Control Policy

## 1. Policy

1. Infection control and prevention is the responsibility of all Catholic Healthcare Home & Community Services staff. All staff, visitors and volunteers may potentially cause a healthcare related infection. All staff are at risk of contracting a healthcare related infection. Staff are provided with appropriate resources, equipment, training and education to reduce the spread of infections e.g. Personal Protective Equipment (PPE), and hand hygiene facilities.
2. Understanding the modes of transmission of infectious organisms and knowing how and when to apply basic principles of infection prevention and control is critical to the success of infection control. Staff training is consistent with National Health and Medical Research Council (NHMRC) Australian Guidelines for the Prevention and Control of Infection in Healthcare.
3. All staff attend mandatory Infection Control training during induction, and annually thereafter which includes recognising an infection and prevention and control of infections, and correct use of PPE.
4. Standard precautions are the minimum infection prevention measures that apply to all contact with clients and are implemented universally, regardless of information or assumptions about the client's infection status.
5. Where an infectious disease is diagnosed for Catholic Healthcare Home & Community Services staff, volunteers, clients, or those residing with a client, the Regional Manager of the services is responsible for liaising with the Public Health Unit (where applicable) in consultation with the Care Excellence Manager, and General Manager Home & Community, as well as actioning any tasks.
6. If staff are feeling unwell, they should not attend work.
7. All staff, volunteers, and clients are to be provided with a list of infectious diseases and illnesses that are reportable to Catholic Healthcare Home & Community Services upon confirmation of diagnosis. If a family member or a friend residing with a client is diagnosed with an infectious disease or illness this also must be reported to Catholic Healthcare Home & Community Services.

## 2. Definitions

1. **Infection** or **infectious disease** is an illness caused by the spread of micro-organisms (bacteria, viruses, fungi or parasites) to humans from other humans, animals or the environment.
2. **Standard Precautions:** are the minimum level of infection control required for the treatment and care of all clients to prevent the transmission of blood-borne infections including HIV, HBV and HCV. The implementation of standard precautions assumes all body fluids, tissues and moist surfaces are regarded as potentially infectious and adopts a barrier in all situations where exposure to these substances are likely to occur. Standard precautions apply to blood, (including dried blood) all other body fluids, secretions, and excretions including sweat, vomitus, sputum, broken skin and mucous membranes.

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3. **Personal Protective Equipment (PPE)** is clothing, gloves, waterproof aprons, masks, clothing protectors etc designed to protect the wearers body from injury or infection. PPE must be used appropriately and correctly. Community Workers are to wear gloves with every client contact activity.
4. **Waste Management** refers to the safe handling and disposal of waste and includes sharps disposal containers, appropriate garbage bags for storage and disposal of waste.
5. **Hand washing** is the most important infection prevention and control measure. All staff are taught correct hand hygiene procedures. Washing hands with soap and water for 15 seconds and drying hands thoroughly between client interactions and when hands are soiled. Alcohol based hand sanitisers can be used when handwashing is not possible or practical. Alcohol based hand sanitisers do not replace soap and water
6. **Hand hygiene** is ideally to be practiced by everyone. Community workers will encourage clients regarding regular handwashing. Visitors and volunteers are to be encouraged to wash hands at commencement and after visit, or use Alcohol based hand sanitizer
7. **Respiratory Hygiene** is the prevention of transmission of all respiratory infections including influenza.
8. **Body substance** is any substance produced by or expelled excreted or extracted from the body. Body substance is used rather than body fluid to emphasise the need for precaution to prevent contact with solid tissue as well as blood and fluids. This does not include intact skin, hair and sweat.
9. **Droplet transmission** is transmission of microorganisms from the body of an infected person by coughing or sneezing.

## 3. Identification and Reporting

1. All staff are responsible for identifying and reporting infection risks or outbreaks to whomever they report directly.
2. Where an infectious hazard or incident occurs, an incident must be logged within the Catholic Healthcare Home & Community Services Incident Management System, as per CS Incident Reporting and Management Policy, which will require immediate follow up by the Regional Manager.
3. If any staff, volunteer, client or those that reside with the client are diagnosed with the following infectious diseases a report is to be made to the Regional Manager for immediate action.
  - Diphtheria
  - Mumps
  - Poliomyelitis
  - Rubella (German Measles)
  - Measles
  - Pertussis (whooping Cough)
  - Tetanus
  - Haemophilus influenza Type b (HIB)
  - Meningococcal disease
  - Covid-19

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4. If any staff, volunteer, client or those that reside with the client are diagnosed with the following illnesses a report should be made to the Regional Manager so that proactive action can be taken.
  - Gastro enteritis
  - Typhoid
  - Hepatitis A
  - Shigella
  - Giardia
  - Rotavirus
  - Norovirus
  - Coronavirus - Covid-19
5. Staff who are symptomatic or diagnosed with an infectious disease will not be able to return to work until they have full clearance from their GP advising they are no longer infectious.
6. Where a client is diagnosed with an infectious disease the Regional Manager, in consultation with the Manager, Care Excellence, is required to report the case to the Public Health Unit and will be guided by the Unit as to what actions are required. Services to the affected client may need to be suspended following consultation with the Manager, Care Excellence.
7. Up to date details of the appropriate local contact can be accessed through an internet search of the appropriate State Health websites and searching for 'Public Health Units'
  - New South Wales (NSW) [www.health.nsw.gov.au](http://www.health.nsw.gov.au)
  - Queensland (QLD) [www.health.qld.gov.au](http://www.health.qld.gov.au)

## 4. Clinical Governance

1. Organisations are expected to assess the risk of, and take steps to prevent, detect and control the spread of infections. Infection management, such as isolating infectious causes or clients, and applying Universal precautions to prevent transmission, minimises the risk of transmission.
2. All staff are to be provided with adequate education in line with their duties, so that they understand the transmission of infection in their duties and can practice prevention and control strategies.
3. A nominated position will be responsible for the leadership of the infection prevention and control programme across Catholic Healthcare Home & Community Services. Additional advice and expertise are to be sought from individuals skilled in this area (e.g. Clinical Coordinator, RNs).
4. Clients, carers and visitors are to be provided with the necessary information and education to prevent the transmission of infections.

## 5. Analysis and Monitoring

1. Regional Managers are responsible for monitoring their infection control practices at a local level and identifying any concerns or trends in the Incident Management system.
2. The Quality Team are responsible for analysing data and trends through monthly reporting based on information logged within the Incident Management System.

End of Policy

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## Review History

Date created	May 2015
Review	Version 4, April 2020
Next review	April 2023
SME	Ruth Davis (Clinical Coordinator)

## Related Policies and Documents

- Moving on Audits
- WHS Act
- Aged Care Act 1997
- Aged Care Quality Standards
- NHMRC (National Health and Medical Resource Council) Australian Guidelines for the Prevention and Control of Infection in Healthcare Centre for Disease Control and Prevention.  
Public Health Unit
- CS Incident Reporting and Management Policy
- HCS Coronavirus (COVID-19) Response Management Plan
- HCS COVID-19 PPE – Utilisation Guide for symptomatic or diagnosed clients
- NSW Health procedures Infection Prevention and Control Policy
- NSW Government Health Care Associated Infections Program: Infection Prevention and Control Practice Handbook
- Australian Government Aged Care Quality and Safety Commission: Guidance and Resources for Providers to support the Aged Care Quality Standard

## Key words for search

Infection prevention, infection control, hand-washing, standard precautions, risk, infectious disease, infectious illness, multi-resistant organisms, immunisation.

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