

1.0 Principles of infection control

Many infectious agents are present in health care settings, patients may be infected while receiving care, health care workers and others such as receptionists and cleaners may be infected during the course of their duties or when working or interacting with patients and other people. Potential infection risks to WHN team and our patients need to be reduced.

WHN has implemented systems that minimise the risk of health care associated infections.

All staff has an individual responsibility to identify any potential infection risks within WHN and to be familiar with and implement the relevant infection control procedures of our practice.

New staff, including contracted staff and casuals, are familiarised with our infection control policies that are appropriate to their duties as part of their induction to our workplace. Where appropriate their competency is assessed and this assessment recorded or evidence of previous competency is obtained and recorded. Mechanisms are in place to ensure ongoing education and competency on a regular basis and when changes occur to our procedures.

Subject to informed consent, the immunisation status of staff is known and recorded including the documentation of any refusal. Staff members are offered NHMRC recommended immunisations as appropriate to their duties.

WHN remains alert to changes to guidelines for infection control, and can implement them accordingly in a timely manner. We have a system for monitoring and obtaining information about national and local infection outbreaks, as well as about emerging new risks of cross infection and we have an effective mechanism for timely receiving and dissemination of any important communication or updates about emerging diseases or infection control measures to all relevant staff.

Procedure

WHN has designated nursing staff who has responsibility for co coordinating and sustaining our infection control processes. This includes:

- continually modifying and improving our procedures and written policies in accordance with the most recent evidence and guidelines and adopting a risk management approach when implementing infection control measures.
- ensuring the timely dissemination of information concerning changes to infection control procedures or information about national and local infection control outbreaks.
- maintaining staff knowledge, education and competency in infection control activities and ensuring the consistent implementation of our infection control policies and procedures.
- ensuring WHN remains visible clean and environmental cleaning processes are documented.

- appropriate delegation of infection control responsibilities and documentation of such delegation

2.0 Blood and body fluid spills

WHN has systems for dealing with blood and body substance spills.

- blood and body fluids, include blood, vomit, urine, faeces, sputum and body tissue are treated as potentially infectious substances that can transmit disease should contact occur.
- doctors, Nurses, other health professionals, practice staff and external contractors (e.g. cleaners) consistently use standard precautions to achieve a basic level of infection control regardless of the known or perceived infection status of the patient.
- any spillage needs to be treated promptly to reduce the potential for contact with other patients, staff or visitors.
- the employer is responsible to ensure all staff are familiar with WHN's policy and procedure for the management of blood and body fluid spills and staff receive adequate training on how to appropriately clean blood and body substance spills which is appropriate for the tasks they are expected to perform.
- staff are also familiar with the actions to take in the event of exposure to blood or body fluids while cleaning a spill.

WHN has a spills kit readily available consisting of a rigid walled container with a lid containing:

- 1 small bucket (with water level marked) and pre-measured amount of detergent * (in a labelled container) to be made up when necessary.
- utility rubber gloves.
- face and eye protection: Goggles/safety glasses/face shield/mask.
- disposable or reusable impermeable/plastic apron/gown.
- roll of paper towelling (that retains strength when wet).
- scrapers (2 pieces of firm cardboard or plastic).
- hazard/cleaning sign.
- biohazard bag.
- polymerising beads or other absorbent material.
- list of contents to assist restocking after use.
- copy of the instructions for cleaning spills.

*The detergent used for general cleaning is satisfactory for treating most spills

Procedure

As part of the induction process all staff are provided with information about WHN protocol for managing spills of blood and body fluids and what to do in the event of a needle stick injury or exposure to blood or body fluid

The Spills Kits are located in the WHN treatment rooms.

It is the responsibility of nurses to maintain the Spills Kit and to ensure all items are replaced after each use and the items are not expired.

The management of spills should be flexible enough to cope with different types of spills, taking into account the following factors:

- the nature of the spill, for example sputum, vomit, faeces, urine or blood.
- the pathogens most likely to be involved in these different types of spills, for example stool. samples may contain viruses or bacteria, whereas sputum may contain *Mycobacterium tuberculosis*.
- the size of the spill, such as a spot, small or large spill.
- the type of surface, for example carpet or vinyl flooring.
- the area involved, such as whether the spill occurs in a contained area such as a consultation room or in a public area such as the waiting area.
- the possibility of some material remaining on a surface where cleaning is difficult (e.g. between tiles) and of bare skin contact with that surface.

The affected area must be left clean and dry. Disposable items in the Spills Kit must be replaced after each use and reusable items cleaned according to protocol.

Only staff with confirmed vaccination status and training are permitted to clean spills of blood or body fluid and perform other high risk activities such as instrument reprocessing.

Method for cleaning spills

- standard precautions apply. Use Personal Protective equipment.
- get the practice spills kit.
- prepare detergent and water.
- tear off enough paper towel.
- prepare rubbish bag.

If the spill is on a hard surface

- wipe up any solid matter and excess material.
- clean with detergent and water using a clean piece of paper towel each time.
- dry the surface.

If the spill is on a soft fabric or carpet

- use polymerising beads or other absorbent material.
- scrape up residue.
- dispose of contaminated material.
- clean with detergent and water using a fresh piece of paper towel each time.
- quarantine the area until dry.
- consider arranging for the carpet to be 'steam' cleaned.
- a disinfectant may be used after cleaning.

3.0 Hand washing and hand hygiene

Policy

Effective Hand hygiene has been proven to reduce the spread of infection. This minimises the risk of cross-contamination through physical contact with patients and co-workers, and touching inanimate objects which include door handles and telephones.

Gloves are not a substitute for hand cleaning. Fingernails are kept short and clean and Jewellery to a minimum as these may harbour bacteria. Cuts and abrasions are covered with water resistant dressings. Nailbrushes are not used.

WHN is responsible for ensuring all staff members have been educated on effective hand hygiene and hand care.

Staff must wash their hands:

- before and after examining and treating patients
- before and after and between performing any procedure
- before and after taking blood,
- before and after giving an injection
- after handling pathology specimens
- after handling any equipment that might have been soiled with blood or other body substance
- after routine use of gloves
- before and after eating
- before and after smoking
- after blowing your nose
- after going to the toilet
- when visibly soiled or perceived to be soiled

Easy access to hand hygiene facilities is promoted with dedicated hand washing facilities (with hot and cold water, liquid soap and single use paper towel) readily available in every clinical management or treatment area.

Hand disinfectants designed for use without water, such as alcohol based hand gel can be used in the following situations:

- emergency situations where there may be insufficient time and/or facilities e.g. in the doctors bags.

- when hand washing facilities are inadequate, e.g. reception areas, home visits.
- in all treatment and examination areas to encourage hand hygiene in addition to hand washing facilities.
- In patient and staff areas during flu season to encourage hand hygiene.

Visible soil must be removed with detergent based wipes first. If significant direct physical contact with a patient or patient's blood or body fluids is likely to occur this should ideally take place in an area where access to hand washing facilities is available.

Hand Hygiene products need to be selected with consideration of the following factors:

- type of hand hygiene requires i.e. routine, aseptic (clinical), or surgical.
- the location of the product.
- compatibility of agents if multiple agents are used e.g. hand creams, ointments.
- care and protection of staff hands and sensitivities.

Where possible liquid hands wash dispensers with disposable cartridges, including a disposable dispensing nozzle, are used; where these are not available a pump pack is used. These are never topped up and are ideally discarded when empty. Should they need to be refilled, the container is washed and dried thoroughly prior. The nozzle is kept clean and free of dried soap.

Appropriate facilities for drying hands are provided. Hot air dryers are not used in all areas. Single use towels (paper or cloth) are provided in shared locations and clinical areas. Disposable paper towel is used prior to aseptic procedures.

Procedure

Routine hand cleaning for soiled hands

The following procedure is followed for a routine hand wash:

1. wet hands thoroughly and lather vigorously using soap.
2. wash for 10-15 seconds.
3. rinse thoroughly.
4. dry with paper towel or single use cloth towel.
5. use paper towel to turn taps off if not 'hands free'.

Hand Washing for aseptic (non-surgical or clinical) procedures

The following procedure is followed for a non-surgical hand wash:

1. wash hands thoroughly using neutral liquid soap or an anti-microbial cleaner (e.g. 2% Chlorohexidine).
2. wash for 1 minute.
3. rinse thoroughly.
4. dry thoroughly with paper towel or single use cloth towel.
5. use paper towel to turn taps off if not 'hands free'.

Hand washing prior to surgical (invasive) procedures

The following procedure is followed for a surgical hand wash:

1. Remove Jewellery
2. Wet hands and forearms
3. Wash hands, nails and forearms thoroughly with an antimicrobial cleaner
 - i. (e.g. 4% chlorhexidine, 0.75% detergent based povidine or 1% aqueous povidine)
4. First wash 5 minutes and each subsequent wash 3 minutes
5. Rinse carefully keeping hands above the elbows
6. Do not touch taps (ask another staff member to do this if not 'hands free').
7. Dry thoroughly with sterile paper or cloth towels.

Location	hand washing facilities	Equipped for routine hand washing	Equipped for aseptic hand washing	Equipped for Surgical hand washing
Patient toilets	Liquid soap Paper towel/air dryer	yes	no	no
Consulting rooms	Liquid Soap Antimicrobial cleaner (2% Chlorhexidine) Paper towel	yes	yes	yes
Treatment room	Liquid Soap Antimicrobial cleaner (4% Chlorhexidine) Paper towel Sterile towel	yes	yes	yes

4.0 Handling and use of chemicals

Policy

WHN does not use cleaning agents or other chemicals, which are known to be toxic to the user, such as glutaraldehyde and chlorine based products. Chemicals and cleaning agents used in our practice are used according to the manufacturer's instructions.

Cleaning solution (detergents) that is mixed with other liquids by WHN is made at the beginning of each working day and discarded at the end of each working day with the container rinsed and left upside down to dry overnight. This is to avoid the spread of micro-organisms, which may have contaminated the solution. To avoid wastage, only enough solution is made up for the day.

All containers of chemical agents are appropriately labelled. This is to ensure that the contents of containers can be readily identified and used correctly. For this reason, labels must be kept fixed to the container at all times and clearly understood.

Specifically, it is recommended that a container with diluted cleaning agent state:

- name, type and purpose of chemical agent
- instructions on preparing and discarding the solution
- warnings and/or health and safety instructions.

Material Safety Data Sheets (MSDS) are made available for all substances used in our practice as required by State or Territory legislation. The use and handling of chemicals, including cleaning agents, must comply with the manufacturer's instructions, and these can be found on the label or MSDS.

It is also important that chemicals are stored in a safe area, to prevent unauthorised access. Check local, state or territory legislation for specific handling and storage requirements.

Containers of chemicals are stored in a cupboard out of the reach of children. If the cupboard is below the waist, a childproof lock should be fitted.

Staff members who are required to handle chemicals are trained in their correct and safe use, and this includes the correct use of personal protective equipment (PPE).

All chemicals and cleaning equipment is used for the purpose intended and in accordance with the manufacturers instructions and dilution ratios are strictly adhered to.

Procedure

Our practice has the listed chemical and cleaning products for the following uses:

Product	Use	Storage location	MSDS available
Vira clean	Surface spray disinfectant	Treatment room, Consult rooms	yes
Sonidet	Medical equipment and instrument cleaner	Treatment room	yes

Material safety data sheets are located (**Insert where your practice stores Material Safety Data Sheets*).

5.0 Single Use Equipment

Policy

Equipment and medications labelled by the manufacturer as disposable or single patient use are not reprocessed (cleaned) or re-used at WHN.

This includes, but is not limited to: Oxygen masks and tubing, nebulizer sets, spacers, razors, spatulas, auriscope tips, liquid nitrogen applicators, pins for sensory testing and medications such as eye drops and ointment, lancets for blood testing, Spirometer and peak flow mouthpieces and disposable instruments.

Single use packaging is the only acceptable presentation for dressings, suture materials, suture needles, hypodermic needles, syringes and scalpels.

Single use vials should be used in preference to multi dose vials of injectable substances as multi dose vials present an infection hazard if incorrectly used.

If multi dose vials are used, education and ongoing compliance with prescribed protocols are required to prevent the potential transmission of infectious diseases, to minimise the potential risk of vial contamination, to minimise the potential risk of medical errors, to reduce potential wastage associated with the use of multi-dose vials, and in the case of vaccines to ensure the delivery of a potent vaccine to the patient.

Items marked by the manufacturer as “single use” must never be reused under any circumstances. Some items may be reprocessed for use by the same patient if labelled “single patient use” and in this case the manufacturer’s instructions for reuse must be followed. These may include cleaning requirements and limitations to the number of times the item can be reprocessed.

Single use items or equipment contaminated with blood or body fluid are clinical waste and are disposed of accordingly.

Where possible saline solution and skin preps are purchased in single use sachets or containers; larger containers, if used, are dated when opened and changed regularly.

6.0 Instrument and equipment processing area

Policy

The treatment rooms should be used for processing all instruments and equipment for reuse to prevent possible contamination of processed items.

A workflow pattern, systematically moving from dirty to clean, must be established within the designated area. All staff must understand and adhere to the designated work flow pattern. The workflow pattern must enable items to progress from the cleaning area to the steriliser packaging/unloading and sterile stock storage area without re-contamination.

The equipment processing area needs to include:

- adequate bench space with surfaces made of a smooth, non-porous material without cracks or crevices to allow for cleaning
- good lighting
- bins for specific waste
- adequate storage space for materials and equipment.

Specified cleaning equipment such as:

1. heavy duty utility gloves, plastic apron to protect clothing, protective eyewear and if items are grossly soiled, a mask or visor.
2. a non-corrosive, non-abrasive, free rinsing and mildly alkaline detergent in the original container or a clean, well labelled bottle.
3. cleaning brushes of a suitable size to effectively reach all parts of the item being cleaned.
4. low-linting towelling for drying the cleaned items.

This area, including sinks and containers need to be cleaned daily.

Procedure

In our practice, our equipment processing area is located in the treatment rooms and our facilities include:

A single sink is available to use for cleaning items and washing hands.

- obtain and label a large plastic container to act as the dirty sink and place this on the dirtiest side (according to the workflow pattern)of the existing sink .Use this container to wash the dirty instruments in.
- use the sink to initially rinse the instruments and then for the final rinse. Do not insert the plug
- the sink can also be used for washing hands. However, it must be cleaned after washing instruments to render it suitable for hand washing.

Environmental Issues

The area and equipment associated with instrument and equipment processing:

- is only cleaned or managed by appropriately trained Practice Staff.
- must remain in a clean and tidy manner throughout the day.
- is thoroughly cleaned at the end of the day.

Section 1.01

If a plastic utility container is used as the Dirty sink for washing the instruments this container must be treated with due care. The container is not touched with ungloved hands and it is thoroughly washed at the end of the day as part of WHN's routine cleaning. This container is not to be used for any purpose other than instrument pre-cleaning

7.0 Cleaning reusable Instruments and equipment

Policy

A basic risk assessment is required to determine the appropriate level of processing required for specific instruments. The site/manner where an instrument will be used can assist in determining the risk of infection. This analysis determines the level of processing required to minimise the probability of infection to the patient.

Staff whose duties require them to process equipment for reuse must have received adequate training and competency assessment in this area.

Thorough physical cleaning of items to remove blood and other debris is needed if effective disinfection or sterilisation is to be achieved. Preliminary cleaning must be done as soon as possible during or after use to prevent coagulation of blood and other proteins.

Any delay will increase the bio-burden (through bacterial multiplication) and also increases the difficulty of removing adherent soil. The effectiveness of sterilisation is dependent on the bio-burden being as low as possible.

Procedure

All staff cleaning reusable items:

- wear appropriate PPE.
- use equipment as specified.
- have received appropriate formal or in house training.
- are appropriately immunised.

Our practice follows this procedure for all instruments and equipment that is going to be reused for patient care. This includes items that need to be:

- clean but are not required to be sterile for re-use e.g. kidney dishes, ear syringes.
- sterilised after use, but not used as sterile e.g. vaginal speculums.

sterile for re-use e.g. surgical instruments. Step 1	Wash hands with liquid soap and dry thoroughly with paper or single use towel.
Step 2	Put on personal protective equipment including goggles, plastic apron and disposable gloves.
Step 3	During or immediately after use open instruments and, dry- or damp-wipe off gross soil. Rinse the item under gently running tepid water over the clean sink.
Step 4	If unable to clean instruments immediately, open instruments and soak in a container with a lid in tepid water and detergent until they can be cleaned. Clean instruments as soon as possible as prolonged soaking damages instruments. Use fresh water and detergent
Step 5	Prepare dirty sink/basin by filling with sufficient tepid water and the correct amount of detergent to cover the items being washed.
Step 6	Thoroughly wash each instrument in the dirty sink/basin to remove all organic matter. Open and disassemble items to be cleaned. Keeping items under the waterline to minimise splashing and droplets, scrub items with a clean, firm-bristled nylon brush. Use a thin brush to push through lumens, holes or valves.
Step 7	Rinse the washed instruments in gently running hot water over the clean sink/basin.
Step 8	Inspect instruments to ensure they are clean. Look at hinges, handles and working surfaces.
Step 9	Place each washed instrument on a clean lint free cloth or surface and repeat the above process until all instruments have been cleaned and rinsed.
Step 10	Carefully discard dirty water down the sink. If using a container, aim to pour the dirty water directly into the plughole rinsing the sink afterwards with running water.
Step 11	Wash cleaning brushes/cloths with detergent and tepid water after every use. Hang to dry. Can consider sterilising these in the last load of the day.
Step 12	Wash the dirty and clean sink/basin by rinsing it with tepid water and detergent. Wipe down the sink/basin with a disposable towel.
Step 13	Remove kitchen gloves and replace with non sterile disposable gloves...Carefully dry each instrument with a clean, lint free cloth. Do not allow to air dry.
Step 14	Remove and Clean personal protective equipment by washing or wiping down and drying.
Step 15	Wash hands with liquid soap and dry thoroughly with paper or single use towel.

8.0 Provision of sterile items

Policy

This practice is able to provide assurance that any items provided for procedures into normally sterile tissue, sterile cavities or the bloodstream are sterile.

This practice understands that the process of sterility assurance includes all aspects of equipment procurement storage and use, and staff education.

Procedure

This practice purchases single use sterile disposable instruments to use where appropriate. It is the responsibility of all staff to ensure that disposable instruments are placed in the correct waste bins (yellow topped contaminated waste bins) following use. This waste must be removed from our practice in such manner to prevent patient-to-patient or patient-to-staff cross contamination.

Appropriate PPE is worn when handling waste.

The batch number of all instruments used is recorded to enable tracking of the instruments if necessary.

The Class 1 Chemical Indicator and packaging integrity is checked prior to opening an instrument pack for use.

After using an instrument, replacement stock is ordered to maintain an adequate stock of instruments for our requirements.

9.0 Storage of sterile items

Policy

All sterile items shall be stored and handled in a manner that maintains the sterility of the packs and prevents contamination from any source.

Factors that influence shelf life are event-related (not time-related) and are dependent on storage and handling conditions.

Procedure

Instruments in our practice are stored:

- in a clean, dry and well ventilated area
- in an area free from draughts

- in an area where there is reduced chance of contamination from dust and water
- with dust covers should items be stored for a long period of time
- in a manner which allows stock rotation, e.g. place recently used items at the back and take from the front
- with the contents of the package clearly visible to reduce handling of instruments.

Instruments and items used for procedures in other locations such as aged care facilities and home visits are transported to the facility in a separate rigid walled container with a lid labelled sterile items. Care is taken to maintain the sterility of these while transporting to the facility.

Waste and sharps or disposable single use instruments are disposed of into the appropriate waste stream according to the waste protocols.

Instruments and items requiring cleaning for reuse are wiped of gross soil at the time of use and placed in a separate rigid walled container with a lid labelled "dirty items". These are cleaned as soon as possible in accordance with the cleaning of reusable items protocol. This dirty container and items within are managed using standard precautions.

10.0 Management of waste

Policy

The RACGP Infection Control Standards for Office Based Practices outline policies and procedures to assist our practice to safely manage waste. We are also aware of any relevant local, State or Territory and/or Federal regulations that impact on our waste management.

Our waste policies include:

- use of Standard precautions when handling waste
- correct segregation of waste into three streams: "Clinical", "Related" and "General" waste.
- storage of waste
- disposal of waste

Effective and safe waste management is important for infection control and also to reduce the impact on the environment and reduce costs.

All staff receives education regarding the management and handling of waste, appropriate to their role, including the safe use and disposal of sharps.

These categories are defined as:

- clinical waste has the potential to cause sharps injury, infection or public offence and includes: discarded sharps, human tissues (but excluding hair, teeth, urine and faeces) and materials or solutions containing free flowing or expressible blood. It also includes related waste such as cytotoxic waste, pharmaceutical waste, chemical waste and radioactive waste

- general Waste is any waste that does not fall into the clinical or related category. And may include office waste, Kitchen waste, urine, faeces, teeth, hair, nails, sanitary napkins, tampons, disposable nappies, used tongue depressors, disposable vaginal specula, cervical cytology spatulas and plastic cytology brushes, nonhazardous pharmaceutical waste (e.g. out of date saline). NB: General waste contaminated with blood or body substances (though not to such an extent that it would be considered clinical waste, i.e. not contaminated with 'expressible blood') must be stored in out of reach or access to children.

Procedure

All staff use appropriate personal protective equipment which always includes gloves as a minimum when handling waste. Clinical waste is removed by trained staff. Waste, either general or clinical is not compressed by hand.

Clinical waste includes sharps disposal containers and designated biohazard bins. These are located in each area where clinical waste is generated. They are emptied at the end of each day or when full.

Containers used for "non sharp" Clinical Waste in our practice:

- have a good sealing lid.
- hand free operation (e.g. wide open mouth, foot pedal or sensor operated)
- rigid walls
- should be lined with a plastic bag (preferably a yellow biohazard identified bag)
- have a biohazard sign affixed to the outside.
- are located away from the reach of children.

While awaiting collection non sharp clinical waste is double bagged using a biohazard identified yellow bag and stored securely inside a locked yellow biohazard identified bin in an area that is separate from clean stores and with restricted access.

Sharps are defined as anything that can penetrate the skin and some examples include: needles, scalpels, stitch cutters, glass ampoules, sharp plastic items, punch biopsy equipment, lancets, wire cytology brushes, razors, scissors and disposable surgical instruments.

Containers used for disposal of "sharp" clinical waste:

- comply with Australian standards
- are placed out of reach of children
- cannot be knocked over
- are located so that the neck is clearly visible to health professionals when disposing on items
- have scalpel blade removers securely mounted to the walls
- are closed and replaced when the full indicator is reached.

While awaiting collection sharps containers are never reopened and are stored with the other clinical waste for collection.

Related waste

- cytotoxic products are disposed of into the sharps containers.
- pharmaceutical waste is disposed of in accordance with the state/ regulations. Refer to Drugs and Poisons Unit website for more information. Usually it is taken to the pharmacy for appropriate disposal.
- chemical waste such as formalin need to be disposed of according to state/territory and local government regulations and OH&S requirements.

This practice has a service agreement, with Daniel's Health Australia, who are contractors specifically licensed to dispose clinical waste through special burial and high temperature incineration. The bins are collected every two weeks. The principle practice nurse is delegated responsibility to ensure adequate stock levels of clinical waste containers are maintained and collection schedules are timely.

General Waste

General waste is segregated at the point of use into recyclable, non recyclable and shred only waste at the point of use according to the local regulations and being mindful of privacy.

- waste contaminated with blood or body fluids, that are not considered clinical waste, cannot be recycled and is placed into a bin lined with a bag which kept out of reach of children. This is disposed of into the normal garbage collection.
- waste containing sensitive information is shredded in accordance with privacy requirements.
- all other eligible recyclable waste is disposed of into the recycle bin.

Contaminated general waste and clinical waste is not accessible to children.

11.0 Sharps Management

Policy

WHN makes every attempt to minimise the risk of injury to both staff and patients, and prevent the possible transmission of disease by discarded sharps.

Sharps represent the major cause of accidents involving potential exposure to blood-borne diseases. All sharp items contaminated with blood and body fluids are regarded as a source of potential infection. Safe handling and disposal of sharps is essential to protect the operator and staff from injury and possible transmission of disease. Sharps may be defined as any object or device that could cause a penetrative injury.

Consideration is given to the purchase and use of devices that significantly reduce the risk of sharps injury.

The staff member who generates or uses a sharp is responsible for the safe use and disposal of that sharp. This responsibility cannot be delegated.

The employer is responsible to ensure all staff are familiar with WHN's policy and procedure for the safe handling and disposal of sharps and staff are also familiar with the actions to take in the event of a sharps injury.

Procedure

Sharps disposal containers are placed in all areas where sharps are generated. Where possible they are located between hip and shoulder height. Sharps are placed into rigid-walled, puncture-resistant yellow containers that meet the relevant Australian Standard. Containers are not in a location accessible to children either when in use or when awaiting collection.

The following procedures are undertaken when disposing of sharps:

- the person using the sharp is legally responsible for its safe disposal.
- sharps must be disposed of immediately or at the end of the procedure whichever is most appropriate.
- sharps must be placed in a yellow puncture-resistant container bearing the black biohazard symbol (AS 4031).
- used sharps must not be carried about unnecessarily.
- injection trays must be used to transport the needle and syringe to and from the patient.
- needles and syringes must be disposed of as one unit.
- needles must not be recapped.
- needles must not be bent or broken prior to disposal.
- containers must not be overfilled as injuries can occur whilst trying to force the sharp into an overfilled container – close container securely when at the fill line.
- the lid must be sealed once the container is full. For push-on lids, use both hands and apply pressure only to the edges of the lid.
- sharps disposal units must be conveniently placed in all areas where sharps are generated and should be mounted on a wall or on a bench to prevent spillage.
- sharps containers must not be placed on the floor or in areas where unauthorised access or injury to children can occur.
- sharps containers must not be placed directly over other waste or linen receptacles
- assistance must be obtained when taking blood or giving injections to an uncooperative patient or to a child.

For removal and disposal of the sharps container, refer to the instructions detailed under 'Waste Disposal' above.

This practice assumes an active role in reducing the opportunities for sharps injury by purchasing safe equipment whenever such an option is available without compromising the quality and safety of patient care. Examples include:

- self retracting single use lancets for blood glucose testing
- self retracting canula insertion devices and needleless. IV administration systems.
- vacuum blood collection tubes
- scalpel blade removal devices
- plastic ampoules

Our induction process includes information about the safe disposal of sharps and actions to take in the event of a sharps injury.

12.0 Standard Precautions

Policy

Standard precautions apply to work practices that assume that all blood and body substances, including respiratory droplet contamination, are potentially infectious.

The NHMRC recommends the use of personal protective equipment including heavy duty protective gloves, gowns, plastic aprons, masks, eye protection or other protective barriers when cleaning, performing procedures, dealing with spills or handling waste

Standard precautions are standard operating procedures that apply to the care and treatment of all patients, regardless of their perceived or confirmed infectious status. Standard precautions also apply to the handling of blood and other body fluids.

Standard precautions are work practices that are used consistently to achieve a basic level of infection control in all health care settings and all situations.

Standard precautions are designed to protect both patients and staff, and comprise the following measures:

- hand washing
- use of appropriate personal protective equipment (PPE) for example gloves, plastic aprons and eyewear
- use of aseptic technique to reduce patient exposure to microorganisms
- safe management of sharps, blood and body fluid spills, linen and clinical waste
- appropriate immunisation of GPs, clinical and administrative staff
- routine environmental cleaning
- effective reprocessing of reusable equipment and instruments
- environmental controls such as design and maintenance

Procedure

All staff involved in Patient care or who may have contact with blood or body fluids are required to understand and use standard precautions when they are likely to be in contact with:

- blood
- other body fluids, secretions or excretions, except sweat (e.g. urine, faeces)
- non intact skin
- mucous membranes

13.0 Transmission Based Precautions

Policy

Transmission based precautions are used for patients known or suspected to be infected with highly transmissible pathogens. Transmission based precautions are measures used in addition to standard precautions when extra barriers are required to prevent transmission of specific infectious diseases.

Our staff are educated in how to triage and apply transmission based precautions for patients known or suspected or with a potential communicable disease.

Transmission based precautions require:

- 'isolation' of the infectious source to prevent transmission of the infectious agent to susceptible people in the health care setting
- a means for alerting people entering an isolation area of the need to wear particular items to prevent disease transmission.

There are three Transmission based precautions categories based on routes of infection transmission in a health care environment. These are:

- contact precautions
- droplet precautions
- airborne precautions.

Procedure

Transmission based precautions are used for patients known or suspected to be infected with highly transmissible pathogens (e.g. influenza).

In general practice the main goal is minimising exposure to other patients and staff. This may be achieved through:

- the use of PPE
- distancing techniques (one metre between patients in the waiting room, isolating the patient in a separate room or their car)
- effective triage and appointment scheduling including putting these patients ahead of others
- hand hygiene

- encouraging cough etiquette and respiratory hygiene
- surface cleaning
- avoid touching your nose & mouth

To help prevent the transmission of communicable diseases our patients are educated in respiratory etiquette, hand hygiene, our practice precautionary techniques (e.g. phoning reception first if they suspect they may have flu) and our distancing techniques by posters and information leaflets in the waiting room and via our recorded “on hold” message.

14.0 Personal Protective Equipment (PPE)

Policy

WHN has available Personal Protective Equipment (PPE) which includes heavy duty protective gloves, gowns, plastic aprons, masks, eye protection; or other protective barriers in all cases where there is potential for contact with blood or body fluids such as when cleaning, performing procedures, dealing with spills or handling waste and when dealing with infectious diseases.

Procedure

All staff and patients have easy access to appropriate PPE. In areas where PPE is used there are posters providing education on the appropriate application, removal and disposal of PPE

PPE is also used when handling chemicals such as cleaning products or Liquid Nitrogen.

Our practice ensures and documents that all staff receive education, at induction and on an ongoing basis, as to the appropriate use of various types of PPE, and where to access PPE.

PPE includes:

- gloves (sterile, non sterile and standard rubber type).
- face masks including standard surgical and P2 masks.
- face and eye shields.
- gowns (long and short sleeved).
- plastic aprons.

All staff understands and are competent in:

- determining the appropriate use and selecting the correct type of PPE for the presenting situation.
- explaining the purpose of different PPE equipment.
- demonstrating the correct fitting and removal of PPE and the safe disposal of these items.

PPE is located (*Insert the location of Personal Protective equipment) maintenance and reordering of PPE is the responsibility of (**insert staff member name*).

Type of personal protective equipment and its appropriate use

PPE	Appropriate use
Disposable gloves	<p>Disposable gloves should be used:</p> <ul style="list-style-type: none"> • when handling blood and body substances or when contact with such is likely • when handling equipment or surfaces contaminated with such substances • during contact with non-intact skin • during venipuncture – although needlestick injury may still occur, the presence of the glove layer could reduce the volume of any inoculum.
Sterile gloves	<p>Sterile gloves should be used:</p> <ul style="list-style-type: none"> • during any surgical procedure involving penetration of the skin or mucous membrane and/or other tissue • when venipuncture is performed for the purpose of collecting blood for culture.
Heavy duty gloves	<p>Heavy duty gloves should be used:</p> <ul style="list-style-type: none"> • during general cleaning and disinfection • during instrument processing • during cleaning blood or body fluid and other substance spills.
Surgical Masks	<p>Surgical Masks can be used:</p> <ul style="list-style-type: none"> • during procedures or activities that might result in splashing and the generation of droplets of blood, body substances or bone fragments • When there is a risk of droplet transmission of disease. • To protect unimmunised staff and patients • Worn by the patient to prevent the spread of disease (suspected or known)
P2 or N95 Masks (Particulate filter masks)	<p>Worn by staff when there is a risk of airborne transmission of disease (suspected or known) Tuberculosis and pandemic influenza.</p>
Protective eyewear	<p>Protective eyewear should be used to prevent splashing or spraying of blood and body fluids into the wearers eyes such as during surgical procedures, venipuncture, or cleaning of spills, contaminated areas or instruments.</p> <p>Worn by staff when there is a risk of airborne/droplet transmission of disease (suspected or known).</p>
Gowns and plastic aprons	<p>Gowns and plastic aprons should be used when there is a risk of contamination of wearer’s clothing or skin with blood and body substances such as during surgical procedures, venipuncture, or cleaning of spills, contaminated areas or instrument processing.</p> <p>Worn by staff when there is a risk of airborne/droplet transmission of disease (suspected or known).</p>
Sterile gowns	<p>Sterile gowns should be used during procedures that require a sterile field.</p>

All staff use appropriate PPE when undertaking any of the following procedures:

- any examinations requiring contact with mucous membranes.
- cleaning or dressing wounds, taking down bandages.
- cleaning up after procedures.
- preparing instruments and equipment for sterilisation.
- assisting with or performing procedures.
- cleaning of contaminated surfaces.
- cleaning spills of blood & body fluids.
- using chemicals.
- taking blood.
- handling all pathology specimens before they are bagged.
- controlling bleeding.

15.0 Soiled Laundry

Policy

WHN uses only disposable linen on all examination couches and patient treatment areas. Linen is changed regularly and, provided it does not contain expressible blood or body fluid, it is disposed of into the normal domestic rubbish.

Any linen that is contaminated with expressible blood or body fluid is disposed of immediately into the clinical infectious waste bin.

16.0 Safe handling of pathology specimens

Procedure

The following process is followed when handling pathology specimens:

- label and name containers before use to avoid the need for extensive handling after the specimen has been collected.
- after collection of blood and body substances these should be placed in the appropriate specimen container, as specified by the testing laboratory.
- wipe the container clean to remove any visible soiling and check specimen is correctly identified.
- securely seal to prevent any leakage during transport.
- place the container upright in a waterproof bag or container.
- take care to avoid contamination of pathology slips by keeping them separate from the clinical specimens.
- for transport between institutions and interstate, pack the primary specimen, surrounded by sufficient material to absorb its contents, in a sealable inner container and provide a sealable outer container of waterproof, robust material. Label in accord with postal and other transport regulations. Keep cool if necessary.