Infection Prevention and Control Policy

Summary This Policy Directive outlines practices required to minimise the risk of patients, visitors, volunteers and health workers (HWs) acquiring a healthcare associated infection, multi-resistant organism colonisation or communicable disease.

Document type Policy Directive

Document number PD2017_013

Publication date 07 June 2017

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Replaces PD2007_036;PD2010_058;PD2009_030;PD2007_084;PD2005_414

Review date 07 June 2022

Policy manual Not applicable

File number D17/2444

Status Active

Functional group Clinical/Patient Services - Medical Treatment, Nursing and Midwifery
Personnel/Workforce - Industrial and Employee Relations
Population Health - Communicable Diseases, Infection Control

Applies to Affiliated Health Organisations, Board Governed Statutory Health Corporations, Cancer Institute, Chief Executive Governed Statutory Health Corporations, Community Health Centres, Dental Schools and Clinics, Environmental Health Officers of Local Councils, Government Medical Officers, Local Health Districts, Ministry of Health, NSW Ambulance Service, NSW Health Pathology, Private Hospitals and day Procedure Centres, Public Health System Support Division, Public Health Units, Public Hospitals, Specialty Network Governed Statutory Health Corporations

Distributed to Divisions of General Practice, Environmental Health Officers of Local Councils, Government Medical Officers, Health Associations Unions, Ministry of Health, NSW Ambulance Service, Private Hospitals and Day Procedure Centres, Public Health System, Tertiary Education Institutes

Audience All staff from NSW Health Organisations; Affiliated Health Organisations; NSW Ministry of Health

Secretary, NSW Health

POLICY STATEMENT

INFECTION PREVENTION AND CONTROL POLICY

PURPOSE

The primary purpose of the NSW Health Infection Prevention and Control Policy is to provide leadership to NSW Health Organisations (including Affiliated Health Organisations) on how to effectively prevent, manage and control healthcare associated infections (HAIs), in order to minimise the adverse health impacts on patients treated within health care and reduce the burden of HAIs.

MANDATORY REQUIREMENTS

Local infection prevention and control documents are to align with the principles outlined in this Policy Directive and are consistent with the principles and practices outlined within the NSW Infection Prevention and Control Practice Handbook.(this will be referred to as 'Handbook')

IMPLEMENTATION

NSW Public Health Organisations (PHOs) provide the mandatory requirements and the governance structure for the implementation of this Policy Directive to reduce the risk of healthcare associated infections (HAIs).

Clinical Excellence Commission

- Provides tools to support the implementation, monitoring and evaluation of this policy
- Maintains currency of the NSW Infection Prevention and Control Practice Handbook.

Health Education and Training Institute

- Provides educational resources to support the implementation and compliance with this policy.

Chief Executive of Local Health District and Specialty Health Network

- Assigns leadership responsibility, personnel and resources to implement and comply with this policy.

Directors of Clinical Governance

- Ensure that this policy is communicated to all managers and health workers
- Ensure local infection prevention and control programs and systems are in place
- Monitor and provide regular reports on the progress and outcomes of the infection prevention and control program
- Monitor, evaluate and address issues with compliance with this policy.

Clinical leaders and senior managers

- Implement and evaluate local infection prevention and control systems.

Infection prevention and control professionals

- Provide leadership in infection prevention and control surveillance and reporting
- Provide advice on infection prevention and control within their health organisation
- Provide leadership in the management of HAIs or other transmission risks and in the communication of these risks to health workers, patients, volunteers, carers and visitors.

Health Workers

- Comply with the requirements of this policy.

REVISION HISTORY

Version	Approved by	Amendment notes
June 2017 (PD2017_013)	Deputy Secretary, Governance, Workforce and Corporate	Updated and amalgamation of the following policies: • PD2005_414 Infection Control Program Quality Monitoring • PD2007_036 Infection Control Policy • PD2007_084 Infection Control Policy Prevention and Management of Multi-Resistant Organism • PD2009_030 Infection Control Policy – Animals as Patients in Health Organisations • PD2010_058 Hand Hygiene Policy.

ATTACHMENTS

1. Infection Prevention and Control Policy: Procedures.

Infection Prevention and Control Policy

NSW GOVERNMENT Health

PROCEDURES

Issue date: June-2017

PD2017_013

CONTENTS

1 BACKGROUND

1.1 About this document

This Policy Directive outlines the mandatory infection prevention and control requirements for NSW Public Health Organisations. This policy must be read in conjunction with the NSW Infection and Prevention Control Practice Handbook. [1]

1.2 Scope

This Policy Directive must be implemented within NSW Health Organisations.

The scope of this policy includes:

- Requirements for the infection prevention and control program
- Strategies for the prevention and management of HAI including those caused by multi drug resistant organisms (MROs) and communicable diseases
- Reprocessing of reusable medical devices
- Direction on governance and quality monitoring (surveillance)
- Infection prevention and control incidents and risk
- Standard and transmission based precautions
- Outbreaks of transmissible infections and communicable diseases
- Handling of animals as patients.

The handling and management of body substances and cytotoxic waste i.e. body substances and any discarded materials containing unmetabolised or residual cytotoxic medication is outside the scope of this policy. Guidance on this is provided in NSW Health *Waste Management Guidelines for Health Care Facilities PD2005_132* and *High Risk Medicines Management Policy PD2015_029*.[1]

1.3 Key Definitions

Airborne precaution	A transmission-based precaution used to interrupt transmission from patients known or suspected to be infected with agents transmitted person-to-person by the airborne route [2].
Alcohol based handrub (ABHR)	An alcohol-containing preparation (gel, foam or liquid) designed for reducing the number of viable microorganisms on dry, unsoiled hands.
Alert/De-Alert	Enabling of an electronic communication warning 'flag' that indicates MRO colonisation or infection in a patient's clinical records. De-Alert is the inactivation of the electronic infection control Alert (flag).
Antimicrobial	A chemical substance , usually a medicine, that inhibits or destroys bacteria, viruses fungi or protozoa [1] [3]

[1] Section 4: NSW Infection prevention and Control Practice Handbook, Principles for NSW public health organisations [1]

Antimicrobial stewardship	An ongoing program within a health organisation for judicious antimicrobial use in order to improve patient outcomes, ensure cost-effective therapy and reduce adverse sequelae of antimicrobial use, including antimicrobial resistance [4].
Aseptic technique	Aseptic technique consists of a set of practices aimed at minimising contamination and is particularly used to protect the patient from infection during clinical procedures. The five essential principles of aseptic technique are sequencing, environmental control, hand hygiene, maintenance of aseptic fields and personal protective equipment (PPE). While the principles of aseptic technique remain constant for all procedures, the level of practice will change depending upon a standard risk assessment [2].
Body substance	Body substance is used rather than body fluid to emphasise the need for precautions to prevent contact with solid tissue and faeces as well as blood (including dried blood) and body fluids. This does not include intact skin, hair and sweat.
Cleaning	The removal of visible soil (e.g. inorganic and organic material) from objects and surfaces and is normally accomplished manually or mechanically using water with detergents or enzymatic products [5]
Clinical governance	A clearly defined framework of accountability at all levels in an organisation for continuously improving the quality of their service and safeguarding high standards of patient care [6].
Colonisation	A person has a specific pathogenic organism, usually a multi-resistant organisation (MRO) on or in the body without the production of an immune response or disease. [2]
Contact	The touching of any patient or their immediate surroundings or performing any procedure on a patient. [2]
Contact precaution	A transmission-based precaution used to interrupt the transmission of infectious agents that are spread by direct or indirect contact with the patient or the patient's environment [2].
Critical items	A medical device that comes into contact with blood or normally sterile tissue and that must be sterile at the time of use. Note: a critical medical device confers a high risk of infection if it is contaminated with microorganisms. [7]
Droplet precaution	A transmission-based precaution used to interrupt droplet transmission occurring from patients known or suspected to be infected with agents transmitted person-to-person by respiratory droplets [2].
Fit check	A check to ensure that the P2 / N95 mask is fitting each time it is put on [2].
Functional area	A discrete location in a PHO that is designated for the delivery of patient services e.g. Intensive Care Unit, Emergency Department, Cancer Centre, Outpatient Clinic, Pharmacy, Physiotherapy Department, Dialysis Unit.
Hand hygiene	A general term applying to processes aiming to reduce the number of microorganisms on hands. This includes application of a waterless antimicrobial agent (e.g. ABHR) to the surface of dry unsoiled hands; or use of soap / solution (plain or antimicrobial) and running water (if hands are visibly soiled), followed by patting dry with single-use towels [2].

Health Worker **HW(s)**	Refers to all staff delivering or supporting healthcare services in a public health organisation. Any person employed or contracted by a NSW Health agency either on a permanent, temporary, casual, volunteer or agency basis.
Healthcare associated infection (HAI)	Refers to infections acquired in healthcare facilities and infections that occur as a result of healthcare interventions and which may manifest after people leave the healthcare facility [2].
Key part	Key parts are those parts of equipment / instruments / consumables that if contaminated by infectious material increases the risk of infection. Contamination may occur by direct or indirect contact with the key site(s), other key-parts, or liquid infusions. [2]
Key site	Is the area on the patient that must be protected from pathogenic microorganisms. Key Sites are medical device access sites, surgical sites or open wounds. [2]
Monitor	To check, supervise, observe critically, or record the progress of an activity, action or system on a regular basis in order to identify change.
Negative pressure room	A single-occupancy patient-care room used to isolate persons with a suspected or confirmed transmissible airborne communicable disease. Environmental factors are controlled in negative pressure rooms to minimise the transmission of infectious agents that are usually transmitted from person to person by droplet nuclei associated with coughing or aerosolisation of contaminated fluids [2]. The air handling system provides negative pressure by air flow into the room and direct exhaust of air from the room to the outside of the building or recirculation of air through a HEPA filter before returning to circulation. [2]
Non-critical items	A medical device that only comes into contact with intact skin. [7]
Outbreak	A state characterised by an increased incidence of an infection greater than what is typically expected in a particular healthcare setting. The clustering of cases by microorganism, time, person and place may signal the possibility of an outbreak.
Personal protective equipment (PPE)	Refers to a variety of protective barriers used alone, or in combination, to protect mucous membranes, skin, and clothing from contact with recognised and unrecognised sources of infectious agents in healthcare settings.
Point of care	The time and location where an interaction between a patient and clinician occurs for the purpose of delivering care[8]
Public Health Organisation (PHO)	This term refers to Local Health Districts, statutory health corporations or an affiliated health organisation in respect of its recognised establishments and recognised services, as defined in the *Health Services Act 1997*.
Reprocessing	All of the activities required to ensure that a used reusable medical device is safe for its intended purpose. This is a multi-step process that includes cleaning, inspection and assembly, functional testing (if applicable), disinfection (if applicable), packaging and labelling, and sterilisation (if applicable) [9].
Satellite reprocessing unit	Units in any location outside a central reprocessing unit which perform high level disinfection of semi-critical re-usable medical devices and / or sterilising of critical re-usable medical devices e.g. endoscopy units, Medical Imaging

Semi-critical items	Equipment or devices that come into contact with mucosal membranes or non-intact skin. Such items include but are not limited to respiratory therapy and anaesthesia equipment, gastrointestinal endoscopes, bronchoscopes, laryngoscopes, oesophageal manometry probes, anorectal manometry catheters, endocavitary probes, prostate biopsy probes, infrared coagulation devices, transvaginal probes and diaphragm fitting rings [7].
Sharp(s)	Any object capable of inflicting a penetrating injury, which may or may not be contaminated with blood and / or body substances. This includes needles, scalpel blades, wires, trocars, auto lancets, stitch cutters and any other sharp objects, including broken glass or medical instruments designed to perform penetrating procedures.
Standard precautions	Standard Precautions represent the minimum infection prevention measures that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. These evidence-based practices are designed to both protect and prevent spread of infection among patients and healthcare personnel [10].
Transmission based precautions	Additional clinical practices in situations where standard precautions alone may be insufficient to prevent transmission of infection [2]. For example contact, droplet and airborne precautions or a combination of these precautions.
Volunteer	A person who works for a NSW PHO without being paid.

1.4 Legislative requirements

This Policy Directive must be read and interpreted alongside the following legislation.

- *Health Practitioner Regulation National Law Act (NSW) No 86a*
- *Public Health Act (NSW) 2010*
- *Food Act (NSW) 2003*
- *Privacy Act (Commonwealth) 1988*
- *Health Records and Information Privacy Act (NSW) 2002*
- *Therapeutic Goods Act (Commonwealth) 1989*
- *Schedule 3 - Code of Conduct of the Public Health Regulation (NSW) 2012*
- *Work Health and Safety Act (NSW) 2011*.

The *Health Practitioner Regulation (New South Wales) Regulation 2016* provides infection control standards for medical practitioners, nurses, midwives, pharmacists, physiotherapists, and podiatrists. The Dental Board of Australia provides the infection control code for dentists, dental therapists, dental hygienists, dental prosthetists and oral health therapists. Under these standards a healthcare professional must not, without "reasonable excuse", fail to comply with the infection control standards.

NSW Health Organisations and health workers are obliged to comply with relevant Australian Standards with which this policy is consistent.

2 THE RISK OF HEALTHCARE ASSOCIATED INFECTIONS

Potentially, any microorganism may cause a healthcare associated infection (HAI). Patients, visitors, volunteers, carers and health workers (HWs) are all at risk of acquiring a HAI. HAIs are the most common complication affecting patients in hospital. However, patients who are receiving healthcare in the community or home-based settings are also at risk. A HAI often results in greater morbidity and increased risk of mortality for patients and greater burden for patients' families and carers. Patients with a HAI are more likely to have a longer hospital stay, require second-line or broader-spectrum and more expensive antimicrobials and place greater demands on the health system [8].The application of appropriate infection prevention and control strategies by the HW, patient(s) and visitors will reduce the risk of HAIs, as most HAIs are preventable.

3 CLINICAL GOVERNANCE REQUIREMENTS

Each PHO must ensure that an executive, appointed at the highest level within the organisation, is responsible for the leadership of the infection prevention and control program across the PHO. The progress and outcomes of the program must be reported to the highest management level of the organisation.[1]

Clinical leaders and senior managers of a PHO are responsible for implementing and evaluating systems to prevent and manage HAIs, with the Board of the PHO having oversight of this process. Additional advice and expertise must be sought from individuals skilled in this area and / or an infection prevention and control committee where required.

The PHO's Infection Prevention and Control Program should have a current operational / risk plan that is in keeping with this policy. The plan must specify the necessary steps to address improvements and measurement tools for HAI prevention and risk management.

Patients and visitors are to be provided the necessary information and education to prevent the transmission of multi-resistant organisms and communicable diseases.

3.1 National Accreditation Standards

Consistent with Standard 3 of the National Safety and Quality Health Service (NSQHS) Standards [8], each PHO must plan for and implement appropriate clinical governance systems and infection prevention and control strategies to prevent and manage HAIs.

3.2 Infection prevention and control committees

Each PHO must have representative membership on a committee that is responsible for the delivery and evaluation of infection prevention and control programs and strategies. This committee must have Executive membership and must report to the highest management level within the organisation.[2]

4. RISK MANAGEMENT

Each PHO must use a risk management framework when considering the implementation of infection prevention and control initiatives. This framework must be used to determine

[1] Section 2, Handbook
[2] Section 2, Handbook

individual and collective risk(s) in specific situations, procedures or programs and inform management options and priorities to reduce the risk of HAIs.[1,2]

The aim of determining a patient's specific risk(s) is to ensure that appropriate controls are implemented to protect all patients, visitors, and HWs without compromising clinical care and psychological support. Guidance on the framework is provided in *NSW Health Risk Management Enterprise-Wide Risk Management Policy and Framework PD2015_043*. An operational / risk plan that includes infection risk must be reviewed and endorsed by the PHO's infection prevention and control committee and incorporated into the PHO's plan(s).

4.1 Incident management

To determine whether an infection prevention and control risk or breach constitutes a reportable incident, PHOs are to refer to NSW Health Incident Management Policy PD2014_004 which describes a state-wide system for managing clinical and corporate incidents.[3]

4.2 Provision of education

Each PHO must ensure that all HWs are provided with education, in line with their duties, on preventing and controlling the risk of transmitting microorganisms at minimum during induction and on an ongoing basis.[4]

Online mandatory training is described in the NSW Health Education and Training Institute (HETI) Mandatory Training Matrix and is underpinned by the *NSW Health Mandatory Training - Criteria for Approval as a NSW Health Requirement PD2016_048* for all HWs. Completion of this training is required to meet patient safety programs and Standard 3 of the NSQHS Standards. The PHO is responsible for ensuring such training is completed by all HWs.

Each PHO must promote, educate and facilitate the participation of patients and visitors in infection prevention and control to minimise the risk of the transmission of pathogenic microorganisms and communicable diseases.

In addition the PHO must ensure that all HWs working in clinical areas have completed training in the correct use of PPE. At a minimum, this should include how to remove PPE without self-contamination and cleaning of shared reusable PPE.

5 RISK IDENTIFICATION REQUIREMENTS

5.1 Risk assessment of the patient

Assessing a patient's individual infection risk rating is to determine whether the patient is a potential source of infection to other patients, visitors and HWs or whether the patient is

[1] AS/NZS ISO 31000 2009 Risk Management – Principles and Guidelines
[2] Section 3, Handbook
[3] Section 10, Handbook
[4] Section 2, Handbook

more susceptible to infection. The higher the risk rating, the greater the priority for infection prevention and control interventions and precautions.[1]

5.2 Risk rating of the clinical area (functional area)

All patients, visitors or HWs in a PHO are susceptible to acquiring an infection, transmission of a microorganism or communicable diseases. However, there are certain functional areas, such as intensive care units, neonatal units, transplant units, burns units and haematology units, where patients are at a greater risk of acquiring an infection.

Patients in these areas can be immunosuppressed, acutely unwell or have undergone major surgery or trauma. These patients have an increased propensity to infection due to:

- The nature of their condition
- Frequent contact with HWs
- Number and types of indwelling devices
- High usage of antimicrobial agents
- The duration of hospitalisation.

Each PHO must assign a risk rating to each of its functional areas and then reassess the risk if the purpose or patient risk category within the functional area changes.[2]

The functional areas should be risk rated as one of the following:

- Extreme risk
- High risk
- Medium risk
- Low risk.

In the event of an outbreak, the PHO may adjust the risk rating of a functional area if there is an increased transmission risk of infection to patients, visitors and / or the HW.

6 RISK MITIGATION REQUIREMENTS

6.1 Standard precautions

Standard precautions are the minimum infection prevention measures that apply to all patient care settings, regardless of suspected or confirmed infection status of the patient [10]. A summary of standard precautions is included in Attachment 2.[3]

Standard precautions must always be applied when caring for all patients and when handling all body substances, secretions and excretions (excluding hair and sweat); non-intact skin; and mucosal membranes, including eyes.

Standard precautions involve adherence to all of the following work practices [2, 11]:

- Performing hand hygiene

[1] Section 3, Handbook
[2] Sections 3 and 11, Handbook
[3] Section 4, Handbook

- Appropriate and correct use of personal protective equipment (PPE)
- Use of aseptic technique
- Safe use and disposal of sharps
- Performing routine environmental cleaning
- Cleaning and reprocessing of shared patient equipment
- Respiratory hygiene and cough etiquette
- Safe handling and disposal of waste and used linen

The use of standard precautions must be monitored for compliance and practice improvement within each unit and at the PHO level.

6.2 Hand hygiene

For most hand hygiene activities, alcohol based hand rub (ABHR) should be used whereas visibly soiled hands must be washed with liquid soap and running water [12]. PHOs must ensure that ABHR dispensers are as close to the point of care as possible. Placement of ABHR outside the point of care environment is up to the discretion of the PHO. Consideration must be given to workplace and patient safety risks when placing ABHR dispensers. Hand basins must comply with the requirements of the Australasian Health Facility Guidelines.

For guidelines on performing hand hygiene please refer to the NSW Infection and Prevention Control Practice Handbook.[1]

All ABHR, antiseptic handwash, surgical hand scrub, plain liquid soap and moisturiser containers / packs / pump segments and cartridges (as opposed to product dispenser housing) are single use and must not be topped up, refilled or re-used.

All HWs have a responsibility to remind other HWs of the need to perform hand hygiene if they observe a HW who fails, or is about to fail, to perform hand hygiene. Such reminders are to be delivered in a courteous and encouraging manner to support all HWs to achieve a high standard of patient safety.

Ongoing non-compliance with hand hygiene by a HW is to be managed within local Performance Management Policies and the frameworks within the following NSW Health Policies:

- *NSW Health Complaint or Concern about a Clinician-Principles for Action PD2006_007*
- *NSW Health Code of Conduct PD2015_049*
- *NSW Health Managing Misconduct PD2014_042*
- *NSW Health Managing for Performance PD2016_040*.

Managing non-compliance may involve:

[1] Section 4, Handbook

1. Targeted education for ongoing non-compliance which will include one-on-one instruction on appropriate hand hygiene practices. This requires escalation to the HWs Manager.
2. Front line management response with counselling and requirements to undertake a hand hygiene education program for repeated non-compliance.
3. Participation in an intensive remedial hand hygiene education program for further non-compliance and warning that any further non-compliance in hand hygiene will result in disciplinary action and may result in dismissal. This requires escalation to the Director Clinical Governance / Director Workforce.

PHOs must ensure an ongoing hand hygiene awareness program is established for all HWs that is consistent with the National Hand Hygiene Initiative, CEC Hand Hygiene and Patient Safety Programs.

PHOs will conduct hand hygiene compliance audits; report on the results to the appropriate committee and evaluate audit data locally to identify opportunities for compliance improvement.

For services where the hand hygiene compliance audit is not applicable, a localised version must be developed that is consistent with local practices.

6.2.1 Patient and visitor hand hygiene

Hand hygiene is to be performed by everyone. HWs should encourage patients to perform hand hygiene and provide education on the correct hand hygiene technique. Patients should be provided with the means to perform hand hygiene after going to the toilet or using a bedpan or urinal, before eating, after sneezing, blowing their nose or coughing into hands, and after touching / handling animals.[1]

Visitors and volunteers must be provided with the means to perform hand hygiene and be encouraged to perform hand hygiene before and after contact with patients and their surroundings.

6.3 Personal protective equipment

Selection of personal protective equipment (PPE) must be based on an assessment of the risk of transmission of infectious agents to the patient or carer and the risk of contamination of clothing or skin of HWs by a patients' body substances [2].[2]

The Infection Prevention and Control Practice Handbook provides advice on choosing the correct PPE and the sequencing of putting on and removing PPE.

6.3.1 Gloves

Gloves must be used in situations where the HW is potentially exposed to body substances.[3,4,5] When gloves are determined to be necessary, they must be worn on both hands.

[1] Section 4, Handbook
[2] Section 4, Handbook
[3] AS/NZS 4011.1:2014 Single use examination gloves
[4] AS/NZS 4179:1997 Single use sterile surgical rubber gloves.
[5] Section 4, Handbook

Gloves must be used for procedures that involve direct or perceived contact with non-intact skin, mucous membranes and body substances.

Sterile gloves must be worn when it is necessary or unavoidable to touch key sites and key parts directly. The wearing of sterile gloves for any specific aseptic technique procedure may be at the discretion or mandate of the PHO.

Gloves must be changed and discarded

- As soon as they are torn or punctured or when the integrity has been altered
- Immediately after contact with a patient is complete and before care is provided to another patient
- When performing separate procedures on the same patient
- After handling blood and body fluid
- Before handling or opening sterile consumables
- Before writing in the healthcare record, answering telephone / pagers, using the computer and other social environmental actions.

Disposable gloves must not be cleaned or reused. ABHR is not to be used on gloves.

Hand hygiene must always be immediately performed before and after use of gloves

6.3.2 Masks

A single use mask must be worn while performing any procedure where there is a likelihood of splashing or spraying of body substances or mucous membrane exposure to microbial droplets.[1,2,3]

Choosing a fluid-resistant single use mask, with the level of barrier protection required must be based on the risk of exposure at the time the procedure is performed or the likelihood of mucous membrane exposure to microbial droplets.[13]

Single-use face masks are categorised to provide different levels of standard, droplet and airborne protection. The manufacturer's *Instructions for Use* provide the detail on the barrier level and their applications for use. A P2 / N95 mask must be worn when treating patients under airborne precautions or if aerosol generating procedures are anticipated. HW must perform a fit check every time they put on a P2 / N95 mask. PHOs must ensure the HW is informed on how to perform a fit check.

A P2 / N95 mask is not to be worn by a patient. A fluid resistant surgical mask should be worn by a patient who is actively coughing or has an airborne transmission disease while they are outside their isolation / cohort room or in public areas of the PHO.

A single use mask must:

- Be used for a single episode of patient care
- Be worn and fitted in accordance with the manufacturer's instructions

[1] AS4381:2015 Single-use face masks for use in health care
[2] AS/NZS1715:2009 Selection, use and maintenance of respiratory protective equipment
[3] Sections 4 and 5, Handbook

- Not be touched by hands while worn except for fitting e.g. around the nose and sides prior to exposure
- Cover both the mouth and nose while worn
- Not be worn loosely (both ties secured) or folded down around the neck.

A mask must be discarded once it has been worn, or becomes visibly soiled or moist, and must not be used again. A mask must be removed by touching the strings / ties or loops only.

6.3.3 Eyewear and Facial Protection

Protective eyewear or a face visor / shield must be worn while:

- Performing any procedure or task where there is a risk of splashing or splattering of body substances
- During aerosol generating procedures
- In direct patient contact where there is a risk of an occupational exposure to body substances.

Protective eyewear must meet Australian Standards,[1,2] and be worn and fitted in accordance with the manufacturer's instructions for use.[3]

General prescription glasses do not comply as eyewear protection and, therefore protective eyewear must be worn in addition to prescription glasses.

Reusable protective eyewear and face visors / shields must be cleaned in accordance with the manufacturer's instructions after use and stored clean and dry. Protective eyewear labelled single use must not be reused.

6.3.4 Gowns and Aprons

A fluid-resistant gown or apron, made of impervious material must be worn:

- During any procedure or task where there is a likelihood of splashes or contamination with body substances
- On entering an isolation room during transmission based precautions, if contact with the patient or the patient's environment is likely, and removed before or immediately on exiting the room
- As a protective layer under a sterile gown that is not made of impervious material.

Washable fabric gowns provide no protection from body substances and are not considered part of PPE for infection prevention and control.

6.3.5 Aseptic technique

Aseptic technique is a set of practices to minimise contamination and is used to protect the patient from the risk of acquiring an infection during clinical procedures. PHOs are to base

[1] AS/NZS 1336:1997 Recommended practices for occupational eye protection
[2] AS/NZS 1337:1992 Eye protectors for industrial applications
[3] Sections 4 and 5, Handbook

their practice on the five principles of aseptic technique as outlined in the NSW Infection Prevention and Control Practice Handbook.[1]

Each PHO is to undertake a local risk assessment to identify medium and high risk procedures that require the use of aseptic technique according to the ACSQHC aseptic technique risk matrix.

Each PHO is to provide its clinical workforce with, or access to, aseptic technique education and maintain records of education, training, assessment and competence.

6.3.6 Safe handling of used linen

There is a potential risk of microorganism transmission via exposure to contaminated linen. HWs should handle, dispose and process used linen or linen soiled with body substances in a manner that prevents exposure to skin and mucous membranes, contamination of clothing and transfer of microorganisms to other persons and the environment.[2]

6.3.7 Respiratory hygiene and cough etiquette

To minimise the risk of transmission of infection to others, everyone entering, visiting or working within a PHO presenting with the signs and symptoms of an acute respiratory infection are to have access to hand hygiene products and single use masks to enable them to practise respiratory hygiene and cough etiquette.[3]

6.3.8 Safe use and disposal of sharps

The potential for exposure to bloodborne viruses is greatest when medical devices such as needles, scalpels, or other sharp instruments are used and contaminated with body substances.[4] Therefore, the use of sharps should be minimised wherever possible and when used be disposed of immediately after use, at the point of care. Each PHO must have procedures in place for the safe handling, transportation and disposal of sharps. A PHO must provide training to HWs on sharps handling and disposal.[5]

6.3.9 Environmental cleaning

Each PHO must have an environmental cleaning program in place that is managed by suitably qualified personnel and overseen by an appropriate committee or directorate. Environmental cleaning must be performed in accordance with *NSW Health Environmental Cleaning Policy PD2012_061*. This includes cleaning of patient areas during and after a patient's stay (i.e. between patients).[6]

A risk assessment must be done for each functional area to determine the level of cleaning required. The performance of cleaning in all functional areas must be regularly audited as per the auditing schedule described in *NSW Health Environmental Cleaning Policy PD2012_061*.

[1] Sections 4, 9 and 10, Handbook
[2] Section 4, Handbook
[3] Section 7, Handbook
[4] NSW Health Policy: HIV, Hepatitis B or Hepatitis C - Health Care Workers Potentially Exposed PD2017_009
[5] Sections 4 and 9, Handbook
[6] Sections 4, 6, 7 and 9, Handbook

There is no single method for environmental cleaning and disinfection and it is important to consider the efficacy and suitability of the different methods available.

7 REPROCESSING OF RE-USABLE MEDICAL DEVICES (RMDS)

Each PHO must ensure that there is a governance structure in place for both central and satellite reprocessing units. Each PHO must maintain a risk management approach to reprocessing. It is recommended that a central reprocessing unit provides advice and expertise to local satellite units or a PHO may choose to employ an alternative strategy to ensure that satellite units are adequately supported and compliant with relevant Standards.[1,2,3,4,5]

Both central and satellite reprocessing units must be regularly audited against AS/NZS 4187:2014 and develop a documented, detailed implementation plan using quality improvement principles specifying timeframes, milestones and deliverables to enable full implementation.[21]

Reprocessing of critical and semi-critical RMDs and maintenance of the reprocessing environment should be delegated to appropriately trained HWs. HWs should also be delegated to reprocess non-critical, semi-critical and critical items as well as clean and maintain non-critical item washer / disinfectors.

RMDs must be reprocessed in accordance with relevant Australian and international standards and manufacturer's instructions. For endoscopy units, additional resources are available from Gastroenterological Nurses College of Australia [14]. AS/NZS 4187:2014 is applicable wherever the reprocessing of RMDs occurs within a PHO. All departments physically located within a hospital service must comply with AS/NZS 4187:2014.

Office-based health care facilities include private consulting rooms, dental clinics and health clinics located outside of routine hospital in-patient and operating room settings. AS/NZS 4815:2006 applies to these office-based health care facilities that reprocess reusable medical devices with either moist heat or dry heat sterilisation. If an office-based health care facility reprocesses with any other forms of sterilisation, they must comply with AS/NZS 4187:2014.

8 SINGLE USE AND SINGLE PATIENT USE DEVICES

Where the PHO is responsible for providing 'single use' devices and equipment, the PHO must ensure that the device or equipment is used once.[6,7] Single use items may be labelled as:

- Single use
- Disposable

[1] Sections 8 and 10, Handbook
[2] AS/NZS 4187:2014 Reprocessing of reusable medical devices in health service organizations
[3] AS/NZS 4815:2006 Office-based health care facilities - Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment.
[4] Legislation NSW Health Practitioner Regulation (NSW) Regulation 2010. Schedule 1, Infection control standards
[5] Australian Health Facility Guidelines Part B: Health Facility Briefing and Planning
[6] Therapeutic Goods Act 1989
[7] Section 4, Handbook

- ⓧsymbol.

Therapeutic Goods (Medical Devices) 2007 Regulations require a PHO that reprocesses single use devices to be licensed as a manufacturer under *Section 41BG(2) of the Therapeutic Good Act 1989*. As the PHO is considered to be a manufacturer by the TGA it is subject to audit conformance.

Where the PHO is responsible for providing 'single patient use' devices and equipment, the PHO must ensure that the device or equipment is used for only one patient. 'Single patient use' devices and equipment can be used multiple times on the same patient following manufacturer's instructions for cleaning between uses.

9 SHARED PATIENT CARE EQUIPMENT

Shared patient use of devices and equipment has been implicated in the transmission of infection between individuals [15]. HWs are to pay special attention to the cleaning of shared reusable clinical devices and equipment between patients. They must be cleaned according to manufacturer's Instructions for Use and local procedures.

10 PROCUREMENT OF NEW DEVICES OR EQUIPMENT

As part of the process for purchasing new patient care devices, consumables or equipment, the PHO (solely or in conjunction with HealthShare NSW) must seek local infection prevention and control advice prior to purchase. Where new devices or equipment will require later reprocessing, the PHO must also consult with management of local reprocessing units prior to trial or purchase to ensure compliance with relevant policies, procedures and Australian Standards.[1,2]

A PHO's asset management program must include infection prevention and control consultation when undertaking a review of the risks associated with patient and non-patient care equipment, furnishing, fixtures and clinical information technology systems. [3,4] The local infection prevention and control service must be consulted when the PHO is considering the replacement of old equipment or reviewing the need to adopt newer technologies (as per *NSW Health Framework for New Technologies and Specialised Services GL2017_004*).

11 SAFE INJECTION AND MULTI-DOSE VIALS

Breaches in safe injection, infusion and medication vial handling practices has resulted in transmission of HIV and viral hepatitis and in some cases caused outbreaks of disease. Standard precautions, particularly aseptic technique form the basis of safe injection practices. Flip-top pharmaceutical vials are a dust cover and therefore all vials must be cleaned prior to access to maintain aseptic technique [16].[5] If a multi-dose vial must be used it should be used for a single patient whenever possible and discarded immediately after use.[6]

[1] Therapeutic Goods Act 1989
[2] AS/NZS4187:2014 Reprocessing of reusable medical devices in health service organizations
[3] Australian Health Facility Guidelines (Part D Infection Prevention and Control)
[4] Section 2, Handbook
[5] Section 4, Handbook
[6] The Australian Immunisation Handbook 10th Edition 2013

Injectable products packaged in multi-dose vials or ampoules (or other similar containers) must not be used except where the product is intended solely for the exclusive use of a single patient or there is no other alternative available on the Australian pharmaceutical market. Where there is no other alternative, precautions must be taken to ensure that the injection of contaminated material or fluid into a multi-dose vial or ampoule (or other similar container) does not happen.

Injectable medication or solution must be taken from a vial or ampoule (or other similar container) using a sterile needle and syringe to withdraw the contents. Before each entry into the multi-dose vial the top must be cleaned and injected with a new unused sterile needle and syringe, even if the vial is dedicated to a single patient.

Open multi-dose lotion or cream pots or containers must not be used unless they are for an individual patient use. A collapsible squeeze tube or bottle, pump pack or valve should be used to dispense lotion or cream from a multi-dose container. Once the product is empty both the container and pump pack should be disposed of.

Multi-dose vials may only be used between multiple patients where there is no other alternative product available on the Australian market. Refer to *Medication Handling in NSW Public Health Facilities Policy PD2013_043*.

12 SAFE HANDLING AND TRANSPORT OF PATIENT SPECIMENS

When transporting and handling pathology specimens, the HW should ensure that the specimens are packaged and transported in such a way to ensure the safety of all involved and that the specimen is maintained under suitable conditions. [17]

13 TRANSMISSION BASED PRECAUTIONS

Transmission-based precautions must be used in addition to standard precautions when standard precautions alone are insufficient to interrupt the transmission of a known or suspected pathogen. There are three main types of transmission based precautions (these can be combined for specific transmissible infections or communicable diseases):[1]

Contact precautions are used to interrupt **contact transmission.** Contact transmission occurs via direct or indirect contact with a colonised or infected individual or via a contaminated fomite (e.g. contaminated environmental surface).See Attachment 3 for a summary of contact precautions.

Droplet precautions are used to interrupt **droplet transmission**. Droplet transmission occurs via large expelled droplets , ≥5 micrometres (μm) that travel short distances in the air before settling to environmental surfaces [18]. Droplet transmission requires close proximity between the infectious host and other susceptible people. See Attachment 4 for a summary of droplet precautions.

Airborne precautions are used to interrupt the **airborne transmission** route. Airborne transmission occurs by the dissemination of small expelled aerosols (<5μm) that can remain suspended in the air for long periods of time. See Attachment 5 for a summary of airborne precautions.

[1] Section 5, Handbook

Some microorganisms can be transmitted simultaneously via multiple transmission routes. To mitigate the transmission of these microorganisms, more than one type of transmission based precautions must be employed in addition to standard precautions.

Each PHO must develop a procedure that outlines how they will minimise the risk of contact, droplet and airborne transmission as well as implement transmission-based precautions and address visitor restrictions. To support the requirements of each of the transmission-based precautions, a PHO must provide the required PPE, appropriate patient accommodation and patient care equipment.

14 BED MANAGEMENT AND PATIENT FLOW

Placement of a patient must be based on a risk assessment that considers the risk ratings of all patients' involved, functional area and room availability to meet the patient's isolation requirements.[1]

When considering patient movement or transfer, the receiving department, transport service, or PHO must be notified of a patient's infection or colonisation status before transfer. The admission and / or transfer of a patient must not be delayed or compromised by a patient's suspected or known infection or colonisation status. Patient placement decisions must be made in conjunction with local patient flow team and infection prevention and control unit to ensure timely patient transfers and admissions.

15 ANTIMICROBIAL STEWARDSHIP

Where a PHO is responsible for the antimicrobial therapy received by patients in its care, the PHO must ensure that safe and appropriate antimicrobial prescribing is a goal within its clinical governance system.

The use of antimicrobial agents to prevent and treat infections must be considered judiciously, using the five essential strategies for effective antimicrobial stewardship [3]:

1. Implement clinical guidelines consistent with current endorsed Australian antimicrobial prescribing guidelines approved by the local drug and therapeutics committee and which also takes into account local microbiology and antimicrobial susceptibility patterns
2. Establish formulary restrictions and approval systems that include restricting broad-spectrum and later generation antimicrobials to patients in whom their use is clinically justified
3. Review of antimicrobial prescribing with intervention and direct feedback to the prescriber
4. Monitor performance of antimicrobial prescribing by collecting and reporting unit or ward-specific data, auditing antimicrobial use, and using quality use of medicines indicators
5. Ensure the clinical microbiology laboratory uses selective reporting of susceptibility testing results that is consistent with current endorsed therapeutic guidelines on antibiotic usage.

[1] Section 6, Handbook

16 MANAGEMENT OF HEALTH WORKERS WITH SYMPTOMATIC ILLNESS

HWs who are presenting with a symptomatic illness (e.g. boils, acute respiratory illness or gastroenteritis) or conditions that promote the shedding and transmission of microorganisms, such as exfoliative skin conditions or skin lesions, are associated with the spread of infection to vulnerable patients.

Therefore, each PHO must develop a procedure that outlines how the PHO will address:[1,2,3]

- HW communication of their suspected or known communicable disease or MRO
- The mitigation of transmission risks of communicable diseases and MROs
- Human resource issues such as redeployment, sick leave and return to work management
- HWs non-participation in certain clinical procedures (e.g. exposure prone procedures) [4] that is mandated by policy or legislation.

16.1 Occupational assessment, screening and vaccination

Each PHO must develop, implement and monitor a risk-based workforce immunisation program for HWs, other clinical personnel and healthcare students, in accordance with the current NSW Health policy directives and Australian immunisation guidelines [19].[5]

A PHO must maintain a central register of the evidence of protection of HWs, including medical contraindications to vaccination, vaccination refusals and an appropriate risk management strategy to address vaccination refusals.

17 ADDITIONAL CONTROLS

17.1 Animals

Animals may be present within PHOs for medical research, patient therapy and companionship and in rare circumstances for clinical treatment.[6]

Potentially, animals can serve as a vector for infections and, in particular multi-resistant organisms [20].

To minimise the risk to human patients, visitors and HWs of acquiring an infection from an animal a PHO must ensure that infection prevention and control requirements described in this policy are applied when handling and treating animals within the PHO. There are certain instances in which veterinarians may negotiate with a PHO for access to

[1] *NSW Health HIV, Hepatitis B and Hepatitis C - Management of Health Care Workers PD2005_162*
[2] *NSW Health Leave Matters for the NSW Health Service PD2014_029*
[3] *Section 7, Handbook*
[4] *NSW Health HIV, Hepatitis B or Hepatitis C – Management of Health Care Workers Potentially Exposed PD2017_010*
[5] The Australian Immunisation Handbook 10th Edition 2013
[6] *NSW Health Guideline: Animal visits and interventions in public and private health services in NSW GL2012 007*

specialised diagnostic equipment. Animals may only be treated in a PHO if there is no access to a veterinary facility that is able to perform the service required.

Where a PHO agrees to provide this service, a risk assessment with the application of local policies and protocols must be developed to address approved diagnostic procedures and infection prevention and control requirements.

Animals must not be treated in clinical areas where invasive procedures on humans are undertaken such as operating rooms, cardiac catheterisation laboratories, interventional radiology or invasive nuclear medicine areas. Where animal treatment requires the use of reusable medical equipment, such equipment must be dedicated for animal care only. Even if adequately reprocessed, equipment which has been dedicated for animal care must not be used for human patient care.

Animals treated in PHOs should be under the direct care and supervision of a licensed veterinarian; they also should be free of known infectious diseases, ectoparasites, and other external contaminants (e.g., soil, urine, and faeces). Measures should be taken to avoid treating animals with a known or suspected zoonotic disease in the PHO.

17.2 Construction, renovation and refurbishment

PHOs are to ensure that all construction, renovation, installation and maintenance activities on their sites are undertaken in a safe and appropriate manner to reduce the risk of infection to patients, visitors, carers, volunteers and HWs.[1,2,3]

Factors that contribute to healthcare associated invasive infections such as aspergillosis, and other environmental pathogens for at-risk patient groups must be risk assessed prior to any construction, renovation, installation and maintenance activities. Infection prevention and control units must be key project members from planning to completion to ensure that infection control needs have been planned for, anticipated and met.

18 COMMUNICATION REQUIREMENTS

18.1 Clinical documentation and communication

A patient's communicable disease, transmissible infection or MRO colonisation status must be treated as confidential information at all times.[4,5,6,7]

Communication and clinical handover of a patient's communicable disease, transmissible infection or MRO colonisation status is required as part of medical treatment, patient placement and decisions on transmission based precautions.[8,9]

[1] Australian Health Facility Guidelines Part D Infection Control
[2] Section 9, Handbook
[3] NSW Health Engineering Services Guideline
[4] Health Records and Information Privacy Act 2002
[5] Privacy Act 1988
[6] Public Health Act 2010
[7] NSW Health Policy: Health care records - documentation and management
[8] NSW Health Policy: Clinical handover - standard key principles PD2009_060
[9] Section 7, Handbook

Appropriate signage must be placed at the entrance to the patient room or zone to communicate the type of transmission based precautions required. Each PHO must have a process to:

- Assign responsibility for adding infection prevention and control Alerts
- Enable an electronic communication warning 'Alert' to indicate MRO colonisation or infection in a patient's clinical records
- De-alert: removal of the MRO Alert and documentation of the reason and required information e.g. MRO screening, met MRO clearance criteria, MRO clearance date.

18.2 Communication with patients, family and carers

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

- The communicable disease, transmissible infection or MRO colonisation
- The transmission based precautions required to prevent further transmission
- Their role in preventing transmission e.g. hand hygiene, keeping door closed in Airborne Precautions, when and how to wear a single use mask.

All patient education and communication must be documented in the patients' healthcare record. Patient infection prevention and control information must be evaluated to determine if it meets the needs of the target audience.

19 SURVEILLANCE REQUIREMENTS

Each PHO must conduct an HAI surveillance program as directed by the NSW *HAI Clinical Indicator Manual*. This manual outlines the minimum HAI surveillance activities that PHOs must undertake and report on.[1,2]

All HAI surveillance data should be reviewed within the PHO and reported to the highest executive level on a regular basis.

Surveillance data must be reported back to the clinicians of the PHO to enable practice and quality improvement.

A PHO must have in place methods for monitoring, review and assessment of the effectiveness of infection prevention and control strategies.

20 OUTBREAK MANAGEMENT REQUIREMENTS

Each PHO must have written procedures that address the outbreak management requirements for common communicable diseases and MROs (e.g. gastroenteritis, influenza, carbapenemase-producing Enterobacteriaceae) and identify delegations of responsibility during the outbreak.[3,1,2,3] It must also include notification of diseases listed in *Schedule 2 NSW Public Health Act 2010* to the local Public Health Unit.

[1] NSW HAI Clinical Indicator Manual
[2] Section 10, Handbook
[3] NSW Health Guideline: Gastroenteritis in an Institution

21 LOOKBACK

Lookback is a process that is triggered when a notification of a clinical incident or concern from any source leads to the need for the notification, investigation and the management of a group of commonly affected patients. The clinical incident may arise from complications or errors relating to diagnostics, treatment, medical devices or products that patients have received.[4]

Where there is a significant failure of infection control, an assessment should be made as to whether patients may be of risk of cross infection, and if so, whether those patients should notified of the incident and actions to take. This process is sometimes called a lookback.

An initial investigation should be done to inform a risk assessment and response to the incident. Notification exercises can cause undue anxiety, result in unnecessary testing and often expend considerable resources and opportunity costs.

In general, patient notification exercises in regard to infection control breaches are not warranted where patient tissue or mucosal surfaces were not exposed to contaminated instruments or blood.

A PHO must undertake a risk assessment to assess the need for a patient notification in the event of one of the following HAI significant incidents:

- One or more patients who have had an exposure prone procedure performed by a HW who is infectious with a bloodborne virus (*NSW Health HIV, Hepatitis B or Hepatitis C - Health Care Workers Infected PD2005_162*)
- Contamination of breast milk or administration to the wrong infants (*NSW Health Maternity - Breast Milk: Safe Management PD2010_019*)
- Circumstances where there is a possibility that patients' were exposed to pathogenic microorganisms.

Other HAI incidents or an equipment safety alert may require the PHO to undertake a risk assessment to determine the need for a lookback.

Assessment is needed on a case by case basis. Where a patient notification exercise is thought necessary, a risk-based approach should be considered i.e. those persons who are at highest risk of infection should be assessed first. Where there is no evidence of transmission in that group, further lookback may be unnecessary.

Advice regarding the need for, and extent of a patient notification should be sought from the Clinical Excellence Commission (CEC). The CEC may consult further with Health Protection NSW (HPNSW), who may convene the NSW Blood Borne Viruses Advisory Panel.

Specifically, a lookback involves:

- Forming a local committee including infectious disease, public health, infection prevention and control, sterilising services, clinical governance, clinical risk

[1] NSW Health Influenza Pandemic Plan PD2016_016
[2] Notifiable Disease Notification information
[3] Sections 7 and 11, Handbook
[4] NSW Health Lookback Policy Directive PD2007_075

manager and other participants as indicated, to investigate the incident and prepare a risk assessment

- Reporting the risk assessment and incident to the CEC
- Based on advice from the CEC, identifying, tracing, communicating and providing appropriate ongoing advice to, and / or management of, the group of patients affected
- Development of a communication strategy, including notification to the wider public, if applicable
- Evaluation or review of the lookback process.

The PHO Chief Executive is responsible for governance of the lookback process. Timely and appropriate investigation and management of the infection control breach should begin within 24 hours of the breach being notified. The initial investigation informs the risk assessment, which is used to make decisions on the need for, nature and extent of patient notification. If patient notification and additional testing is done, this may provide further evidence that informs the investigation. An effective lookback procedure requires communication at all levels.

Where it is decided that patient notification is to occur, initial communication should be direct, either face-to-face or via telephone, where the patient must be given the opportunity to ask questions. All information should be given in accordance with the *Open Disclosure Policy PD2014_028*; *Privacy Management Plan PD2015_036* and *Privacy Manual for Health Information – NSW Health*.

RELEVANT NSW HEALTH POLICIES, GUIDELINES AND MANUALS

The policies and guidelines are available at:
http://www.health.nsw.gov.au/policies/pages/default.aspx

- *Australian Health Facility Guidelines Part D Infection Control*
- *NSW Health Clinical Handover – Standard Key Principles PD2009_060*
- *NSW Health Code of Conduct for HCACs, HPTs and AHACs PD2008_023*
- *NSW Health Complaint or Concern about a Clinician – Management Guidelines GL2006_002*
- *NSW Health Engineering Services Guideline PD2016_020*
- *NSW Health Environmental Cleaning Policy PD2012_061*
- *NSW Health Health Care Records - Documentation and Management PD2012_069*
- *NSW Health HIV, Hepatitis B or Hepatitis C – Health Care Workers Infected PD2005_162*
- *NSW Health HIV, Hepatitis B or Hepatitis C – Management of Health Care Workers Potentially Exposed PD2017_010*
- *NSW Health Incident Management Policy PD2014_004*
- *NSW Health Influenza Pandemic Plan PD2016_016*
- *NSW Health Lookback Policy PD2007_075*

- *NSW Health Managing Misconduct PD2014_042*
- *NSW Health Managing for Performance PD2016_040*
- *NSW Health Mandatory Training - Criteria for Approval as a NSW Health Requirement PD2016_048*
- *NSW Health Maternity – Breast Milk – Safe Management PD2010_019*
- *NSW Health Medication Handling in NSW Public Health Facilities PD2013_043*
- *NSW Health Privacy Management Plan PD2015_036*
- *NSW Health Privacy Manual for Health information, March 2015*
- *NSW Health Risk Management – Enterprise-Wide Risk management Policy and Framework – NSW Health PD2015_043*
- *NSW Health Waste Management Guidelines for Health Care Facilities PD2005_132*

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23 LIST OF ATTACHMENTS

Attachment 1 – Implementation checklist

Attachment 2 – Summary of Standard Precautions

Attachment 3 – Summary of Contact Precautions

Attachment 4 – Summary of Droplet Precautions

Attachment 5 – Summary of Airborne Precautions

24.1 ATTACHMENT 1 – POLICY IMPLEMENTATION CHECKLIST

Public Health Organisation	**Assessment date**			
Facility / Unit **Assessed by**	Not applicable	Yes	No	Work in Progress
Clinical governance requirements				
A reporting line to the highest level of management has been established to report on infection prevention and control.				
An executive has been assigned responsibility for the organisation's infection prevention and control program.				
A committee is appointed with responsibility for infection prevention and control.				
Responsibility and personnel to implement and evaluate infection prevention and control systems has been assigned.				
Infection risk has been included in the organisation's risk management and operational plan.				
Ongoing education is provided to HWs on preventing and controlling infection risk.				
Patients and visitors are provided with infection prevention and control education.				
Risk identification requirements				
Patients are risk rated for infection risk.				
All functional areas are risk rated for infection risk.				
Risk mitigation requirements				
A risk assessment is used to inform patient placement decisions.				
Standard precautions are used by HWs during patient care.				
Procedure and resources are in place to support the implementation of transmission-based precautions.				
The five strategies for antimicrobial stewardship have been implemented.				
An occupational screening and vaccination program is in place.				
An environmental cleaning program is in place.				
An environmental cleaning risk assessment has been undertaken in all areas and audits are undertaken where required.				
A central reprocessing unit has governance and oversight of satellite reprocessing units.				
A central reprocessing unit regularly audits satellite reprocessing units.				

Public Health Organisation	**Assessment date**			
Facility / Unit **Assessed by**	Not applicable	Yes	No	Work in Progress
Reprocessing delegations of responsibility have been established.				
Infection prevention and control and reprocessing units are consulted prior to the purchase of new reusable patient care equipment, including new technologies.				
Procedure addresses approved diagnostic procedures and infection prevention and control requirements for the clinical treatment of animals in the PHO.				
Reusable medical equipment has been dedicated for animal care.				
Communication requirements				
Signage for transmission-based precautions is used when required.				
A central record of all known MRO colonised or infected patients are maintained eg eMR.				
Clinicians communicate and educate patients, family and carers about necessary infection prevention and control precautions.				
Patient information is evaluated to determine if it meets the needs of the target audience.				
Surveillance requirements				
Surveillance systems are in place to monitor the prevalence of HAIs.				
Hand hygiene surveillance monitoring is undertaken.				
Surveillance data is validated and reported at the clinician and executive level.				
Outbreak management requirements				
Procedure addresses outbreak management requirements and key delegations of responsibility during an outbreak.				

24.2 ATTACHMENT 2 – SUMMARY OF STANDARD PRECAUTIONS

Requirements	Standard Precautions Applies to all persons, all body substances, secretions and excretions (excluding sweat); non-intact skin; and mucous membranes including eyes
Room	Single room not required
Bathroom	Dedicated bathroom facilities not required
Negative pressure room	No
Hand hygiene	Yes
Gloves	Protect hands if anticipated contact with body substances and / or contaminated environment.
Gown / apron	Protect clothing where soiling and splashing is likely
Mask	Protect nose and mouth using a surgical mask if splash or droplets is likely
Protective eyewear	Protect eyes if splash or spray is likely or where aerosol may be generated
Patient equipment	Reprocess all reusable patient equipment between individual patients.
Transport of patients (Internal and external)	Promote patient and transport HWs hand hygiene before and after transport.
Respiratory hygiene and cough etiquette	Promote respiratory hygiene and cough etiquette among all patients. Offer surgical masks to patient actively coughing in public areas.
Cleaning	Standard cleaning protocol
Note	Exposure to body substance - immediately wash site, promptly notify supervisor and seek management of exposure. Handle needles, syringes and sharps with care. Use approved rigid sharps containers for disposal. DO NOT recap, break or bend needles.
Visitors	Visitors who are unwell should avoid visiting the hospital. Refer to local procedures on visitor restrictions and management.

24.3 ATTACHMENT 3 – SUMMARY OF CONTACT PRECAUTIONS

Requirements	**Contact Precautions** To be used in addition to Standard Precautions
Room	1st preference Single room 2nd preference Cohort with same pathogen (communication with Infection Prevention and Control) 3rd preference Refer to local bed management and risk assessment protocols
Bathroom	1st preference Ensuite with single room 2nd preference Designated bathroom or commode
Negative pressure room	No
Hand hygiene	Yes
Gloves	Yes
Gown / apron	Yes, on entering the patient's room / area
Mask	Standard precautions
Protective eyewear	Standard precautions
Patient equipment	Clean all reusable patient equipment between individual patients.
Transport of patients (Internal and external)	Notify the area receiving the patient. Advise transport HWs of the type of precautions to be maintained. 1st preference Transfer / transport patient on their own 2nd preference Cohort with same pathogen 3rd preference Transfer with other patients, ensuring that physical separation of patients can be achieved in the transport vehicle. Physical separation is ensured when patients cannot touch each other or common environmental surfaces. Consult with infection prevention and control professional for guidance on cleaning of transport vehicle.
Respiratory hygiene and cough etiquette	Standard precautions
Patient Education	Patient hand hygiene, respiratory hygiene, if they are able to leave the room
Cleaning	Standard cleaning protocol. May require disinfection with a disinfectant agent or a dual purpose detergent / disinfectant depending on organism. Consult with infection prevention and control professional.
Visitors	Visitors who are unwell should avoid visiting the hospital. Visits by children should be avoided, particularly in high and extreme risk units Consult with infection prevention and control professional.
Alert	Patient healthcare records and electronic record devices (e.g. computers) should not be taken into the room. Contact Precautions signage required.

24.4 ATTACHMENT 4 – SUMMARY OF DROPLET PRECAUTIONS

Requirements	**Droplet Precautions** To be used in addition to Standard Precautions
Room	1st preference Single room. 2nd preference Cohort with same pathogen. 3rd preference Refer to local bed management and risk assessment protocols.
Bathroom	1st preference Ensuite with single room. 2nd preference Designated bathroom or commode.
Negative pressure room	No
Hand hygiene	Yes
Gloves	Standard precautions
Gown / apron	Standard precautions
Mask	Yes - Surgical mask must be worn by the HW and are recommended for visitors. Remove mask upon leaving patient's room following door closure.
Protective eyewear	Yes
Patient equipment	Reprocess all reusable patient equipment between individual patients.
Transport of patients (Internal and external)	Notify the area receiving the patient. Advise transport HWs of type of precautions to be maintained. If medical condition allows, patients on oxygen therapy should be changed to nasal prongs and have a surgical mask over the top of the nasal prongs for transport. Transport patient on their own or with patients with same pathogen. Consult with infection prevention and control professional for guidance on cleaning of transport vehicle. Patient hand hygiene
Respiratory hygiene and cough etiquette	If clinically able to, patient should wear a surgical mask when outside their room / clinical area.
Patient Education	Patient hand hygiene, respiratory hygiene, if they are able to leave the room, use of a surgical mask
Cleaning	Standard cleaning protocol. May require disinfection with a disinfectant agent or a dual purpose detergent / disinfectant depending on organism. Consult with infection prevention and control professional.
Visitors	If unable to maintain one metre distance from the patient, visitors must wear a fluid resistant surgical mask and protective eyewear and perform hand hygiene. Visitors who are unwell should avoid visiting the hospital. Visits by children should be avoided, particularly in high and extreme risk units Consult with infection prevention and control professional.
Alert	If cohorting patients, a minimum of one metre must separate each patient. Patient healthcare records and electronic record devices (e.g. computers) should not be taken into the room. Droplet Precautions signage required.

24.5 ATTACHMENT 5 – SUMMARY OF AIRBORNE PRECAUTIONS

Requirements	**Airborne Precautions** To be used in addition to Standard Precautions
Room	Single room with door closed.
Bathroom	1st preference Ensuite with single room. 2nd preference Designated bathroom or commode.
Negative pressure room	1st preference Single room with negative pressure or 100% exhaust. 2nd preference Single room with door closed and window open if possible
Hand hygiene	Yes
Gloves	Standard precautions
Gown / apron	Standard precautions
Mask	Yes - P2 (N95) for the HW and recommended for visitors. Perform fit check prior to entering the room. Remove mask by touching strings / ties only, immediately after leaving the patient's room .
Protective eyewear	Standard precautions
Patient equipment	Reprocess any reusable patient equipment between individual patients.
Transport of patients (Internal and external)	Notify the area receiving the patient. Advise transport HWs of level of precautions to be maintained. If clinically able, patient should wear a surgical mask. Patients on oxygen therapy should be changed to nasal prongs if tolerated and have a surgical mask over the top of the nasal prongs for transport. Transport patient on their own or with patients with same pathogen. Consult with infection prevention and control professional for guidance on cleaning of transport vehicle. Patient hand hygiene
Respiratory hygiene and cough etiquette	Instruct patients to follow strict respiratory hygiene and cough etiquette.
Cleaning	Standard cleaning protocol. May require disinfection with a disinfectant agent or a dual purpose detergent / disinfectant depending on organism. Consult with infection prevention and control professional.
Patient Education	Patient hand hygiene, respiratory hygiene, if they are able to leave the room, use of a surgical mask
Visitors	Visitors who are unwell should avoid visiting the hospital. Visits by children and persons vulnerable to infection should be avoided, particularly in high and extreme risk units. Visitors must wear a fit checked a P2 / N95 mask and perform hand hygiene. Consult with infection prevention and control professional.
Alert	Patient healthcare records and electronic record devices (e.g. tablets) should not be taken into the room. Airborne Precautions signage required.