



Infectious Diseases

Policy

Staff and volunteers may be exposed to infectious diseases as part of their work with Interchange Outer East due to the undertaking of personal care or cleaning activities, or due to working in such close proximity to program participants.

Infectious diseases can be defined as “a disease that can be transmitted from person to person or from organism to organism, and is caused by viruses and bacteria.” They may cause a short-term illness such as a cold or a longer term condition such as hepatitis. In either case, action to reduce the risk of transmission through the adoption of suitable work procedures is essential.

This policy outlines the safe work practices of the workplace to provide and maintain a healthy and safe environment for all staff and volunteers, and to minimise the risk of anyone in the workplace contracting an infectious disease.

Infectious diseases can be airborne, such as meningitis or tuberculosis, blood borne, such as HIV or Hepatitis and fecal-oral borne such as gastroenteritis.

This policy includes:

- Standard workplace practices: washing hands, cleaning up spills, sterilising shared kitchen utensils, wearing protective clothing, disposing of contaminated waste appropriately and reporting of exposure incidents.
- Immunisation/vaccination information.
- Link to first aid policy.
- Post-exposure procedures.

Risk Management

Hazard Identification

Hazard identification should identify activities in the workplace that may put workers or members of the public at risk of exposure/transmission of an infectious disease as a result of work activities.

The following activities have been identified as hazards for Interchange Outer East staff working closely with program participants:

- Applying first-aid
- Personal care
- Administering medication
- Sharing bathroom/kitchen facilities
- Working in close proximity
- Cleaning tasks (spills, etc.)

Risk Control

Practical prevention and control strategies at Interchange Outer East workplaces, including camps and family homes include:

- Safe work procedures.
- Higher level controls such as retractable needles to prevent needle stick injuries and isolation rooms to house infectious clients.
- Personal hygiene.
- Post-injury testing, counseling and follow-up.
- An immunisation program for Hepatitis A and B and flu when relevant.
- Availability and use of appropriate PPE.
- Good housekeeping.
- Appropriate waste management, including sharps handling and disposal.
- Supervision and monitoring.
- Critical incident planning including planning for pandemics.
- Staff training in risk control measures.

Sharps

The principal risk of occupational exposure to infection of Hepatitis and HIV for most workers is from sharps injuries. Sharps should only be handled with appropriate designed tongs or similar equipment. If this is not available the sharp should be disposed of by holding the barrel of the syringe with a gloved hand. The sharp should be placed in a sealable rigid-walled, puncture-resistant container and the local council or health service should be contacted for collection/disposal information.

The following principles should also apply to the use and handling of sharps:

- Containers should be positioned at the point of use.
- The person generating the sharp should be responsible for its safe disposal.
- Sharps should not be passed by hand between workers.
- Disposable sharps should be used when possible.

Workers should not:

- Bend, break, recap or otherwise manipulate needles.
- Place their hands into areas where their hands or fingers are not clearly visible (e.g. into garbage bags and crevices).
- Manually compress garbage bags, hold garbage bags close to their body.
- Hold garbage bags by the base of the bag.

Safe Working Procedures

Standard Precautions

Compliance with standard precautions has been shown to significantly reduce the risk of exposure. A high standard of personal hygiene is essential and the following practices apply to all workers and other persons:

- Hands must be washed after contact with blood and body fluids/substances and before eating, drinking or smoking.
- A mild liquid hand wash (with no added substances which may cause irritation or dryness) should be used for routine hand washing.
- To minimise chapping of hands, use warm water and pat hands dry rather than rubbing them.
- Water impermeable gloves are readily available to all workers and must be worn when likely to be exposed to blood or other body fluids/substances, or contaminated materials. The wearing of gloves substantially reduces the risk of hands being contaminated with blood or other body fluids/substances.
- Hands must be washed and dried immediately after removing gloves (gloves cannot be guaranteed to prevent skin contamination and may not remain intact during use).
- Gloves should be removed and replaced (if needed) once the specific task is finished.
- Waterproof aprons or gowns should be worn when clothing may be contaminated with blood or other body fluids/substances.
- Surgical masks and/or protective eyewear should be worn where eyes and/or mucous membranes may be exposed to splashed or sprayed blood or other body fluids/substances.
- Cuts or abrasions on any part of a worker's body must be covered with waterproof dressings at all times.

Routine Cleaning

Standard precautions must be implemented when cleaning surfaces and facilities. Employees must wear suitable gloves and other protective clothing appropriate for the task. Protective eyewear must be worn where splashing is likely to occur.

Toilets, sinks, washbasins, baths, shower areas, and surrounding areas should be cleaned regularly or as required. Cleaning methods for these items should avoid generation of aerosols. Although environmental surfaces play a minor role in the transmission of infections, a regular cleaning and maintenance schedule is necessary to maintain a safe environment. At Interchange Outer East sites, these areas are cleaned by a contracted cleaner, however, intermittent cleaning may be required by staff.

Floors should be cleaned daily or as necessary with a vacuum cleaner. Alternatively, damp dusting or cleaning with a dust-retaining mop is acceptable. Routine surface cleaning should proceed as follows:

- Clean and dry work surfaces before and after usage or when visibly soiled.
- Spills should be dealt with immediately.
- Use detergent and warm water for routine cleaning.
- Where surface disinfection is required, use in accordance with manufacturer's instructions.
- Clean and dry surfaces before and after applying disinfectants.
- Empty buckets after use, wash with detergent and warm water and store dry; mops should be cleaned in detergent and warm water then stored dry.

Blood Spills

Small blood spills

Always wear latex/rubber gloves and enclosed footwear when attending to blood spills. Small blood spills can be easily managed by wiping the area immediately with paper towel and then cleaning the area with water and detergent or a suitable disinfectant such as bleach.

Small spots or drops of blood or body fluids can be removed immediately by wiping the area with a damp cloth, tissue or paper towel. A disposable alcohol wipe can also be used.

Large blood spills in a 'wet' area e.g. a bathroom or toilet area

Always wear latex/rubber gloves and enclosed footwear when attending to blood spills. The spill should be carefully washed down the sink and the area flushed with water and detergent.

After the area is cleaned and if there is a possibility of bare skin contact with the surface, the area should be disinfected as above with bleach or other suitable (equivalent acting) disinfectant.

Large blood spills in 'dry' areas

Always wear latex/rubber gloves and enclosed footwear when attending to blood spills. The area should be decontaminated and the area of the spill contained (no access to clients).

A scraper and pan should be used to remove the absorbed material if required. The area of the spill should then be cleaned with a mop and bucket of water with bleach or other suitable (equivalent acting) disinfectant.

The bucket and mop should be thoroughly cleaned after use and stored dry.

Large blood spills on carpeted areas should be referred to a professional carpet cleaning service with expertise in this area. Restrict access to the area (no access to clients, staff or any other persons) and seek professional cleaning immediately. Do not allow access until advised by professional tradesperson.

Vaccination/Immunisation

Hepatitis A and B, which are listed in the high risk category for disability support workers – in particular those who work with people with intellectual disabilities, are vaccine-preventable diseases. These vaccines are very effective and long-lasting and are recommended for workers in the disability sector. Interchange Outer East cares about the health and wellbeing of all staff and volunteers, and also has an obligation under the Occupational Health and Safety Act 2004 to provide a safe workplace for all staff and volunteers. Therefore, it is Interchange Outer East policy to encourage all staff and volunteers to be immunised against Hepatitis A and B.

If Interchange Outer East personnel are not sure of their immunisation status, it is the responsibility of the individual to attend their GP to have a blood test to determine this.

First Aid

The Interchange Outer East first aid policy can be found here:

<P:\GENERAL\POLICY MANUAL\Individual Policies\Workforce - 4\First Aid.doc>

Post Exposure Procedures

All illness that are highly infectious and cause an outbreak need to be reported to the Department of Health and Department of Education

Where it is believed that an employee has been exposed to potentially infectious material they should follow the following post exposure steps.

Needle-Stick Injuries

If a staff member accidentally pricks themselves with the needle of a used syringe, the following first aid measures must be taken:

- Encourage the puncture point to bleed by gently squeezing around it.
- Wash away any blood or body substances using soap and water (if available).
- Cleanse puncture point with an antiseptic wipe (first aid kit item).
- Apply a fabric strip (e.g. band aid) to puncture point.
- Seek medical advice from a doctor as soon as possible for an assessment.

Other Exposures

If a staff member is exposed to/is in direct contact with blood or body fluids the following first aid measures should be taken:

- Skin – wash with soap and water.
- Eyes – rinse eyes with copious amounts of water
- Mouth – spit out and repeatedly rinse with water.
- If concerned, seek medical advice.

Incident Management

Following a needle stick injury or exposure where there has been a possibility of blood or body fluid entering the body (i.e. via cut or broken skin, eyes or mouth), the responsible manager must:

- Immediately accompany the staff member to a doctor – take the needles or syringe if safe to do so for potential testing.
- The doctor will assess the risk of disease transmission and discuss what tests and/or treatment may be necessary.
- Inform the staff member about their access to appropriate professional counseling.
- Notify and investigate the incident
- Ensure confidentiality of all investigations and related documents.

Waste Management

- All waste generated from first aid treatments or the cleanup of spills should be handled with care, so as to avoid contact with blood and body substances. Medical latex gloves should be worn when handling contaminated waste.
- small amounts of contaminated waste should be placed in a sealed, leak-proof bag and disposed of with general waste.

Soiled Clothing

- Latex medical gloves must be worn when handling soiled clothing. Soiled clothing should be identified as such and placed in a leak proof bag separate from other materials.
- Staff should be advised to take home any soiled clothing belonging to them and to wash as soon as possible. Normal washing procedures and detergents are adequate for decontamination of most laundry items.

Hepatitis and HIV Testing and Counseling

Testing for HIV/AIDS/Hepatitis antibodies involves a blood test.

In the case of HIV/AIDS/Hepatitis a positive test indicates the person is infected with HIV/AIDS/Hepatitis. A negative result may mean either the person is not infected or is infected but has not yet developed antibodies to HIV/AIDS/Hepatitis.

It usually takes about three months for HIV/AIDS/Hepatitis antibodies to appear after exposure to HIV/AIDS/Hepatitis, so if a person has recently been at risk, a second test is recommended after three months

Infectious Disease Risk Assessment – Hepatitis A/B and HIV

Hazard Identification				Risk Assessment		
Activity	Potential hazards	Risk of Hep A/B prior to controls	Risk of HIV prior to controls	Controls	Remaining risk of Hep A/B	Remaining risk of HIV
Applying first aid	Transmission of bodily fluids through open wounds	High	High	Medical gloves Face mask Eye protective glasses Hand washing before/after Appropriate first aid supplies available	Moderate	Moderate
Personal care	Transmission of bodily fluids when providing personal care	High	Low	Medical gloves Hand washing Protective apron/glasses if required	Moderate	Low
Administering medication	Needle-stick injury Transmission of bodily fluids	High	High	Medical/protective gloves Adherence to medication policy Appropriate handling/disposal of sharps	Moderate	Moderate
Shared bathroom and kitchen facilities	Transmission of bodily fluids	High	Low*	Regular professional cleaning Intermittent cleaning by staff if required Hand washing/drying Thoroughly washing kitchen	Moderate	Low*

				items No sharing of drink bottles/utensils etc		
Working in close proximity	Transmission of bodily fluids through coughing/sneezing, poor hygiene, vomiting	High	Low*	Ongoing informal education for program participants re. personal hygiene Hand washing/drying	Moderate	Low*
Cleaning (spills etc)	Transmission of bodily fluids while cleaning spills (blood, urine, faeces, vomit)	High	High	Medical/protective gloves Protective apron/glasses if required Using appropriate cleaning products Restricting access Professional cleaner if required	Moderate	Moderate

* HIV is only contracted through blood and sexual contact

** Note:

All activities are reduced to low-moderate risk of Hepatitis A and B if all controls are implemented AND staff and volunteers are immunised against Hepatitis A and B. An assessment of low risk is not possible based only on the potential severity. The likelihood of contracting hepatitis A or B would be low or negligible; however, the potential severity would still be the same, regardless of the circumstances of contraction.

LIKELIHOOD (probability) How likely is the event to occur at some time in the <i>(Linear Scale time specific matrix)</i>	CONSEQUENCES What is the Severity of injuries /potential damages / financial impacts (if the risk event actually occurs)? (Logarithmic Scale, property industry specific matrix)				
	Insignificant No Injuries First Aid No Envir Damage << \$1,000 Damage	Minor Some First Aid required Low Envir Damage << \$10,000 Damage	Moderate External Medical Medium Envir Damage <<\$100,000 Damage	Major Extensive injuries High Envir Damage <<\$1,000,000 Damage	Catastrophic Death or Major Injuries Toxic Envir Damage >>\$1,000,000 Damage
	Almost certain - expected in normal circumstances (100%)	MODERATE RISK	HIGH RISK	HIGH RISK	CRITICAL RISK
Likely - probably occur in most circumstances (10%)	MODERATE RISK	MODERATE RISK	HIGH RISK	HIGH RISK	CRITICAL RISK
Possible - might occur at some time. (1%)	LOW RISK	MODERATE RISK	HIGH RISK	HIGH RISK	CRITICAL RISK
Unlikely - could occur at some future time (0.1%)	LOW RISK	MODERATE RISK	MODERATE RISK	HIGH RISK	HIGH RISK
Rare - Only in exceptional circumstances 0.01%)	LOW RISK	LOW RISK	MODERATE RISK	MODERATE RISK	HIGH RISK