Infection Control Manual

Fitzroy Falls Aged Care Facility
Infection Control Manual

Directions and Precautions 03 – 05
General Universal Precautions 03
Directional Statement 04

Linen 06
Infection Control in the Laundry 06

Personal Hygiene 07 – 12
Hand Washing Procedure 07
Skin Care - Bathing, showering 09
Dress and Grooming Standards Policy 10

Sharps 13
Sharps Injury Policy 13
Directions and Precautions

General Universal Precautions

The following general universal precautions should be adhered to at all times:

1. Treat all human blood, body fluids and tissues as potentially infectious. Fluids or materials derived from human blood or tissues are similarly potentially infectious.

2. Wear protective clothing such as gowns, gloves, masks and goggles if it is likely that the skin, eyes or mouth will come into contact with human blood, body fluids, tissues or other infectious material.

3. Use gloves when handling instruments or equipment contaminated with human blood, body fluids or tissues.

4. Wash hands thoroughly between patients and after contact with human blood, body fluids or tissues. Wash hands after removing protective clothing or gloves potentially contaminated with pathogens. Soap and water or antiseptic hand washes are appropriate.

5. Cover open wounds or broken skin to prevent direct contact with human blood, body fluids or tissues. Work on a clean surface with clean instruments. Mop up and remove all human blood, body fluids or tissues. Clean instruments in cold water and then soak them in disinfectants. Surfaces should be cleaned with disinfectants. No visible contaminant should remain.

6. Do not recap needles unless recapping is necessary to prevent accidental needle stick injury. If recapping needles take extreme caution.

7. Place needles, capped or uncapped, and other 'sharps' in a rigid puncture - proof container situated as close to the work area as possible.

8. Use disposable instruments and equipment if at all possible. After use, they should be placed in rigid containers as close to the work area as possible.

9. Wear goggles, gloves and gowns when cleaning instruments and equipment, particularly when using fluids under pressure.

10. Place bandages and equipment soiled with blood, body fluids or tissues in leak proof containers

11. Place materials for disposal in appropriately labelled, leak proof containers and send them to facilities approved for the disposal of infectious wastes.
Directional Statement

The Infection Control program provides:

▶ A safe microbiological environment for clients and staff with minimum interference in their daily activities.
▶ Integration of Infection Control into caring and support services.

What is our Scope?

A cyclical process of:

▶ Policy and practice development
▶ Product evaluation
▶ Training for all levels of staff
▶ Resident/client and staff health care (vaccines)
▶ Monitoring and surveillance activities
▶ Continuous improvement to meet client and staff satisfaction.

Who are our Clients?

• Residents in care facilities and Independent Living Units
• Residents' families and visitors
• Outreach and day centre clients
• Staff members
• Suppliers
• Contractors (e.g., Allied Health, Hairdressers etc).

Objectives of Infection Control

To ensure:

▶ Infection control is scientifically based and economically sound
▶ All staff are aware of Infection Control policies and procedures through ongoing in-services, both formal and informal
▶ The provision of advice on environment, equipment, food hygiene, disposal of waste and other appropriate issues
▶ An appropriate surveillance program is established and maintained
▶ Problem areas are identified and appropriate intervention methods developed
▶ New and existing products meet infection control standards.
▶ Communication is initiated and maintained with staff, information is shared and feedback encouraged on infection control issues
▶ Policies are monitored in relation to staff health and immunisation and body substance exposures are correctly managed
▶ Staff are able to discuss matters related to Infection Control Policies
▶ Relevant Infection Control continuous improvement activities are undertaken.
Legislation

Aged Care Act 1997 - Quality of Care Principles.

Standard Nos
Standard 1.1 - Continuous Improvement
Standard 1.3 - Education and Staff Development
Standard 1.5 - Planning and Leadership
Standard 4.7 - Infection Control
Linen

Infection Control in the Laundry

1. Introduction

Linen will be processed, handled, stored and transported in a microbiologically safe manner.

2. Procedure

Criteria

- Clean linen will be transported and stored in a manner which protects it from environmental contamination.
- Used linen will be contained in suitable identifiable bags.
- Heavily soiled or wet linen will be contained in an impermeable bag to prevent leakage.
- Linen bags will be filled to 2/3rd capacity only.
- Linen will be processed in accordance with recommended wash formula and techniques.
- Personal protective clothing will be available and used by staff when sorting soiled linen.
- Linen skips will be taken to the room to prevent over-handling and contamination.
- Linen bags will be not be pulled along the floor.
- Soiled linen will be kept separate from clean.
- Appropriate hand washing facilities will be available and used.
- Please note: During an outbreak situation, it may be necessary for Infection Control to implement different procedures.

3. Attachments

None

4. References

None

5. Legislation

- Australian Standard AS 4146 Laundry Practice.
- Aged Care Act 1997, Standard 4.7 Infection Control.
Personal Hygiene

Hand Washing Procedure

1. Introduction

Good hand washing practices will be observed at all times to prevent the transmission of infection and to protect the health of staff and clients/residents.

2. Procedure

Note: The frequency and method of hand washing expected will vary according to the environment and the task undertaken.

- Plain soap is sufficient for most hand washing.
- An antiseptic soap may be required for healthcare workers before performing an aseptic procedure, when hands heavily contaminated or are during an outbreak.
- Hands must be thoroughly rinsed and dried.

Routine hand washing (15 seconds approx)

- The aim of routine hand washing is to remove any bacterial contamination, which may be acquired from other persons' skin or from objects in the environment.
- Examples of when routine hand washing will be performed.
  All staff:
  - To maintain personal hygiene.
  - After resident/client contact.
  - After body substance exposure.
  - After removing gloves (gloves are not an alternative to hand washing).
  - After touching inanimate sources likely to be contaminated, e.g. bed pans, urinals.
  - After using the toilet.
  - Before eating.
  - In between tasks.
  - Before handling foods.
  - After handling raw food.
  - After handling refuse.
  - After handling soiled linen.

Clients/Residents:

- After using the toilet.
- Before eating.
- When hands are soiled.
How to routinely wash hands

- Wet hands thoroughly.
- Lather hands with soap and vigorously rub together making sure all surfaces of the hands are covered (see diagram).
- Rinse under a moderate stream of water.
- Dry thoroughly.

Antiseptic Hand Wash (1 minute)

- An antiseptic soap may be required for health care workers before performing an aseptic procedure, when hands heavily contaminated or are during an outbreak.
- Hands must be thoroughly rinsed and dried.

Hand care

- Intact skin is a natural defence against infection.
- Cuts and abrasions should be covered with a waterproof dressing.
- Health care workers with dermatitis on their hands should seek medical advice.
- Hand lotion should be used to prevent dryness, small tubes for individual use or a pump dispenser (not to be refilled) should be used.

3. Attachment

- See Effective Hand Washing attachment below

4. References

- Guidelines for the Management of Occupational Exposure to Potentially Contaminated Body Substances.
- National Health and Medical Research Council.

5. Legislation

Australian Standards 4187
Australian Infection Control Association. Standards of Practice 1996
Aged Care Act 1997, Standard 4.7 Infection Control
May issue default notices/provisional improvement notices
Skin Care - Bathing/Showering Policy and Procedure

Policy

Residents/clients are encouraged to remain as independent as possible. If assistance is required, it is provided discreetly to maintain the resident's/client's privacy and dignity.

Procedure

1. Refer to care plan.
2. Discuss procedure with resident/client. Ensure privacy and dignity is maintained at all times.
3. Assemble appropriate equipment according to care plan.
4. Check water temperature (older skin can be burned at lower temperatures).
5. Provide care as outlined in care plan.
6. Ensure resident/client is comfortable during procedure.
7. Check for signs of impaired skin integrity. Note any signs of changes in skin integrity, behaviour or preferences.
8. Encourage and/or assist resident/client to wash.
9. If showering, do not use soap or spray water on the resident's/client's face unless the resident/client wishes to do so.
10. If sponging in bed, ensure resident/client remains warm. Cover parts of the body not being washed at that moment.
11. Ensure resident/client dries thoroughly (to avoid any skin problems). Pay special attention to skin folds, for example groin, under breasts, between toes.
12. Attend nails and oral hygiene as per care plan.
13. On completion of procedure ensure glasses, hearing aids and mobility aids are applied as per care plan.
14. Report any changes to RN or Senior Supervisor and document in progress notes.
Dress and Grooming Standards Policy

1. Policy

To ensure suitable and appropriate standard of dress and grooming is upheld by all Fitzroy Falls Aged Care Facility employees to meet infection control and safety standards.

Employees are not required to wear a uniform during their working hours, but will be expected to maintain a high standard of appearance at all times and wear clothing suitable for work in Aged and Community Care. Staff working within the kitchens should refer to the catering manual.

2. Clothing/Attire

Clean, neat and tidy clothing is to be worn at all times.

Clothes will need to be comfortable and allow the employee to move freely. It is recommended that trousers or culottes and a blouse/shirt be worn by female care workers with trousers/tailored shorts be worn by male care workers. Shorts should be knee length.

The following items specifically are not to be worn:

- Track pants
- Jeans (of any colour)
- Hipster pants
- Bike pants
- Cargo pants
- Sports wear
- Midriff/crop tops
- Sleeveless tops or singlets
- Baseball caps etc
- Short, tight skirts or dresses
- Large, loose sweaters

3. Footwear

To be approved by the Manager and to be professional, appropriate and must include:

- Sensible, supportive, non slip, fully enclosed shoes (professional nursing footwear is recommended).
- Fully enclosed shoes protect employees from contact with infectious material.
- No high heels for staff working in facilities or the community.
- No open toed or sling back shoes for staff working in facilities or the community.
Maintenance staff require footwear to match the job (see Personal Protective Equipment Policy). Generally ankle support and non-slip soles are accepted throughout the industry.

4. Personal Hygiene/Grooming Overview

- Fingernails are to be kept clean and short at all times.
- Hands to be washed in accordance with instructions given during infection control training.
- Jewellery should not be worn where bacteria could gather ie: under rings worn on hands.
- Hair is to be clean.
- If hair is long and loose it must be tied back off the face.

Hygiene standards expected are high. Employees are to be made aware of the negative impact poor hygiene can have on older people or persons with a disability, particularly offensive odours including stale cigarette smoke, strong perfumes. Fitzroy Falls Aged Care Facility does not allow smoking in any of its buildings or clients homes.

Any make up worn is to be minimal and neatly applied.

5. Hair

For staff working in facilities or the community long hair must be tied back off the face. Long loose hair is considered a hazard as it can be caught in machinery or pulled by residents/clients. Hair must be clean at all times.

6. Nails

For care workers, nails are to be kept short and clean to avoid risk of damage to residents/clients and minimise the risk of bacteria gathering.

Clear nail varnish is permitted.

7. Jewellery

For care worker, domestic, catering and maintenance staff, minimal jewellery should be worn, if possible remove all jewellery whilst at work. Definitely no:

- Dangling earrings or other sharp jewellery that may cause skin tears to residents/clients or cause injury to other employees.
- Body piercing jewellery, all must be removed when in attendance at work.
- Wristwatches should not be worn when attending to residents/clients.
- Necklaces are to be tucked away inside blouses/shirts.

Residents and clients have been known to accidentally pull at necklaces and earrings causing serious skin and tissue damage to staff.

The Employee’s Manager will judge the acceptability of jewellery and has the right to enforce the removal of any jewellery during work hours based on safety, acceptable appearance and clear communication.
8. Name Badges

Employees are required to wear a name badge at all times when working at facilities or in the community. The badge will be provided by Fitzroy Falls Aged Care Facility.

The badge will include the name of the employee and will identify their position.

9. References

- Refer Infection Control Manual.
- Refer Personal Protective Equipment

Nail Care Procedure

When cleaning and cutting nails Fitzroy Falls Aged Care Facility staff must follow the procedure below:

- Read care plan and consult with client/resident.
- Collect all equipment needed. Ensure privacy for client/resident. Wash your hands.
- Fill Basin with warm water. Check with client/resident that temperature is OK.
- Soak nails prior to trimming in warm water for 5-10 minutes.
- Dry thoroughly then trim nails using appropriate nail cutters.
- Pay extra attention to skin around nails when trimming nails.
- Apply emollient cream or hand cream (if client/resident prefers).
- Clean and return equipment.
Sharps

Sharps Injury Policy

Prompt reporting and correct management of injuries caused by sharps will prevent transmission of infection to the person who is injured (resident, client, staff member, visitor or contractor).

Sharps injury, including needles, used razors and sharp pointed instruments can be avoided by:

- only using needle free systems
- placing used sharps, such as needles and razors, in an approved sharps container
- placing sharp instruments, such as scissors and nail cutters, with points facing away from staff member/resident or client when not in use.

Sharps injury procedure

If a sharps injury occurs, use the following procedure:

1. Apply first aid.
2. Wash the area thoroughly with sterile water or saline.
3. Assess the injury.
4. Apply sterile dressing to cover injury (if necessary) and secure with tape or bandage.
5. Report to the supervisor/registered nurse/enrolled nurse.
6. Document the incident on the OSH accident and incident form for sharps and needlestick injuries.
7. Arrange transport for injured person to Emergency Department if injury requires management by a doctor.