POLICY AND PROCEDURE

catholic healthcare

Infection Prevention and Control

Purpose

To provide direction, outline the preparing, planning and response to infections within a CHL service setting. This document sets out the process, roles and accountabilities for the effective management of infection prevention and control. This policy and procedure is underpinned by the Practice and Quality - Infection Prevention - Framework in conjunction with the Practice and Quality - Clinical Governance - Framework and incorporates CHL - Risk Management - Framework.

This policy is informed by:

- Aged Care Act (2024)
- National Disability Insurance Scheme Act (2013)
- Model Work Health & Safety Act (2023)

This document aligns with the Australian Guidelines for the Prevention and Control of Infection in Healthcare and incorporates practices from Australasian College of Infection Prevention and Control.

Policy Statement

Catholic Healthcare (CHL) understands the importance an effective infection prevention and control program is to reduce the burden of healthcare associated infections (HAIs) and to provide a safe working environment. The demonstration of effectively preventing, managing and controlling infections focusses on minimising adverse health impacts onto individual's within the service settings as well as to the aged care workforce.

1. This policy operates within the context of Catholic Healthcare's Mission and Values, underpinned by Catholic ethical standards and government regulations.
2. Catholic Healthcare, as a Provider of government-funded aged care services, upholds the Statement of Rights Principles for all individuals through the Aged Care Code of Conduct for all people in aged care service settings.
3. Catholic Healthcare places the older person at the heart of care and services and is dedicated to providing high-quality, inclusive care for all older Australians, ensuring their right to take risk and make decisions are central to care delivery.

Applicability / Scope

This policy applies to:

- all Aged Care workers and Associated Providers in the delivery of care and services for CHL.
- to older people' supporters and advocates and the older people in receipt of care and services provided by CHL.
- Roles with IPC Lead responsibilities
- Health Professionals

Infection Prevention and Control

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1. Procedure information

The application of a robust strategy within a well-defined system which is able to adapt and integrate effective infection prevention and control measures. Preventing harm to all people within a healthcare service setting is paramount to achieving safe, high-quality care. This will also mitigate antimicrobial resistance, prevent transmission of high consequence infection diseases such as pandemic viruses and emerging novel communicable diseases.

Refer to The Aged Care Infection Prevention and Control Guide, 2025 and Aged Care IPC Templates and Tools - ACIPC - Australasian College for Infection Prevention and Control for practice guidance, tools and resources throughout this document.

1.1 Infection Prevention and Control Program

The IPC Program includes key elements to:

- Planning through outbreak management
- Prevent infections via risk management including through immunisation programs
- Manage infections when they are identified to reduce harm
- Control infections to minimise transmission and spread

1.1.1 Planning through Outbreak Management

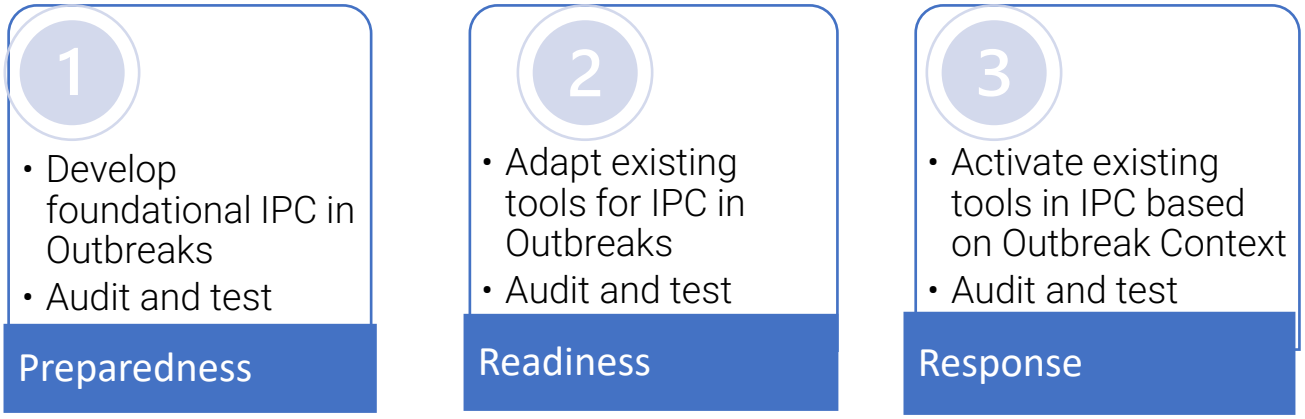
Outbreak Management incorporates three phases:

Phase 1: Preparedness—development of response plans to prevent, map, identify and develop appropriate resources, tools and operational guidance at the immediate level of emerging infections. This includes IPC Lead role and responsibilities. (Refer to Section 6- Roles and Responsibilities)

Phase 2: Readiness- links effective preparedness to an efficient response which reflect capacity and capability at the operational level. This includes Emergency Management Plans for Outbreak Management Plans, review and preparing for additional resources including workforce planning, IPC equipment and safety measures. (Refer to individual documents for more specific details).

Phase 3: Response- where the usual level of activities to operate are exceed in response to a defined communicable disease spread within the setting. This includes BCPs, Provider governance detailed in the IPC Framework (Refer to individual documents).

Diagram 1: Infection Prevention and Control Phases



1.2 Prevent through Risk Management

The Risk Management Framework provides guidance to effectively plan, respond and act to mitigate and manage any hazards or risks as they are identified or emerge (CHL - Risk Management - Framework). This must be used to determine individual and collective risk(s) in specific situations, procedures or programmes to inform management options and priorities to reduce the risk of HAIs. The existing controls must be reviewed for their effectiveness to identify if there are risks that require actions to mitigate. Additionally, using the continuous improvement process, identifying opportunities to improve, innovate and initiate changes to respond or to continue to reduce risks of harm is also part of the risk management process.

Determining the specific risks for an individual as well as the service setting is to ensure the appropriate controls are implements to protect older people, supporters, carers, visitors and the workforce without compromising care including clinical care and psychological support. The risk assessment tool is able to identify the likelihood and consequences of hazards that directly affect the person and the environment in which they live, as well as the workforce who are providing the care and services in the setting.

All decisions and actions are informed from the risk management process using contemporaneous evidence-based practices, guidelines and information from reputable, reliable and respectable sources that are aligned with healthcare care settings for aged care and services. Wherever possible and suitable, consultation to agreed third-party vendors to assist in ascertaining, mitigating, responding, improving or developing actions relating to risks will be considered according to the role responsible within the CHL - Enterprise Risk Incident Escalation Matrix - Poster.

1.2.1 Incident Management

Reporting infections is part of Clinical Governance which includes reporting to relevant State and external authorities NSW Public Health Act, 2010- Schedule 2 Notifiable Diseases or Qld Public Health Regulations, 2018- Notifiable conditions). The Incident Management Framework will provide guidance for the effective support and actions in response to an identified infection. The incident Management System (IMS) is the portal for recording all infections within CHL. Incident data, including infections is used to inform decisions, especially prior, during and post infection outbreaks.

1.2.2 Immunisation Program

CHL supports a risk-based immunisation program for its workforce including aged care workers, other health professionals, contractors, volunteers and students within the environment. This is in alignment with The Australian Immunisation Handbook and in response to any State Health directions that in effect. Recording vaccination status of individuals in receipt of a CHL service, the workforce who deliver care and services as well as partners within the service setting are secured to maintain privacy and confidentiality including sharing to external organisation and agencies upon direction.

CHL utilises vaccination clinics to support immunisation programs for care recipients and workforce teams. These are provided in response to risks of specific infections and are flexible to adjust when risks change including when they increase. Clinical Governance Framework includes immunisation and is incorporated within the Medication Advisory Committee both at the corporate level and site setting level. This ensures there is an organised approach to informing safe, effective and high-quality care and services in relation to infection prevention and control management. Refer to Appendix 8.2 for Vaccine Management process.

National immunisation history for each individual is within My Health Record (MHR). This is the preferred source of details, best medical history from GP or Pharmacist may also be referred to seek the history of an individual's vaccines. Any prescribed medication relating to vaccines will follow the Practice and Quality - Safe Use of Medicines - Policy. As like all medicines, consent must be obtained by the administer of the medication at the time of administering the medication. Planning for the administration of the medication can be delegated by the administering person, which may include a prepared documented consent to receive the vaccine, being informed of side effects and post injection procedures.

The documentation using progress notes within electronic Clinical Management System (eCMS) and actions in electronic Medication Management System (eMMS) will include:

1. Planning for administration of medication will be recorded for the discussion of vaccine purpose, risks and time of administration.
2. Consent documents completed and stored in eCMS.
3. Medication (vaccine) ordering in eMMS.
4. Vaccination record via Australian Immunisation Register (AIR) into My Health Record.

5. Adverse events post administration to be recorded in IMS and to Therapeutic Goods Administration (TGA) via Reporting adverse events | Therapeutic Goods Administration (TGA)

1.2.3 Clinical Governance

CHL actively pursues safe, high-quality care and services through its Clinical Governance Framework where progress, outcomes and delivery of an effective program are provided to responsible roles. Through engagement from executive leadership team members, strategic and operation planning and under the direction of the infection prevention and control program, senior managers and clinical managers who are responsible for implementing and evaluating systems to prevent and manage healthcare associated infections. Committees with responsibility for infection prevention and controls is an additional layer of governance at the operational level as well as to guide safety measures, analysis for the effectiveness of controls as well as identifying improvements to respond, address and innovate delivery of care and services.

Protection against infection for healthcare workers is an integral part of the infection prevention and control within our organisation. While CHL has a duty of care to healthcare workers, the aged care workers also have a responsibility to not put others at risk.

- Clinical handover
    - Effective clinical handover processes are important for patient safety and care as well as for reducing healthcare associated infection; and
    - CHL has effective clinical handover processes in place that reduce the risk of infection.
- Health status screening and vaccinations
    - Vaccination lowers the risk of disease and infection not only for individuals but for the whole community by increasing immunity levels in the population;
    - Before employment all aged care workers are assessed and offered testing and/ or vaccination against infectious diseases; and
    - All healthcare workers should be vaccinated in accordance with recommendations made in the *Australian Immunisation Handbook.* Refer to the Handbook for further information on immunisation and vaccinations.
- Exclusion period for workers with infections
    - CHL has comprehensive policies surrounding disease specific work restrictions;
    - Any employee with an infectious disease has a responsibility to seek appropriate medical assistance and seek advice as to whether they can perform their tasks without putting patients at risk; and
    - If norovirus symptoms occur healthcare workers should remain away from work until 48 hours after symptoms resolve.
- Antimicrobial stewardship
    - Resistance to antimicrobials is increasingly being found in Australian hospitals and in the community;
    - CHL is increasingly working with strategies to ensure that antimicrobials are prescribed appropriately; and Practice & Quality - Antimicrobial Stewardship - Policy

1.3 Manage through Infection Management

When implementing infection prevention and control principles across all service settings, risk management and hierarchy of controls provides guidance for the considerations to ensure appropriate attention is given for a system to work effectively as well as for the different levels of operation to support one another. The level of adherence to control measures does not differ according to the type of measure or the level of risk response within the hierarchy.

1.3.1 Environmental and Engineering controls

An integral part of the IPC program is for environmental and engineering controls including:

- Ventilation
- Air exchange
- Filtration
- Structural design
- Spatial awareness
- Environmental cleaning
- Waste management

1.3.2 Antimicrobial Stewardship

The antimicrobial stewardship (AMS) program outlines the process for effective use of antimicrobials for older people within the relevant home or care service setting. There is a governance process withing the Clinical Governance Framework which provides analysis, response and guidance to ensure antimicrobial resistance, infection transmission and the prevention of poor health and wellbeing outcomes are overseen and responded to in a timely manner. Refer to Practice & Quality - Antimicrobial Stewardship - Policy

AMS is aligned and to be read in conjunction with Practice and Quality - Safe Use of Medicines - Policy. An effective AMS considers:

1. Accessibility to Therapeutic Guidelines: Antibiotics.
2. Referral services are in place for anti-infective advice when clinically indicated, requested or if required as per relevant State Health formulary restrictions.
3. Review antimicrobial prescribing with interventions and feedback to the prescriber.
4. Implementation of point-of-care interventions to target inappropriate antimicrobial use to ensure optimisation of the use of antimicrobials is maintained.
5. Monitor performance of antimicrobial prescribing through active quality assurance tools as part of indicators for the quality use of medicines.
6. Microbiology testing is consistent with endorsed therapeutic guidelines on antibiotic usage and provides practitioners with access to susceptibility and resisting testing results.

1.4 Control through Infection Control Measures

Assessing for the risk of infection either as a source, susceptibility or as a mode of transmission is essential for implementing the most suitable infection control measures. Initial assessment of each individual's infection risk rating is to determine whether that individual is a **potential source** of infection to others within the service setting including the older people, workforce and partners in care. Secondarily, performing a risk assessment when there is a confirmed or expected transmission of an infection is to determine if an individual is **susceptible** to the infection. Lastly, using the risk assessment process can guide for mitigation strategies to address the **mode of transmission** specific to the identified and active outbreak of infection.

The risk assessment process is to achieve outcomes for:

1. Identifying the source of infection
2. Identifying the susceptibility of infection
3. Identifying the mode of transmission

The higher the risk rating, the greater the priority for infection prevention and control interventions and precautions to be implemented and the timeliness for these actions to be completed.

1.4.1 Standard Precautions

Standard precautions are the minimal infection prevention measures that apply universally across all environments including care and service settings within CHL. Adherence to the following practices apply to the workforce including aged care workers, volunteers, contractors, external health professionals and partners in care:

- Performing hand hygiene
- Appropriate and correct use of personal protective equipment (PPE)
- Use of aseptic technique
- Safe use and disposal of sharps
- Perform routine environmental cleaning
- Cleaning and disinfection of shared personal and clinical equipment
- Safe handling of disposal of waste including used linen

The processes for using infection control measures when an infection is confirmed as well as during an outbreak of an infection/s in a service setting are detailed in the Outbreak Management Plan specific to the type or transmission type of the infection.

1.4.2 Transmission Based Precautions

Additional precautions must be used when standard precautions alone are insufficient to interrupt the transmission of a known or suspected infection. These precautions are based upon the mode of transmission which may be by a single type or a combination and must be implemented using an education program which includes the type of precautions to implement, placement of the infected

individual within the service setting and the selection of personal protective equipment to use. The main types of transmission-based precautions are:

- Contact precautions
- Droplet precautions
- Airborne precautions
- A combination of any of the above

Transmission-based precautions consist of:

1. Appropriate placement of the individual within the service setting (including isolation, cohorting, separation or exclusion).
2. Appropriate PPE selection and use based on risk assessment.
3. Gloves as per standard precautions, don immediately before individual contact and change between different tasks, even when providing support to the same person. Gloves must be changed between providing care to each individual person.
4. Limit transporting and movement of people in/out/within the service setting wherever possible and practical.
5. Disposable or dedicated care equipment is to be used; cleaning and disinfecting shared equipment between use must be performed.
6. The individual's environment is clean and disinfected.

1.4.3 Multidrug-Resistant Organism Precautions

Micro-organisms, primarily bacteria, that are resistant to one or more classes of antimicrobial agents are defined as multidrug-resistant organisms (MRO). Minimising MRO transmission and infection incorporates various types of infection prevention and control principles and interventions. This may take several risk assessments, actions and reviews before an appropriate and effective approach is identified and implemented.

The risk assessment process for colonised or infected individuals includes:

- Screening for MROs.
- Appropriate room placement within the service setting.
- Standard and transmission-based precautions.
- Hand hygiene practices across the service setting for all people.
- Maintaining employee level appropriate to the care and clinical needs of the individual.
- Support and guidance from clinical expertise in the analysis, structure, process and outcomes when designing or reviewing interventions.
- Compliance monitoring and timely feedback on conformance to precaution interventions and their management.
- Antimicrobial stewardship.
- Educational intervention for the workforce including aged care workers, volunteers, contractors, partners in care.
- Environmental cleaning and monitoring.

- Decolonisation program.

1.5 Communication Measures

A person's health status including their communicable disease, transmissible infection or multidrug-resistant organism status is personal and sensitive information which must always be treated as private and confidential information (refer to Legal - Privacy and Collection Statement - Policy for further details).

1.5.1 Clinical Documentation

Appropriate sharing of communicable disease, transmissible infection or multidrug-resistant organism as part of clinical care and handover is required for the delivery of safe, high-quality care and services. Aged care workers are to receive the appropriate communication of health status relating to additional precautions prior to providing any direct personal and/or clinical care to a person suspected or identified with a compromised infection health status.

The management of infection prevention and control measures includes communication which will consist of:

- Signage
- Communication mechanisms including digital health and alerts in clinical records
- Removal of collateral once clearance criteria have been met

1.5.2 Providing Infection Information to Partners in Care

Clinicians must provide information to supporters, families and carers affected by a communicable disease, transmissible infection or MRO to establish an understanding of:

- The communicable disease, transmissible infection or MRO classification
- The transmission-based precautions required to prevent further transmission
- Their role in transmission including:
    - Performing correct hand hygiene
    - Isolation techniques such as keeping doors closed, minimising mobility between areas or zones in the service setting
    - Wearing PPE including masks as directed and when directed
    - Minimising possible infection transmissions from themselves including wounds

Partners in Care education and communication mechanisms must be planned, delivered and included in the review of infections and outbreaks to determine if it meets the needs of the target audience and infection prevention and control principles.

1.6 Education and Training

The CHL Mandatory Training Plan details the entire suite of required learning for all roles across all services and sites of work. The plan includes:

- eLearning- for knowledge base of concepts
- skills assessments- for practice delivery

2. Roles and Responsibilities

This policy and procedure is underpinned by Practice and Quality - Infection Prevention - Framework which provides information relating to accountabilities.

2.1 Governing Body

- To promote a culture of safety in relation to infections, prevention and control
- To lead the organisation for the promotion, execution and evaluation of outbreaks of all types of infections
- Utilise enterprise risk management processes to test and measure governance of IPC across CHL
- Support the planning, delivery and completion of education, training, learning and development for workforce, individuals, partners in care including supporters (however titled)
- Consider recommendations from de-briefs, feedback including complaints and changes in contemporaneous evidence-based practices as part of continuous improvement cycles
- Ensure the accessibility, use and promotion of IPC tools and resources across CHL
- Engage with all stakeholders through activities such as:
    - Advisory body recommendations
    - Attend workplaces
    - Participate in invited events when possible

2.2 People Leaders

- Utilise infection related data to inform decisions for safe, high-quality care and service plans
- Review care and service activities in light of IPC data, feedback, recommendations and opportunities for improvement
- Explore innovations which lead to improved health and well-being outcomes for any and all stakeholders from infections
- Drive conformance, change and confidence for infection prevention and control in:
    - Identifying infections
    - Planning and preparing for outbreaks
    - Emergency Management of outbreaks
    - Education and training for infection prevention and control actions
    - Promoting immunisation program for all stakeholders
    - Surveillance, monitoring and evaluation activities
    - Communication, health literacy and de-briefing

2.3 Infection Prevention and Control Leads

- IPC Leads are clinical leaders who promote and lead associated infection prevention initiatives by engaging and educating colleagues, solving problems, and communicating across all levels of leadership
- Promote contemporaneous evidence-based practices through:
  - educating the workforce
  - participating in the quality assurance program:
- To observe, assess, report on and be familiar with CHL Infection Prevention and Control framework, policies, procedures and practice guidelines
- To implement, monitor and evaluate the prevention and control for the transmission of pathogens internal and external of the service site
- To identify and reduce the risk of infections among all people including the workforce including Associated Providers, health professionals as partners in care; individuals which includes those who receive care and services from HCS and RCS and within RLS; visitors including supporters however titled
- To promote, undertake competency, health literacy and promotion of IPC measures including:
  - PPE donning and doffing
  - Hand hygiene including handwashing and use of hand-rub items
  - Pathology testing including PCR and RAT
- Provide support for the planning, delivery and evaluation of IPC practices for all types of infectious
- To participate in the management of Outbreaks including:
- Planning and preparation plans
- Checklists used to confirm plans are ready and available
- Delivery of the Outbreak Management Plans
- Stress-testing activities
- De-briefing post outbreaks to identify lessons-learnt
- To attend and participate in IPC Communities of Practice facilitated within CHL
- To conduct, evaluate, communicate and promote quality assurance activities including:
  - Scheduled audits
  - Associated actions plans
  - Associated learning delivery using toolbox talks, FAQs, fact sheets
- Contribute to observation, monitoring and continuous improvement of IPC practices throughout CHL and its service settings
- Contribute to development, review and communication of Emergency Management Plans for OMP details, IPC practices and delivery

- Provide feedback and recommendations to CHL management to ensure IPC framework, measures for success and de-brief items are considered for improvements
- Provide support for the planning, delivery and evaluation of OMP during all infectious outbreaks
- Actively participate and promote health and well-being of all individuals whether a client in HCS or resident in RCS in relation to any infections and outbreaks of any infection
- Promote for the co-ordination of workforce to support the health and well-being needs of individuals during outbreaks of any infection
- Promote immunisation program through the communication, delivery and planning of vaccinations
- Utilise the antimicrobial stewardship for infections via the anti-viral medicines of the immunisation program

2.4 All Aged Care Workers including Associated Providers

- Refer to People - Employee Vaccination - Policy
- Complete all assigned mandatory learning
- Actively participate in learning opportunities promoted throughout the service setting
- Provide feedback including complaints relating to IPC
- Participate in the continuous improvement practice for opportunities relating to IPC
- Respond and conduct work practices according to IPC framework, policies, procedures and practice guidelines
- Follow IPC contemporaneous evidence-based practices
- Promote IPC information throughout the service setting
- Report any events relating to IPC practices
- Identify and report infections of self, individuals and visitors
    - Participate in OMP activities including:
    - Planning and preparation plans
    - Checklists used to confirm plans are ready and available
    - Delivery of the Outbreak Management Plans
    - Stress-testing activities
    - De-briefing post outbreaks to identify lessons-learnt
- Understand and seek information for own immunisation activities
- Associated Providers to be transparent with sharing their own IPC strategies, records and supports
- Associated Providers are to adhere to the responsibilities according to the role assigned within CHL

2.5 Individual, Supporters

- Respect CHL's Infection Prevention and Control measures, decisions, actions and responsibility as a Registered Provider of aged care services across its home care and residential and services and its retirement living services
- Seek information relating to infection prevention and controls within the service setting of CHL in which they receive care and/or services
- Make informed decisions for own immunisation activities
- Liaise with CHL of immunisation decisions, choices and preferences
- Understand the community living style of residential services and respect the transparent decisions for planning, responding, managing and evaluating outbreaks
- Participate, within own preferences, in the infection prevention and control practices including:
- Vaccination
- Hand hygiene
- Cough etiquette
- PPE donning and doffing
- Cohorting arrangements
- Pathology testing including PCR and RAT types
- Provide feedback including complaints, suggestions and ideas for IPC practices as part of continuous improvement

3. Definitions

Name	Definition
Airborne precautions	are a set of practices used to mitigate the risk for individuals who are known or suspected to be infected with agents transmitted person-to-person by airborne route
Aseptic technique	aims to ensure that the service environment is free from infection or infectious pathogenic microorganisms being introduced to individuals and others via hands, surfaces or equipment.
Clinical handover	the transfer of responsibility and accountability for some or all of the care of a individual on a temporary or permanent basis to another person or professional group.
Droplet precautions	are a set of practices used for individuals who are known or suspected to be infected with agents transmitted by respiratory droplets from functions such as coughing, sneezing or talking
Hand hygiene	is a general term applying to processes used to clean hands by reducing the number of microorganisms. Hand hygiene can be performed either by washing hands with soap and water, or using an alcohol-based hand liquid or sanitiser

Healthcare-Associated Infections (HAI)	are infections which are contracted in healthcare facilities, occur because of healthcare interventions and which could manifest after people leave the healthcare facility.
Infection Prevention and Control Lead (IPC Lead)	Registered Nurse. The ACIPC Foundations of Infection Prevention and Control Course (Minimum level AQF8). Government identified IPC certificate/degree/masters (level of AQF8 or greater). Preferable for Membership of Australasian College for Infection Prevention and Control (ACIPC).
Personal Protective Equipment	is anything used or worn by a worker to assist to reduce health and safety risks.

4. Fundamental Knowledge and Education

- Governance, Policy, Procedure
- Aged Care and NDIS Quality Standards
- Welcome to Catholic Healthcare. Life to the Full- Mission & Values
- Decision-making, advocacy and consent
- Infection, Prevention and Control management and practices
- PPE donning and doffing, Hand hygiene, cough etiquette, PCR testing
- Social distancing, cohorting, waste management

5. Version history

Version number	Risk rating	Edits	Approval Date
V1	4 (med)	New document, amalgamation of previous separate templates	02/10/2025

6. Appendix

6.1 Measures to prevent and control infection

Standard Precautions	Transmission-based Precautions

• Hand hygiene:
  ○ Hands should be washed adequately with soap and water
	• Droplet precautions:
	  ○ Will be implemented for individuals known or suspected to

when visibly dirty, after using the toilet and before and after food consumption ○ Hand rubbing with an alcohol-based hand rub should be implemented into daily hand hygiene practice ○ Both hand rubbing and handwashing should occur; ▪ Before touching a client; ▪ Before performing a procedure; ▪ After a procedure or exposure to bodily fluids/substances; ▪ After touching a client; *and* ▪ After touching the environment around a client ○ Individual-centred approach ▪ A two-way approach that allows for individuals to be actively involved in the hygiene process is more effective in reducing the risk of infection ▪ Workers should ensure that individuals are involved in hand hygiene and are offered the opportunity to clean their hands where appropriate ▪ Individuals should feel empowered to ask if their healthcare provider has performed hand hygiene prior to and following their clinical care • Use of personal protective equipment (PPE): ○ Gloves	be infected with agents transmitted by respiratory droplets; and ○ Employee should wear a surgical mask when entering a individual-care environment with individuals who require droplet precautions. • Airborne precautions: ○ Will be implemented in the presence of known or suspected infectious agents which are transmitted from person to person by the airborne route; and ○ Employee should wear a properly fitted P2 respirator when entering the individual-care environment when an airborne-transmissible infectious agent is known or suspected to be present. Transmission-based precautions include, but are not limited to, the appropriate: • Implementation of standard contact precautions; • Hand hygiene and PPE to prevent droplet and airborne transmission (see above guidelines on hand hygiene and PPE); • Individual-care equipment for individuals on contact precautions; • Implementation of droplet and airborne transmission precautions; • Thorough cleaning and disinfecting of the individual environment; • Placement of individuals requiring droplet and airborne precautions (allocation of single rooms); and • Implementation of core strategies in the control of multi-resistant organisms.

▪ Hand hygiene must be exercised before putting on gloves; ▪ Gloves must never be used as an alternative to hand hygiene practice; ▪ Single-use, fit-for-purpose gloves should be used when there may be contact with blood, body fluids/substances, mucous, membranes or non-intact skin; ▪ Invasive procedures require the use of sterile gloves, otherwise non-sterile gloves are sufficient if an aseptic non-touch technique is used; ▪ Gloves must be changed between tasks and procedures, even if tasks are conducted on the same individual. Gloves are to be removed immediately after a procedure followed by adequate hand hygiene practice to avoid contamination of the environment and other individuals; and ▪ Gloves used in healthcare activities are single use only ○ Gowns and aprons ▪ Aprons or gowns are to be worn during procedures and individual care activities which have the potential to cause	

splashing, sprays of blood, body fluids, secretions or excretions or cause soiling of clothing; ▪ The selected gown or apron is appropriate for the activity; and ▪ Gowns and aprons are to be quickly removed, in the area where the episode of individual care took place. and discarded carefully in a way which minimises spreading bacteria ○ Masks, eye protection and face shields ▪ Masks, eye protections and face shields are to be worn during procedures, individual care activities and cleaning procedures which could cause splashes or sprays of blood, bodily fluids, secretions and excretions; ▪ Careful removal and adequate disposal of masks is to occur immediately after use; and ▪ Ensure hand hygiene is practiced immediately after removal • Handling and disposal of sharps: ○ Handle all sharps by the barrel; ○ Communicate to workers when handling or passing sharps; ○ Avoid hand-to-hand passing of sharps by using a basin; ○ Keep handling to minimum; ○ Do not recap, bend or break needles after use;	

○ Where appropriate, use round-tipped scalpel blade instead of pointed sharp-tipped blade; and ○ Place all sharps in an appropriate puncture-proof container (which meets the Australian and New Zealand Standards AS 4031:1992 and AS/NZS 4261:1994). Single use sharps should be disposed of immediately, by the person who has used the sharp. Sharps containers must not be filled above the mark indicating the maximum fill level. • Environmental controls (cleaning and spills management): ○ Documented cleaning procedures outline frequency, roles and responsibilities of workers and a roster of duties required; ○ Risk of the spreading of infectious diseases should be assessed and the cleaning schedule should take such risks into account; ○ Frequently touched surfaces should be cleaned with detergent solution at least daily, as well as when visibly dirty and after known contamination; ○ General surfaces and fittings should be cleaned when visibly soiled and immediately after spillage; and ○ Shared clinical equipment should be cleaned with a detergent solution between individual uses and disinfected where indicated; ○ Surface barriers should be used to protect clinical surfaces, including equipment (x-ray machines, instrument trolley's,	

dental units) to reduce likelihood of transferring infectious agents; and ○ Site decontamination should occur after spills of blood or other potentially infectious materials, as follows: ▪ Workers should wear gloves and other PPE as appropriate to the task; ▪ The spill should be confined and contained, visible matter should be cleaned with disposable absorbent material and used cleaning materials should be discarded in the appropriate waste container; and ▪ The spill area should be cleaned with a cloth or paper towels using detergent solution. • Reprocessing of reusable equipment and instruments: ○ Single-use medical devices should not be reprocessed; ○ All reusable instruments and equipment will be handled in a manner that will prevent individual, healthcare worker and environmental contact with potentially infectious material; and ○ All reusable medical devices and individual-care equipment will be reprocessed according to the manufacturer's directions. • Respiratory hygiene and cough etiquette: ○ Cover the nose/mouth with disposable tissues when	

coughing, sneezing, wiping and blowing the nose; ○ Use tissues to contain respiratory secretions; ○ Dispose of tissues after use; ○ Practice hand hygiene after contact with respiratory secretions and contaminated materials; and ○ Keep contaminated hands away from the eyes and nose. • Aseptic non-touch technique (ANTT): ○ Will be performed in the correct sequence according to the Aseptic technique | Australian Commission on Safety and Quality in Health Care ○ Will only be performed in areas where environmental contamination will not occur; ○ All clinical employee will complete theoretical aseptic technique training and a practical assessment before performing the technique on a individual; ○ Incidents of use must be documented and recorded in the individual's medical record; and ○ Sterile gloves will be used for Surgical-ANTT aseptic procedures. • Waste and linen handling: ○ Apply standard protective precautions against exposure to blood and body substances during the handling of waste; ○ Practice hand hygiene after disposing of waste; ○ Ensure waste is contained in appropriate receptacle and disposed of according to CHL's	

waste management plan; and ○ Ensure adequate training is provided to healthcare workers on correct waste handling procedures.	

6.2 Vaccine management process

Identify vaccine	Order vaccine	Receipt of vaccine	Disposal of vaccine
• Immunisation handbook • Medication order	• Pharmacy • State health (as required or public order)	• Administer to deliver vaccine to individual • National Vaccine Storage Guidelines to be adhered to	• Medication waste process • Sharps management

6.3 Related documents

Document Source (link)	Document Name
Practice & Quality - Antimicrobial Stewardship - Policy	Policy
CHL - Decision-Making and Choice - Policy	Policy
People - Employee Vaccination - Policy	Policy
Practice and Quality - Clinical Governance - Framework	Clinical Governance Framework
CHL - Risk Management - Framework	Risk Management Framework

6.4 References

Document Name (link)	Document Name
Australian Commission on Safety and Quality in Health Care, 2020	Australian Charter of Healthcare Rights
Australian Guidelines for the Prevention and Control of Infection in Healthcare | Australian	Australian Commission Safety and Quality in Health Care

Commission on Safety and Quality in Health Care, 2019	
Aseptic technique | Australian Commission on Safety and Quality in Health Care	Australian Commission Safety and Quality in Health Care
Communicable Diseases Network Australia (CDNA), 2024	CDNA Series of National Guidelines
Communicable Diseases Network Australia (CDNA), 2022	CDNA National Guidelines for healthcare workers on managing bloodborne viruses
National Safety and Quality Health Service Standards, Second Edition 2021	National Safety and Quality Health Service
Infection Prevention and Control in Healthcare Settings	NSW Infection Prevention and Control in Healthcare Settings Policy
Preventing and Controlling Healthcare-Associated Infection Standard - Clinical Excellence Commission	NSW Clinical Excellence Commission
Resource library | Australian Commission on Safety and Quality in Health Care	Australian Commission Safety and Quality in Health Care
Aseptic technique | Queensland Health	Qld Aseptic technique
National Vaccine Storage Guidelines resource collection | Australian Government Department of Health, Disability and Ageing, 2013	Department of Health, Disability and Ageing
Personal protective equipment (PPE) - Overview | Safe Work Australia	Safe Work Australia
Model Work Health and Safety Act, 2023	Federal Legislation

7. Keywords for search

Immunisation, vaccine, aseptic technique, standard precautions, transmission-based precautions.

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