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Pathogen

- ▶ The disease causing organism

Reservoir for the infection

- ▶ An animal, insect, person, plant, soil, food or object that harbours a disease

Portal of exit

- ▶ A way out of the reservoir through saliva, mucous membranes, faeces, blood, or body fluids.

Means of transmission

- ▶ Infectious organisms can be spread via direct contact with the microorganism, such as through contact with body fluids or indirectly through an insect

Portal of entry

- ▶ A way onto or into the host's body through skin, cavities, wounds or inhalation

Susceptible host

- ▶ A person who is vulnerable to infections

Standard precautions to prevent the spread of infection

Not all people who are infected or carry infections look unwell; people who have diseases can be rich or poor, young or old, male or female, look well-presented or have poor personal presentation. You cannot be sure whether or not a person carries a disease just by looking at them. Also, people who are infected or who carry a disease may not be aware of it, and if they are aware, they may choose not to disclose it. You must understand that it is illegal to discriminate against someone on the basis of disability, including disease. Taking standard precautions is the best approach to protect all people from the spread of infection.

One of the standard precautions to prevent the spread of infection is general hand-washing procedures.

Hand hygiene practices and infection control

Germs are everywhere – on our skin, in our bodies and on surfaces. Even healthy people can carry infectious bacteria and other pathogens. As a health and community services worker, it is essential that you wash your hands thoroughly and on a regular basis to minimise the spread of infection. The following contains information on the importance of hand-washing when hand hygiene is required.

Hygienic hand-washing

Follow these steps when washing your hands:

- ▶ Wet your hands thoroughly with water.
- ▶ Add soap or skin cleanser.
- ▶ Vigorously rub your hands together covering all surfaces of your hands and wrists:
 - palm to palm
 - palm over the back of each hand
 - palm to palm with interlaced fingers
 - tips and back of fingers to each palm
 - clean your thumbs
 - clean your wrists.
- ▶ Rinse your hands thoroughly.
- ▶ Pat your hands dry using paper towel.
- ▶ Turn off tap with paper towel.
- ▶ Dispose of paper towel.



Example

Follow hand hygiene practices to prevent the spread of infection

In the past, some bacterial infections such as staphylococcus aureus (golden staph) were commonly treated with penicillin. Some forms of this bacterium are now penicillin-resistant. For example, methicillin-resistant staphylococcus aureus (MRSA) is a bacterium that can be carried by asymptomatic as well as symptomatic people. MRSA can cause infections of the skin, as well as life-threatening infections of the brain, bones, lungs, heart, blood vessels and lungs.

Hand-washing is one of the most effective ways to prevent the spread of MSRA.



Providing different types of care for a person

- ▶ Gloves need to be disposed of after performing a task on one part of the body. General hand wash procedure should then occur before putting on another pair of gloves and performing a second task on a different part of the body.

Types of gloves

Gloves are primarily designed to prevent the transmission of infection between clients and workers, but can also be used as barriers against infections from other sources such as urine, vomit or faeces. The following outlines the four main types of gloves.

Non-sterile

Non-sterile disposable gloves are appropriate for use when providing personal care. They act as a barrier between you and the client. These gloves must only be used once, and then disposed of immediately and appropriately.

Sterile

Sterile disposable gloves also act as a barrier between you and the client. They should be worn for wound dressings with direct contact, aseptic techniques and endotracheal or tracheostomy suctioning.

Utility

General purpose utility gloves, also known as rubber gloves, are normally worn when cleaning, washing dishes or other equipment, or handling chemicals. These gloves act as a barrier between your hands and the water and chemicals.

Heavy duty

Heavy duty gloves should be used when carrying out maintenance duties such as gardening or using certain chemicals. Read the relevant safety data sheet (SDS) before using any chemical to find out whether heavy duty gloves are required.

Cover cuts and abrasions with waterproof dressings and change dressings as necessary

The skin acts as a protective barrier, preventing the spread of infection from person to person. Any skin breakage such as a scratch (a superficial skin injury), cut (an open wound) or abrasion (an area of skin scraped or worn down through friction) that compromises the integrity of the skin can act as a portal for infections to travel from and to the body.



to protect the person you are supporting if they have a lowered immunity. The gown or apron you wear should reflect your organisation's policies and procedures. Here is some information relating to the types and usage of gowns and aprons.

Types of gowns available

- ▶ Aprons are often made out of plastic and are waterproof. Gowns may be short-sleeved or long-sleeved, and can be made out of a range of materials with various levels of water resistance.
- ▶ Some aprons and gowns are disposable, while others can be laundered by following the AS/NZS 4146:2000 Standard for laundering. Aged care and HACC workers rarely require sterile gowns.

Wearing a gown or apron

- ▶ When a gown or apron is required, you must put it on just before coming into contact with the client. Timing is critical. If you put the gown or apron on too early, it is likely that it will become contaminated and it may pose an infection risk to the client. If you do not put the gown or apron on until after initiating contact with the client, you may be exposed to body fluids and other infection risks.

Glasses, goggles and face shields

Glasses, goggles and face shields should be worn when your eyes are likely to be exposed to splatter. If your mouth is also likely to be exposed, wear a face shield instead of glasses or goggles. The following are guidelines for effective use of glasses, goggles and face shields.

Use glasses, goggles and face shields

- ▶ Protective glasses cannot be worn over prescription glasses.
- ▶ Goggles are a better alternative for people who need prescription glasses to see.
- ▶ Before putting on glasses or goggles, check that they are not damaged and that they will fit you correctly.
- ▶ Do not touch the outer surface of the glasses, goggles or face shield.
- ▶ Remove the PPE by touching the arms or band.

Footwear

Guidelines for the effective use of footwear are shown here.

Wear effective footwear

- ▶ Your shoes should be comfortable and supportive to protect your feet from bruising and blisters and to reduce the likelihood of back problems.
- ▶ Wear shoes with non-slip soles to reduce the likelihood of slips and falls.

Schedules

Most facilities have cleaning schedules for all areas including communal areas, staff-only areas and clients' rooms or homes. These schedules contain information about:

- ▶ the tasks that must be completed
- ▶ the personnel responsible
- ▶ when the tasks must be completed.

Logs

Cleaning logs are usually in table form and contain information about what must be cleaned and when it must be cleaned. It is the responsibility of each worker to update cleaning logs by placing a tick, initials and the time and date next to the relevant task. This helps other workers and coordinators establish which cleaning tasks have been completed and which ones still need to be done. It also assists with auditing and quality control activities.

Cleaning duties

As with all work activities, there should be policies and procedures that provide staff with a framework for making sure they complete the cleaning tasks in the safest and most efficient way possible.

Cleaning duties may include:

- ▶ surface cleaning procedures at the start and end of each day or shift to make sure the area is ready for use
- ▶ routine surface cleaning done at scheduled times throughout the day to ensure the areas stay clean and meet policies and procedures
- ▶ managing a blood or body fluid spill (which could occur at any time of the day).

Personal protective equipment

It is essential that workers know the type of PPE they are required to wear for their various tasks. You should receive training in the correct way to wear PPE during your induction, but if you have forgotten, ask a colleague or your supervisor. Some critical points regarding the use of PPE are outlined here.

Wearing PPE

- ▶ In most cleaning situations, gloves and aprons are sufficient.
- ▶ If there is risk of splashing waste into the face or eyes, face shields should also be used.
- ▶ PPE can only work if it is intact and undamaged, is fit for the purpose and is worn correctly
- ▶ Make sure the PPE fits you securely.
- ▶ If you notice any damaged PPE, notify your supervisor immediately
- ▶ Be familiar with the type of clothing you are required to wear for the purpose; for example, should the apron be waterproof?

The importance of workflow

Planning your cleaning tasks will save you time. Here are some hints.

Task planning

Access all relevant policies, procedures, manufacturer guidelines and SDSs before you start work.

Check that you understand what is required, checking with your manager if you are unsure.

Gather all equipment in advance. Make sure you are wearing appropriate PPE.

Start with the cleanest areas before moving to the less clean areas. If you start with areas such as toilets and then go to cleaner areas such as living rooms, you are more likely to transfer contaminants from one area to another.

Remove all dirt and debris before sweeping, mopping or vacuuming.

Work surfaces cleaned correctly before and after each session and when visibly soiled

All work surfaces must be cleaned correctly both before and after each session and when visibly soiled. There are different procedures depending on the level of risk; that is, the probability and the consequences of contamination. The following outlines some of the cleaning products that are commonly used in cleaning different surfaces in different areas.

Detergents

- ▶ When dealing with non-critical areas, detergent and warm water is all that is needed to clean the work area.
- ▶ Typically, detergents with a neutral pH are used. This means that they are neither alkaline nor acidic. Both alkaline and acidic substances can damage the skin and eyes and will also reduce the life of equipment and furnishings. Detergents with a neutral pH are far gentler and they clean most work areas effectively.
- ▶ Always complete any documentation necessary to indicate that cleaning has been carried out.

Sanitisers and disinfectants

- ▶ Stronger cleaning products can be used when appropriate. These vary in strength:
 - Use food grade sanitisers in food preparation areas.
 - Low-level disinfectants are effective in killing some bacteria and viruses; these can be used in most domestic settings.
 - Medium-level disinfectants are effective at killing a range of bacteria and viruses; these should be used if clients have tuberculosis or where there is a high likelihood that tubercloid-causing pathogens are present.
 - High-level disinfectants are effective in killing all pathogens except for bacterial spores; these disinfectants should be used when cleaning medical equipment.

1F Follow procedures to safely handle, transport and process linen to prevent the spread of infection

Ensure that you are aware of the policy and procedures in your facility for the handling of linen. The facility must comply with the recommendations of the standards for Australian health facilities AS/NZS 4146:2000 Laundry practice and AS 4480.1:1998 Textiles for healthcare facilities and institutions – Medical sheepskins – Product specification and testing. The following information outlines how to manage used linen and prevent bacteria from dispersing in the air.

Principles for handling used linen

- ▶ Appropriate PPE is worn during handling of soiled linen to prevent skin and mucous membrane exposure to blood and body substances – generally non sterile gloves.
- ▶ Used linen is 'bagged' at the location of use into an appropriate laundry receptacle, usually called a 'skip'.
- ▶ Used linen must not be rinsed or sorted in patient-care areas or washed in domestic washing machines; used linen should be removed to a dirty area, pan room or laundry area.
- ▶ Linen soiled with body substances should be placed into leak-proof laundry bags for safe transport; these may be coloured yellow if contaminated or infectious.
- ▶ Hand hygiene is performed following the handling of used linen.

Linen processing

Linen should be washed in a commercial washer – only personal items should be cleaned in a domestic washing machine. Used linen should be washed in hot soapy water, at temperatures above 60 degrees Celsius, to kill bacteria.

Clean linen must be stored in a clean dry place that prevents contamination; in health care facilities linen is usually stored in a cupboard or on a covered trolley. Linen should be rotated so it is constantly used with newly laundered linen going to the back of the pile.

Linen, in areas where there is surgical procedures, should also be inspected for the amount of damage and staining as this poses a risk of infection. Linen in these areas is assessed against the AS/NZS 4146:2000 Laundry practice Standard. In aged care facilities linen should not be heavily patched as this poses a risk for skin damage for frail residents, and may result in skin tears.

Cytotoxic waste

Cytotoxic medications have been implicated as a cause of cancer. They can cause other effects such as miscarriage in pregnant women.

Due to the high level of risk, a number of precautions are necessary to minimise the risk of contamination.

PPE required:

- ▶ Closed footwear
- ▶ Waterproof gown with long sleeves and cuffs
- ▶ Gloves
- ▶ Goggles or face shields

Pharmaceutical waste

Most medications can be safely handled without PPE. However, there are exceptions. Cytotoxic, antiviral medication and drugs containing hormones can all be hazardous.

PPE required:

- ▶ Closed footwear
- ▶ Waterproof gown with long sleeves and cuffs
- ▶ Gloves
- ▶ Goggles or face shields

Radioactive waste

Radioactive materials are damaging to the body's cells and can cause them to mutate.

PPE required:

- ▶ Closed footwear
- ▶ Waterproof gown with long sleeves and cuffs
- ▶ Gloves
- ▶ Goggles or face shields

General waste

It is typically the hands that come into contact with general waste. These must be protected.

PPE required:

- ▶ Gloves are appropriate when dealing with unclean general waste. PPE is not needed for clean waste such as paper

Pharmaceutical waste

Pharmaceutical material that is no longer being used or is out of date needs to be disposed of correctly. All cytotoxic and pharmaceutical waste must be incinerated. Your organisation will also have a documented policy and procedure for you to follow. Substances that fall into this area of waste management include:

- ▶ unused medications
- ▶ medications that are out of date
- ▶ sharps, packages, containers and equipment contaminated by substances/residues
- ▶ pharmaceuticals that do not pass the quality control standards by manufactures.



Manage waste appropriately to minimise the potential for contact and reduce the risk of accidental release

Have you ever attempted to do a task quickly to save time but found that, in your haste, you made mistakes that actually made the task take longer? This can occur with waste management. It may not seem an essential part of providing aged care services, but if waste management tasks are rushed, mistakes can be made.

If waste is spilled, additional time and effort will be required to clean up the mess. However, this is not the most serious outcome. Waste is hazardous. People and the environment can be harmed if waste is not managed appropriately.

Wear PPE

One of the ways you can minimise contact with hazardous waste is to wear appropriate PPE.

Gloves, gowns, masks, goggles, face shields and appropriate shoes all act as a barrier between people and hazardous materials. It is essential that the right PPE is worn in the right way. If in doubt, speak to your supervisor. You must always follow your organisation's policies and procedures for wearing PPE.

National codes of practice

Manufacturers of designated chemicals and hazardous substances are required by law to provide safety data sheets (SDSs) to their customers. SDSs explain the correct way to store, label and handle the manufacturer's products and how to apply first aid if needed. There is a national code of practice relating to the preparation of an SDS.

In addition, there is a national code of practice for the control of workplace hazardous substances. In turn, organisations follow this code when preparing their own WHS policy and procedures, so you can be confident that you are complying with the law if you follow the guidelines set out by your workplace.

1H Follow procedures to handle and clean equipment to prevent exposure, contamination of clothing and transfer of pathogens

Some equipment used in personal care, such as needles and catheters, may need to be cleaned, disinfected and sterilised. Because this is a critical aspect of cleaning, organisations have strict policies and procedures that must be followed to comply with their quality management system.

Some people use the words cleaning, disinfecting and sterilising interchangeably, but they are different processes with different results, as outlined here.

Cleaning

Cleaning simply means removing visible waste, debris, dirt and dust. Just because a surface is clean does not necessarily mean that it is hygienic. Cleaning can be done manually by washing an item by hand or using specialised washing equipment.

Disinfecting

Disinfecting is when heat or chemicals are applied to a surface or substance to destroy pathogens. Some organisations use microwaves (known as autoclaves) to disinfect waste. These are not standard microwave ovens, although they work in the same way. Disinfection can be high-level, intermediate or low-level.

Sterilising

Equipment is sterile when all microbes have been removed. Sterilisation can be achieved through steam, dry heat or chemicals. Cleaned/sterilised items can be placed in sterilisation cassettes (a container for medical items) or sterilisation wraps (material used to wrap sterilised instruments).

Decontamination of equipment

Follow protocols and procedures to determine the appropriate method of decontamination based on whether an item is non-critical, semi-critical or critical.

Here is some information about the different levels of risk

Non-critical items = cleaning

- ▶ Any equipment that is used on skin that is normal (free of infections) and intact (free of cuts, abrasions and rashes) is considered non-critical because the chance of the transmission of disease is low.
- ▶ Examples include stethoscopes and blood pressure cuffs

Gastroenteritis

- ▶ An illness triggered by an infection of the digestive system. Typical symptoms include abdominal cramps, diarrhoea and vomiting. The common causes of gastroenteritis are viruses, bacteria, bacterial toxins and parasites.
- ▶ Eating contaminated food causes gastroenteritis. Food is usually contaminated by poor food handling techniques.

Urinary tract infection

- ▶ Urinary tract infection (UTI) is an infection of the urine. Cystitis is the most common urinary tract infection, particularly in women. It isn't dangerous or contagious.
- ▶ Urinary tract infections are common in people who drink less water. They are not usually transmitted to other people. A support worker who has a cut hand and does not wear gloves may get a skin infection from the infected urine.

Herpes Zoster

- ▶ Also known as shingles, it is a skin rash that causes pain and blistering. Shingles can affect any part of the body, including the face.
- ▶ Highly contagious and can be contracted by touching the lesions (wounds) without gloves or by touching the clothes and bed linen of an infected person. Shingles can be spread when a person comes into contact with fluid contained in the blisters.

Scabies

- ▶ Caused by a mite that lays eggs under the skin, causing itchiness. New insects hatch from the eggs and can be spread to other parts of the skin by scratching.
- ▶ Highly contagious and can be contracted by touching the clothes and bed linen of an infected person. It occasionally occurs in nursing homes and hostels.

Hepatitis A, B and C

- ▶ Hepatitis causes liver inflammation. Hepatitis A is transmitted through contact with food, drink or objects contaminated by the faeces of an infected person. Hepatitis B is passed on through sexual intercourse and sharing needles. You can be immunised against hepatitis B. Hepatitis C is also transmitted through sharing needles, syringes and other equipment during drug use. There is no cure for hepatitis C and you cannot be immunised against it.

HIV

- ▶ Human immunodeficiency virus (HIV) causes acquired immune deficiency syndrome (AIDS). Someone who has HIV may not have any symptoms, but they carry the virus.
- ▶ Transmitted by body fluids into the bloodstream. It can be caused by sexual intercourse, sharing needles and blood transfusions (transmission during blood transfusions is not common with modern blood screening methods).

2A Identify infection hazards associated with own role and work environment

A risk is the chance, high or low, that a hazard will cause harm, injury or ill health. A hazard is a situation or item that could cause harm. Risks and hazards should be monitored so they are minimised, protecting the health and wellbeing of all workers and clients. All workplaces are legally obliged to have processes in place to identify infection risks, as well as policies and procedures to provide workers with guidance on how they should respond to such risks.



Every person in the workplace, from trainee personal care workers through to senior management, has work health and safety (WHS) obligations. These obligations include taking all reasonable steps to prevent the spread of infection. Knowledge of infection risks and appropriate responses is an essential part of meeting WHS requirements.

Strategies to identify risks

Strategies for identifying risks vary. Risk identification can be proactive or reactive. The following contains information about proactive and reactive strategies that can help management and workers identify hazards that present risks to health and safety.

Proactive strategies

- ▶ A proactive strategy is one carried out to prevent an accident or incident; for example, implementing processes to identify hazards and risks. Two examples are a job safety analysis (JSA) and an audit.
- ▶ A JSA contains information about how a job should be carried out, types of risks and control measures.
- ▶ Providers should carry out regular internal audits to check that the control measures for infection and other risks are being implemented. External bodies such as state and territory WHS authorities can also carry out audits to check that safety controls are appropriate.

Reactive strategies

- ▶ A reactive approach to risk identification involves reviewing accidents and incidents through measures such as report forms and data, as well as establishing consultation processes such as workplace health and safety committees (HSCs).
- ▶ Incident and accident report forms are filled out after any incident or accident. Data from these forms is used by HSCs, WHS officers and managers to identify hazards.
- ▶ Committees, team meetings and other forums give staff the chance to discuss infection control risks and provide suggestions for policy and procedure improvements.

Immunisation requirements for healthcare workers

Some health care facilities will have a pre-employment screening process for immunisations. All workers are then assessed using a risk classification system that calculates the risk for workers exposed to blood and body substances.

You can access government information on immunisation and health care workers at:

- ▶ www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/health-professionals

Responsibilities for healthcare workers when they are unwell

If a health care worker has an infectious disease they risk transmitting this disease to other staff and people accessing the service if they attend the workplace.

The worker has a responsibility to consult with a doctor to determine if they should attend work and have a follow up medical visit to ensure the infectious illness has resolved and there is no infection control risk.

Some of the people that a healthcare worker provides support to will be very vulnerable to disease due to weakened immune systems.

Different exclusion times are usually specified by the doctor, as some infectious diseases are more likely to be transmitted to others for certain periods of time.

Some infectious disease can be managed (for example, by covering lesions such those seen with impetigo) and do not require time off from work.

Health care workers with specific health concerns

Healthcare workers may have an increased risk of acquiring infections and have a responsibility to ensure their own health and wellbeing. Here are some health concerns that may put health care workers at risk.

Pregnancy

- ▶ Information about infection risk should be provided to the support worker
- ▶ Allocation of work duties to minimise contact with people with certain infections.
- ▶ The worker must inform their doctor and employer of their pregnancy – this information is confidential.

Immunocompromised healthcare workers

- ▶ Certain conditions may predispose the support worker to infection.
- ▶ Allocation of work duties to minimise contact with people with certain infections.
- ▶ The worker must inform their doctor and employer of their pregnancy – this information is confidential.

Skin conditions

- ▶ Damaged skin must be appropriately covered.
- ▶ Appropriate PPE provided for these workers.

Exposure to these bio-hazardous substances can place you at higher risk of contracting and spreading contagious diseases.

Many of these hazards can be eliminated or appropriately minimised by applying correct infection control strategies, using universal precautions such as hand hygiene and using personal protective equipment. When managing infection control follow the tips listed here.

Tips for managing infection control risks

- ▶ Follow the infection control plan.
- ▶ Be aware of VRE, MRSA and contagious disease statuses.
- ▶ Apply good hand hygiene techniques.
- ▶ Wash equipment between client use to the correct infection control standard.
- ▶ Use gloves where appropriate.
- ▶ Use face masks and eye goggles where appropriate.
- ▶ Dispose of biological waste appropriately.
- ▶ Ensure access and use of sharps containers for needles.
- ▶ Ensure your vaccinations and booster shots are up-to-date.

Carrying out a risk assessment

Once a hazard has been identified, you need to conduct an assessment of the risk of injury, harm or damage. An example of a risk is the likelihood of a hazard resulting in an injury or disease, together with the seriousness of the injury or disease.

The five steps in carrying out a risk assessment are shown here.

Risk assessment steps

- 1 Evaluate the likelihood of an injury or illness occurring and the likely severity of any injury or illness
- 2 Review health and safety information relevant to the hazard such as incident reports, SDSs, results of workplace monitoring and inspections and supplier information
- 3 Identify factors that contribute to the risk such as the physical layout of the workplace, the knowledge, skills and experience of workers, and existing work practices
- 4 Identify actions necessary to eliminate or control the risk
- 5 Complete any relevant records

of control provides a framework for the development of these measures. For the greatest level of reliability and effectiveness, elimination of the hazard should be the goal; however, if this is not possible then the risk should be minimised using other strategies such as engineering or administrative controls. PPE, a level three control, is the lowest level of health and safety protection, and is the least effective method of control. Examples of control measures within each level of control are provided here.

Level 1: Elimination

This aims to eliminate the risk at its source and should always be the first choice. The source of the risk is the hazard, so this usually means removing hazardous materials or abandoning hazardous work practices. For example:

- ▶ clean up a spill straightaway to avoid anyone else slipping and falling over
- ▶ repair or replace equipment.

Level 2a: Substitution

If it is not reasonably practicable to eliminate the hazards and associated risks, you should minimise the risks using a level 2 approach, beginning with substitution. Substitute the hazard with something safer. For example:

- ▶ replace latex gloves with non-latex gloves for workers with latex allergies
- ▶ replace bar soap with liquid soap.

Level 2b: Isolation

The second level 2 approach, isolating the hazard from people, involves physically separating the source of harm from people by distance or using barriers. For example:

- ▶ remove items away from the hazard to prevent contamination
- ▶ contain the hazard in an isolation room
- ▶ store chemicals in a fume cabinet.

Level 2c: Engineering controls

The next best level 2 solution is to implement engineering controls that involve changing equipment. Remember, if you cannot eliminate the hazard, then eliminate as many of the risks associated with the hazard as possible. For example:

- ▶ needleless systems and retractable needles
- ▶ sharps containers
- ▶ air purification and ventilation systems.

Level 3a: Administrative controls

These control measures do not control the hazard at the source, but rely on human behaviour and supervision. Used on their own, they tend to be least effective in minimising risks. For example:

- ▶ develop policies and procedures to minimise the risks
- ▶ reduce the time the person is exposed to the hazard (for example, job rotation)
- ▶ provide safety awareness signage
- ▶ provide training in infection control.



Topic 3

In this topic you will learn how to:

3A Implement protocols for care after exposure to blood or other body fluids

3B Place appropriate signs where required

3C Remove spills in accordance with organisational policies and procedures

3D Minimise contamination of materials, equipment and instruments by aerosols and splatter

3E Identify, separate and maintain clean and contaminated zones

3F Confine records, materials and medications to a well-designated clean zone

3G Confine contaminated instruments and equipment to a well-designated contaminated zone

Follow procedures for managing risks associated with specific hazards

The risk of infection will always be present in health care, aged care and home and community care work. With careful planning, the risks can be reduced.

Despite these measures, there may be times when you are exposed to hazards in your workplace.

The consequences of exposure can be reduced by following your organisation's relevant policies and procedures.

Sharps injury procedure

If a healthcare worker has a sharps injury in the workplace infection control procedures should be implemented immediately.

- ▶ Wash the wounded part of the skin with warm water and soap.
- ▶ Seek help from a designated first aid officer if required.
- ▶ Contact the safety officer to lodge a report.
- ▶ Seek immediate medical attention from a general practitioner.
- ▶ Fill out an incident/accident report.



Note: this procedure applies to the affected person. There are other procedures that apply to management responding when a person is injured by a sharp.

Record-keeping

All organisations have a legal obligation to record details about injuries, diseases and illnesses that occur in the workplace. This information can be used by state and territory health and safety authorities to establish whether an organisation is complying with its WHS obligations. Workplaces should use the records as a basis for following up with the affected person or people. Individual incidents and accidents can also reveal opportunities to improve systems, policies and procedures.

Exposure to other body fluids

Other body fluids can carry infections. This includes faeces, urine, saliva, vomit, semen and vaginal secretions. Here are some guidelines in dealing with exposure.

Reduce the risk of infection

- ▶ To reduce the risk of infection after exposure to body fluids:
 - remove any soiled clothing to minimise exposure
 - wash the skin and/or flush the eyes depending on the type of exposure.

Provide reassurance and document the incident

- ▶ Reassure the exposed person that every precaution has been taken. If the exposure puts you or anyone else at risk, make sure the incident is documented so that others in the workplace are aware of what has happened.

3F Confine records, materials and medicaments to a well designated clean zone

A clean zone is an area that is relatively free from contaminants. It is crucial that materials, equipment, medications and records are all kept in clean areas so there is no risk of people getting infections from these items. Consider the requirements outlined here.

Storage areas

A range of equipment, such as personal care, fitness, recreation and cleaning equipment, is used in aged care facilities along with materials such as cleaning products. These items need to be kept somewhere that is safe, clean, does not interfere with other duties and can be readily accessed when required.

Linen also needs to be stored so that towels and bedding can be replaced as part of a regular cleaning schedule or when needed.

Medication storage

Medication needs to be stored so that it is safe from misuse and readily accessible. It is important the medication is kept in airtight containers to prevent contamination. Containers must be kept upright to prevent leaks and must be clearly labelled. Ensuring items do not touch is equally important.

In home environments, storage will depend on the people living there and their visitors. People who live with or who have small children visiting must keep medication out of children's reach or in cupboards with childproof locks.

Sterile storage

Some items are sterilised after use. Sterile stock must be kept in an environment free from germs (an aseptic environment). All sterile stock should be kept in sterile packs that have external process indicators. These indicators change colour if the equipment is no longer sterile.

Sterile items should not be placed on the floor, nor should they come into direct contact with the roof. Sterile items should never be kept in cardboard boxes, as cardboard is porous and the items could become contaminated.

Administration areas

Administration areas are sections of a facility dedicated to processing and storing paperwork. Most aged care facilities have a reception area that is open to the public and other offices that are accessible only to authorised personnel.

Administration areas can be zones within rooms that have other purposes. For example, if an aged care worker updates case notes in a client's room, the area where the worker stands or sits becomes the administrative area. Contaminated items must never be kept in administration areas.

Practice task 21

1. How can you separate clean and contaminated areas in a person's home environment?

2. How should you transport contaminated items from one area to another?

3. Why do contaminated items need to be contained?

[Click to complete Practice task 21](#)

Summary

1. Exposure to blood and other body fluids can cause physical and psychological injury. Timely action can reduce the severity of both types of injury.
2. Signs act as visual reminders of standard and additional precautions and should be prominently displayed in appropriate places in the workplace.
3. You must wear personal protective equipment and follow your workplace's policies and procedures while cleaning up spills. Place a warning sign to alert others that cleaning is taking place.
4. All materials, equipment and instruments are potential reservoirs of infection. You must minimise the risk of contamination from aerosols and splatter by cleaning, sterilising and disinfecting.
5. Clean zones are where non-contaminated items are kept.
6. Contaminated zones are where contaminated items are kept.