Infection Control and Safe Practice Policy

This document sets out the policy and procedure of [insert clinic/organisation name] in relation to infection control and safe practice of massage.

[insert clinic/organisation name] is a health-care organisation, in the business of providing massage therapy services to its clientele. Infection control and safe practices are of the utmost importance to [insert clinic/organisation name], as the clients’ safety and wellbeing is at the forefront of all we do.

1. Purpose of this policy

The purpose of this policy is to minimise as far as possible risks of harm to all staff, clients and visitors.

2. Definitions

The following terms have the following meanings in this policy:

- An **Infection** arises whenever there is an infectious agent which is transmitted by a susceptible host.
- **Infection control** is action taken to prevent the transmission of infectious organisms. It also includes managing infections if they occur.
- **Infectious agents** are biological agents that cause disease or illness.
- **Contact transmission** is the transmission of passing of infection from one person to another. Usually, transmission is by hand or through contact with blood or body substances. Contact may be direct or indirect.
- **Direct contact transmission** occurs when one person passes infectious agents directly to another, e.g. if a health-care worker comes into contact with a client’s blood or other bodily fluids and where for instance there is an open cut in the worker’s skin that enables transmission.
- **Indirect contact transmission** occurs where there is a passing or transfer of infection not directly from skin to skin but through a contaminated intermediate object or person. For instance, a healthcare worker may touch an infected area on one client and then not wash their hands before touching another client, in which case infection of the second client can occur.
- **Standard precautions** are work practices which are standard to this organisation. The basis of this is that all staff take standard precautions at all times, and assume that all blood and body substances of whatever nature are potential risks or sources of infection.

3. Principles

Effective infection control is a priority for [insert clinic/organisation name]. It is fundamental to our provision of high quality health care to our clients and a safe working environment for our staff, clients and visitors.

[Insert clinic/organisation name] acknowledges that staff and clients are the most likely sources of infectious agents and transmission. The main way in which transmission of infection occurs is through contact (touch), but transmission can also occur through droplet and airborne infection. Transmission can also occur through contaminated food, water, medications, devices or
equipment.

Infection control is integral to our support and care provided to our clients. It is not in any way considered to be an additional set of practices or an optional component. Our policy is to take the greatest possible care for our clients at all times.

Clients’ rights must be respected at all times; they are involved in decision-making about their support, and they are sufficiently informed to be able to participate in reducing the risk of transmission of infectious agents.

4. Outcomes

We apply standard precaution practices at all times, to as far as possible prevent the transmission of infection.

5. Risk Management

Risks of infection are regularly assessed, identified and managed.

In addition, employees are trained in infection control practice, including relevant application of precautions to minimise the risk of infection.

The manager of [insert clinic/organisation name] conducts periodic reviews to monitor and ensure compliance with the terms of this policy.

6. Policy Implementation

All staff have access to this policy and procedure relating to infection control and are required to implement it in their day to day operations and tasks.

Tailored training is provided to persons with specific tasks where infection transmission is a risk.

Records of infection control activities are maintained, including infection control training undertaken, information provided to clients and records of any incidents that occur (and how they have been managed).

7. Policy Detail

7.1 Infection Control Risk Management Plan

Once infection risks are identified, the organisation undertakes a procedure of risk management, including:

- Taking immediate action to eliminate the factors causing the risk, including quarantining, thoroughly cleaning the site (on the person(s) involved as well as the physical area in the premises)
- Modifying or changing procedures, protocols and work practices, as required, after a debriefing session to identify how the incident occurred and what changes may be required to ensure it does not happen again
- Monitoring client and employee compliance with infection control procedures
- Providing information/education and training to clients and employees.
7.2 Infection Risk Assessment

[Insert clinic/organisation name] identifies and assesses infection control risks by taking into consideration the likelihood of infection from a particular hazard, and the consequences if a person is infected. [Insert clinic/organisation name] develops and prioritises actions for managing identified risks.

7.3 Education and Information

All new staff are educated in relation to infection prevention and ongoing, refresher training is provided to existing staff annually. Advice and education related to infection prevention is routinely provided to clients.

7.4 Standard Precautions

Staff are required to observe at all times standard precautions in their treatment of clients and maintenance of their treatment room.

All staff must observe the standard precautions for the safe practice of massage, as set out in Appendix 1. These relate to:

- Therapist hygiene
- Dispensing of oils and or creams
- Safe handling of accessories used in massage
- Disinfecting equipment, towels and linen

7.5 Response to Possible Infection

When potentially infected body fluids come into contact with an employee, student, volunteer or client, steps are taken to decrease the impact of such contact, including first aid and assessment at a medical service where required.

A supervisor must be notified of such incidents as soon as possible and an incident report form completed.

7.6 Notifiable Diseases

[Insert clinic/organisation name] must notify the appropriate Public Health Unit in the event of an outbreak of any food borne illness in two or more related cases or gastroenteritis.

8. Resources

Legislation

Resources
National Health and Medical Research Council (NHMRC) 2010, Australian Guidelines for the Prevention and Control of Infection in Healthcare, Commonwealth of Australia.
NSW Health Department 2007, Infection Control Policy. NSW Health, Sydney.
APPENDIX 1: STANDARDS FOR THE SAFE PRACTICE OF MASSAGE

All staff are to comply with the following requirements.

1. **Therapist hygiene**

**Clean premises**
Each staff member should ensure that their work premises are clean and hygienic at all times and that all equipment (heaters, storage shelves, stools, massage tables, towel warming units and any other equipment) are kept dry and in very good working order. Ensure that all electrical equipment meets all prescribed electrical standards and is switched off (including at the power point) when not in use.

**Alcohol hand rub and wipes**
Alcohol based hand rub should be available in the treatment room at all times and should be applied before each massage. The hand rub should have a minimum alcohol content of 70% v/v.

In addition, detergent wipes and alcohol wipes should be available in the treatment room for the disinfection of surfaces as required. This should be done after each treatment.

**Hand Washing and Hand Care**
Hand washing and hand care are the most important measures in infection control. Skin is a natural defence against infection and therefore any openings in skin are a warning of possible infection. Hand washing in 40 degrees Celsius water is required for hand washing at the completion of each massage treatment session.

Staff must wash and dry their hands before and after any direct client contact and/or the removal of gloves. Hands should be washed with a soap or cleaning agent covering all surfaces. Protective gloves must be worn when handling any blood and/or bodily substances.

Liquid soap should be available for hand washing. Liquid soap containers should be used until empty and then thoroughly dried before refilling, to reduce the risk of contamination of the soap.

If massaging the client’s feet, hands must be washed after massaging the feet and before massaging any other part of the body.

Therapists should remove all hand and wrist jewellery before washing hands to ensure a thorough clean.

Disposable, single-used hand towels or an automatic hand dryer are required. Shared hand towels are not to be used.

**Cuts and abrasions**
Staff must cover all cuts and abrasions on exposed skin with a water resistant dressing which is changed as often as necessary. Massage should not be performed over any skin with a cut or abrasion. If a massage therapist has a cut or abrasion on their skin (and particularly any part of their hands) they must ensure that that cut or abrasion is covered and sealed and does not come into contact with a client’s skin at any time.
Hand basin
A hand basin with a single outlet is required. This need not be in the treatment room as long as it is close at hand. A hands free tap is preferred but this is not essential.

Washing equipment
A second sink (not a kitchen sink) must be available for washing equipment. The water must be able to reach a temperature of 40 degrees Celsius. It should be deep enough to submerge the equipment to be cleaned.

Disposal bin
A waste disposal bin with a pedal operated lid must be available in each treatment room. It should be lined with plastic and emptied at least daily, or more often as needed.

Massage table and working surfaces
Working surfaces should be smooth and made of impervious materials for easy cleaning. Avoid using surfaces that are porous or have grooves or cracks.

The massage table should have a smooth, impervious surface for easy cleaning.

All staff should be aware of safe weight limits that apply to massage tables they use.

No animals
Staff must not at any time allow any animals into the treatment room, other than guide dogs for hearing or sight impaired clients.

Protective Barriers
Staff must wear protective gloves whenever there is a potential for exposure to blood and body substances.

General purpose utility gloves should be worn for housekeeping tasks including: cleaning clinical instruments (if any are used) and handling chemical disinfectants.

Utility gloves are to be discarded if they are peeled, torn or punctured or have any other evidence of deterioration.

Quarantining
Staff, volunteers and clients experiencing infectious conditions are required to refrain from entering or being on the organisation’s premises during the infectious period of the condition.

2. Dispensing of oils and or creams

Care in dispensing oils prevents potentially infectious organisms from the skin of one client contaminating the oil consequently infecting the skin of another client.

For dispensing oil, a pump outlet is recommended. Make sure that pump nozzles and bottles are thoroughly wiped down with an alcohol wipe between clients.

Nozzles also accumulate a build up of oil. Nozzles and bottles should be washed in warm water and detergent and thoroughly dried with a lint-free cloth before refilling. Do not top up the bottle. Use it until empty, clean as described and refill.
Olive oil is recommended for massage. It has non-staining and absorbent qualities. Nut based oils are to be avoided, for the reason that many people are allergic to nuts.

Warming the massage oil is very soothing to clients, but make sure that the oils do not exceed the temperature safe to apply to skin. Therapists should test the oil on their own skin prior to application on the client. If therapists heat the oil in a warming appliance, the oil should be stored in a dish that is heat resistant.

Therapists should keep all oil in one area of the treatment room, which keeps the potential area of contamination contained, and also simplifies cleaning. Any surfaces where oils are kept should be washed with warm water and detergent, dried with a clean, lint-free cloth and wiped with an alcohol wipe between clients.

3. Safe handling of accessories in massage

Warm eye pillows or heat packs may be used during a massage treatment. If an eye pillow is to be placed over the client’s eyes, it should be wrapped in a tissue prior to placement on the client’s eyes/face. Do not use any eye pillows on the eyes or face if the client has any eye infection such as conjunctivitis, a sty or any other infection.

When placing an eye pillow or heat pack on a client, do not place directly on the client’s skin, but place on top of the draping towel(s). Ensure that eye pillows are at a comfortable temperature so as to prevent burns, paying particular attention to the temperature of any eye pillow placed on the eyes.

4. Disinfection of equipment, towels and linen

Towels and linen must be changed for each client and, until washed, should be placed in a laundry basket/bin that is separate to household washing. All towels/linen should be washed at 60-70 degrees Celsius and dried in a clothes dryer. Once clean and dry, towels/linen should be stored in a clean, dry environment.

Disposable, single-use table covers are recommended and if used should be removed, disposed of and replaced after each client.

The massage table face hole should be wiped with an alcohol wipe after each client, noting that the face hole can be exposed to saliva, tears or mucous secretions.