INFECTION CONTROL
Student Manual

HLTI NF004 MANAGE THE PREVENTION AND CONTROL OF INFECTION
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1. INFECTION CONTROL FRAMEWORK

1.1 LEGISLATION, REGULATIONS AND CODES OF PRACTICE

Infection Control

Following correct procedures for infection control is essential in any healthcare profession. Infection prevention and control refers to procedures and policies practised to minimise the risk of transmitting and acquiring infectious diseases. Although the risk of exposure to bodily fluids is relatively low in some healthcare settings, different areas involve the direct physical contact of practitioners and clients and therefore there is a risk of cross-contamination and or infection. To ensure both you and your client’s health and safety at all times it is essential that infection control procedures are set out clearly and studied so that they become second nature. These procedures should be followed equally by all staff and should become a fundamental element of your practice.

Infection

Infection is the invasion and multiplication of microorganisms such as bacteria, viruses, and parasites that are not normally present within the body. An infection may cause no symptoms and be subclinical, or it may cause symptoms and be clinically apparent. An infection may remain localized, or it may spread through the blood or lymphatic vessels to become systemic (body wide). Microorganisms that live naturally in the body are not considered infections. For example, bacteria that normally live within the mouth and intestine are not infections.

Establishing a Framework

Establishing a framework for infection prevention and control requires us to access and interpret legislation, regulations and codes of practice. Understanding these and using these as a guide can support us in the development and maintenance of organisational policies and procedures relating to infection control.
Across Australia there are a range of standards and guidelines to support infection control practices and strategies.

The National Safety and Quality Health Service (NSQHS) standards provide evidence based strategies to effectively manage infections. The standards are to provide an expected level of care from health care services on a national basis.

A nationally recognised method for infection control and prevention has been established by Australian Guidelines for the Prevention and Control of Infection in Healthcare 2010. Critical aspects and key areas of a health care facility have been outlined in this guideline.

Regulations, standards and guidelines may include:

- Various applicable state and territory health laws and regulations
- National Health and Medical Research Council Guidelines for Infection Control
- Various State and Territory standards and Guidelines
- Australian standards in relation to sterilising, sterilisers, clinical waste and sharp medical items; and in particular and
  - AS 4815/AS 4187 - These Standards set out procedures and process development which may be validated for the cleaning, disinfection and sterilisation of reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities
- Infection Control Guidelines published by Professional Associations
- Relevant industry codes of practice
- Policy and procedure manuals of the office practice
- Manufacturer’s recommendations and operating manuals
- Standard and Additional Precautions are as defined in National Health and Medical Research Council Guidelines for Infection Control or other authoritative resource document

Many organisations develop their policies and procedures in the area of infection control based on best practice in their particular field of allied health. However, some things remain the same across the board and are considered to be standard precautions.
Organisation policy and procedures may relate to:

- Methods of hand washing (routine and surgical)
- Personal protective equipment
- The setting up of the treatment area in preparation for a client/visit
- The defined areas of contamination that require protective barriers and cleaning between clients
- Change-over procedures between clients
- Management of blood or body fluid spills
- Notification and response to sharps injuries
- Handling and disposal of sharps
- Waste segregation, disposal and management
- Management of blood/body fluid exposure
- Procedures for the containment and cleaning of spills
- Processing of reusable items - cleaning, packaging, sterilisation, disinfection,
- Storage
- Processing of radiographs
- Quality control mechanisms, including documentation of maintenance and monitoring programs for equipment
- Staff immunisation requirements
- Single-use items
- Solo operators (those professionals that do not have access to assistants during direct client contact)
- Continuing education
- Recording of information during client treatment
- Use of computers and computer-run equipment during client treatment
- Management of water lines which have direct client contact

Access to relevant information for infection control prevention and control usually is readily available, either from organisational policies and procedure, state or territory legislation, regulations, guidelines and codes of practice.
ASSESSMENT 1.1
1.2 INFORMATION ON WORKPLACE REQUIREMENTS

Collating & Evaluating Information

In addition to the government or industry regulations, standards and guidelines discussed in the previous section, your workplace will have much information relating to infection control, including:

- Policies and procedures
- Documents
- Forms
- Signs
- Equipment

As a healthcare professional, it is your responsibility to know what this information is, and how to apply it. Each workplace will do things slightly differently, and it is important that you have a thorough working knowledge of how infection control is implemented in your organisation.

Collating and evaluating information requires you to gather all of the relevant information available to you on Infection Control together, and evaluate it in terms of it’s accuracy, efficiency, and how it applies to you.

Areas to evaluate can include:

- Accuracy
- Level of detail
- How specific the information is
- Efficiency – for example, is the procedure you are evaluating efficient
- Duplication of material – is the same information covered multiple times and can this be condensed?

It is important to evaluate this information to:

- Ensure that Infection Control is being carried out effectively and efficiently
- Determine if there is any room for improvement with infection control processes
- Ensure that you understand what is required of you
- Ensure that you can inform other staff of what is required of them
- Ensure that you meet all regulatory requirements
- Identify procedures or workplace practices that can be combined

**Standard Pre-Cautions**

Many practices collate and evaluate information on workplace requirements in the area of infection control based on best practice in their particular field of health. However, some things remain the same across the board and are considered to be standard precautions.

If you are a senior member of the team, you will be expected to explain and show your colleagues the standard precautions and explain that these are an absolute minimum expectation in the workplace.

Depending on the area of health you work in, you will need to explain:

- Hand washing and other hygiene procedures including which sinks to use
- Personal Protective Equipment (PPE) for staff e.g. gloves, hair nets, gowns, masks, eye protection and face shields
- Safe handling and disposal of sharps
- Safe handling and disposal of waste (other than sharps)
- Aseptic technique, including appropriate use of skin disinfectants
- Personal hygiene practices, particularly hand washing and drying before and, after all, significant patient contacts
- The use of 70% alcohol-based chlorhexidine (0.5%) hand rub solutions as an adjunct to hand washing
- Operating field – the isolated area around a procedure kept sterile by aseptic techniques
- Skin disinfectants (antiseptics)

Other infection control policies and procedures will be practice and discipline area-specific, such as:

- Practitioner health (this means the assistants who assist the practitioner too)
- Environmental cleaning
- Linen and laundering
- Single use medications, injectables and instruments
• Blood and body substance spills
• Sharps injuries and blood and body substance exposures
• Workplace safety (over and above normal or expected WHS procedures)
• Animals – are not usually allowed to enter an area where sterile procedures are undertaken. However, the Anti-Discrimination Act provides exceptions for guide dogs, hearing dogs or assistance animals to accompany their owners in most cases.

Depending on the roles of the staff you are explaining these procedures to, they may be involved in the management of appliances so you will need to explain and show them how to use the policies and procedures, incorporating any user manuals or manufacturer’s guidelines.

The procedures may relate to:

• Cleaning appliances and equipment
• Cleaning agents – for manual and mechanical cleaning
• Cleaning schedules – these will vary depending on what is being cleaned
• Thermal washers/dischalktors – should be operated in accordance with AS2945:1998 Batch-type washer/dischalktors for health care facilities
• Ultrasonic cleaners (UC) are used to assist with the cleaning of jointed and serrated stainless steel, and other appliances are required to comply with AS2773 – 1999 Ultrasonic cleaners for health care facilities
• Drying appliances to reduce risk of recontamination and allow inspection of appliances for rust, damage and faults
• Disinfection of appliance by thermal or chemical means – this does not render appliance sterile. Material safety data sheets (MSDS or SDS) should be available as well as PPE for the chemical disinfection process
• Packing items for sterilisation, including labelling and sealing methods
• Non-conforming stock – packages which are incorrectly wrapped, damaged or opened, placed on a dirty or wet surface or are wet after removal from the sterilising cycle. These items must be repackaged and reprocessed before use;
• Different kinds of waste – general, clinical (infectious) and hazardous and what belongs in each category
Your health discipline will dictate how disinfection of appliances is carried out – either thermal or chemical. Your practice may use both methods. In order to understand how varied the field of health is, and to appreciate the variety of methods that might be required to ensure the correct level of cleanliness and sterilisation occurs; imagine the different requirements of a dentist to an acupuncturist or a podiatrist to a pathology collection centre?

Sterilising procedures will vary depending on equipment used and user manuals for each piece of equipment, but your practice should use some kind of sterilisation. There are two types available to the office based practice – steam under pressure using an autoclave – capacity and make will dictate specific user instructions for this method and dry heat. You will need to explain whichever method your practice uses and show staff how to conduct the following tasks bearing in mind manufacturers recommendations and Australian Standards when they apply.

For steam sterilisation (AS/NZS4815:2006):

- Steriliser monitoring (can be inbuilt and print outs or data downloads available)
- Steriliser validation/revalidation – a documented procedure for obtaining, recording and interpreting results required to establish that a process will consistently yield a product complying with pre-determined specifications
- Steriliser failures – must be documented along with any corrective action taken
- Documentation of steriliser cycles – observations and results recorded, most now have automatic parameter recording
- Dry heat sterilisation – similar process, however, care needs to be taken regarding wrapping materials as they need to withstand 160°C for a minimum of 120 minutes plus any specified penetration time. This type of sterilisation also required monitoring and recording of time, pressure and temperature of every load.

Practice procedures must take the Australian Standards into account along with best practice guidelines and manufacturer recommendations. Steriliser records should be archived for a period of 5 years with the requirement that records for the 2 most recent years be available on-site in the workplace.

These tasks must be carried out as defined in the Australian Standard AS/NZS 4187 “Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care
facilities”. Additional procedures may be required if patients have diseases such as Creutzfeldt - Jakob disease (CJD) as the infective agent is resistant to routine reprocessing. This may include high-level disinfectants, quarantine of instruments and equipment or the use of harsh acids and alkalis which bring WHS issues of their own for staff and would only be used when absolutely necessary and with full PPE which may need to be destroyed after use by incineration or other approved method of medical waste destruction.

Other factors which can come under infection control policies are confidentiality – especially of results of tests. This will likely be covered in the practice policies in administration and should be a part of all employee training, but it is just as important that it is explained in the context of contractors. Your practice may have some practitioners who ‘rent rooms’ and only use them intermittently or you may have regular contractors who remove your sharps containers or service specialist equipment. It is vital that neither of these types of contractors are omitted from being informed of the practice’s privacy and confidentiality policies and that their need for such information is considered before sharing it. When in doubt, always refer to the practice manager or practitioner.

Basic training for all staff in food handling and food safety will be required if any food is used or eaten in your practice. Though you may have a lunch room, staff need to be aware of hygiene procedures to ensure they have observed the correct technique in washing hands before handling their own food at breaks. If your practice also provides food – for all day sessions perhaps or to model good eating practices, staff need to be trained and aware of food handling and food safety when dealing with food and patients, whether one on one or in a group.

There are industry codes of practice for the allied health industry and these can originate from national bodies such as the National Health and Medical Research Council Guidelines for Infection Control or the Australian Government Department of Health and Aging Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Care Setting 2004. State, territory and local government guidelines must also be adhered to, so you need to be aware of those and be able to explain it to other staff and colleagues.

Manufacturers will have recommendations regarding the way their equipment is used and not following the operating manuals may void warranties, so it is crucial that you understand and how to operate all equipment in the correct way.

Some of the Australian Standards you will need to be aware of:
• AS/NZS 1410:2003 Sterilizers—Steam—Pre-vacuum
• AS2182: 1998 Sterilizers—Steam—Benchtop
• AS/NZS 4146:2000 Laundry Practice
• AS/NZS 4187:2003. Code of Practice for Cleaning, Disinfecting and Sterilizing Reusable Medical and Surgical Instruments and Equipment, and Maintenance of Associated Environments in Health Care Facilities
• AS/NZS 4815:2006. Office-based Health Care Facilities Not Involved in Complex Patient Procedures and Processes - Cleaning, Disinfecting and Sterilizing Reusable Medical and Surgical Instruments and Equipment, and Maintenance of the Associated Environment

Links Between Infection Control Systems & Other Management Systems:

When considering and addressing systems to support the management of infection control, it is important to do so in a way that takes into consideration other workplace management systems already in place and how they relate to each other. In your workplaces, systems do not run independently of themselves, but are always working simultaneously with each other. If you plan your organisation in a way that takes that fact into consideration, your workplace systems will work in harmony together to support the overall flow and function of your organisation. If you viewed each system as separate in and of itself with no connection to the rest of the systems in the organisation, the systems will rub up against each other and clash, creating complication and costly delay and errors.

Types of workplace systems that could relate to Infection Control include:

• WHS
• Work organisation
• HR Management

For example, a large component of WHS involves identifying hazards and risk. Your overall WHS policies, procedures and systems will have in place mechanisms to identify any potential hazards or risks, including infection control. Therefore, it is
sensible and time and cost efficient to include the identification of risk and hazards relating to infection control in these systems.

Other examples of cross-overs could include:

- Position descriptions to incorporate specific tasks relating to infection control
- Staff KPI’s listing a certain level of risk management / infection control to be achieved
- Weekly work schedules to incorporate time for infection control

ASSESSMENT 1.2
1.3 POLICIES, SYSTEMS AND PROCEDURES

Establishing a Strategic Framework for Monitoring Infection Control

Part of an infection prevention and control process in your practice should involve the ongoing challenge of minimising risks of transmission of infection by adopting a cost effective infection control strategy. Infection control works best when designated staff have clearly defined responsibilities, adequate lines of communication, authority, and other resources to facilitate the effective prevention, detection and control of infection within a strategic framework.

The criteria for this kind of structure includes:

- Formal links with an Infectious Diseases Service
- Designated staff who liaise with other staff on all matters of infection control
- An infection control group or committee responsible for monitoring practice activities in this area and capable of producing or amending procedures as required
- The active participation and support of the practice owners or Board/CEO depending on your practice situation is an integral component of an effective and responsive infection control program

Infection control monitoring procedures may include:

- Observations
- Interviews
- Surveys and inspections
- Quality assurance activities
- Review of outcomes
- Data analysis
- A decrease in the incidence of practice acquired infections
- Policy, procedure and practice standards development, implementation and review of all procedures or systems used within the Metropolitan Health Services, Region or consortium – whichever applies in your state or territory
- Maintenance of an ongoing education and orientation program for all practice personnel in the use of such practice standards, policies and procedures
• Resource/Consultative Services
• Surveillance and investigation of practice acquired infections, outbreaks and adverse events
• Monitoring of staff infection control in collaboration with the WHS department and staff health services (in large organisations)
• Monitoring the use of antibiotics
• Monitoring the use of disinfectants, cleaning standards, equipment disinfection and sterilisation practices
• Cost containment whenever possible
• Improved communication
• Fulfiling infection control requirements for ACHS (Australian Council on Healthcare Standards) accreditation
• Quality assurance procedures to monitor effectiveness of infection control programs.

Compliance and the lack of it is often the basis for infection risks – people doing the task in a different way to the one proscribed or skipping steps. The following are advisory statements that might appear throughout your workplace, or you may need to introduce them if they are missing or not in an area which staff have easy access to.

Advice Regarding Wearing PPE – Personal Protective Equipment

Provide examples in your literature and posters - Gloves. Lab coat. Vapour respirator, splash goggles.

Provide instructions to ensure correct use of equipment – “Be sure to use an approved/certified respirator or equivalent. Wear appropriate respirator when ventilation is inadequate.”

Clearly state precautions:
• Keep away from heat
• Keep away from sources of ignition
• Ground all equipment containing material
• Do not ingest
• Do not breathe gas/fumes/ vapour/spray
• Wear suitable protective clothing
- In case of insufficient ventilation, wear suitable respiratory equipment
- If ingested, seek medical advice immediately and show the container or the label
- Avoid contact with skin and eyes
- Keep away from incompatibles such as oxidizing agents

Storage requirements must be adhered to. Retraining may be required if staff are not complying as this is often regulated, not simply by the practice, but through legislation:

- Store in a segregated and approved area
- Keep container in a cool, well-ventilated area
- Keep container tightly closed and sealed until ready for use
- Avoid all possible sources of ignition (spark or flame)
- Do not store above 25°C (77°F)

**Engineering Controls**

You may find in your investigate that there is insufficient provision of exhaust ventilation or other engineering controls to keep the airborne concentrations of vapours below their respective threshold limit value. Installation of permanent or portable fume hoods may be required to ensure worker safety. When installing another work station, it is important to ensure that eyewash stations and safety showers (if need be) are proximal to the work-station location.

**Personal Protection in Case of a Large Spill**

Depending on your practice, you may have large quantities of chemicals or other hazardous material on-site. If you are part of a response team assisting in the control of spills until the appropriate emergency services arrive you will need to supply and/or use the following PPE which you must ensure is clearly marked and easily accessible for the relevant staff. The suggested list of protective clothing might not be sufficient; so it is important to consult a specialist BEFORE handling the kind of product that would require this in any emergency.

The suggested list of protective clothing may include:

- Splash goggles
- Full suit
- Vapour respirator
• Boots
• Gloves
• A self-contained breathing apparatus should be used to avoid inhalation of the product

You may also find that a simple act of ordering the wrong mask inadvertently exposes staff to risks of infection. It is critical that when ordering supplies the person responsible is aware of the reasoning behind the purchases. An administrator may not appreciate the difference between a mask and a respirator especially when they may look very similar in a catalogue. You must ensure the correct equipment is ordered and used in the relevant circumstances. New staff need to be shown clearly and carefully how to apply and use PPE.

Exposure Risks of Airborne Respiratory Hazards

Evaluating current policies, systems and procedures enables maintenance of compliance and quality. Implementing appropriate PPE to the workplace may increase the success of infection prevention and control measures.
ASSESSMENT 1.3
1.4 ISSUES AND REQUIREMENTS

Consulting with Relevant Colleagues

Infection Control is an integral part of your organisation's overall compliance. Within your organisation there could be a number of different staff members involved in infection control to some capacity. Consulting with the person/s responsible for organisational infection prevention and control is important, as they are responsible for keeping up to date with the latest research, policies and data concerning infection control in the workplace.

Persons that you may consult with include:

- Infection Control Rep
- WHS Supervisor
- Human Resources
- Management
- Senior Staff
- Colleagues
- Staff who have been involved in or reported an infection control issue

Each of these staff members will have different information to share based on their involvement with infection control.

For example, consulting with Human Resource may prove beneficial, as they can:

- Organise training for staff, internal and external
- Manage communication within the organisation:
  - Manage internal communications towards employees
  - Manage internal suggestion system
  - Manage external communications for external partners and media

The human resource department may help identify area that need improvement and issues, especially in staff competence, staff suggestions and information gathered from feedback.

All colleagues mentioned are important in the consultation process as they all are able to identify issues and requirements needed to improve and maintain efficient infection prevention and control procedures.
ASSESSMENT 1.4
1.5 SYSTEMS AND PROCEDURES

ELEMENT: 1. Establish framework for infection prevention and control
PERFORMANCE CRITERIA: 1.5 Develop and document infection prevention and control systems and procedures, including record keeping and reporting systems

Develop Infection Control Procedures

Developing and following correct procedures for infection control is absolutely essential in any healthcare profession. Your infection control policies and procedures must outline the steps that your organisation will take to minimise the risk of transmitting and acquiring infectious diseases.

To ensure both you and your clients health and safety, it is essential that infection control procedures are set out clearly and studied so that they become second nature. These procedures should be followed equally by all staff and should become a second-nature and fundamental element of your practice.

Infection Control Principles

The following are principles that define successful infection control:

- Understanding basic modes of disease transmission
- Implementing practices, which prevent transmission of infection
- Hygiene, including hand washing and cleaning of work areas
- Thorough sterilisation of instruments
- Modification of clinical procedures that may be affected, or cause/transmission of an infectious disease, as well as considering an alternative procedure
- Single use of disposable equipment, such as massage table covers
- Support for occupational health and safety policies and practice, such as:
  - Vaccinations against infections that may present in the workplace
  - Ongoing quality management and quality improvement activities

Maintaining accurate data is important to ensure that all of your records are correct and compliant.

Develop Infection Control Systems and Procedures

Infection prevention and control is about maintaining a safe and contamination free environment for both you as a professional and also your client receiving your services. Infection prevention and control is an important part of your services and
should be consistently reviewed and kept up to date. You should refer to the website resources below:

https://www.dlsweb.rmit.edu.au/toolbox/infection/content/lr_framework/005_laws.html
http://www.safetyandquality.gov.au

Creating an Infection Prevention and Control Policy

Every workplace and health care services provider is required to have an infection prevention and control policy. This policy should be an official legal document compliant with all national, state and local legislation along with manufacturers’ regulations and guidelines. Creating an infection prevention and control policy is not just so you are compliant on a professional level, it is there to ensure your and your clients’ health and safety at all times. When creating an infection prevention and control policy you will need to consider all additional processes that go with this:

Work Processes and Precautions

Creating work processes and precautions in the form of an infection prevention and control plan that adequately ensure that all work situations meet your professional requirements. This includes establishing detailed work processes to ensure infection is adequately prevented when possible and safely controlled when needed. This also includes evaluating potential work infection situations and establishing detailed precautions to control risks.

Hazard Identification and Risk Control

Creating hazard identification and risk control measures to ensure that infection hazards and risks are actively being accounted for. This includes creating professional steps and measures to ensure potential risks and hazards can be identified and rectified.

Monitoring and Evaluation

Consistently monitor your infection prevention and control policies and procedures, including always looking to improve quality and safety. This involves short, medium and long-term evaluation of the quality and effectiveness of your policy and procedures. Monitoring and evaluating is important to ensure that
standards do not reduce over time and to ensure you are actively engaging in ensuring infection is being prevented and or controlled.

**Reporting Processes and Hierarchies**

Establishing sufficient and detailed reporting processes that include a hierarchy of control. This includes setting up a reporting process amongst a workplace that allows for reporting of all incidents, major or minor. Setting up a hierarchy of control is ensuring that the responsibilities are appropriately distributed so that it will always lead back to the staff member most adequate to respond to the responsibility. If a situation demands expertise that extends beyond any employee, your hierarchy of control should include these professionals.

**Training Requirements**

Ensuring that there is consistent and adequate training of all policies, plans and procedures to ensure that all staff members are meeting and complying with professional standards. This includes facilitating training consistently and providing ongoing training support to staff members. Training needs to be of high standards to ensure every member of staff can comply with regulations stipulated by local, state and national guidelines.

**Systems**

A system is a set of things working together as parts of a mechanism or an interconnecting network. Or, in other words, a set of policies, procedures and documents that outline the way in which something needs to be carried out, according to which something is done.

The overarching system for Infection Control would generally be your Workplace Health & Safety policy, and more specifically, your Infection Control Policy.

**A policy should include:**

- Purpose of the Policy
- Identification of Work practices that could put people at risk of infection
- Preventative measure to be taken
- A reporting protocol for incidents
- Staff training plan
- Review
Procedures

Procedures are the ‘how to’ of a system. They list the specific steps involved in ensuring that your systems are adequately followed.

Procedures should be:

- Well set out
- Easy to read and understand – anyone that picks up the procedure should be able to read, understand and carry out the steps involved
- Clear – not ambiguous or hard to interpret
- Specific
- Step by step

Types of Infection Control procedures include:

- Hand washing
- Managing infectious waste
- Personal Hygiene
- Record-Keeping
- General Hygiene
- Blood and Body Fluids
- Clinical Procedures
- First Aid
- Handling and disposal of sharps
- Other Waste

A procedure should include:

- A title
- A purpose or aim
- The employee responsible for managing the process
- The employees responsible for carrying out the process
- Requirements of the procedure
- Steps involved
- Equipment required
- Reference to any other documentation, policies, procedures, Acts related to the procedure

A sample procedure is provided below.
**Procedure Title:**

Hand Washing

**Procedure Purpose:**

To stop and prevent the spread of infection and disease. Washing hands helps to physically remove germs by friction, and to rinse them down the drain.

**Employee Responsible for Managing Procedure:**

Clinic Manager

**Employees Responsible for Carrying out Procedure:**

Health Care Practitioners

**Requirements:**

- Practitioner to wash hands:
- Before and after treating every client, before you eat, before you prepare food items
- After touching raw meat
- After contact with body fluids like blood, urine or vomit
- After changing infant or adult nappies
- After touching animals or pets
- After blowing your nose or sneezing
- After going to the toilet
- Hand wash to last between 40-60 seconds

**Steps Involved:**

1. Wet Hands with Water
2. Apply enough soap to cover all hand surfaces
3. Rub hands palm to palm;
4. Right palm over left dorsum with interlaced fingers and vice versa;
5. Palm to palm with fingers interlaced
6. Backs of fingers to opposing palms with fingers interlocked;
7. Rotational rubbing of left thumb clasped in right palm and vice versa
8. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
9. Rinse hands with water
10. Dry hands thoroughly with a single use towel;
11. Use towel to turn off faucet.

**Equipment Required:**
- Basin
- Warm water
- Liquid hand soap
- Hand towel

**Related Documentation:**
- Infection Control Policy
- How to Hand Wash Diagram
- WHS Act

*Source: [http://www.hha.org.au/ForConsumers/FactSheets.aspx#Top](http://www.hha.org.au/ForConsumers/FactSheets.aspx#Top)*

For further support with developing infection control policies and procedures – visit [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

**Documenting and Record-Keeping**

As part of a workplace setting in which there are numerous health care practitioners working in the one area, a record keeping and reporting procedure should be put in place. It is essential that any incidences in which there is a danger of infection within the workplace, such as a therapist treating a sick client or any notable spills of bodily fluid (e.g. if a client vomits, bleeds, or there is other bodily fluid) are reported in a clear manner. This can be done through a reporting system such as that of an incident report.

Incident reports document exactly what has occurred, as well as the time and date, the extent of the incident as well as the level of severity. These are then filed and kept on record.
All staff members working together should all be aware of the procedures of the workplace, for both infection control and record keeping and reporting. New staff members should be properly briefed. Additionally, a procedure manual should always be available to read for staff members.

Infection control is an extremely serious topic and should be a top priority for all massage therapists, for the safety of both themselves and their clients. Correct procedures should be followed and adhered to consistently.

Types of documentation and record-keeping includes:

- Policies and procedures
- Data collection through workplace specific systems
- Incident reporting
- Microbiology laboratory based reports
- Engineering Department reports e.g. air-conditioning, Legionnaires disease prevention monitoring – cooling towers, showers, monitoring of hydrotherapy spa
- Staff Health Services reports to support staff infection control policies (staff screening & vaccination and post-exposure follow-up programs)
- Healthcare Associated Infection (HAI) database
- Customised WHS reports by area, by staff and by known hazard
- Infection reports
- Medication reports
- Equipment failures
- Staff incidents
- Procedure outcomes
- Clinical events
- Comparison reports with other units across the organisation

Sustainability of Infection Prevention and Control Policies

Sustainability is the ability to sustain a predetermined marker over a period of time. When applying sustainability to infection prevention and control it is looking at how an established standard and process of infection prevention and control can be maintained over a long period. To ensure sustainability you should establish a
separate sustainability plan detailing the exact process needed to ensure quality is being sustained. A sustainability plan should also include the potential for improvements.

Sustainability can then be broken down into the detail of each aspect of the infection prevention and control plan. This includes looking at the sustainability of the plan as a whole but also the sustainability of each individual task that is to be performed. This means going to the detail of creating a sustainability plan and strategy for even small tasks to ensure that the quality is being maintained.

**Monitoring Requirements**

The process of monitoring is to ensure that all systems and procedures are working effectively. Monitoring should be an ongoing process to ensure quality and effectiveness of all processes are being maintained. Monitoring is also the upkeep and maintenance of all procedures. Through monitoring you will be able to manage any possible risks before they occur.

**Evaluation Requirements**

Evaluation is the process of periodically reviewing the processes and procedures you have in your infection prevention and control policy. Evaluation should come from 3 sources:

1. Personal review – Your own personal review
2. Industry research - Industry cases, legislation and industry standards
3. Profession review – A review by a relevant qualified professional

Evaluation should ensure all systems and procedures are:

- Compliant with legislation and manufacturer guidelines
- Effective in preventing and controlling infection
- Reduce risk when possible.

**Practice Management Software**

Larger organisations may be in a position to, or have a need for formal practice management software to support the running of the business.

Types of data that can be managed with an information management system include:
- Infection reports
- Medication reports
- Equipment failures
- Staff incidents
- Procedure outcomes
- Clinical events
- Comparison reports with other units across the organisation

Most practice management software can produce the following types of reports:

- Customised WHS reports by area, by staff and by known hazard
- Microbiology laboratory based reports
- Engineering Department reports e.g. air-conditioning, Legionnaires disease prevention monitoring – cooling towers, showers, monitoring of hydrotherapy spa
- Staff Health Services reports to support staff infection control policies (staff screening & vaccination and post-exposure follow-up programs)
- Healthcare Associated Infection (HAI) database

These allow data collection and analysis which assist with investigation of incidents, monitoring and evaluation of prospective injury surveillance programs and analysis of risk data to allow interventional strategies to be developed.

**ASSESSMENT 1.5**
1.6 RESPONSIBILITIES

**Element:** 1. Establish framework for infection prevention and control
**Performance Criteria:** 1.6 Define and allocate infection prevention and control responsibilities

### Allocating Infection Control Responsibilities

Infection control policies and procedures require someone to be responsible for them and their implementation. Most infections that occur in a health environment can be stopped before they take over but it will require a little responsibility on the part of others to ensure this happens.

There are a variety of Infection Control tasks that need taking care of including:

- Development of policies and procedures
- Risk assessment
- Hazard Identification
- Staff Training
- Carrying out of infection control procedures
- Consultation
- Ensuring adequate signage

Various staff members can be responsible for infection control including:

- Clinic Managers
- Supervisors
- Director of Nursing
- Health Care Practitioners
- Visiting Practitioners
- Food staff
- Administrative staff

Let’s just refresh a little on what infection really is and how it is spread.

Infections of the lungs, wounds, urinary tract and bloodstream can be contracted in any health setting.

**Transmission of Infection**
The NHMRC define infectious agents as biological agents that cause disease or illness to their hosts. Many infectious agents are present in healthcare settings. Patients and healthcare workers are the most likely sources of infectious agents and are also the most common susceptible hosts. Other people visiting and working in healthcare may also be at risk of both infection and transmission.

Infection requires three main elements:

- A source of the infectious agent
- A mode of transmission
- A susceptible host

This is known as the chain of infection, interruption of this cycle is a strategy to limit the spread of infection.

The modes of transmission

In healthcare settings infectious agents can be transmitted by:

- Contact
- Droplet
- Airborne

CONTACT TRANSMISSION

Direct transmission is said to occur when the transfer of microorganisms results from direct physical contact between an infected or colonised individual and a susceptible host, for example your contaminated hands touch a vulnerable site (such as a wound) on a patient.

Indirect transmission involves the passive transfer of an infectious agent to a susceptible host via an intermediate object or fomite. Examples of intermediate objects include instruments, bed rails over bed tables and other environmental surfaces.

DROPLET TRANSMISSION

Droplet transmission occurs when respiratory droplets generated via coughing, sneezing or talking contact susceptible mucosal surfaces, such as the eyes, nose or mouth. Transmission may also occur indirectly via contact with contaminated fomites with hands and then mucosal surfaces.

Respiratory droplets are large and are not able to remain suspended in the air thus they are usually dispersed over short distances.
AIRBORNE TRANSMISSION

According to the NHMRC airborne transmission refers to infectious agents that are spread via droplet nuclei (residue from evaporated droplets) containing infective microorganisms. These organisms can survive outside the body and remain suspended in the air for long periods of time. They infect others via the upper and lower respiratory tracts.

Allocating Staff

Your task will be to ensure you define and allocate infection prevention and control responsibilities to other staff. Of course you know you can’t do it all yourself so allocating these responsibilities to others will ensure a safe work environment for everyone.

Who you allocate tasks to will depend on your workplace, the type of environment it is, the number of staff you have and how large your clinic/practice/health care organisation is and the type of service you offer. Allocating is the best way to ensure not only the infection procedures are passed on but that someone is responsible for the implementation of them.

You should include the allocated responsibilities in the responsible staff members position descriptions so that they are always accountable for this.

ASSESSMENT 1.6
2. HAZARD IDENTIFICATION AND RISK CONTROL PROCEDURES

2.1 HAZARD IDENTIFICATION AND ASSESSMENT TOOLS

Understanding the Difference Between a Hazard and a Risk

Establishing hazard identification and risk assessment tools enables procedures to be developed to identify and control hazards and risks. Firstly we need to understand the difference between a hazard and a risk.

So what is the difference between a risk and a hazard? A medicine could be described as a hazard if it has the potential to cause harm. However, the risk of that harm may be very small provided effective controls/measures are in place. If a patient could suffer harm as a result of taking the medicine, the chance of the harm occurring at a given severity may be described as a clinical risk. If harm resulted from taking the medicine and the harm was not expected this would be a patient safety incident.

It is important that you identify and have a clear understanding of the significant risks of each particular hazard. To avoid confusion, describe each risk separately and clearly. For example, when considering the hazard of selecting the wrong drug because of similar (look-alike) packaging, there is risk to the patient, risk to the staff involved and risk to the organisation.

Failure to describe or define each risk clearly is a common pitfall that can lead to problems when carrying out risk assessment.

What is risk assessment?

A risk assessment seeks to answer four simple, related questions:

- How bad?
- What can go wrong?
- Is there a need for action?
- How often?

In most cases it is not possible to eliminate all risks but you have a duty to protect client/patients as far as ‘reasonably practicable’. This means you must avoid any unnecessary risk. It is best to focus on the risks that really matter – those with the
potential to cause harm. Keep risk assessment simple – do not use techniques that are overly complex for the type of risk being assessed.

In risk assessment we look at:

- Hazards – which are situations with the potential to cause harm; and
- Risks – which are defined as the probability that a specific adverse event will occur in a specific time period or as a result of a specific situation.
  - Risk is the combination of likelihood and consequence of a hazard being realised.
  - A clinical risk or healthcare risk is the chance of an adverse outcome resulting from clinical investigation, treatment or patient care.

For each hazard identified, it is important to decide whether it is significant and whether appropriate and sufficient controls or contingencies are in place to ensure that the risk is properly controlled.

The following 5 step process is taken from the NHS document ‘Healthcare risk assessment made easy’ and provides an easy to follow step by step procedure for you.

5 Steps to Risk Assessment

**STEP 1**
IDENTIFY THE HAZARDS (WHAT CAN GO WRONG?)

To prevent harm it is important to understand not only what is likely to go wrong but also how and why it may go wrong. Consider the activity within the context of the physical and emotional environment, and the culture of the organisation and the staff who perform the activity.

Learn from the past - take into account things that have gone wrong in the past and near-miss incidents.

**Consider the following:**

1. Walk around the workplace or clinical area and talk to patients and staff
2. Map or describe the activity to be assessed
3. The risk assessment may require a multi-disciplinary team

**STEP 2**
DECIDE WHO MIGHT BE HARMED AND HOW (WHAT CAN GO WRONG? WHO IS EXPOSED TO THE HAZARD?)
People will make mistakes. It is necessary to anticipate some degree of human error and try to prevent the error from resulting in harm.

Consider the following:

1. The number of patients that might be affected over a stated period of time. When quoting the number of patients affected you should always state the length of the assessment period
2. Remember that the most vulnerable patients are more likely to suffer harm.
3. Think about the complexity of the task

**STEP 3**

**EVALUATE THE RISKS (HOW BAD? HOW OFTEN?) AND DECIDE ON THE PRECAUTIONS (IS THERE A NEED FOR FURTHER ACTION?)**

Consider both consequence (how bad?) and likelihood (how often?). Is there a need for additional action? The law requires everyone providing a service to do everything reasonably practicable to protect patients from harm.

Consider the following:

1. Use your organisation’s risk matrix
2. Decide on the precautions (controls) that will most effectively reduce consequence and/or likelihood
3. Re-evaluate the risks assuming the precautions (controls) have been taken

**STEP 4**

**RECORD YOUR FINDINGS, PROPOSED ACTION AND IDENTIFY WHO WILL LEAD ON WHAT ACTION. RECORD THE DATE OF IMPLEMENTATION**

Risk assessments and action planning should be reviewed and changed when necessary. This is easy only if the assessment is well-recorded and the logic behind the decisions transparent. An efficient and succinct system of documentation is essential.

Consider the following:

1. Was a thorough check made to identify all the hazards and treat all the significant risks?
2. Are the precautions reasonable and the remaining risk acceptable?
3. Are the solutions realistic, sustainable and effective?

It may be reasonable to accept some degree of preventable risk, if the benefits to be gained outweigh the risk.
STEP 5
REVIEW YOUR ASSESSMENT AND UPDATE IF NECESSARY

Good documentation is important because things are always changing. Research and new developments increase the pace of change, and those changes can alter existing and/or introduce new hazards.

Review your risk assessment:
1. When you are planning a change
2. Routinely at least on an annual basis
3. When there has been a significant change

Our first step in assessing a risk is to determine the likelihood of the risk occurring, meaning what are the chances.

See below for a scale to gauge how likely the risk is:
1. Not likely - 10%
2. Low likelihood - 30%
3. Likely - 50%
4. Highly likely - 70%
5. Near certainty - 90%

Just as we did with the likelihood of a risk occurring, the impact or consequences of the risk needs to be rated. In this case, we are dealing with the amount of disruption to normal business operations that the event can cause.

IMPACT OF RISK

The following table shows that the impact of risk is generally ranked from ‘minimal’ (level 1) to ‘severe’ (level 5). You can see from the detail descriptions that these levels focus on the degree to which the business is affected in regards to its financial and service capability.

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>DESCRIPTOR</th>
<th>EXAMPLE DETAIL DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Minimal</td>
<td>No service impact; low financial loss</td>
</tr>
<tr>
<td>2</td>
<td>Minor</td>
<td>Minimal disruption to service capability; medium financial loss</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
<td>Interruptions to service delivery; high financial loss</td>
</tr>
<tr>
<td>4</td>
<td>Significant</td>
<td>Loss of service capability; major financial loss</td>
</tr>
</tbody>
</table>
Analysing the risk will help you decide the impact of the risk on your company and will enable you to control for this when required.

There are many tools that you can use assist in controlling risks and hazards in the workplace. These tools include:

- Hazard and risk checklists
- Hazard hunts
- Job safety analyses
- Manifests and registers, including for dangerous goods, hazardous chemicals and plant
- Safe work method statements
- Surveys using questionnaires, interviews and other survey techniques
- Workplace inspections and walk-throughs

Deciding what tools you need to develop will depend on your workplace and what is already in place but you must ensure that these tools are developed in accordance with your organisational standards and procedures.

**ASSESSMENT 2.1**
2.2 WORKPLACE PROCESSES FOR RISK CONTROL

Developing Control Measures

Safe Work Australia state that the most important step in managing risks involves eliminating them so far as is reasonably practicable, or if that is not possible, minimising the risks so far as is reasonably practicable.

In deciding how to control risks you must consult other workers and their representatives who will be directly affected by this decision. Their experience will help you choose appropriate control measures and their involvement will increase the level of acceptance of any changes that may be needed to the way they do their job.

There are many ways to control risks. Some control measures are more effective than others.

You must consider various control options and choose the control that most effectively eliminates the hazard or minimises the risk in the circumstances. This may involve a single control measure or a combination of different controls that together provide the highest level of protection that is reasonably practicable.

Some problems can be fixed easily and should be done straight away, while others will need more effort and planning to resolve. Of those requiring more effort, you should prioritise areas for action, focusing first on those hazards with the highest level of risk.

Principles and Processes of Planning

Planning is an essential part of infection prevention and control. The ability to establish an effective plan to manage potential risks can limit if not completely eradicate potential harm. When establishing an infection prevention and control plan you should always seek to have a plan that reaches the best possible outcome. The plan should always be about ensuring that infection can be absolutely prevented and if present absolutely controlled. To ensure your plan will adequately protect you, your staff and clients you should follow the below planning principles and processes.

- Consider Potentials
- Strategise
• Define clear goals
• Identify what resources are required
• Identify the steps involved
• Ensure a clear flow
• Ensure the process completes
• Monitor strategy
• Evaluate

Consider potentials

Considering future vision is where you evaluate future potential situations in relation to the area you are aiming to plan. This is not about determining what will occur but rather looking at what are the possibilities. The process is about thoroughly considering what are all potential scenarios that could occur. By establishing all potential scenarios you will be able to create steps that can be actioned in response to your considered scenarios. The more scenarios you can consider the better equipped you can be to handle different possibilities. The considering process should not be an evaluation of likelihood but instead should be an evaluation of what is possible.

Strategise

Strategising is the process of creating a strategy of steps of actions that can be put into place in relation to the potential scenarios that have been considered.

The key to effective strategising is the ability to establish the appropriate steps of action that directly relate to potential scenarios. Strategising should include all steps to ensure that all risks can be completely minimized if not eliminated.

Define clear goals

This first step asks you to determine what you are wanting to achieve by implementing the system and/or process. Questions to support in identifying goals include:

• Why are you implementing the system?
• What would you like the system to achieve?
• What does the system need to address?
• Do you have specific timeframes?
Once you have an idea of what you are trying to achieve, flesh out the goals to make them as clear and precise as possible. Each goal should have relevant detail accompanying it, i.e. why that particular goal exists and any examples of how the goal, once achieved, might look.

**Identify resources required**

With clearly identified goals in place, you can then identify the resources required. Resources could include:

- Manpower
- Financial
- Physical – i.e. equipment, etc

**Identify steps involved**

Listing the steps required in the process gives clear direction to all involved in managing the process. It also assists in creating a solid picture as to how to manage the risk at a practical, day to day level. Steps often form part of the procedures, the how to carry something out, and end up working their way into position descriptions as tasks get allocated to staff.

**Ensure a clear flow**

A system or process is only effective if it flows clearly. Identify any potential steps that are getting in the way of a clear flow and how you might be able to address this. It could be that you need to change a step, remove it or add additional steps. Testing the process allows you to see where the process is falling down and where any potential road blocks are.

**Ensure the process completes**

Most processes in business have a ‘flow through’ point in which the cycle goes back to the start and commences all over again. It is also important however, to define a completion point, in which the cycle could end, or for each time the process is carried through, the point in which the cycle completes, and commences again. Completion points can include:

- The completion and submission of a report
- Finalising the last task on a checklist
- A team meeting to confirm the completion of the process
Whatever the completion point looks like, it needs to be clearly defined, so that all involved in the process know that at that point, you have a marker in which to look back and check that all of the steps have been carried out competently and completely.

**Monitoring strategy**

Monitoring strategy is the process of monitoring the processes and effectiveness of your strategy (steps of action). This should be a complete review of how effective your steps of action are in relation to the objectives. In the case of infection prevention and control this is the process of ensuring your strategy for effectively preventing and controlling the risk of infection is actually doing what it is intended to do. Monitoring should be done short term, mid term and long term to ensure the strategy has consistency and remains effective.

**Evaluating**

Evaluating is the process of evaluating your overall plan against its desired outcomes. These are not only your personal desired outcomes but also the professional requirements you are to meet. It is important to evaluate your plan before it is put into action; this ensures the plan meets all requirements and standards needed.

**ASSESSMENT 2.2**
2.3 HIERARCHY OF CONTROL

The Hierarchy of Risk Control

The ways of controlling risks are ranked from the highest level of protection and reliability to the lowest. This ranking is known as the hierarchy of risk control. The WHS Regulations require duty holders to work through this hierarchy when managing risk under the WHS Regulations.

You must always aim to eliminate a hazard, which is the most effective control. If this is not reasonably practicable, you must minimise the risk by working through the other alternatives in the hierarchy.

The below information from Safe Work Australia outlines and describes the tiers of the hierarchy of control

**LEVEL 1 CONTROL MEASURES**

The most effective control measure involves eliminating the hazard and associated risk. The best way to do this is by, firstly, not introducing the hazard into the workplace. For example, you can eliminate the risk of a fall from height by doing the work at ground level.

Eliminating hazards is often cheaper and more practical to achieve at the design or planning stage of a product, process or place used for work. In these early phases, there is greater scope to design out hazards or incorporate risk control measures that are compatible with the original design and functional
requirements. For example, a noisy machine could be designed and built to produce as little noise as possible, which is more effective than providing workers with personal hearing protectors.

You can also eliminate risks by removing the hazard completely, for example, by removing trip hazards on the floor or disposing of unwanted chemicals.

It may not be possible to eliminate a hazard if doing so means that you cannot make the end product or deliver the service. If you cannot eliminate the hazard, then eliminate as many of the risks associated with the hazard as possible.

**LEVEL 2 CONTROL MEASURES**

If it is not reasonably practicable to eliminate the hazards and associated risks. You should minimise the risks using one or more of the following approaches:

- Substitute the hazard with something safer - For instance, replace solvent-based paints with water-based ones
- Isolate the hazard from people - This involves physically separating the source of harm from people by distance or using barriers. For instance, install guard rails around exposed edges and holes in floors; use remote control systems to operate machinery; store chemicals in a fume cabinet
- Use engineering controls - An engineering control is a control measure that is physical in nature, including a mechanical device or process. For instance, use mechanical devices such as trolleys or hoists to move heavy loads; place guards around moving parts of machinery; install residual current devices (electrical safety switches); set work rates on a production line to reduce fatigue

**LEVEL 3 CONTROL MEASURES**

These control measures do not control the hazard at the source. They rely on human behaviour and supervision, and used on their own, tend to be least effective in minimising risks.

Two approaches to reduce risk in this way are:

- Use administrative controls - Administrative controls are work methods or procedures that are designed to minimise exposure to a hazard. For instance, develop procedures on how to operate machinery safely, limit exposure time to a hazardous task, use signs to warn people of a hazard
• Use personal protective equipment (PPE) - Examples of PPE include ear muffs, respirators, face masks, hard hats, gloves, aprons and protective eyewear. PPE limits exposure to the harmful effects of a hazard but only if workers wear and use the PPE correctly

Administrative controls and PPE should only be used:

• When there are no other practical control measures available (as a last resort)
• As an interim measure until a more effective way of controlling the risk can be used
• To supplement higher level control measures (as a back-up)

Incorporating these control measures into risk and hazard control procedures enables an effective guide to dealing with risk and hazards that all health care workers should follow.

ASSESSMENT 2.3
2.4 INCIDENT REPORTING AND INVESTIGATION PROCEDURES

Why Put in Place Incident Reporting?

Incident reporting procedures allow management and organisations to investigate areas of improvement, identify preventative measures to be implemented. Incident reports should be completed with factual information and data to enable preventative measure to be put in place for the future.

Incident reporting and investigation can help to make your workplace safer. An investigation should concentrate on identifying contributing factors for each incident and control measure that can be put in place to prevent similar incidents in the future.

You should expect your practice to have a policy which requires you to report, investigate and record all injuries, incidents, hazards and near misses. That policy will be linked to a procedure which will specify how you notify the nominated person or committee (depending on the severity of the incident).

The policy may state that the following incident reports are required:

- **Incident** – a report is required for an event which has resulted in an injury to a person or has caused ill health, damage or loss
- **Near miss** – a report is required for an event which had the potential to cause injury to a person, ill health, damage or loss
- **Hazard** – a report is required for a situation which presents the potential for an incident, accident or near miss

Anyone who injures themselves in the workplace should seek first aid or medical attention as soon as possible. They should also notify their supervisor or the practice manager. If any investigation comes out of the incident, they will be required to assist in the investigating and reporting process.

The main aim of investigating incidents and hazards is to:

- Prevent similar incidents recurring in the future
- Identify any new hazards
- Identify and choose suitable controls
Investigation should occur as soon as possible. The less time between an incident and the investigation, the more accurate the information obtained. While concern for an injured person takes precedence over everything else, when incidents involving injury or illness occur, early investigation is essential. Information required when investigating an incident, injury or hazard includes:

- What happened?
- How it happened?
- Why it happened?

Investigations of incidents, injuries or hazards should not to be used as vehicles to allocate blame. Successful incident investigation requires everyone's co-operation to prevent possible recurrence in the future.

Any suggestion that blame allocation or 'scapegoating' is intended would jeopardise the investigator's credibility and reduce the quality and accuracy of information supplied.

The following is an example of an incident report form:

<table>
<thead>
<tr>
<th>Personal details of the person reporting incident</th>
<th>Full name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job title:</td>
<td></td>
</tr>
<tr>
<td>Address where incident occurred:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal details of injured person</th>
<th>Title: Mr/Mrs/Miss/Ms/Other Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home address: Postcode:</td>
<td></td>
</tr>
<tr>
<td>Daytime telephone:</td>
<td></td>
</tr>
<tr>
<td>Age: 0-10 ☐</td>
<td>11-16 ☐ 17-25 ☐ 26-45 ☐ 46-60 ☐ 60+ ☐</td>
</tr>
<tr>
<td>Employee ☐</td>
<td></td>
</tr>
<tr>
<td>Customer ☐</td>
<td></td>
</tr>
<tr>
<td>Other (e.g. contractor, passer-by) ☐</td>
<td></td>
</tr>
</tbody>
</table>

| Date/Time of incident | Date: | Time: |
| Location of incident  
(including a sketch if possible) and any other relevant information |  |
|---------------------------------------------------|---|
| Type of incident | Verbal abuse/threat ☐  
Physical attack ☐  
Theft ☐  
Anti-social behaviour ☐  
Near miss ☐ |
| Please indicate the nature of the injury you are reporting | Cut ☐  
Burn ☐  
Bruise ☐  
Scald ☐  
Strain ☐  
Other (specify) ☐ |
| Please state in detail what happened. Give an account of the incident, including any relevant events leading to the incident and individuals involved including full description of aggressor/assailant(s) | Damage to property: |
| Who assisted the injured person? | Name: |
| What action has been taken? | Injury related ☐  
Security ☐  
First aid ☐  
Police called ☐  
Ambulance ☐  
Other (specify) ☐ |
| Was the injured person taken to hospital and off work for more than 3 days? | Yes ☐  
No ☐ |
The objective of investigating and reporting is to minimise the risk of incidents and injuries occurring at the workplace by identifying hazards and reporting them in the affected area. We all have a responsibility to identify hazards, and your practice will have its own processes for reporting and managing them.

If you are unable to safely apply reliable control measures you should seek assistance by reporting hazards to the affected area infection control rep who will assess them to determine urgency and how the risk/hazard can be controlled.

How this process occurs can be simple – from you to the practice supervisor to the practitioner and back again or it can be complex – from your practice to the infection control rep for your area or building or campus of a large organisation. Investigators may be sent from a central point, and you may not be informed of the final outcome for some time and not directly. Whatever the system, you have an important role to play in prevention of hazards occurring and accidents happening, as a result. Training, being trained, keeping current with Infection Control practices is vital. Participate in meetings and encourage other staff to do so in a meaningful way also. The more vigilant the practice is on infection control matters, the less hazardous incidents there will be to investigate and report and the safer your working environment will be.

**ASSESSMENT 2.4**

**2.5 DOCUMENTATION, SYSTEMS AND PROCEDURES**

**ELEMENT:**

2. Establish procedures for hazard identification and risk control

**PERFORMANCE CRITERIA:**

2.5 Document hazard identification and risk assessment systems and procedures
In your workplace there will be a number of documents and procedures, which will assist you to maintain safety in the workplace. You will need to ensure you know what those documents are and where you can find them. These documents are commonly called policies and procedures and they outline the task required and how that task can be completed in the safest possible manner.

When you identify a hazard in your workplace you must know and understand the correct procedure for reporting it including how to report and who to report to. You may find that each workplace has a very similar procedure but you must ensure you check this and do not presume. There may be some differences!

Workplace hazard reports may be verbal or written and may include:

- Face to face reporting
- Phone messages to an appropriate person
- Documented notes to an appropriate person
- Report form specific to the workplace
- Memos via email to the appropriate person

**Documentation**

Health care workers need to be aware of their roles and responsibilities in the workplace. Responsibilities need to be documented so that everyone is clear about what is expected in their job role. This information is generally found in position descriptions handed to employees when they commence their new role. Most healthcare workers have some form of documentation responsibility.

Documents they might be required to complete include:

- Progress notes
- Care plans
- Individualised plans
- Test requests and results
- Complaints
- Incident reports
- Cleaning and sterilisation records
- Maintenance records risks and hazards
- Risk reports

**Sample Risk Assessment Form**

Below is an example of a risk reporting template that a health care worker might be required to complete.

This form illustrates the type of information that the worker may be required to complete.

<table>
<thead>
<tr>
<th>Sample Risk Assessment Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of person doing assessment:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Activity / Procedure being assessed:</td>
</tr>
<tr>
<td>Known or expected hazards associated with the activity:</td>
</tr>
<tr>
<td>The risk of injury and its severity likely to arise from these hazards:</td>
</tr>
<tr>
<td>Who is at risk?</td>
</tr>
<tr>
<td>Measure to be taken to reduce the level of risk:</td>
</tr>
<tr>
<td>Training prerequisites:</td>
</tr>
<tr>
<td>Level of risk remaining:</td>
</tr>
</tbody>
</table>
Always ensure you follow reporting protocols when reporting risks and hazards in the workplace, including:

- Date
- Signature
- Action taken
- Witnesses
- Be objective
- Be precise
- Ensure timeliness
- Be objective

Once risk assessments have been performed in accordance with WHS legislation and the protocols of the organisation, the findings should be documented. Consultation with staff should take place to explain the findings, and discuss any additional processes which need to be employed to eliminate or minimise hazards.

Most organisations will conduct regular WHS/OHS meetings. These are an ideal venue for the dissemination of information.

It is important that staff have a knowledge of:

- Aetiology of infection
- Cleaning and disinfection procedures
- Impact of premises layout and workflow on infection control risks
- Knowledge of reference documents relating to infection control regulations, guidelines, Australian standards and organisation policy and procedure relevant to the office practice and the health care worker’s role
- Legal responsibilities in relation to infection control, sterilising, registration or licensing of business, conduct of profession or occupation, and maintenance of premises relevant to the office practice and the health care worker’s role
- Principles of risk management in relation to infection control
- Procedures and practices that support infection control measures and prevent transmission of infection
- Procedures for notification and response to needle stick or sharps injury
- Procedures for responding to spills
- Sources of infection and means of transmission
- Standard and additional precautions as defined by the national health and medical research council (NHMRC) or other authoritative resource

You may need to develop these procedures yourself.

**EXAMPLE HAZARD REPORTING PROCEDURE**

**Below is an example of a hazard reporting procedure from the University of Melbourne.**

<table>
<thead>
<tr>
<th>Version Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implementation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>29/01/2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department-wide</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>This procedure provides the process for departmental workplaces to address infection control through both preventative and management strategies.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Department of Education, Training and Employment has a general duty under the Work Health and Safety Act 2011 to prevent injury and illness in the workplace. The department is committed to minimising the risk of exposure of staff, students and others to infectious disease agents. Infection control practices are to be implemented at all departmental workplaces. This procedure and the <strong>INFECTION CONTROL GUIDELINE</strong> have been established to provide practical implementation advice.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsibilities</th>
</tr>
</thead>
</table>
Principals/Managers

**Develop and implement a local infection control program that minimises the risk of exposure of staff, students and others to infectious disease agents.**

Provide adequate resourcing to implement appropriate infection control processes; e.g. facilities, consumables, training and practices.

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**Process**

**Principals/Managers**

Implement an infection control program that includes:

- Risk management
- Standard precautions
- Provision of facilities, amenities and equipment
- Protocols for infection control
- Vaccination and immunisation
- Education and training for staff, students and others
- Accurate records of training

Review infection control measures to ensure they are providing an adequate level of safety.

Ensure all staff, students and others are aware of infectious disease related hazards in their workplace, including diseases relevant to pregnancy. The [INFECTION CONTROL GUIDELINE](#) provides practical advice on how to implement this procedure.

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**Staff**

- Utilise the [INFECTION CONTROL GUIDELINE](#) for practical advice
- Implement and comply with local infection control practices
- Model standard precautions for infection control
- Be aware of infectious diseases for which personal immunity has been established (via exposure or vaccination)
- Seek medical advice from your medical practitioner regarding infection control and the impact of the workplace on individual health conditions
- Maintain up-to-date record of personal immunisation status
- Participate in education and training on infection control.

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**Online Resources**

**Supporting documents**

- [INFECTION CONTROL GUIDELINE](#)
- [HEALTH, SAFETY AND WELLBEING PRESENTATION: INFECTION CONTROL](#)

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**Review Date**

1/12/2016

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**Definitions**
Contagious Condition
A medical condition prescribed under the Public Health Regulation 2005 (Qld) as a contagious condition. The medical conditions currently listed as contagious conditions are - Diphtheria, Enterovirus 71 (EV71), Gastroenteritis, Haemophilus influenzae type b, Hepatitis A, Measles, Meningococcal infection (invasive), Paratyphoid, Pertussis (whooping cough), Poliomyelitis – wild type and vaccine associated, Tuberculosis, Typhoid, Varicella – zoster virus infection (chickenpox).

Infectious Agent
A pathogen that is able to cause disease in its host e.g. a virus, bacterium, fungus, protozoa.

Others
People who are at the worksite, who are not staff or students. This is generally volunteers, visitors and contractors.

Standard Precautions
Standard precautions are work practices that assume that all blood and body substances are potentially infectious. Standard precautions should be used as a first-line approach to preventing infection and should be adopted for contact with all blood and body substances.

ASSESSMENT 2.5
3. INFECTION CONTROL PRACTICES

3.1 COMMUNICATION

Communication of Responsibilities to Colleagues

Infection control policies, once established and followed in a health care organisation should provide the foundation for a safe environment for patients, staff and visitors. Your practice’s policies and procedures should be based on local regulations, State legislation and National Standards. You will also need to incorporate any Australian Standards applicable as well.

These are the backbone of the workplace procedures, and implementation should commence from day one of employment. Policies should be carefully explained, and procedures demonstrated for each person so that you can be sure all members of your work group have the same training and use the equipment, in the same way.

Involve your Workers

This important step involves communicating and consulting with your workers. When considering all of the tasks that are undertaken in your business, it is important to involve workers in any decisions that may affect their health and safety.

Clear and open communication channels at all levels in the workplace will encourage everyone’s support for and participation in health and safety activities. Workers will be more likely to follow safety procedures if they have been involved in developing them.

To communicate effectively with your workforce you need to be aware of differing skills in language, literacy and culture. Adapt your communication style where necessary.

Keep Communication Simple

Consultation between employers and workers can be achieved in many ways and you should choose the style that best suits your business. For most small businesses this may simply mean having regular direct discussions, which could involve:
• Gathering workers at the start of work
• Encouraging workers to raise any safety concerns they may have
• Reporting on action taken to address any identified hazards
• Informing workers about any planned changes that may have implications for their health and safety
• Discussing any new hazards and possible safety measures
• Conducting a ‘walk around’ safety inspection

During normal working hours, your colleagues should be encouraged to come to you with any questions or issues they have about the equipment, procedures or any other topic surrounding infection control so that you can work with them to resolve the issue or let them know that the matter will be referred to the WHS Committee, the practice manager or the practitioner(s) for a decision.

If you are not the WHS rep, then you need to introduce them to staff so that they know who to contact, in addition to you, about infection control issues should they arise. Sometimes it will become apparent that the issue is not with the policies and procedures but with the staff member who may not have adhered to the instructions, guidelines or procedures and retraining might be required.

It is important in any senior role, whether you are a direct supervisor or not that you maintain liaison with the person responsible for organisation-wide infection control. This is not always the WHS rep. It might be the practice manager or one of the practitioners. They will be a valuable source of information for your on infection control as it is their responsibility to keep up to date with the latest research, policies and data concerning infection control in the workplace.

ASSESSMENT 3.1
3.2 RESOURCES AND TRAINING

**ELEMENT:** 3. Implement and monitor infection prevention and control practices

**PERFORMANCE CRITERIA:** 3.2 Support implementation by facilitating resources and training

**Education and Training of Policy**

Training is required when there is more than one person responsible for complying with infection prevention and control standards. In this case, the person responsible for creating the infection prevention and control policies and procedures is also responsible for providing adequate training to all personnel involved. This includes anyone who may be responsible for any part of your procedure and plan. A good example of this is: you may hire an external contractor to clean your private practice. All cleaning methods performed by the external contractor will need to comply with your infection control policy. This example shows the need to train the external contractor in the relevant requirements and procedures for appropriately and thoroughly cleaning your environment to the standards you require, and the standards required by law. It is your responsibility in this case to ensure you train any cleaners who will be cleaning your environment in precisely what is needed for infection prevention and control. This could include sterilisation processes.

Training is required when another person is performing any procedure outlined in your infection control policy. Examples include:

- Additional staff members
- Cleaners
- Laundry service
- Other therapist
- Equipment handlers
- And more

**Universities and Training Colleges**

All healthcare workers need to understand the basis and importance of infection prevention and control. Up-to-date information on infection prevention and control basics, policy, procedures, quality assurance and incident monitoring should be included in the curriculum of all undergraduate and postgraduate courses in health-related areas. Universities and training colleges also have an obligation to inform prospective students about the impact that particular infections may have on their ability to complete the course and engage in the full
spectrum of clinical practice after graduation. This information should include advice about specific measures, including immunisation, that reduce the risk of acquiring infection.

**Education of Infection Control Professionals**

While some states in Australia have requirements for practising as an infection control professional, there is currently no minimum or standardised educational requirement to practice as an infection control professional, or to coordinate an organisational program. A range of postgraduate education programs are currently available for nurses seeking or establishing a career in infection control in Australia, although the content of these courses is variable.

**Healthcare Worker Education**

Healthcare facilities should provide specific education and training for all healthcare workers and students about infection prevention and control principles, policies and procedures that are relevant to the facility. The aim is to inform and educate healthcare workers about the infectious hazards they will face during their employment, and their role in minimising the spread of infection to others. Special attention should be given to advice about hand hygiene. The role of clinical educators in providing this education needs to be supported, as they provide a vital link between teaching and healthcare facilities.

**At a minimum, all staff (both clinical and non-clinical) should be educated about:**

- Modes of transmission of infectious agents
- Risk identification, assessment and management strategies including transmission-based precautions
- Orientation to the physical work environment with a focus on its risks for infection
- Safe work procedures
- Correct use of standard precautions
- Correct choice and use of personal protective equipment (PPE), including procedures for putting on and removing PPE.
- Checking of respirators
- Appropriate attire (shoes/hair/nails/jewellery)
- Hand hygiene practices
levels of cleaning required for clinical areas and equipment
how to deal with spills
safe handling and disposal of sharps
reporting requirements of incidents such as sharps injuries and exposures
waste management
antibiotic policy and practice

This information should be provided in the context of staff's roles in the organisation or practice, and with a focus on respecting and maintaining patient confidentiality at all times. It should be provided as part of their orientation, with periodic updates and refresher courses as required for their specific jobs.

Healthcare workers may also require job or task-specific education and training, such as:

- instrument cleaning and sterilisation competency testing
- insertion and management of central and peripheral lines
- risks and prevention of mro transmission.

job-specific training should be provided as part of orientation, when new procedures affect the employee's occupational exposure, before rostering to hazardous areas (e.g. caring for patients on airborne precautions in a negative pressure room); and at a minimum, in annual refresher courses. Healthcare workers should be assessed to ensure that they are competent in using and consistently adhering to the specific infection prevention and control practice. Healthcare facilities should maintain records of participation by healthcare workers in infection prevention and control education programs.

education strategies

the term 'educational strategies' encompasses a wide range of commonly applied interventions that aim to bring about and sustain changes in the practice of healthcare workers. a review was undertaken to inform the development of these guidelines, identifying relevant systematic reviews of educational interventions in general healthcare settings and, more specifically, where education has been used to reduce healthcare associated infections and improve hand hygiene in the workplace.

education activities can be integrated into staff orientation programs, credentialing packages, annual training and competency testing, implementation
of policy and procedure manuals, and in decision support tools that may be available on the facility internal system or intranet. The infection control professionals’ contact details should be readily available to all staff and included in all resources. E-learning (e.g. interactive web-based training) is being used in some states, and may be a useful addition to other education strategies. For example, the Queensland Health Clinician Development Education Service offers interactive flexible on-line learning programs across a wide range of topics, including infection prevention and control, which are available 24 hours a day from work or home.

Staff Training

In order for staff to perform to the expectations of the organisation and to their maximum potential, managers and team leaders should ensure that they have the appropriate training and development.

People will benefit from both an individualised learning plan to meet their specific needs in the workplace, as well as gaining valuable knowledge from group training sessions where they learn not only from instruction, but through a sharing and development of ideas.

Such development not only benefits the individual, but the group and the organisation as a whole.

When developing a learning plan the following steps can be followed:

- Step 1: Get to know the learner
- Step 2: Assess what knowledge they require
- Step 3: Prioritise the basic skills needs
- Step 4: Obtain agreement
- Step 5: Break down the objective(s)
- Step 6: Decide the teaching approaches
- Step 7: Decide how to record progress

Once all of these have been established, then the team leader should then take the final step of putting the planned activities into practice and implementing the training process.

Training may be performed on either an internal or external basis. This means that staff members can attend training in the organisation provided by management or expert staff members or they may attend other types of training including:
- Networking events
- Product providers
- Formal training from a training provider, health training from government departments
- Any other type of training relevant to infection control

The main thing is that you determine the type of training that your staff members need and you initiate this training at your earliest convenience. Staff members cannot follow new policies, systems and procedures if they are not aware of them or do not understand them.

**ASSESSMENT 3.2**
3.3 ISSUES OF CONCERN

Monitoring Infection Control

Monitoring the effectiveness of infection control procedures is an important part of the infection control process. Monitoring is an ongoing process to support you to see how well the process is actually working. It will support you to identify any gaps in your systems and also any improvements or changes that need to be made.

Ideally, how you are going to monitor the effectiveness of your infection control process is planned out from the inception, so there are set milestones and

Key points relating to monitoring:

- Have a monitoring plan or schedule in place
- Remember that monitoring is an ongoing process, not a once off
- Remember that monitoring is a crucial process to ensure any gaps are identified
- Involve staff members where appropriate
- Encourage self-accountability by asking staff to provide feedback on how they have found the infection control procedures

Ways to monitor include:

- Observing staff, i.e. observing hand washing procedures, shadowing them to ensure they follow the correct steps as carrying out their duties
- Checking logs, record books and other documentation to ensure infection control processes are being followed
- Team meetings – whereby you discuss any issues staff have had with infection control
- Staff reviews – any individual issues with infection control can be raised

Ways in which you would know that your systems are effective include:

- Observing staff correctly carry out procedures
- Documentation and records indicate correct processes have been followed
- Infection is contained
- Documentation is completed correctly

Alerts that infection control processes are not being followed or not effective:
- Infections are spreading throughout the organisation
- Documents and records are not being maintained
- Staff are reporting issues with infection control

Addressing Areas of Concern

If any areas of concern are identified – these need to be addresses as soon as possible. The action taken will of course depend on the area of concern, but types of action may include:

- Review of systems and processes
- Updating systems and processes
- Staff disciplinary procedures where appropriate
- Further training where needed
- Acquiring additional resources as needed
- Ensuring adequate information is available to staff on the infection control processes, i.e. signs at hand-washing basins

ASSESSMENT 3.3
Assessing Infection Control Systems Against Compliance Requirements

The policies and procedures used by your practice will vary depending on whether they are part of a larger organisation or a stand-alone practice. Bigger organisations such as hospitals or universities often have comprehensive policies and procedures in place to cover many disciplines all using hazardous chemicals or producing bio-waste. Smaller practices will still have policies and procedures however the reporting mechanism will be more direct.

Legislation requires certain kinds of incidents to be reported. When thinking of hazardous events, we may think of newsworthy events such as large chemical spills or the breach of bio-security but there are all kinds of every day events which end up on the agenda at the next WHS meeting.

Legislation, standards and guidelines vary from state to state and territory but they will all have specifications regarding the process of notification to a Commissioner or other Authority if an employee incurs an injury or is affected by a disease that results in the death of the employee or is of a kind prescribed in the regulations. Check in your state for the most up to date prescription of statutory reporting requirements.

Reviewing infection prevention and control systems for compliance requirements should occur when policies and procedure are in need of review, or when changes occur in the guidelines, standards or legislation.

**ASSESSMENT 4.1**
4.2 INCIDENTS

ELEMENT: 4. Evaluate infection prevention and control performance
PERFORMANCE CRITERIA: 4.2 Review incidents as key sources of information

Review of Incidents

Regular review of incidents and incident reports allows infection prevention and control policies and procedures to adapt and change as needed to enable safe work practices. This process involves using incident and incident reports as key sources of information.

Incidents must be documented/reported accurately and factually. A successful incident investigation requires everyone’s co-operation to prevent recurrence in the future.

Review of incidents could address areas such as:

- How did this happen?
- Why did this happen?
- What can/needs to be changed to reduce the risk of reoccurrence?
- Is there a policy and procedure to prevent this reoccurring? If there is, is it not clear to understand?
- Are policies and procedures readily available to everyone?

How and why an incident occurred may shed light on areas or team members who lack the understanding or knowledge to work in a safe manner. Further training may be required. It may also show the policies and procedures are not clear to follow, and confusion of correct procedures occurs.

Reducing the risk of reoccurrence may involve change. Whether that is changing policies and procedures or the way staff training in infection prevention and control is conducted to maximise staff awareness. The type of change that needs to happen should be identified through the review process.

Staff should have access to, and be able to understand policies and procedures. It may involve more training for staff to competently understand them, this also allows staff to be involved in the review process as they are the ones utilising them. If there is no policy or procedure for an incident, creating one should involve those who were involved in the original incident. They may be able to identify what needs to be included, they may also help identify other areas of improvement.

ASSESSMENT 4.2
4.3 SYSTEMS AND PROCEDURES FEEDBACK

Feedback

Workplace meetings are the most generally accepted times to receive and seek further information and feedback on infection control issues and practices. Other opportunities would be:

- During induction
- Training – formal, informal, product or equipment specific or specialist
- One to one discussions with supervisors or OHS reps
- Lists of suggested websites which provide further information
- Emails and memos providing updates

Benefits of seeking feedback include:

- Gaining others valuable input into the effectiveness of the system and procedure
- Identifying any gaps that need to be addressed
- Identifying any potential risks that have not been addressed
- Staff cohesion
- Unified approach to managing hazards and risks

It is important that you are approachable, whether you are the WSH rep or a member of the risk management committee so that staff feel comfortable letting you know of their concerns.

This way, you may pick up on procedures that need tweaking long before the danger presents itself and any equipment can be checked before causing an incident that could be much more costly in terms of time, effort, money and worst of all, impact on someone’s health.

Problems are always easier to fix when they are small. Chances are if someone approaches you with an issue saying “You’ll probably think it’s silly of me to bring this up but...” that you should listen to them. Anything said after the word ‘but’ is what they are really concerned about. Being approachable means they will be less anxious about how you perceive their concern and more likely to tell you when issues are smaller, and easily solved.
ASSESSMENT 4.3
**4.4 SYSTEMS AND PROCEDURES IMPROVEMENTS**

**ELEMENT:** 4. Evaluate infection prevention and control performance  
**PERFORMANCE CRITERIA:** 4.4 Identify and action improvements to systems and procedures

**Identifying and Actioning Improvements**

You should have an environment where your staff are confident about identifying risks and changes that need to be made to work procedures. One of the best reasons to encourage such an atmosphere is early detection of inadequacies in work procedures which can be spotted by those who have to use them on a regular basis. Often, especially in larger organisations, experts are brought in to write manuals, provide guidance and draw up task management ‘to-do’ lists. This can be a wonderful way to make the practice more efficient and helps eliminate repetitiveness and double handling of tasks. It is important to listen to those who do the tasks as the best way is not always the quickest or easiest. This type of meeting also allows you to suggest changes or corrections to be discussed.

The ultimate outcome is to reduce risks and not to score points for ideas taken up or to be put out if ideas for change are rejected. Ultimately, the combined knowledge of the team is invaluable to understanding risks and correcting or controlling them and their opinions should be respectfully listened to and acted upon where possible.

Staff meetings which are open and transparent will provide feedback which can be incorporated in your reporting mechanisms to see permission from designated personnel for correction or for advice on procedural matters. It may be that the procedure cannot change and so you and the team need to come up with a solution to ensure that the infection control measures and work procedures are performed correctly in accordance with practice guidelines as well as any overarching organisational procedures and legislative requirements.
Meetings are minuted and copies are distributed to attendees, absentees and appropriate designated staff such as the practice manager, the Infection Control Coordinator, the Quality Improvement Coordinator, the Infection Control Committee and the WHS Committee to name a few. Your organisation may have other designated staff who need to receive minutes of such meetings or their titles may vary from practice to practice or from one organisation to another.

Identification methods

Data collection and analysis which assist with investigation of incidents, monitoring and evaluation of prospective injury surveillance programs and analysis of risk data to allow interventional strategies to be developed.

Most practice management software can produce the following types of reports:

- Customised WHS reports by area, by staff and by known hazard
- Microbiology laboratory based reports
- Engineering Department reports e.g. air-conditioning, Legionnaires disease prevention monitoring – cooling towers, showers, monitoring of hydrotherapy spa
- Staff Health Services reports to support staff infection control policies (staff screening & vaccination and post-exposure follow-up programs)
- Healthcare Associated Infection (HAI) database

The maintenance of such databases and use of report templates allows the designated staff members to provide immediate notification to multiple areas facilitates collaboration for a response as well as outside authorities. It is important
to ensure that only meaningful data is entered so that the reports are accurate and assist with informing effective and specific interventions as required.

Trend analysis allows for proactive prevention of infection, in the future. Monitoring infection control is a relentless function and the constant drive to improve processes and remove risks and hazards for staff and patients is a perpetual task for allied health assistants.

Knowledge sharing within larger organisations ensures that protocols are available across the system. Consistency of data entry ensures greater accuracy and provides confidence in the system. The ultimate aim is enhanced quality of care and client/staff safety.

Data collection and analysis allows improvements to be identified and actioned to assist in the maintenance of systems and procedures. This process should be continuous as systems, procedures, legislative requirement and organisational changes may occur.

**ASSESSMENT 4.4**
REFERENCES


