Infection Prevention and Control Manual

Application

Effective Date	Programme application
July 2015	Allowah Presbyterian Children's Hospital including Allowah Disability Support Services

Approved / Reviewed

Key Policy Writer	C Towers

Policy Review group members	ALT

Approved by	Date	Review date
Scott Hurren	July 2015	July 2017
LMC LM17.09.79	Sept 2017	Aug 2020
ALT	Feb 2021	Aug 2023

Document Control

Issue	Date	Author	Change Description
1	July 2015	C Towers	
2	August 2017	C Towers	Scheduled review
3	August 2020	G Gilchrist	Scheduled review and addition of information about CPE
4	May 2021	M Clark	Update infographics.

Other relevant policies

Pet visitors and pet therapy policy
Kitchen and Food Safety Manual
WH&S Policies and Procedures
Clinical Procedure Manual
Waste management policy
Environmental Cleaning Policy
Outbreak Management Policy and Procedures - Influenza

Related competencies
Hand hygiene

Donning and doffing

Document Summary / Key Points:
- Outlines Allowah's Infection Prevention and Control policies and procedures.

Change Summary:
- Scheduled review, formatting updated

This policy must be read and interpreted alongside the following legislation:
Health Practitioner Regulation National Law Act (NSW) No 86a
Public Health Act (NSW) 2010
Food Act (NSW) 2003
Privacy Act (Commonwealth) 1988
Health Records and Information Privacy Act (NSW) 2002
Therapeutic Goods Act (Commonwealth) 1989
Schedule 3 - Code of Conduct of the Public Health Regulation (NSW) 2012
Work Health and Safety Act (NSW) 2011

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1 INFORMATION

Healthcare associated infections are the most common complication affecting patients in hospitals. Each year, around 200,000 healthcare associated infections are contracted by patients in Australia.

At least half of healthcare associated infections are preventable. Successful infection control to minimise the risk of transmission requires a range of strategies across all levels of the healthcare system and a collaborative approach for successful implementation.

1.1 NSQHS – Standard 3 – Preventing and Controlling Healthcare Associated Infections

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients and carers. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.

There are eight NSQHS Standards, which cover high-prevalence adverse events, healthcare associated infections, medication safety, comprehensive care, clinical communication, the prevention and management of pressure injuries, the prevention of falls, and responding to clinical deterioration. Importantly, these NSQHS Standards have provided a nationally consistent statement about the standard of care consumers can expect from their health service organisations.

Standard 3: Preventing and Controlling Healthcare Associated Infections aims to improve infection prevention and control measures to help prevent infections and the spread of antimicrobial resistance through the appropriate prescribing and use of antimicrobials.

1.1.1 Why the standard is important

Healthcare-associated infections are the most common complication affecting patients in hospitals. In Australian healthcare settings, large numbers of patients are treated in close proximity to each other. They often undergo invasive procedures, have medical devices inserted and receive broad-spectrum antibiotics or immunosuppressive therapies. These conditions provide ideal opportunities for the adaption and spread of pathogenic, infectious organisms.

Healthcare-associated infections complicate patient recovery and increase healthcare costs by increasing the length of hospital stays, and the treatment

and care required. In addition, there is the increasing problem of organisms that are resistant to current antimicrobial treatments.

Many healthcare-associated infections are preventable. Infection prevention and control practices, such as hand hygiene, the use of personal protective equipment, equipment disinfection, environmental cleaning and vaccination are recognised as an essential part of an effective response to infection control and antimicrobial resistance. It includes the use of surveillance data to identify resistant organisms, and appropriate prescribing of antimicrobials to reduce the development of resistant organisms.

Successful infection prevention and control requires a collaborative approach and a range of strategies across all levels of the health service organisation. This standard describes this approach and strategies.

1.1.2 What will implementing the standard mean?

If the standard is in place …

- There are systems to support and promote the prevention and control of healthcare associated infections
- There are systems for the safe and appropriate prescribing and use of antimicrobials, as part of an antimicrobial stewardship program
- Patients who have an infection or are at risk of infection with an organism of local, national or global significance are identified promptly, and receive appropriate management and treatment
- The health service organisation is clean
- Reprocessing of re-usable medical devices, equipment and instruments is consistent with relevant current national standards and manufacturer instructions.

[Australian Commission on Safety and Quality in Healthcare – Standard 3 Fact Sheet – 2017]

2 GOVERNANCE AND SYSTEMS FOR INFECTION CONTROL

The infection prevention and control program at Allowah is based on a risk management model. The program aims to minimise transmission of healthcare associated infection by implementation of good infection control practices in all areas. This provides a safer environment for our children, their families and other visitors, and a safer workplace for staff.

Infection prevention and control is the responsibility of all staff members. All staff will be aware of their responsibilities and commitments to infection prevention and control, including maintaining up to date knowledge relevant to their area of work.

At Allowah, all children and their families and carers will be treated with dignity and respect, and without discrimination, regardless of their known or presumed diagnosis or infectious status.

The infection prevention and control program at Allowah is coordinated by the Infection Control Nurse.

The Medical Advisory Committee (MAC) ultimately directs the infection prevention and control program through the Allowah Leadership Team (ALT), which oversees the program including receiving and reviewing the infection prevention and control program/plan, reports, policies and procedures. Regular reports are made to the ALT and MAC and actions and decisions made by the committees, including recommendations for quality improvement activities, are recorded in the meeting minutes.

Infection prevention and control policy and practices at Allowah will comply with current legislative and policy requirements of NSW Health Department.

The scope of this policy includes:

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

The infection control program at Allowah will include:

- Development, implementation and review of a risk-management based annual plan which includes strategies for:
    - appropriate surveillance including outcomes (healthcare associated infections – HAIs), processes, outbreaks and critical incidents;
    - infection prevention and control education; and
    - staff health.
    - Assessing the need for patient placement based on the risk of infection transmission
- National Accreditation Standards

Consistent with Standard 3 of the National Safety and Quality Health Service (NSQHS) Standards Allowah will plan for and implement appropriate clinical governance systems and infection prevention and control strategies to prevent and manage HAIs.

- Monitoring of the effectiveness of the infection prevention and control program and compliance with infection prevention and control requirements, for example by auditing.
- Regular reporting on infection control matters to the ALT and any other appropriate committees or bodies.
- Implementation of actions as recommended by the ALT other appropriate persons or bodies, for example changes to equipment, work methods or practises.
- Review of proposed new equipment, building/renovations etc to ensure that infection prevention and control requirements are met, including the requirement to minimise the risk of occupational exposure to blood and/or body substances.
- Development and implementation of contingency plans for management of outbreaks of infection and infection control reportable incidents.
- These duties will be carried out by the Infection Control Nurse, or others as delegated by the Infection Control Nurse with the approval of the Director of Nursing

3 RISK ASSESSMENT AND MANAGEMENT

In infection prevention and control, "risk" is the possibility of acquisition of infection by children or healthcare workers as a result of being a patient or working at Allowah. Risks may be facility wide, ward/department based or related to individual factors concerning the individual child and his/her management.

The approach to risk management in infection prevention and control at Allowah is based on a risk assessment and management approach which involves:

- Establishing context of the risk i.e. within the unique environment of our facility
- Avoiding risk whenever possible
- Identifying risks so that none are left out or ignored
- Analysing risks
- Evaluating risks
- Treating risks

Monitoring and review, communication and consultation are also key components of clinical risk management.

Risk analysis matrix

Likelihood	Consequences				
	Negligible	Minor	Moderate	Major	Extreme
Rare	Low	Low	Low	Medium	High
Unlikely	Low	Medium	Medium	High	Very high
Possible	Low	Medium	High	Very high	Very high
Likely	Medium	High	Very high	Very high	Extreme
Almost certain	Medium	Very high	Very high	Extreme	Extreme

Risk	
Low	Manage by routine procedures
Medium	Manage by specific monitoring or audit procedures
High	This is serious and must be addressed immediately
Very high Extreme	The magnitude of the consequences of an event, should it occur, and the likelihood of the event occurring, are assessed in the context of the effectiveness of existing strategies and controls

Source: NHMRC: Australian guidelines for the prevention and control of infection in healthcare (2010)

Examples of infection prevention and control risk analysis and management

Risk Identified	Who is at risk?	Potential source of infectious agent	Analysis of risk (likelihood / consequence)	Action
Activity involves direct physical contact with intact skin	Healthcare worker and patient	Contaminated healthcare workers hands, medical devices, surroundings	Moderate / possible	Perform hand hygiene Ensure surfaces & equipment are clean

Risk Identified	Who is at risk?	Potential source of infectious agent	Analysis of risk (likelihood / consequence)	Action
Activity involves direct physical contact with broken skin / wounds	Healthcare Worker, patient & patient care area	Healthcare workers hands, medical devices / equipment, blood or body substances	Moderate / possible	Perform hand hygiene Use appropriate PPE Clean surfaces before and after use Healthcare worker: cover lesions with occlusive dressing
Handling of sharp and potentially contaminated objects	Healthcare workers through occupational exposures	Blood and body substances	Moderate / possible	Use and dispose of sharps correctly Provide training in correct techniques
Activity relates to the respiratory system e.g. suctioning, nebuliser	Healthcare worker and patient care area	Mucosal secretions, droplets, aerosols	Moderate / possible	Use droplet or airborne precautions Use protective eyewear if potential splash/ spray to eyes
Activity involves physical contact with clinical waste	Healthcare worker and patient care area	Blood and body substances	Moderate / possible	Use appropriate PPE Dispose according to local policy
Activity involves physical contact with human waste or contaminated laundry, clothing or equipment	Healthcare worker and patient care area	Blood and body substances	Moderate / possible	Use appropriate PPE
Activity creates sprays or dust	Healthcare worker and others in patient care area	Aerosols generated by cleaning process	Moderate / possible	Use appropriate PPE Provide training in correct techniques

Adapted from: NHMRC: Clinical educators guide for the prevention and control of infection in healthcare (2010)

4 INFECTION CONTROL CNC NURSE JOB DESCRIPTION

The Infection Control CNC Nurse is responsible for planning, coordinating and evaluating an effective infection prevention and control program for Allowah, incorporating all areas and services within the facilities.

Specific Responsibilities

Regularly

- Knowledge, understanding of, and commitment to NSQHS Standard
- Participates in the induction and orientation of new staff in relation to Infection Prevention and Control
- Keeps informed of new procedures and demonstrates commitment to best practice
- Establish and maintain an effective and appropriate infection surveillance, prevention and control program.
- Develop, implement and evaluate policies and procedures in relation to infection surveillance, prevention and control.
- Identify issues related to infection prevention and control and develop appropriate interventions in consultation with others.
- Evaluate new and existing products in consultation with the Stock & Supplies Team to ensure infection control standards can be achieved.
- Initiate and maintain communication with staff and share information, elicit feedback and encourages participation in infection control issues.
- Monitor policies in relation to staff health, coordinate immunisation programme and where designated manages body substance exposures.
- Act as a resource person to all staff on issues related to infection prevention and control policies and procedures.
- Conduct quality improvement and risk management activities and comply with accreditation and licensing standards in areas relevant to infection prevention and control.
- Provides infection control advice on physical environment, equipment, food hygiene, cleaning, waste management and other appropriate issues.
- Provides infection control input to the Executive Leadership Team and Allowah Leadership Team as appropriate and chairs Infection Prevention & Control Team.
- Ensure processes are in place for weekend compliance with management of patients under transmission-based precautions
- Coordinate the staff health program including screening and immunisations, management of non-immune staff, staff with specific circumstances and staff with acute infections, and management of occupational exposures to blood and body fluids
- Ensure that the infection prevention and control program and all infection prevention and control activities are consistent with, and comply with,

statutory, licensing and regulatory requirements, industry standards and current best practice

Daily

- Visit all areas of Allowah to ensure that infection prevention and control practices are being carried out in accordance with written policies and procedures, including but not limited to checking
    - signage,
    - alerts in folders,
    - sticker alerts,
    - nurse awareness of current infection control requirements for particular patients,
    - PPE stock and advising the DOFO of usage levels and projected requirements,
    - room allocation
- Advising the cleaner / kitchen / laundry when a child has specific infection control needs when they a) commence, b) cease and c) move rooms, including updating the spreadsheet for the kitchen and cleaners and laundry
- Monitor cleaning, disinfection and sterilisation processes.
- Co-ordinate the management of patients under transmission-based precautions.

As required

- Investigate outbreaks of infection and conduct look-back investigations.
- Actively participates and provides infection control advice on any future planning of any new buildings or renovations and monitor adherence during construction.
- Initiates and participates in epidemiology and surveillance relevant to infection prevention and control, and applies the research findings to clinical practice

Qualifications / Experience

- Registered nurse
- At least 5 years post graduate experience.
- Interest in infection prevention and control
- Specific education in infection control or willingness to undertake same

Reporting Responsibilities

The Infection Control Nurse reports directly to the Director of Nursing and Allowah Leadership Team.

5 INFECTION CONTROL CARE PLANS

Consistent and correct application of infection control precautions for care of children with infections or communicable diseases reduces the risk of transmission of infection. All children with infections or communicable disease at Allowah Presbyterian Children's Hospital will have a current infection control care plan.

Use of infection control care plans

Child diagnosed with known or suspected communicable disease or infection

↓

Consult Disease Specific Index in Infection Control Manual to identify type of infection control precautions required for management of patient.

↓

Infection Prevention and Control Nurse or RN completes appropriate Infection Control Care Plan (located in Nurses Station)

Note: Standard precautions are used for all patients at all times. Only use standard precautions Care Plan if patient has an infection or communicable disease where only standard precautions are required and there is a need to minimise staff confusion.

↓

Apply child's label to form.

Infection Prevention and Control Nurse or RN to sign and date as authorizing person.

↓

Place Infection Control Care Plan in child's notes. Ensure that any required equipment e.g. masks, plastic aprons, dedicated patient care equipment is available.

↓

Remove Infection Control Care Plan from child's notes when precautions no longer required.

File in medical record.

STANDARD PRECAUTIONS
INFECTION CONTROL CARE PLAN

ID Label:

STANDARD PRECAUTIONS APPLY AT ALL TIMES

	Precaution Type	Yes / No/Details	Comments
	Single room or cohort	Not required	
	Gloves	✓	When risk of exposure to blood or body fluids or contaminated items or surfaces
	Impervious apron	✓	When risk of contamination of clothing with blood or body fluids directly or from surfaces or items
	Mask	✓	When risk of splash, splatter or aerosol of blood or body fluids
	Eye protection	✓	When risk of splash, splatter or aerosol of blood or body fluids
	Care equipment	✓	Discard if single use or clean* after each use *Some items may require further reprocessing before reuse
	Cleaning	Equipment colour: As per cleaning schedule for area Frequency: As per cleaning schedule for area Chemical(s): As per cleaning schedule for area	
	Other	✓	Perform hand hygiene when required (5 moments) Ensure appropriate linen and waste handling
	Transport of child	No special requirements	

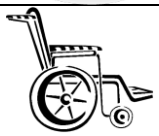
Authorised by: (Name & Designation)……..

Signature……Date……..

CONTACT PRECAUTIONS
INFECTION CONTROL CARE PLAN

ID Label:

STANDARD PRECAUTIONS ALSO APPLY AT ALL TIMES

	Precaution Type	Yes / No/Details	Comments
	Single room or cohort	✓	Single room preferred. If necessary, cohort (share) with child with same organism
	Gloves	✓	For all contact with child or close environment
	Impervious apron	✓	For all contact with child or close environment
	Mask		When required as for standard precautions
	Eye protection		When required as for standard precautions
	Care equipment	✓	Discard after single use if so marked ***or*** Dedicate to child if possible; clean* before reuse If equipment must be shared, clean* before reuse for another child *Some items may require further reprocessing before reuse
	Cleaning	Equipment colour: Yellow Frequency: At least daily and as per cleaning schedule for area Chemical(s): As per cleaning schedule for area	
	Transport of child	✓	Notify transport personnel and facility receiving child
	Other	✓	Remove PPE, clean hands with antimicrobial before leaving room **NO**

Authorised by: (Name & Designation) ……..

Signature…… Date ……

URINARY TRACT INFECTION (CONTACT PRECAUTIONS)
INFECTION CONTROL CARE PLAN

ID Label:

STANDARD PRECAUTIONS ALSO APPLY AT ALL TIMES

	Precaution Type	Yes / No/Details	Comments
	Single room or cohort	✓	Single room preferred. If necessary, cohort (share) with child with same organism
	Gloves	✓	For all contact with child and close environment
	Impervious apron	✓	For all contact with child and close environment
	Mask		When required as for standard precautions
	Eye protection		When required as for standard precautions
	Care equipment	✓	Discard after single use if so marked ***or*** Dedicate to child if possible; clean* before reuse If equipment must be shared, clean* before reuse for another child *Some items may require further reprocessing before reuse
	Cleaning	Equipment colour: Yellow Frequency: At least daily and as per cleaning schedule for area Chemical(s): As per cleaning schedule for area	
	Transport of child	✓	Notify transport personnel and facility receiving child
	Other	✓	Remove PPE, clean hands with antimicrobial before leaving room **No** special management required for linen, crockery /cutlery or waste with **no** visible blood

Authorised by: (Name & Designation) ……

Signature…… Date ……

WOUND INFECTION (CONTACT PRECAUTIONS)
INFECTION CONTROL CARE PLAN

ID Label:

STANDARD PRECAUTIONS ALSO APPLY AT ALL TIMES

	Precaution Type	Yes / No/Details	Comments
	Single room or cohort	✓	Single room preferred. If necessary, cohort (share) with child with same organism
	Gloves	✓	For all contact with child and close environment
	Impervious apron	✓	For all contact with child and close environment
	Mask		When required as for standard precautions
	Eye protection		When required as for standard precautions
	Care equipment	✓	Discard after single use if so marked ***or*** Dedicate to child if possible; clean* before reuse If equipment must be shared, clean* before reuse for another child *Some items may require further reprocessing before reuse
	Cleaning	Equipment colour: Yellow Frequency: At least daily and as per cleaning schedule for area Chemical(s): As per cleaning schedule for area	
	Transport of child	✓	Notify transport personnel and facility receiving child
	Other	✓	Remove PPE, clean hands with antimicrobial before leaving room **No** special management required for linen, crockery /cutlery or waste with no visible blood

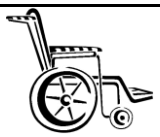
Authorised by: (Name & Designation) ……

Signature…… Date ……

RESPIRATORY INFECTION* (DROPLET PRECAUTIONS)
INFECTION CONTROL CARE PLAN

ID Label:

STANDARD PRECAUTIONS ALSO APPLY AT ALL TIMES

	Precaution Type	Yes / No/Details	Comments
	Single room	✓	If productive cough. If necessary, cohort (share) with child with same organism. Minimum one metre separation required
	Gloves	✓	For contact with sputum or respiratory secretions
	Impervious apron		Standard precautions
	Mask	✓	If contact within 1 metre. Also child when out of room if in contact with others.
	Eye protection		When required as for standard precautions
	Care equipment	✓	Discard after single use if so marked **or** Dedicate to child if possible; clean* before reuse If equipment must be shared, clean* before reuse for another child *Some items may require further reprocessing before reuse
	Cleaning	Equipment colour: Yellow Frequency: At least daily and as per cleaning schedule for area Chemical(s): As per cleaning schedule for area	
	Transport of child	✓	Personnel to wear masks. Notify transport personnel and facility receiving patient
	Other	✓	Assist child to cover nose & mouth when coughing or sneezing; use tissues once only; wash hands

Authorised by: (Name & Designation) ……

Signature…… Date ……

**Except chickenpox /measles/suspected TB/pandemic influenza*

DIARRHOEA & VOMITING PRECAUTIONS
INFECTION CONTROL CARE PLANS

ID Label:

STANDARD PRECAUTIONS ALSO APPLY AT ALL TIMES

	Precaution Type	Yes / No/Details	Comments
	Single room	✓	Preferred May share only with child with same symptoms
	Gloves	✓	For contact with child or child's environment
	Impervious apron		For contact with child or child's environment
	Mask	✓	When risk of aerosol or splash eg if child vomiting; during toileting & personal hygiene; handling soiled linen or linen items
	Eye protection		When risk of aerosol or splash eg if child vomiting; during toileting & personal hygiene; handling soiled linen or linen items
	Care equipment	✓	Discard after single use if so marked **or** Dedicate to child if possible; clean* before reuse If equipment must be shared, clean* before reuse for another child *Some items may require further reprocessing before reuse
	Linen / items for laundry	✓	Place in plastic bag if soiled. Do not rinse or sluice.
	Waste	✓	If soiled with faeces or vomitus, place in plastic bag as soon as possible, then in clinical water
	Transport of child	✓	Notify transport personnel and facility receiving child
	Other	✓	Close lid before flushing toilets. Remove and discard PPE, wash hands with antimicrobial solution or use alcohol hand-rub before leaving room.

Authorised by: (Name & Designation) ……

Signature…… Date ……

6 SURVEILLANCE PROGRAM

Surveillance is an important component of the infection control program.

The surveillance program at Allowah will include:

- outcome surveillance
- process surveillance
- critical incident surveillance
- collection of data regarding antibiotic resistant organisms and
- monitoring of compliance with infection prevention and control policies and procedures.

6.1 Outcome surveillance

Outcome surveillance includes health care associated infections (HAIs) and other adverse events, a proportion of which are preventable.

Surveillance of HAIs will be the responsibility of the Infection Prevention and Control Nurse.

Surveillance of HAIs will use standard definitions and target specific infections or sites of infection, at the direction of the Allowah Leadership Team (ALT) and/or the Medical Advisory Committee (MAC), in consultation with the Infection Prevention and Control Nurse.

Monitoring of HAIs will also be carried out and reported in accordance with any requirements or recommendations of the NSW Health Department.

Data will be collected by the Infection Prevention and Control Nurse from pathology reports, patient notes/charts and reporting by staff.

Reports related to surveillance of HAIs will be regularly submitted by the Infection Prevention and Control Nurse to the ALT and the MAC.

6.2 Process surveillance

Process surveillance involves auditing practices and processes against a standard, guideline or policy. Process measurements are usually easier to measure, less ambiguous and more widely applicable than outcome indicators.

Process surveillance is particularly useful in settings such as Allowah where there may be too few adverse outcomes for useful statistical analysis.

Process surveillance will be the responsibility of the Infection Prevention and Control Nurse.

Process surveillance audits will be conducted on an agreed schedule. Data will be collected by the Infection Prevention and Control Nurse using standardised process surveillance audit tools.

Reports related to process surveillance will be regularly submitted by the Infection Prevention and Control Nurse to the ALT.

6.3 Critical incident surveillance

Critical incident surveillance is a type of outcome surveillance. It is required when there has been a breakdown in an infection prevention and control procedure or protocol resulting in actual or potential harm to children, staff or others

Critical incident surveillance will be the responsibility of the Infection Prevention and Control Nurse.

Data will be collected by the Infection Prevention and Control Nurse as appropriate for the event, and as directed by the Chief Executive Officer.

Reports related to critical incident surveillance will be submitted by the Infection Prevention and Control Nurse to the Chief Executive Officer.

Investigation of critical incidents will be undertaken by the Infection Prevention and Control Nurse in cooperation with other staff and external agencies as required.

6.4 Outbreak surveillance – see Management of an outbreak of infection

7 STANDARD PRECAUTIONS AND TRANSMISSION-BASED PRECAUTIONS

A two-tier system of infection control precautions is in place at Allowah. The two tiers are standard precautions and transmission-based precautions.

Standard precautions will be used by all staff members whenever required, without regard to the known or presumed diagnosis or infectious status of any person.

Transmission-based precautions will be implemented by all staff members when indicated by a provisional or confirmed diagnosis of a person, or when directed to do so by the Director of Nursing or her delegate, or the Infection Control Nurse.

7.1 Standard precautions

- Standard precautions constitute the minimum level of acceptable practice for infection control. They are designed to reduce the risk of transmission of micro-organisms from both recognised and unrecognised sources of infection in the hospital.
- Standard precautions apply to blood; all body substances, secretions and excretions, with the exception of sweat; non-intact skin; and mucous membranes.
- Standard precautions apply at all times and are applied to all children, staff and visitors regardless of their diagnosis or presumed perceived infection status.
- Standard precautions include:
    - Hand hygiene
    - Appropriate and correct use of personal protective equipment (PPE)
    - Safe use and disposal of sharps
    - Routine environmental cleaning
    - Reprocessing of reusable medical equipment and instruments
    - Respiratory hygiene and cough etiquette
    - Aseptic technique
    - Waste management
    - Safe Handling and disposal of waste and used linen

7.2 Transmission-based precautions

- Transmission-based precautions are designed for use with children known or suspected to be infected with pathogens for which extra precautions beyond standard precautions are needed to interrupt transmission in the hospital.

- The use of transmission-based precautions must always be in addition to standard precautions.
- There are three types of transmission-based precautions:
    - Contact precautions: are used to interrupt contact transmission. Contact transmission occurs via direct or indirect contact with a colonised or infected individual or via a contaminated fomite (e.g. contaminated environmental surface). See Attachment 3 in Appendix 2 for a summary of contact precautions.
    - Droplet precautions: are used to interrupt droplet transmission. Droplet transmission occurs via large expelled droplets, ≥5 micrometres (μm) that travel short distances in the air before settling to environmental surfaces. Droplet transmission requires close proximity between the infectious host and other susceptible people. See Attachment 4 in Appendix 2 for a summary of droplet precautions.
    - Airborne precautions: are used to interrupt the airborne transmission route. Airborne transmission occurs by the dissemination of small expelled aerosols (<5μm) that can remain suspended in the air for long periods of time. See Attachment 5 in Appendix 2 for a summary of airborne precautions.
- A combination of types of transmission-based precautions may be required for organisms or diseases that have multiple routes of transmission.

Summary of requirements for standard and transmission-based precautions

Requirement	Standard precautions	Contact Precautions	Droplet Precautions	Airborne Precautions
Single room	No	Yes, preferred, or cohort with like.	Yes, preferred. May cohort with like; minimum 1 metre separation.	Yes – door closed.
Sign on door	No	Yes	Yes	Yes
Negative Pressure	No	No	No	Yes if possible, or door closed and window open
Hand hygiene	Yes	Yes	Yes	Yes
Gloves	Yes, if there is a risk of contact with blood or body substances	Yes, for direct contact with child or his/her environment	Standard precautions	Standard precautions
Impervious apron/gown	Yes, if there is a risk of splash or contamination with blood or body substances	Yes, for direct contact with child or his/her environment	Standard precautions	Standard precautions
Mask	Yes, if there is a risk of splash, splatter or aerosolisation of blood or body substances	Standard precautions	Yes. Surgical mask within 1.5m of child. Remove after leaving room.	Yes. P2 mask. Put on before entering room; remove after leaving room.

Protective eyewear	Yes, if there is a risk of risk of splash, splatter or aerosolisation of blood or body substances	Standard precautions	Yes	Standard precautions
Equipment	Use gloves for handling equipment contaminated with blood or body substances. Avoid contaminating surfaces and items with used gloves	Single use or dedicated equipment where possible. Reprocess reusable items to required level before reuse on other children.	Standard precautions	Standard precautions
Cleaning	Standard cleaning	Depends on organism. Consult cleaning manual or Infection Prevention & Control Nurse	Depends on organism. Consult cleaning manual or Infection Prevention & Control Nurse	Depends on organism. Consult cleaning manual or Infection Prevention & Control Nurse
Transport of children	Cover all open wounds. Surgical mask if coughing / sneezing & infectious condition known or suspected	Surgical mask if coughing / sneezing & infectious condition known or suspected. Advise transport staff & receiving area of precautions	Surgical mask for child when leaving room, inc over nasal oxygen prongs. Advise transport staff & receiving area of precautions	Surgical mask for child when leaving room, inc over nasal oxygen prongs. Advise transport staff & receiving area of precautions
Visitors	Request hand hygiene before & after visit	Hand hygiene before & after visit	Surgical mask & eyewear if within 1 metre of child; hand hygiene before and after visit	P2 mask & eyewear; hand hygiene before & after visit. Restrict visitors.
Other	Respiratory hygiene for coughing / sneezing children	Do not take medical records into room.	Do not take medical records into room.	Do not take medical records into room.

8 HAND HYGIENE AND HAND CARE

Hand hygiene is the single most important procedure in preventing the spread of infection in the health care setting. All staff at Allowah will carry out hand hygiene at all required times, including in accordance with the "Five Moments of Hand Hygiene".

Allowah will ensure an ongoing hand hygiene awareness program is established for all staff that is consistent with the National Hand Hygiene Initiative.

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

8.1 General

- The term "hand hygiene" includes both the use of alcohol-based hand rubs (ABHR) and hand washing with running water and plain or anti-microbial liquid soap.

- Use of alcohol-based hand rub is the preferred method of hand hygiene in most circumstances when caring for children.
- Hands must be washed with soap and water when visibly soiled.
- Hands must be washed with soap and water in circumstances where ABHR is possibly inadequate, for example where a child has been diagnosed as having Clostridium difficile. In these cases, direction to staff will be given by the Director of Nursing or her delegate, or the Infection Prevention & Control Nurse.
- Use of gloves does not remove the need for hand hygiene.
- Artificial nails, nail extension and nail enhancements (varnish or nail art) are not to be worn while providing direct patient care. They have been shown to provide an environment for microorganisms to multiply.
- Hand and wrist jewellery is to be kept to a minimum for direct patient care. Rings other than plain bands, bangles, wristbands or bracelets are not to be worn. All hand and wrist jewellery must be able to be removed for clinical care when required.

8.2 Indications for hand hygiene

Hand hygiene must be carried out:

- At the "Five Moments for Hand Hygiene"
  - Before touching a child
  - Before a procedure (including different procedures on the same child)
  - After a blood or body substance exposure risk
  - After touching a child
  - After touching a child's surroundings
- Whenever hands are visibly soiled, or whenever indicated to prevent the spread of microorganisms
- Before donning and after removing any personal protective apparel including gloves, mask / face protection, or impervious apron / gown;
- After any contact with blood or body fluids, mucous membranes, non-intact skin and abnormal skin e.g. rash;
- After contact with any surface, environment or object that may be contaminated;
- Prior to handling or preparing any food or drinks for children or staff, including feeding children;
- When starting and finishing work, including before and after meal or other breaks;
- After going to the toilet, using handkerchief or tissue, coughing, sneezing or touching hair.

8.3 Types of hand hygiene

8.3.1 Routine – Removes transient microorganisms.

Product	Duration	Technique
Alcohol-based hand cleanser ***This is the preferred method if hands are not visibly soiled***	Until all surfaces of hands are dry (usually 10-15 seconds)	Rub over all surfaces until dry without wiping
Liquid soap and water ***Use when hands are visibly soiled***	Minimum 15 seconds lathering all surfaces	Wet hands, apply one measured dose of solution, lather well over all surfaces, rinse and pat dry with disposable towel

8.3.2 Procedural (clinical / non-surgical) – Prior to invasive and aseptic procedures e.g. wound dressing, insertion of IDC

Product	Duration	Technique
Alcohol-based hand cleanser	Until all surfaces of hands are dry (usually 10-15 seconds)	Rub over all surfaces until dry without wiping
Anti-microbial liquid soap and water	30-60 seconds lathering all surfaces	Wet hands, apply one measured dose of solution, lather well over all surfaces, rinse and pat dry with disposable towel

8.4 Use of alcohol-based hand rub (ABHR)

- ABHR is more effective, quicker to use, better tolerated by skin and more easily accessible at points of care, than hand washing.
- ABHR is available in each child's room at Allowah.
- ABHR will not remove visible soiling from hands and is not to be used when hands are clearly soiled. Handwashing with soap and water is required in these circumstances.

8.5 Hand washing

- Hands must be washed with liquid handwashing solution and water when visibly soiled.

- Take care not to recontaminate hands when turning off taps. If necessary, use paper towel to turn off tap.

Patient and visitor hand hygiene

Hand hygiene is to be performed by everyone. Staff should encourage patients to perform hand hygiene and provide education on the correct hand hygiene technique.

Patients should be provided with the means to perform hand hygiene after going to the toilet or using a bedpan or urinal, before eating, after sneezing, blowing their nose or coughing into hands, and after touching / handling animals.

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

8.6 Hand care

- Hands should be protected during working hours by regular use of a non-oil based moisturising cream/lotion, as provided by Allowah. Other types of moisturiser may inactivate ABHR and antimicrobial soaps and should not be used during working hours.
- Hand moisturising lotion will be dispensed from a non-refillable dispenser to minimise contamination which can provide an environment for growth of microorganisms.
- Alcohol-based hand rub may cause less dryness or irritation to the skin than soap and water.
- Staff with skin problems such as dry, cracked or irritated skin on their hands or forearms should seek advice from the Infection Prevention & Control Nurse. Medical advice may also be required.
- Staff members should cover cuts and abrasions on exposed skin areas with an occlusive waterproof dressing, which should be changed when required or when soiled. If lesions cannot be covered, advice should be sought from the Infection Prevention & Control Nurse and/or a medical practitioner.

9 USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

Appropriate personal protective equipment will be provided within Allowah and will be worn by all staff when indicated.

Selection of personal protective equipment (PPE) must be based on an assessment of the risk of transmission of infectious agents to the patient or carer

and the risk of contamination of clothing or skin of staff by a patients' body substances.

9.1 Sequence for putting on and removing PPE

Hand hygiene is to be performed before commencing to don PPE and after removing PPE.

Putting on PPE	**Removing PPE**
1. Gown /apron	1. Gloves – perform hand hygiene
2. Mask	2. Protective eyewear
3. Protective eyewear	3. Gown / apron
4. Gloves	4. Mask

9.2 Gloves

Gloves must be used in situations where the staff is potentially exposed to body substances. When gloves are determined to be necessary, they must be worn on both hands.

Gloves must be used for procedures that involve direct or perceived contact with non-intact skin, mucous membranes and body substances. Sterile gloves must be worn when it is necessary or unavoidable to touch key sites and key parts directly. The wearing of sterile gloves for any specific aseptic technique procedure may be at the discretion or mandate of the organisation.

Gloves must be changed and discarded

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

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

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

9.2.1 Examination and surgical gloves

- Unsterile examination and sterile surgical gloves are worn as a protective barrier and to prevent transmission of organisms present on the hands.
- Use of gloves does not replace hand hygiene.
- Hand hygiene must be performed before and after use of gloves.
- Sterile surgical gloves must be worn if there is likely to be contact with tissue which is normally sterile or with sterile items e.g. urinary catheter during catheterisation.
- Gloves must be worn whenever there is a risk of exposure to blood and/or body substances, in particular:
    - During any procedure where direct contact is anticipated with blood or body substances, mucous membranes or non-intact skin;
    - While suctioning a child;
    - While handling items, including patient care equipment, linen or clothing, which have come into contact with or are soiled by blood or body substances;
    - While in contact with surfaces that have come into contact with or are soiled by blood or body substances;
    - While performing any invasive procedure including venepuncture or a finger stick e.g. for blood glucose testing.
- Unsterile examination and sterile surgical gloves are single use and disposable. These gloves must never be washed and reused. These gloves must be changed and discarded:
    - As soon as they are torn or punctured;
    - After contact with each child;
    - When performing separate procedures on a child, if there is risk of transmission of microorganisms from one site to another.
- Following use, the gloves must be disposed of into the appropriate waste stream.

9.2.2 General purpose utility (household) gloves

- General purpose utility gloves are worn to protect the hands from contact with chemicals as well as a protective barrier to microorganisms from external source and to prevent transmission of organisms present on the hands.
- General purpose utility gloves must be used for all housekeeping-type tasks including:
    - Environmental cleaning;
    - Equipment decontamination and cleaning; and
    - Situations where potential contact with blood or body substances, or gross microbial contamination may be present e.g. handling of soiled linen.

- General purpose utility gloves should not be shared between staff members. Each staff member is to mark his/her own gloves.
- General purpose utility gloves are to be washed and hung to dry at completion of use, e.g. at end of shift.
- General purpose utility gloves are reusable but must be discarded when cracked, peeling, punctured or torn.

9.3 Aprons or Gowns

Impervious aprons or gowns must be worn where there is a likelihood of splash or contamination with blood or body substances.

Impervious aprons or gowns are single use and cannot be re-used. Following use, the apron or gown must be disposed of into the appropriate waste stream.

If clothing becomes contaminated with blood or body substances, it should be removed as soon as possible, and before attending any other duties. If skin underneath clothing is found to be contaminated with blood or body substances, these areas should be washed with soap and water as soon as possible.

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

- During any procedure or task where there is a likelihood of splashes or contamination with body substances
- On entering an isolation room during transmission-based precautions, if contact with the patient or the patient's environment is likely, and removed before or immediately on exiting the room
- As a protective layer under a sterile gown that is not made of impervious material. Washable fabric gowns provide no protection from body substances and are not considered part of PPE for infection prevention and control.

9.4 Masks

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

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

Single-use face masks are categorised to provide different levels of standard, droplet and airborne protection. The manufacturer's Instructions for Use provide the detail on the barrier level and their applications for use. A P2 / N95 mask

must be worn when treating patients under airborne precautions or if aerosol generating procedures are anticipated. Staff must perform a fit check every time they put on a P2 / N95 mask. The organisation must ensure the staff is informed on how to perform a fit check.

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

A single use mask must:

- Be used for a single episode of patient care
- Be worn and fitted in accordance with the manufacturer's instructions
- Not be touched by hands while worn except for fitting e.g. around the nose and sides prior to exposure
- Cover both the mouth and nose while worn
- Not be worn loosely (both ties secured) or folded down around the neck.

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

A fluid-repellent mask must be worn if there is a likelihood of splashing or splattering of blood or other body substances e.g. while cleaning soiled equipment.

A fluid-repellent mask with appropriate filtration mask should be used when there is a risk of inhalation of micro-organisms e.g. when a child has a respiratory illness or during suctioning.

Mask selection is dependent upon the type of the procedure and assessed risk of contact with blood or body substances, or inhalation of micro-organisms.

Masks must:

- Be worn and fitted according to the manufacturer's instructions;
- Not be touched by hand when being worn;
- Be removed as soon as practicable after they become moist;
- Removed, touching the strings/loops only, and discarded as soon as possible after use;
- Not be re-used.

9.5 Protective Eyewear and Facial Protection

Protective eyewear must be worn where there is a risk of aerosolisation and/or splashing or splattering of blood or body substances to the eyes e.g. wound irrigation.

Protective eyewear must cover the entire eye socket. Normal spectacles are not considered adequate.

Protective eyewear must be worn and fitted in accordance with the manufacturer's instructions.

Single use eyewear must be discarded after use. Reusable eyewear must be cleaned after each use in accordance with the manufacturer's instructions.

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

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

Protective eyewear must meet Australian Standards and be worn and fitted in accordance with the manufacturer's instructions for use.

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

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

10 RESPIRATORY HYGIENE AND COUGH ETIQUETTE

Respiratory hygiene and cough etiquette will be practiced at Allowah when any person has signs of a respiratory infection, regardless of presumed cause.

10.1 Procedures

- Cover the nose / mouth with a tissue when coughing or sneezing
- Dispose of the tissue into a waste container immediately after use
    - If a tissue is not available, the cough/sneeze should be directed into the upper sleeve/inner elbow rather than the hands.
- Perform hand hygiene after each cough / sneeze / use and disposal of a tissue

10.1.1 Visitors

Visitors will be requested not to enter the hospital when displaying any signs or symptoms of a respiratory illness such as coughing or sneezing, regardless of the presumed cause. Signage to this effect will be displayed at all entrances.

Tissues and waste containers, and hand hygiene facilities (ABHR and hand washing sinks) will be available for the use of persons who are coughing or sneezing in the hospital. Such persons will be encouraged to use these facilities.

Spitting is not permitted within the buildings or grounds of Allowah.

10.1.2 Staff

Staff who have a cough are to practice respiratory hygiene at all times.

Staff who have symptoms of a respiratory illness are encouraged to seek medical advice regarding the risk of transmission of any infection that may be present.

Staff who have a persistent cough (more than 2 weeks) are required to be medically assessed.

11 ASEPTIC TECHNIQUE

Aseptic technique will be used at Allowah by appropriately trained staff to ensure that vulnerable sites such as open wounds, sterile sites and invasive devices are not contaminated with potentially pathogenic organisms during insertion and management.

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

Allowah will provide its workforce with, or access to aseptic technique education and maintain records of education, training assessment and competency based assessments.

11.1 Procedures

Procedures performed at Allowah for which aseptic technique is required include but are not limited to:

- Insertion of indwelling urinary catheters
- Wound dressings (e.g. surgical wounds and pressure areas)
- Insertion of PEG tubes
- Insertion of tracheostomy tubes
- Maintenance of vascular access devices, NAD and dressing changes

11.2 Components of aseptic technique

While each procedure requiring aseptic technique will be different, the following components must be present on every occasion:

- Hand hygiene
    - Glove use
- Preparation of the child and the child's environment
- Site preparation
- Definition and use of an aseptic field
- Use of non-touch technique
- Sequencing of the procedure
- Disposal of equipment

11.3 Exposure prone procedures

Exposure prone procedures are defined as "invasive procedures where there is a potential for direct contact between the skin, usually finger or thumb of the healthcare worker, and sharp surgical instruments, needles, or sharp tissues (e.g. fractured bone), spicules of bone or teeth in body cavities or in poorly visualised or confined body sites, including the mouth of the patient."

(Australian guidelines for the prevention and control of infections in healthcare 2010)

No exposure prone procedures are carried out at Allowah.

NB The risk of biting is not considered an exposure-prone procedure.

12 ANTIMICROBIAL PRESCRIBING / ANTIBIOTIC STEWARDSHIP

At Allowah, appropriate use of antimicrobials is recognised as critical to the effective delivery of care for children and is a key factor in the management of antimicrobial resistance.

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

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

Antimicrobial stewardship is defined as processes to assist and support clinicians with decisions regarding the optimal selection, dose and duration of an antimicrobial agent. The objective is to ensure the best clinical outcome for the treatment or prevention of infection, with minimal toxicity to the patient and minimal impact on subsequent resistance development.

The Antimicrobial Stewardship Policy has three main goals:

- Improved patient care
- Decreased pressure for the development of multi-resistant organisms
- Decreased drug acquisition costs.

The term "antimicrobial stewardship" refers to processes designed to ensure prudent, effective, appropriate, safe and (ideally) evidence-based antimicrobial use. It may encompass features including education, feedback, restriction, or electronic prescribing systems. There are 3 main reasons why an antimicrobial may require "stewardship": High resistance potential (e.g. cephalosporins), high cost (e.g. antifungals) or high complexity of use (e.g. ribavirin, anti-HIV drugs).

Effective antimicrobial "decision support" or "stewardship" has several possible benefits. The first (and most important) is to improve clinical care by ensuring that the most appropriate antimicrobial agents are given for the appropriate duration by the appropriate route. The second is reduced pressure for the emergence and spread of multiply resistant organisms due to inappropriate broad spectrum antimicrobial use. The third is to reduce drug acquisition costs. Additional benefits may include better education of prescribers.

The NSW Health Policy Directive, Infection Control Policy
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_013.pdf

- Protocols for antibiotic use must be consistent with the Therapeutic Guidelines – Antibiotic
- Access to specific broad spectrum agents should be restricted to prevent overuse, resistance selection and excess cost
- Prescribing policies should be established under MAC
- Criteria for the use of restricted agents should be reviewed at least annually
- Usage of restricted agents should be monitored regularly
- Prescribing should be improved by a combination of strong leadership, education and training, evidence-based protocols, audit and feedback, and the streamlining of therapy on the basis of positive culture results

The antimicrobial stewardship program will assist and support clinicians in decisions regarding the optimal selection, dose and duration of use of antimicrobial agents.

An effective antimicrobial stewardship program with appropriate prescription and management of antimicrobial agents will provide optimal clinical outcomes for children while minimising development and selection of antibiotic resistant organisms.

An antibiotic formulary and protocols for antibiotic use, including restriction of specified antibiotics, are established and reviewed by the Medical Advisory Committee.

- Specialist advice is sought from a Microbiologist and Pharmacist in developing the formulary and prescribing protocols.
- There are procedures in place for prescribing and supply of restricted antibiotics where these are clinically indicated for optimal care of the child
- All clinicians with prescribing rights are notified in writing of the formulary and antibiotic prescribing protocols at least annually, and whenever there is any alteration.

- The antibiotic formulary and prescribing protocols, including criteria for the use of restricted agents, are reviewed at least annually

The protocols for antibiotic use are consistent with the current edition of Therapeutic Guidelines: Antibiotic. The Guidelines are available on-site to all clinicians.

Whenever possible, microbiology test results will be reviewed by the medical officer before prescribing antimicrobial agents. Where this is not clinically advisable, results will be reviewed as soon as possible, and the antimicrobial agent altered if necessary to achieve the optimum clinical outcome.

The effectiveness of the antimicrobial stewardship program is assessed by regular monitoring and reporting of:

- usage of restricted antibiotics
- antibiotic resistant organisms
- Usage of an antibiogram, developed by the Pathology company (contains yearly, cumulative antimicrobial resistance data).

12.1 Application of Antimicrobial Stewardship

A hierarchical system of stewardship of different antimicrobial agents based on resistance potential, complexity of use (toxicity, interaction, monitoring requirements) and cost has been developed.

- Red agents (mostly high cost and / or resistance potential)
- Orange agents, with intermediate grounds for concern
- Yellow agents, usually agents with other complexities such as drug interactions or monitoring requirements
- Green agents are those where there are no restrictions in use

RED AGENTS Approval required prior to use	
Amikacin	Imipenem/Cilastatin
Amphotericin B liposomal (Ambisome)	Linezolid
Aztreonam	Meropenem
Caspofungin	Moxifloxacin
Cefepime	Quinupristin/dalfopristin
Ciprofloxacin	Ribavirin
Ertapenem	Tigecycline
Flucytosine (5-FC,5-Fluorocytosine)	Valaciclovir

Foscarnet	Valganciclovir
Ganciclovir	Voriconazole
Posaconazole	

ORANGE AGENTS (initial use allowed)	
Aciclovir Intravenous	Fusidate sodium
Atovaquone	Itraconazole suspension or caps
Atovaquone + proguanil	Miltefosine (SAS)
Azithromycin	
Cefotaxime	Nitazoxanide (SAS)
Ceftriaxone	Paromomycin (SAS)
Ceftazidime	Piperacillin/Tazobactam (Tazocin)
Chloramphenicol Intravenous (SAS)	Rifampicin
Clarithromycin	Teicoplanin
Colistin (Polymyxin B)	Ticarcillin/clavulanate (Timentin)
Doxycycline IV (SAS)	Tobramycin
Fluconazole	Vancomycin
Clindamycin Intravenous	Outpatient antibiotic infusers or syringes

YELLOW AGENTS (alert list, not formally restricted)	
Abacovir (S100)	Lopinavir (S100)
Aciclovir oral	Mefloquin
Albendazole	Mebendazole
Amantadine	Neomycin (oral)
Amphotericin B Deoxycholate	Nelfinavir (S100)
Atanazavir (S100)	Nevirapine (S100)
Benzathine Penicillin (SAS)	Oseltamivir
Chloroquine	Pentamidine
Cidofovir (S100)	Praziquantel
Dapsone (100mg Tabs is SAS)	Primaquine
Darunavir (S100)	Pyrimethamine
Delaviridine (S100)	Pyrazinamide (SAS)
Diadanosine (S100)	Quinine dihydrochloride
Efavirenz	Rifabutin
Emtricitabine (S100)	Ritonavir (S100)
Enfuvirtide (S100)	Saquinavir (S100)
Ertavirine (S100)	Stavudine (S100)
Ethambutol	Sodium Stibogluconate
Fosamprenavir (S100)	Sulfadiazine
Griseofulvin	Sulfadoxine / pyrimethamine
Indinavir (S100)	Tenofovir (S100)
Isoniazid	Tripanavir (S100)
Ivermectin	Zalcitabine (S100)
Lamivudine (S100)	Zanamivir
Lamivudine + Zidovudine (S100)	Zidovudine (S100)
Maraviroc	Raltegravir

GREEN AGENTS (not formally restricted)	
Amoxicillin	Miconazole Topical
Amoxicillin/clavulanate (Augmentin)	Minocycline
Ampicillin	Nitrofurantoin
Cefaclor	Nystatin topical
Cephalexin	Penicillin G (Benzylpenicillin)
Cephazolin	Penicillin V (Phenoxymethylpenicillin)
Clindamycin PO	Procaine Penicillin
Clotrimazole (topical)	Pyrantal
Roxithromycin	
Doxycycline	Terbinafine
Erythromycin	
Flucloxacillin	Tinidazole
Gentamicin	Trimethoprim,
Metronidazole	Trimethoprim/sulfamethoxazole
Lincomycin	Mupirocin

13 MANAGEMENT OF BLOOD AND BODY SUBSTANCE SPILLS

All blood and body substance spills at Allowah Presbyterian Children's Hospital will be managed to avoid risk of transmission of infection and to ensure staff and patient safety.

13.1 Use of correct equipment and personal protective apparel /spill kit

In the event of a blood or body substance spill occurring, staff responsible for cleaning up the spill should:

- Obtain the spill kit and take to the scene of the spill. The spill kit is located in the dirty utility room.
- Put on appropriate protective apparel, depending on the size and location of the spill. This will always include gloves but may also include impervious apron and nose/mouth and eye protection.
- Mop up the spill using paper towel.
- Clean the area with neutral detergent and water, using paper towel or disposable cleaning cloths.
- Dispose of all single-use items into the clinical waste container.
- If reusable cloths are used to clean the area, they should be immediately placed in a suitable soiled linen bag, for laundering.
- If reusable items such as goggles are used during the clean-up, they should be cleaned in accordance with manufacturer's instructions, and dried, on completion.
- If a mop and bucket is required, the equipment should be colour coded to the area in which the spill has occurred. On completion of the clean-up, the mop head should be removed and sent for laundering; the bucket

should be emptied, rinsed with neutral detergent and water and inverted to drain.
- At the completion of the clean-up, staff involved must wash hands thoroughly.
- The spill kit must be restocked and replaced in the dirty utility room when the clean-up is completed.

13.2 Requirements for carpeted areas

Blood and body substance spills on carpeted areas are to be managed as above, including cleaning the area with a neutral detergent.

Notify the cleaning staff so that the carpet can be shampooed as soon as possible.

13.3 Follow up

When the clean-up is completed, the cause of the spill should be investigated.

If appropriate, the matter should be reported to the Infection Prevention & Control Nurse for further investigation and/or action.

14 MULTI RESISTANT ORGANISMS (MROS)

Every reasonable effort will be made by management and staff to limit the occurrence and spread of multi-resistant organisms at Allowah. Children colonised or infected with multi resistant organisms will be managed appropriately.

Allowah is a sub-acute facility. Children colonised or infected with MROs will generally not require the same level of infection control precautions as in an acute hospital.

Background information

In general multi-resistant microorganisms are not more virulent than non-resistant micro-organisms but when infections occur they require more complex treatment, often by intravenous infusion of antibiotics.

MROs often occur in the most vulnerable patients in the hospital population. Risk factors include lengthy hospitalisation, use of multiple antibiotics, multiple invasive interventions, and invasive or indwelling devices.

In most cases, conscientious application of standard precautions will prevent the spread of MROs especially MRSA (see below).

In sub-acute care, moving a child to a single room or use of transmission-based precautions is seldom indicated, as long as appropriate infection control actions are carried out by all staff.

The Infection Prevention & Control Nurse must always be notified as soon as a child is known or suspected of being colonised or infected with a multi resistant organism.

If any child known or suspected of being colonised or infected with a multi resistant organism is to be transferred to another health care facility, the transport service and receiving facility must be fully informed.

Colonisation

Colonisation is the presence, growth and multiplication of micro-organisms without observable clinical signs and symptoms of infection.

Colonisation with most multi resistant organisms has been reported to persist over long periods of time.

Children admitted to Allowah with known or suspected colonisation with a multi-resistant organism do not generally require any additional infection control precautions. Standard precautions should always be used by all staff for all children at all times.

Infection

Infection refers to invasion of bacteria into tissues with replication of the organism. Infection is characterised by isolation of the organism accompanied by clinical signs of illness such as fever, inflammation (warmth, redness, swelling), pus formation and an elevated white blood cell count.

Children admitted to Allowah with a known or suspected infection with a multi-resistant organism will be managed according to type of infection, the site of the infection /presence of infective material, the risk of transmission of infection and the risk of contamination of the environment. For example, a child with an MRO chest infection and productive cough will require different infection control precautions from a child with MRSA in a chronic wound.

Infection with a multi resistant organism will be clinically managed by medical staff, in accordance with the antibiotic stewardship policy.

15 MULTI-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

Methicillin resistant Staphylococcus aureus (MRSA) has become increasingly prevalent in acute health care facilities but is now also found in long term and sub-acute care facilities, in day or outpatients, and in health care workers and amongst community members.

MRSA is a particular risk to hospital patients including children with open wounds including recent surgical wounds, prostheses or other implantable devices and invasive devices such as urinary catheters or intravenous cannula.

The main mode of transmission of transmission of MRSA in hospitals, from known and unknown sources, is via hands which may become contaminated by contact with:

- Colonised or infected patients; or
- Colonised or infected health care workers; or
- Devices, items or environmental surfaces contaminated with body fluids or substances containing MRSA.

15.1 Infection control precautions for MRSA

Standard precautions are usually adequate to prevent the spread of MRSA.

Appropriate and timely hand hygiene is the most important strategy in prevention of cross-infection with MRSA.

Antimicrobial handwashing solution or alcohol based hand-rub is to be used by staff for all hand cleansing associated with the care of the child with MRSA, or his/her environment.

Additional infection control precautions e.g. contact precautions should only be instituted on the instruction of the Infection Prevention & Control Nurse. Factors to be considered are the site of the infection, and the likelihood of shedding of the organism and contamination of the environment e.g. respiratory infection with productive cough.

Any wounds infected or colonised with MRSA are to be managed to confine and contain exudate. Dressings are to be changed, not reinforced, whenever "strikethrough" of exudate is noted.

- Contact precautions are to be used when handling the wound and dressings which have been in contact with the wound. Antimicrobial handwashing solution or alcohol based handrub is to be used for all hand cleansing associated with handling of the wound or any dressings which have been in contact with the wound.

A urinary tract infection with MRSA will require contact precautions when in contact with urine e.g. while emptying catheter bag or handling incontinence pads or nappies. Staff assisting with toileting must also perform hand hygiene on completion.

The reason for infection control precautions, and general information about MRSA, is to be carefully explained to the child's family/carer.

Visitors are to be requested, and if necessary taught, to undertake hand hygiene before and after visiting the child.

15.2 Environmental cleaning for MRSA

15.2.1 Colonisation

The room of a child colonised with MRSA will not normally require any additional or different cleaning from those of other children. Advice should be sought from the Infection Control and Prevention Nurse

15.2.2 Infection

- The room of a child with an MRSA infection is to be cleaned daily with a two-step process.
    - Normal cleaning in accordance should be carried out first, using neutral detergent and water.
    - Then all surfaces should be wiped over with a solution of sodium hypochlorite (bleach) and water.
- When possible, the room of a child with an MRSA infection is to be cleaned last. This is to minimise the risk of spread of the organism through cleaning equipment.
- The room of a child with an MRSA infection is to be cleaned using yellow cleaning equipment. This acts as a reminder that this equipment must be discarded or sent for laundering immediately on completion of cleaning.

- Cleaning staff are to wear required personal protective equipment, depending on the type of infection control precautions in place, during cleaning.
    - Hands and forearms should be thoroughly washed at the completion of cleaning, following removal of PPE and disposal of equipment.
- There are no extra requirements, e.g. double bagging, for management of linen or waste generated during the care of a child colonised or infected with MRSA.

16 VANCOMYCIN-RESISTANT ENTEROCOCCAL - VRE

Enterococci are bacteria normally found in the bowel and the female genitourinary tract. They are of relatively low virulence but they may cause some infections. VRE refers to vancomycin-resistant enterococcal species, Enterococcus faecium and Enterococcus faecalis.

VRE is neither more infectious nor more virulent than sensitive enterococci.

Enterococci are known to contaminate hands, equipment and the patient care environment. They may persist in the environment for long periods of time.

The most likely routes of transmission from child to child are either by direct contact through transient carriage of VRE on the hands of personnel, or indirectly by contaminated environmental surfaces and care equipment.

16.1 Infection control precautions for VRE

Persons colonised or infected with VRE and who have diarrhoea, faecal incontinence, an ileostomy or colostomy, open wounds, or in whom basic personal hygienic practices maybe compromised are more likely to contaminate their own environment.

As children admitted to Allowah meet many of these criteria, extra care must be taken not to allow opportunities for transmission of the organism to other children.

Contact precautions must be used for any child admitted to Allowah Presbyterian Children's Hospital who is known to be colonised or infected with VRE. Standard precautions always apply.

Visitors are to be requested, and if necessary taught, to undertake hand hygiene before and after visiting the child.

16.2 Care equipment and VRE

Whenever possible, care equipment should be dedicated to the use of the child during admission.

Equipment which leaves the child's room should be adequately cleaned with neutral detergent and water, then disinfected with sodium hypochlorite solution prior to use on another child. If this is not possible, clean the equipment then wipe over with an alcohol impregnated wipe.

16.3 Therapy and VRE

Children with VRE should if possible have therapy in their own room.

Where shared equipment is used, all surfaces and equipment used by the child should be cleaned after use with neutral detergent and water and then wiped over with a solution of sodium hypochlorite and water. If this is not possible, clean the equipment then wipe over with an alcohol impregnated wipe.

Children with VRE must not attend the hydrotherapy pool.

16.4 Environmental cleaning for VRE

The room of a child with VRE is to be cleaned daily with a two-step process.

- Normal cleaning should be carried out first, using neutral detergent and water.
- Then all surfaces should be wiped over with a solution of sodium hypochlorite (bleach) and water.
- Particular attention should be paid to all horizontal surfaces, bed rails, door handles, linen skip lid, waste bins, hand basins and taps.

When possible, the room of a child with VRE is to be cleaned last. This is to minimise the risk of spread of the organism through cleaning equipment.

The room of a child with VRE is to be cleaned using yellow cleaning equipment. This acts as a reminder that this equipment must be discarded or sent for laundering immediately on completion of cleaning.

Cleaning staff are to wear required personal protective equipment, depending on the type of infection control precautions in place, during cleaning. Hands and forearms should be thoroughly washed at the completion of cleaning, following removal of PPE and disposal of equipment.

There are no extra requirements, e.g. double bagging, for management of linen or waste generated during the care of a child colonised or infected with VRE.

On discharge:

- Room is to be cleaned using two-step process as per daily cleaning.
- Surfaces to be included are:
  - all horizontal surfaces and fittings
  - walls that may have been visibly soiled
  - door handles/knobs, light switches
  - mattress, pillows, bed rails, locker and over-bed table
  - bathroom
  - telephone, television remote control, call bell, blinds
  - floors.
- Curtains to be removed and sent for laundering or dry cleaning.
- Clean and thermally or chemically disinfect all reusable items before reuse for another child
- All single use equipment and items in the room (e.g. respiratory, enteral feeding equipment) are to be discarded

17 CARBAPENEMASE PRODUCING ENTEROBACTERALES (CPE)

17.1 General Information

17.1.1 What is CPE?

Enterobacterales are an order of Gram-negative bacilli that occur naturally in the gastro- intestinal tract. They can spread outside the gastro-intestinal tract and cause serious infections such as bacteraemia, pneumonia, urinary tract and wound infections.

Carbapenemase producing Enterobacterales (CPE) are often resistant to carbapenem antibiotics by means of an acquired carbapenemase gene. CPE produce carbapenemase enzymes which hydrolyse carbapenems (as well as other β-lactamases, such as penicillins and cephalosporins).

Some acquired beta-lactamases (e.g. ESBL and AmpC enzymes) can result in carbapenem resistant Enterobacterales (CRE) in certain circumstances. Not all acquired carbapenemases result in carbapenem resistance. Thus, CRE are commonly CPE, and CPE are commonly CRE, but neither group is entirely a subset of the other. The highest degree concern is for the transmissible carbapenemases (in CPE) because they pose the greatest threat.

There are a number of different types of carbapenemases found in CPE; the five most important globally are Imipenemase (IMP), Klebsiella pneumoniae carbapenemase (KPC), New-Delhi metallo-β-lactamase (NDM), Oxacillinases (OXA) and Verona integron-encoded metallo-β-lactamase (VIM). Each of these has been identified in patients in Australia.

Table 1 – Key Definitions

Enterobacterales	Gram-negative bacilli that occur naturally in the gastro-intestinal tract
Carbapenemase enzymes	Beta-lactamases that hydrolyse carbapenems, usually along with other Beta-lactams
Carbapenemase-producing Enterobacterales (CPE)	Enterobacterales which produce a carbapenemase, by means of an acquired carbapenemase gene.
Carbapenem resistant Enterobacterales (CRE)	Enterobacterales which are resistant to carbapenem antibiotics, by a number of means, including carbapenemase gene acquisition.

17.1.2 CPE occurrence and public health significance

The proliferation of CPE represents a rising public health threat in Australia. CPE are an infection risk for the following reasons:

- **CPE can be easily transferred between patients**. CPE have caused a number of outbreaks in healthcare facilities nationally and overseas.
- **CPE can have severe clinical consequences**. Infections caused by CPE are associated with high rates of morbidity and mortality, as well as hospital costs.
- **CPE are difficult to treat**. Treatment of CPE infections is increasingly difficult as these organisms are often resistant to carbapenems and many (sometimes all) other available antibiotics. Antibiotics often required are associated with significant side effects.
- **Carbapenemase genes can be efficiently transferred between organisms**.

17.1.3 CPE colonisation and infection

CPE colonisation refers to the presence of the bacteria in/on a body surface without signs of invasive infection. The primary site of CPE colonisation is usually

the lower gastro-intestinal tract. Other potential sites for colonisation include the urinary system.

CPE infection refers to the invasion of a person's bodily tissues by the bacteria and their subsequent multiplication, resulting in disease-causing symptoms and the reaction of host tissues to these organisms and the toxins they produce.

17.1.4 Risk factors for acquisition of CPE

As this is an evolving international epidemic, the risk factors for acquisition are likely to change. In Australia the current major risk factor for acquiring CPE is overseas travel, especially when medical care or treatment in a healthcare facility is involved. However, there have been cases of CPE in Australia in which overseas travel was not an identified exposure route.

Additional risk factors which have been shown to be associated with increased risk of CPE acquisition include:

- Prolonged hospitalisation
- Dialysis or chemotherapy in the previous 12 months
- Multiple or recent exposure to different antibiotic agents (including extended-spectrum penicillins, cephalosporins, fluoroquinolones and carbapenems)
- Indwelling medical devices (such as central venous catheters, urinary catheters, biliary catheters or wound drains)
- Organ or stem cell transplant recipients
- Mechanical ventilation
- Admission to an intensive care unit
- Diabetes mellitus
- Prior VRE colonisation
- Medical care, treatment or intervention in a healthcare facility or clinic overseas
- Recent hospitalisation in a hospital with a known CPE outbreak or endemic transmission.

Many of the children who attend Allowah are exposed to these additional risk factors due to the nature of their disabilities and complex health care needs.

17.1.5 Route of transmission

Patients who are colonised or have clinical infections with CPE can transmit CPE to other patients in healthcare settings via direct or indirect contact.

- **Direct contact:** patient-patient contact (with contamination from a colonised/infected site).
- **Indirect contact:** could occur via a healthcare worker who has been contaminated following contact with a patient with CPE, or via a

contaminated environmental surface (including basin or toilet) and/or contaminated shared equipment.

Some CPE-positive patients are more likely to transmit CPE to others, including those with:

- Diarrhoea, faecal incontinence or enterostomies (especially if they have gastrointestinal colonisation/infection)
- Urinary catheters (especially if they have urinary tract colonisation/infection)
- Discharging wounds
- Inability to attend to their own personal hygiene.

17.1.6 People at higher risk for developing severe infection

Some patients are at increased risk of developing severe CPE infection, including:

- Organ or stem cell transplant recipients
- Patients admitted to an ICU
- Patients with haematological disorders or malignancy.

17.2 Governance and Preparedness

17.2.1 Roles and responsibilities

Table 2 – Summary of key roles and responsibilities

Clinical Excellence Commission (CEC)	Is the lead agency for the state-wide response to CPE in public healthcare facilities in NSW
Health Protection NSW	Provide state wide surveillance of all CPE notifications Support CEC in the management of local transmission (outbreaks) of CPE as required.
NSW Healthcare facilities	Assess risk of, screen for, treat, investigate and manage cases of CPE and their contacts. Control spread of CPE, investigate and manage local transmission when it occurs
NSW Pathology laboratories	Conduct testing for CPE and report / notify results.

17.2.2 Data Management

Table 3 – Data management responsibilities

Clinical Excellence Commission (CEC)	Collate analyse and report on information on CPE cases across NSW

	Monitor and report on CPE related clinical indicators as required by state and federal agreements
Health Protection NSW	Collate all notifications of CPE across NSW Analyse and interprets CPE data across NSW. Report on CPE data across NSW Assist CEC with the analysis of CPE data as required
NSW Healthcare facilities	Collate information on local CPE cases and contacts Analyse and interpret local CPE data. Report within LHD on local CPE data
NSW Pathology laboratories	Report findings of CPE testing to NSW healthcare

17.2.3 Communication Requirements

To help identify cases and monitor the epidemiology, CPE has been added to the list of scheduled medical conditions notifiable by laboratories in NSW. Under the NSW Public Health Act 2010 a laboratory that detects a case (infection or colonisation) must notify Health Protection NSW via secure fax (02 9391 9189) within 24 hours of diagnosis.

Detailed communication plans should be maintained by each Local Health District.

Table 4 – Summary of communication requirements

	Suspected case of CPE	Confirmed case of CPE	Local transmission of CPE
Clinical Excellence Commission (CEC)			
Liaise with health care facilities to obtain updates as required			YES
Advise NSW Ministry of Health when there are issues affecting service delivery			YES
NSW Healthcare facilities			
Report within LHD through established channels (including IP&C committees, DCG)	YES	YES	YES
For discharged or transferred patient: notify receiving health care or aged care facility	NO	YES	YES
Report to CEC			YES
Submit IIMS	NO	YES	YES
NSW Pathology laboratories			

Report results of any testing to NSW healthcare facilities	YES	YES	YES
Notify cases to Health Protection NSW	NO	YES	

17.3 Case Definitions

Table 5 – Case definitions

Confirmed CPE Case	A person with a species of Enterobacterales isolated from routine clinical or screening specimens (infection or colonisation) where a carbapenemase gene is detected in a sample or isolate irrespective of phenotypic susceptibility.
Suspected CPE Case	A person with a species of Enterobacterales isolated from routine clinical or screening specimens (infection or colonisation), with phenotypic characteristics suggestive of carbapenemase gene presence but not yet confirmed.
Local transmission	When there is epidemiological or laboratory evidence suggestive of transmission of CPE from one person to another within the health facility
Contact of a confirmed case	**Immediate contact:** A person who shared a room and/or bathroom with a confirmed CPE case for ≥ 24 hours in a health service during the CPE case's period of transmission risk.
	Extended scope contact: Criteria for extended scope contacts are determined by Allowah. These contacts are screened when local transmission of CPE is identified.

17.4 Routine Prevention Activities

17.4.1 CPE screening

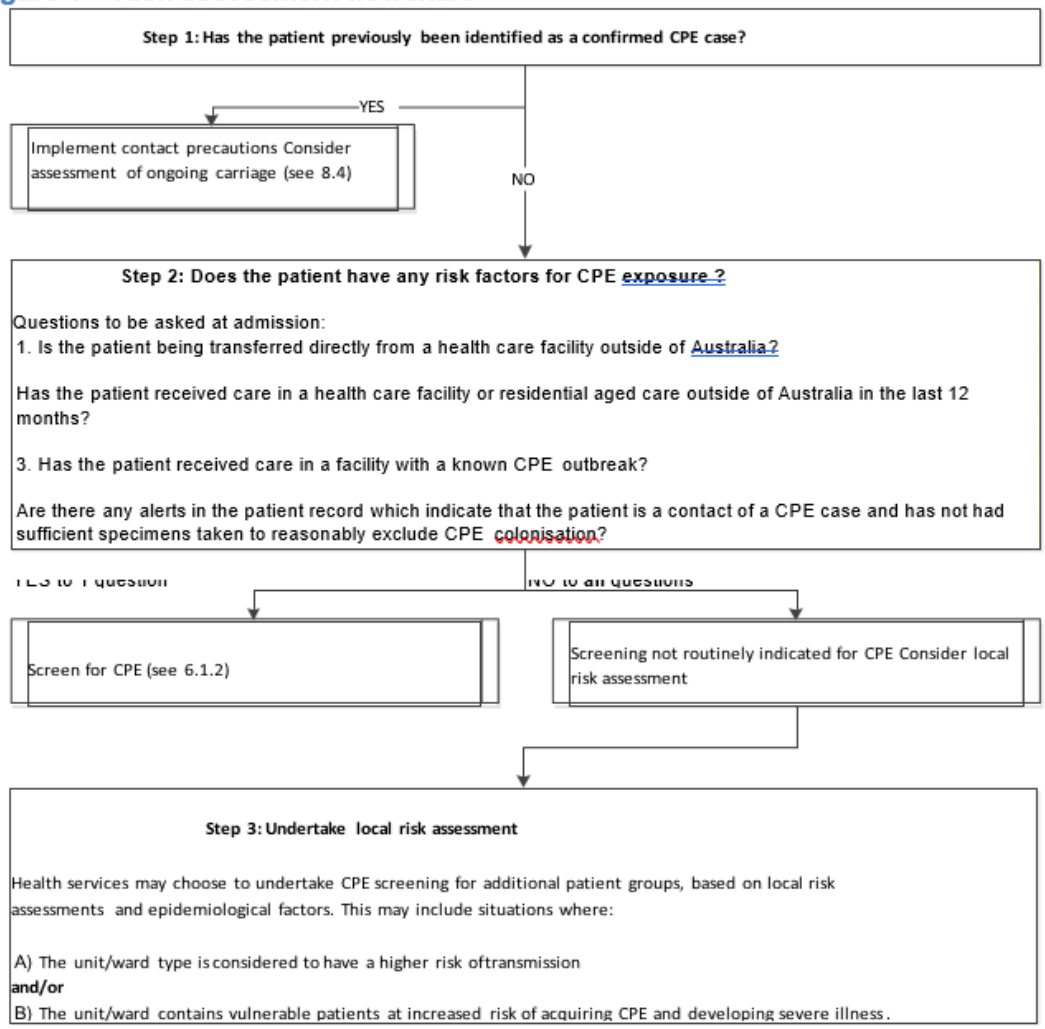
17.4.1.1 Risk assessment at admission

A risk assessment should be conducted at admission to identify people who require screening for CPE. See Figure 1 for detail.

Note - People who have been previously screened and found to be CPE negative, do not need to be isolated and screened each time they present to hospital, unless their risk exposures have changed since the last screening samples were taken.

All patients who are being screened for CPE should be provided information on why they are being screened and what screening involves. Patient information flyers are available.

Figure 1 – Risk assessment flowchart



17.4.1.2 Screening methods and interpretation of findings

Table 6 – Screening methods and interpretation of findings

CPE screening on admission	CPE screening for contacts
Who requires screening?	
See 4.1.1 – risk assessment at admission - Patients being transferred directly from a health care facility outside Australia - Patients who have received care in a health care facility or residential age care outside Australia within the last 12 months - Patients who have received care in facility with a known CPE outbreak - Patient with alerts on their record to indicate that the patient is a contact of a CPE case who has not had sufficient specimens taken to reasonably exclude CPE colonisation.	See 7.1.1 identifying contacts

- Patients deemed to require screening based on local risk assessment	
What screening samples are required?	
- The minimum requirement for CPE admission screening is one rectal swab or faecal sample - When an additional site has been identified as a potential site of CPE colonisation/infection, a sample should be taken1 on day zero and day 7.	*At time of contact identification:* - A rectal swab or faecal sample is to be taken on day zero and day 7 - When an additional site has been identified as a potential site of CPE colonisation/infection, a sample should be taken2.
	≥7 days after the last exposure to the CPE case: (If previous swab negative for CPE) - repeat rectal swab or faecal sample - Repeat additional site sample
How are the results interpreted?	
CPE positive if any of the screening samples are returned positive	*CPE positive* if any of the screening samples are returned positive
CPE negative if ALL of the criteria are met: □ ≥1 faecal sample or rectal swab has been screened □ All other potential sites for colonisation/infection present at time of admission have been screened □ All specimens were taken > 7 days after the most recent exposure to the identified risk (e.g. contact with overseas health care facility) □ All specimens are returned negative for CPE	*CPE negative* if ALL of the criteria are met: □ ≥1 faecal sample or rectal swab has been screened □ All other potential sites for colonisation/infection have been screened □ ≥1 faecal specimen and ≥1 additional site specimen (if indicated) were taken > 7 days after the most recent exposure to the identified risk (e.g. contact with CPE case) □ All specimens are returned negative for CPE
Should further screening be considered?	
Further screening may be considered when there is ongoing clinical suspicion for CPE infection/colonisation. Note: negative screening has more significance in a patient who has received significant amounts of antibiotics such as ceftriaxone that would have selected for any occult colonisation.	Further weekly screening may be considered while the contact remains in hospital if there is clinical suspicion of infection/colonisation. Local Infection Prevention and Control professionals should be consulted to determine if this is necessary

17.4.2 Infection prevention and control precautions

Infection prevention and control precautions are essential to minimise the transmission of CPE. Standard precautions and transmission-based precautions are required.

As CPE is transmitted through contact (indirect and direct), contact precautions are required for all confirmed CPE cases and all suspected CPE cases.

17.4.3 Anti-microbial stewardship

Treatment with multiple classes of antimicrobial agents has been shown to be a risk factor for CPE colonisation and/or infection. As part of AMS, facilities should work to ensure that antimicrobials are used for appropriate indications and duration and that the narrowest spectrum antimicrobial that is appropriate for the specific clinical scenario is used.

When local transmission of CPE is identified, any restriction on the use of specific antimicrobials is to be overseen by the Director of Nursing and the Senior Paediatrician in accordance with Section 12.

17.5 Case Management

17.5.1 Treatment for CPE colonisation / infection

The treating doctor is responsible for managing treatment of patients with CPE colonisation and/or infection. In general, for a patient colonised with CPE:

- No antibiotic treatment is required
- There is no recognised method for decolonisation for CPE

For a patient who develops an infection with CPE, the general guidelines for management are:

- Ensure treatment is started promptly
- Treatment is to be guided by antibiotic susceptibility results and under the advice of a clinical microbiologist or infectious diseases specialist and concordant with any local restricted antimicrobial procedures.

17.5.2 Infection prevention and control measures

Alerts
Contact precautions signage is to be visible at the entrance to the patient's room, to alert health care workers of required precautions. The patient's medical record is to be updated to include an alert regarding CPE status. Any relevant addition systems are to be checked to ensure they contain appropriate alerts (including handover sheets and diagnostic test request forms)
Room & bathroom
Patient should be placed in a single room with their own en-suite and waste bins. When a single room is not available patient placement are to be prioritised as below: 1. Single room with separate dedicated bathroom facilities 2. Single room with dedicated commode, but shared showering facilities (if they are continent) 3. Shared room with dedicated commode.

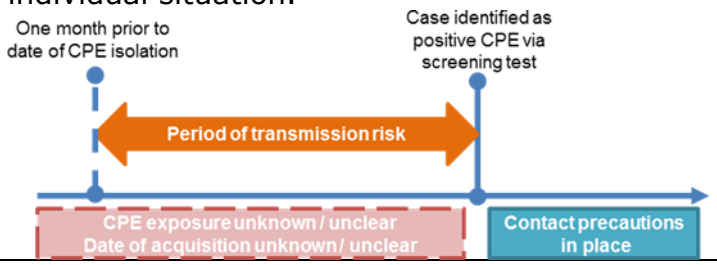
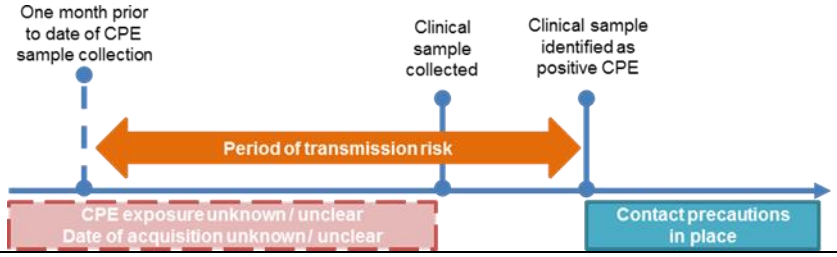
Highest priority is to be given to CPE cases that are assessed as being a higher risk for onwards transmission. Whenever possible remove non-essential equipment to prevent environmental contamination.
Personal Protective Equipment (PPE)
PPE is to be worn according to Infection Control policy and procedures. The minimum requirement for PPE is an apron and gloves. When wearing an apron, a person is to be bare below the elbow, with the exception of gloves. Gloves should always be put on immediately before the procedure or contact with body substance. When wearing gloves, change or remove gloves if moving from a contaminated body site to another within the same patient. PPE is to be removed before exiting the patient's room or leaving the patient zone. Hand hygiene is to be performed before and after all PPE use.
Patient Equipment
Wherever possible, disposable equipment is to be used. When the use of disposable equipment is not possible, non-disposable equipment is to be dedicated to the one patient, cleaned and disinfected when no longer required and before use on another patient. If equipment must be shared between patients (e.g. lifting machine), ensure the equipment has been cleaned and disinfected after use and before use on another patient. Whenever possible remove non-essential equipment to ensure rooms are not overstocked with supplies. Only take into the room what is needed for that shift.
Movement of patients
Patients are to stay within their room as much as possible. If it is necessary to attend other areas contact precautions must be maintained. There is to be no use of toilets outside the room.
Staff Allocation
Changes to staff allocation are not indicated in single cases of CPE
Environmental cleaning and disinfection
The patient's room and bathroom (special attention to hand washing sinks and faucets) are to be cleaned and disinfected daily. In addition, frequently touched surfaces (e.g. bedrails, IV pump, and over-bed table) require twice daily cleaning and disinfection. Terminal cleaning is required on discharge. All equipment in the room is to be cleaned, and must remain in the room until the completion of cleaning.

The agent selected must be effective against the vast majority of organisms that cause health care associated infections and for practical purposes have a fast kill time (or contact time). Always follow the manufacturer's instructions when using the selected cleaning or disinfecting agent (that is, amount, dilution, contact time, safe use and disposal).
Food Services
There is no difference in required precautions for provision of food services to any other multi-resistant organism.
Linen and Waste Management
There is no difference in required precautions for provision of linen and waste management services to any other multi-resistant organism.
Visitors
Visitors are to be educated and instructed to perform appropriate hand hygiene. Visitors are not required to wear PPE unless assisting with patient care e.g. showering, toileting. Visitors are to be discouraged from visiting other patients within Allowah. A risk assessment is advised to determine whether the child should attend school.

17.5.3 Determine period of transmission risk and date of likely acquisition

The **period of transmission risk**, is the period of time during which the case could have transmitted the CPE to another person. The start date of the period of transmission risk will depend on the date of likely acquisition. Once appropriate infection prevention and control precautions are in place, the period of transmission risk is considered to have ceased.

	Period of transmission risk
Scenario One: - Screening test returned as positive CPE - Date of likely acquisition is known	The period of transmission risk is from the date of likely acquisition until the time that the case is placed in contact precautions.
Scenario two: - Screening test returned as positive CPE	The conservative estimate for the period of transmission risk is one month prior to the date that the positive sample was taken, until the contact is placed in contact precautions.

- Date of likely acquisition is unknown	This estimate should be reviewed with reference to the individual situation. 
Scenario three: - Clinical isolate is returned as positive CPE - Date of likely acquisition is known or unknown	The conservative estimate for the period of transmission risk is one month prior to the date that the clinical sample was taken, until the case is placed in contact precautions. This estimate should be reviewed with reference to the individual situation. 

17.5.4 Assess for ongoing carriage in confirmed CPE cases

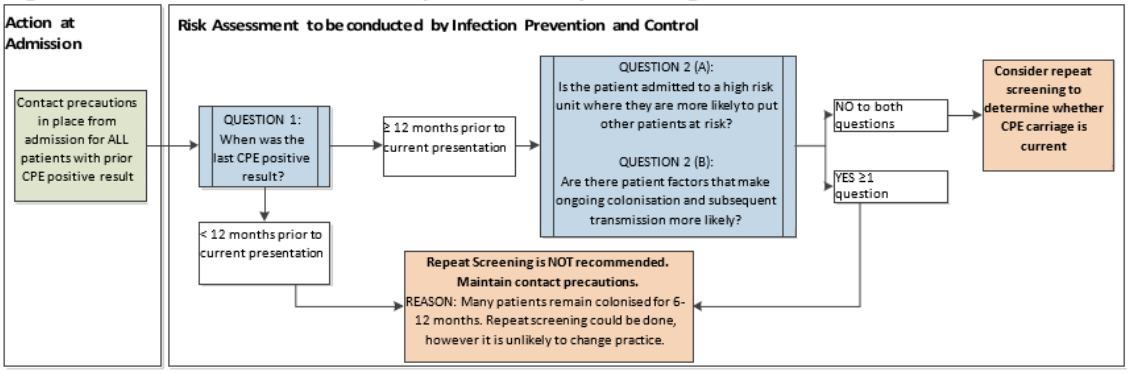
In the absence of high quality evidence to support clearance of CPE colonisation, a cautious approach is required.

The recommendations for assessment of ongoing carriage in confirmed CPE cases are based on a review of national and international guidelines, noting the following key assumptions:

- The natural history and duration of CPE carriage is variable; persistence for 12 months is well documented. It is unclear whether carriage varies on whether the patient is colonised or infected, or by organism or resistance type.
- Patients at higher risk of CPE transmission and patients in units that are considered high risk for CPE transmission are assumed either to be still colonised or at increased risk if transmission occurs and therefore screening is unlikely to change practice.

On presentation to Allowah, contact precautions are required for all patients who have tested positive for CPE (either from screening or clinical samples), unless cleared. This includes day only admissions. Infection Prevention and Control staff should conduct a risk assessment at the earliest opportunity to determine if repeat screening for CPE carriage is indicated. Generally, repeat screening is not indicated. See Figure 2 for further detail.

Figure 2 - Action to be taken for CPE positive case presenting to Allowah



In order to consider ceasing contact precautions for patients previously CPE positive, the following criteria must be met:

- Screening involves three rectal swabs or faecal samples, each taken at least 24 hours apart. See Section 0 for further detail on screening samples.
- Last positive test for CPE was > 12 months prior
- Three screening samples have been taken and all are negative for CPE.

If these criteria are met, Allowah can consider ceasing contact precautions for the current admission. The final decision to cease contact precautions must be made in consultation with Infection Prevention and Control, Infectious Diseases and Microbiology professionals.

In order to identify any relapse in detectable CPE colonisation, any patient for whom precautions are ceased should have their risk reassessed at every subsequent day only or overnight admission to Allowah. This means that contact precautions should be enacted, and the flow chart in Figure 2 should be followed.

17.6 Contact Management

17.6.1 Identify contacts of suspected and confirmed CPE cases

When there is a **case of suspected or confirmed CPE**, all immediate contacts should be identified. Immediate contacts are patients who shared a room and/or bathroom with a confirmed CPE case for ≥ 24 hours in a health service during the CPE case's period of transmission risk. This includes people who remain in hospital, as well as those who have been transferred elsewhere. Discharged patients should be followed up and alerted for screening at their next admission.

If contact tracing is deemed to be required following the risk assessment, it is suggested that an initial look-back include up to at least 1 month from the time that the case was identified as CPE positive. This timeframe is a guide, and should be reviewed by Infection Prevention and Control professionals.

When there is **evidence** (or high clinical suspicion) **of local transmission**, contact tracing and screening should be expanded.

17.6.2 Management of contacts confirmed CPE cases

Table 8 – CPE contact management

	Action Required	
	Contact remains an **inpatient** at time of identification	Contact had been **discharged** prior to identification
CPE Screening	☐ Perform CPE screening (as per section 0)	☐ Place an alert in the hard-copy and/or electronic medical record, to ensure that contact precautions are implemented and the patient is screened if they are readmitted within 12 months.
Prevention transmission in hospital	☐ Ensure standard precautions are in place ☐ Implement contact precautions (until criteria for CPE negative are met – see 0)	☐ If the patient has been discharged to another facility ensure that the CPE positive results are communicated to the receiving facility.
Inform and educate the patient and family	☐ Educate the patient and/or carer regarding their status as a contact of a CPE case ☐ Reinforce importance of personal hygiene to prevent transmission to others	☐ Send letter to patient advising them that they have been identified as a contact of confirmed CPE case. ☐ Advise patient that if they represent to hospital within the next 12 months (and possibly longer if they have had subsequent antibiotic therapy), they will be screened for CPE on presentation.
Inform health care providers	☐ Ensure other health care providers are alerted to the patient's CPE contact status ☐ Communicate the requirement for contact precautions if they are transferred to another health care facility	☐ Inform the GP that the patient has been identified as a contact of a confirmed CPE case (template letter).
Place alerts in the patient file	☐ While results are pending, place an alert in the hard-copy and/or electronic medical record advising of CPE contact status	☐ Place an alert in the hard-copy and/or electronic medical record, to ensure that contact precautions are implemented and the patient is screened if they are readmitted within 12 months.
At time of discharge	☐ If patient is discharged before clearance criteria are met, place an alert in the hard-copy and/or electronic medical record, to ensure that contact precautions	

	are implemented and the patient is screened appropriately □ If the results are negative remove the alert from the medical record	

17.7 Management of Local Transmission of CPE

Transmission of CPE is where evidence from epidemiological or laboratory notification is suggestive of CPE transmission from one person to another, or from an environmental source. The following criteria are used:

- Two or more confirmed cases of genetically related CPE and a plausible epidemiological connection between the two cases, either through geographic proximity or shared staff, equipment or other exposures in Allowah.

OR

- Where acquisition from an environmental source is hypothesised, clustering in time and place without a direct patient to patient epidemiological link.

Because of the potential delay between CPE exposure and identification, ongoing transmission is defined using the following criteria:

- Within a 12-month period, two or more units are affected by genetically related CPE.

OR

- Single cases with the same molecular epidemiology, as confirmed by whole genome sequencing, occur in more than one unit.

When local transmission of CPE is identified, action should be taken to prevent further spread at Allowah. This is done in line with Section 18 of this policy.

17.7.1 Environmental screening

Environmental reservoirs have been implicated in hospital CPE transmission episodes internationally, and suspected to have contributed to some hospital CPE transmission episodes in Australia. Reservoirs have mostly been associated with bathroom and water environments including contaminate sinks, waste-water drainage, patient toilets and a patient mattress.

Environmental screening may be useful to detect environmental reservoirs of CPE following identification of local transmission. When done, environmental screening should include: toilets and surrounds, washbasins or sinks, shared patient equipment (e.g. blood glucose monitors, blood pressure monitors, patient

lifting devices), and frequently touched surfaces (e.g. call buttons, bedside tables, chairs, door handles, computers on wheels).

17.8 Environmental assessment and management

For further information on environmental assessment and management see:

- *NSW Health Infection Prevention and Control Handbook* [4] – section 4.6 Environmental Cleaning
- *NSW Health Environmental Cleaning Policy (PD2012_061)*
- *NSW Health Environmental Cleaning Standard Operating Procedures* – module 4. Cleaning requirements for MROs

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18 ESBL – PRODUCING ENTEROBACTERIACEAE

18.1 General Information

18.1.1 What is ESBL?

Extended-spectrum beta-lactamases (ESBLs) are enzymes produced by some species of Enterobacteriaceae (also known as coliforms) such as E. coli and Klebsiella species that are part of the normal intestinal flora of humans and many animals.

There are many types of ESBL enzymes, but all of them cause resistance to several commonly used antibiotics such as penicillins and cephalosporins. The resistance genes are carried on mobile genetic elements known as plasmids which are easily transferred between species. Similar to sensitive strains, ESBL-producing bacteria are capable of causing local infection such as urinary tract or wound infection, or systemic infection such as sepsis.

Resistance to multiple antibiotics makes these infections difficult to treat, and results in poor outcomes for patients. ESBL-producing bacteria are a particular problem for patients in critical care units, where the much higher overall usage of antibiotics may lead to their selection.

The worldwide incidence of infection with ESBL-producing bacteria has been increasing in recent years, particularly in community settings, although at present it remains relatively low in Australia compared to some countries in Asia and parts of Europe

18.1.2 Who is at risk?

These infections most commonly occur in people with exposure to healthcare, including those in hospitals and nursing homes. However, unlike many other resistant germs, ESBL-producing Enterobacteriaceae can also cause infections in otherwise healthy people who have not been recently been in healthcare settings. In healthy people, this often means urinary tract infections.

ESBL germs have also been identified in people returning to Australia after traveling abroad, especially to places where these germs are more commonly found.

ESBL-producing bacteria pose minimal risk to healthy staff, and this risk is further minimised by adherence to correct hand hygiene and use of standard and transmission-based precautions as appropriate.

18.1.3 Route of transmission

ESBL can be spread from one person to another in healthcare settings through contaminated hands and surfaces. In some parts of the world they can be spread to people through contaminated food or water.

- Direct contact: patient-patient contact (with contamination from a colonised/infected site).

- Indirect contact: could occur via a healthcare worker who has been contaminated following contact with a patient with EBSL, or via a contaminated environmental surface (including basin or toilet) and/or contaminated shared equipment.

The risk of nosocomial extended-spectrum beta lactamase-producing enteric gram-negative bacillus (Enterobacterales) transmission from ESBL E.coli are considered to be low however other ESBLs should be managed using contact precautions based on local risk assessment.

Some patients are more likely to transmit ESBL to others, including those with:

- Diarrhoea, faecal incontinence or enterostomies (especially if they have gastrointestinal colonisation/infection)
- Urinary catheters (especially if they have urinary tract colonisation/infection)
- Discharging wounds
- Inability to attend to their own personal hygiene.

18.2 Routine Prevention Activities

18.2.1 Infection prevention and control precautions

Infection prevention and control precautions are essential to minimise the transmission of ESBL. Standard precautions and transmission based precautions are required.

As ESBL is transmitted through contact (indirect and direct), contact precautions are required for all confirmed ESBL cases and all suspected ESBL cases.

18.2.2 Antimicrobial stewardship

As part of AMS, facilities should work to ensure that antimicrobials are used for appropriate indications and duration and that the narrowest spectrum antimicrobial that is appropriate for the specific clinical scenario is used. This is to be overseen by the Director of Nursing and the Senior Paediatrician in accordance with Section 12.

18.3 CASE MANAGEMENT

18.3.1 Treatment for ESBL

The treating doctor is responsible for managing treatment of patients with ESBL

18.3.2 Infection prevention and control measures

Alerts
Contact precautions signage is to be visible at the entrance to the patient's room, to alert health care workers of required precautions.

The patient's medical record is to be updated to include an alert regarding ESBL status. Any relevant addition systems are to be checked to ensure they contain appropriate alerts *(including handover sheets and diagnostic test request forms)*
Room & bathroom
Patient should be placed in a single room with their own en-suite and waste bins. When a single room is not available patient placement are to be prioritised as below: 1. Single room with separate dedicated bathroom facilities 2. Single room with dedicated commode, but shared showering facilities (if they are continent) 3. Shared room with dedicated commode. Highest priority is to be given to ESBL cases that are assessed as being a higher risk for onwards transmission. Whenever possible remove non-essential equipment to prevent environmental contamination.
Personal Protective Equipment (PPE)
PPE is to be worn according to Infection Control policy and procedures. The minimum requirement for PPE is an apron and gloves. When wearing an apron, a person is to be bare below the elbow, with the exception of gloves. Gloves should always be put on immediately before the procedure or contact with body substance. When wearing gloves, change or remove gloves if moving from a contaminated body site to another within the same patient. PPE is to be removed before exiting the patient's room or leaving the patient zone. Hand hygiene is to be performed before and after all PPE use.
Patient Equipment
Wherever possible, disposable equipment is to be used. When the use of disposable equipment is not possible, non-disposable equipment is to be dedicated to the one patient, cleaned and disinfected when no longer required and before use on another patient. If equipment must be shared between patients (e.g. lifting machine), ensure the equipment has been cleaned and disinfected after use and before use on another patient. Whenever possible remove non-essential equipment to ensure rooms are not overstocked with supplies. Only take into the room what is needed for that shift.
Movement of patients
Patients are to stay within their room as much as possible.

If it is necessary to attend other areas contact precautions must be maintained. There is to be no use of toilets outside the room.
Staff Allocation
Changes to staff allocation are not indicated in single cases of ESBL
Environmental cleaning and disinfection
The patient's room and bathroom (special attention to hand washing sinks and faucets) are to be cleaned and disinfected daily. In addition, frequently touched surfaces (e.g. bedrails, IV pump, and over-bed table) require twice daily cleaning and disinfection. Terminal cleaning is required on discharge. All equipment in the room is to be cleaned, and must remain in the room until the completion of cleaning. The agent selected must be effective against the vast majority of organisms that cause health care associated infections and for practical purposes have a fast kill time (or contact time). Always follow the manufacturer's instructions when using the selected cleaning or disinfecting agent (that is, amount, dilution, contact time, safe use and disposal).
Food Services
There is no difference in required precautions for provision of food services to any other multi-resistant organism.
Linen and Waste Management
There is no difference in required precautions for provision of linen and waste management services to any other multi-resistant organism.
Visitors
Visitors are to be educated and instructed to perform appropriate hand hygiene. Visitors are not required to wear PPE unless assisting with patient care e.g. showering, toileting. Visitors are to be discouraged from visiting other patients within Allowah. A risk assessment is advised to determine whether the child should attend school.

See Appendix 4 - ESBL Infection Control Action Plan

18.4 Environmental Assessment and Management

For further information on environmental assessment and management see:

- *NSW Health Infection Prevention and Control Handbook* [4] – section 4.6 Environmental Cleaning
- *NSW Health Environmental Cleaning Policy (PD2012_061)*
- *NSW Health Environmental Cleaning Standard Operating Procedures* – module 4. Cleaning requirements for MROs

18.5 ESBL Implementation Checklist

LHD/Facility: Allowah	Assessed By: CEO	Date: 1/7/2020

Implementation Requirements	Not applicable	Not started	Partial compliance	Full	Action Required
1. Local process in place for ESBL risk assessment at admission for a patient with suspected or confirmed ESBL	☐	☐	✓	☐	To be developed: - RACI - Finalise policy - Standardise information dissemination process, training, info sheets etc
2. Development of a communication flowchart/plan for increasing cases, patient to patient transmission or outbreaks:					Infection Control Manual
a) When to escalate within Allowah	☐	☐	☐	✓	Infection Control Manual
b) When to escalate within the LHD/SHN	☐	☐	☐	✓	Infection Control Manual
c) When to escalate to Clinical Excellence Commission during outbreaks	☐	☐	☐	✓	Infection Control Manual
3. Health facility has identified which units/wards are considered to have higher risk due to local risk assessment and/or epidemiological factors	☐	☐	☐	✓	Allowah cohort are at higher risk due to complex medical needs and disabilities
4. Local process for identifying, collecting and following up screening specimens determined	☐	☐	☐	✓	Laverty
5. Local process for assessing for ongoing carriage of ESBL determined	☐	☐	☐	✓	New policy – alert in patient record
6. Local procedure for application of alerts to patient electronic health record files determined	☐	☐	☐	✓	New policy – alert in patient record
7. Local plan for staff education on ESBL determined	☐	✓	☐	✓	New policy – training deck to be produced, training sessions to be conducted by INC

8. Templates modified to suit local needs	☐	☐	☐	✓	New policy
9. Local procedure(s) for outbreak management reviewed to include ESBL and the requirement for a ESBL outbreak management team	☐	☐	☐	✓	Reviewed 30/6/2020. New Policy. OMT included in Infection Control Policy
10. Local cleaning procedures for MROs reviewed to include ESBL	☐	☐	☐	✓	Completed by DOFO. Included in new policy.
11. Local AMS procedures reviewed to include management of ESBL	☐	☐	✓	☐	VMO and GP advised
12. Review of local policy for reprocessing of bronchoscopes and endoscopes to ensure they are aligned with appropriate policy	✓	☐	☐	☐	
13. Development of a surveillance plan for ESBL	✓	☐	☐	☐	Case by case
14. Development of a reporting system to ELT/ALT/MAC:					Include on agenda
a) ESBL surveillance trends	☐	✓	☐	☐	
b) Barriers or challenges to implementation of the policy	☐	✓	☐	☐	
c) Incidents (including patient to patient transmission, outbreaks, breaches of infection prevention and control)	☐	✓	☐	☐	
d) Staff education programs	☐	✓	☐	☐	
e) Adherence to screening programs	☐	✓	☐	☐	

18.6 References

1. Australian Commission on Safety and Quality in Health Care, *Recommendations for the control of carbapenemase producing Enterobacteriaceae (CPE): A guide for acute health facilities*. May 2017: Sydney. https://www.safetyandquality.gov.au/sites/default/files/migrated/Recommendations-for-the-control-of-Carbapenemase-producing-Enterobacteriaceae.pdf
2. NSW Health, *PD2017_013 - Infection Prevention and Control Policy*, Clinical Excellence Commission, Editor. 07 June 2017.
3. Clinical Excellence Commission, *Infection prevention and control*

practice handbook. Principles for NSW public health organisations [updated 28 August 2017]. 2016, Clinical Excellence Commission: Sydney, Australia.

4. NHMRC, *Australian Guidelines for the Prevention and Control of Infection in Healthcare*. 2010, Commonwealth of Australia.
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7. https://www.safetyandquality.gov.au/sites/default/files/2019-09/infection_prevention_and_control_workbook_final_version_sept_2019.pdf
8. https://www.google.com/search?q=hai+infection+prevention+and+control+practice+handbook&rlz=1C1CAFC_enAU900AU900&oq=hai+infection+prevention&aqs=chrome.2.69i57j0l2.6640j0j4&sourceid=chrome&ie=UTF-8
9. Pitout, J.D. Infections with extended-spectrum beta-lactamase-producing Enterobacteriaceae: changing epidemiology and drug treatment choices. Drugs, 2010. 70(3): 313-33.
10. Roux, D., Aubier, B., Cochard, H., et al. Contaminated sinks in intensive care units: an underestimated source of extended-spectrum beta-lactamase-producing Enterobacteriaceae in the patient environment. Journal of Hospital Infection 2013, 85: 106-11.

19 CARE AFTER DEATH

Appropriate infection control standards will be applied when handling deceased children, while maintaining respect and dignity.

Standard precautions should be used when handling deceased children.

Transmission-based precautions should also be used when there is a known or possible diagnosis of an illness or infection which requires the use of transmission-based precautions during life.

The reasons for use of standard and/or transmission-based precautions when handling the body of a deceased child should always be clearly explained to the family/carer, if present.

20 MANAGEMENT OF AN OUTBREAK OF INFECTION

Any outbreaks of infection or infectious disease at Allowah will be managed to prevent a further increase in cases.

An outbreak is defined as an epidemic, or an increase above the normal or expected level of an infection or infectious disease. Outbreaks may be of gradual or sudden onset. Some outbreaks e.g. food poisoning may be from a common cause. Other outbreaks e.g. MRSA may be as a result of cross-infection.

Recognition of an outbreak is facilitated by staff reporting, e.g. of signs or symptoms, or pathology results and active case finding by the Infection Prevention & Control Nurse.

The ALT, advised by the Infection Prevention & Control Nurse, will decide if an outbreak exists. If a meeting of the Committee is not possible, the Infection Prevention & Control Nurse and/or the Director of Nursing will decide the existence of an outbreak.

If the outbreak is of a notifiable disease, or if the outbreak is judged beyond the capacity of Allowah to effectively manage, the Sydney West Public Health Unit (Ph 1300 066 055 or 02 9840 3603) must be notified as soon as possible.

Management of the outbreak should be in accordance with the decisions and directions of the ALT, or the Infection Prevention & Control Nurse in consultation with the Director of Nursing and any other relevant persons e.g. medical officers.

Admissions and/or transfers may be restricted or ceased as part of the management of the outbreak.

Medical officers are to be kept informed by the Chief Executive Officer or her delegate.

All categories of clinical staff are to be informed of the outbreak. Non-clinical staff will be informed at the discretion of the Infection Prevention & Control Nurse and the Director of Nursing.

Families /carers of the children involved in the outbreak should be initially informed and then given regular updated information by the Director of Nursing or his/her delegate.

All categories of staff are required to comply with the infection control precautions in place to manage the outbreak. Education and information as well as any required extra equipment will be provided to staff regarding management of the outbreak, and any particular requirements related to their area of work.

Infection control precautions instituted to contain the outbreak are to remain in place until the ALT, or Infection Prevention & Control Nurse and/or Director of Nursing advise that they may be ceased.

Following control of the outbreak, the Infection Prevention & Control Nurse will coordinate an investigation into factors which may have contributed to the outbreak. The Infection Prevention & Control Nurse will provide a report and recommendations, if any, to the ALT. The aim of this is to minimise the risk of further outbreaks.

Management of an Outbreak of Influenza is outlined in the Outbreak Management Policy and Procedures – Influenza and should be consulted for an Influenza Outbreak.

20.1 Flowchart for Management of an Outbreak of Infection

Outbreak identified

(e.g. more than two cases of gastroenteritis;
Increase above normal incidence of infection e.g. MRSA)

↓

ALT or Infection Prevention & Control Nurse, Director of Nursing and others decide on management including:

type of infection control precautions, notification of Public Health Unit, any staff restrictions, any restriction of admissions/transfers

↓

Infection control precautions etc. implemented

Equipment/supplies provided

Staff education carried out

Medical officers notified

Information provided to children and families/carers

↓

Outbreak monitored until no further cases reported or normal incidence regained

Infection control measures ceased at direction of ALT /Infection Prevention & Control Nurse/ Director of Nursing

↓

Investigation of causes and review of management of outbreak coordinated by Infection Prevention & Control Nurse

Report and recommendations presented to ALT

↓

Recommendations implemented

20.2 Management of a Reportable Infection Control Incident

Any reportable infection control incident occurring at Allowah will be promptly reported and appropriately managed, in accordance with requirements and recommendations of the NSW Health Department as well as policy and practices of the facilities.

Infection control breaches are of concern because of their potential for transmission of known or unknown infection.

To determine whether an infection control breach constitutes a reportable incident, management will consider the following issues:

- the nature of the incident;
- the likelihood of the source child or equipment being infectious;
- the likelihood, according to current scientific literature and knowledge of disease transmission, of the incident resulting in transmission of an infectious agent;
- facility legal and policy obligations to report such an incident;
- the public health benefit of reporting such an incident;
- the need for a coordinated response by the NSW Health Department; and
- the likelihood of the incident being of concern to the community.

In cases where there is doubt about whether an incident should be referred, advice may be sought from the Sydney West Public Health Unit Director or his/her delegate (Ph 1300 066 055 or 02 9840 3603)

Examples of possible reportable incidents include:

- possible transmission of blood borne pathogens in a health care setting;
- use of critical instruments which have been found or suspected to be unsterile; or
- conduct of exposure prone procedures by a health care worker who is positive for a blood borne virus.

In the event of a possible infection control reportable incident occurring within Allowah, the Director of Nursing is to be notified as soon as possible for determination of further action.

Confidentiality of information must be maintained by all staff.

Refer also to:

NSW Health Department PD 2005_203 Management of Reportable Infection Control Critical Incidents;

NSW Health Department PD 2006_030 Incident Management Policy

NSW Health Department PD 2005_234 Effective Incident Response.

20.3 Notification of infectious diseases

Allowah will cooperate in infectious disease control by timely and appropriate disease notification.

Infectious diseases requiring notification under current NSW Health requirements (IB2013_010) are to be notified to the Western Sydney Public Health Unit (Ph 1300 066 055 or 02 9840 3603).

Infectious disease notifications are the responsibility of the Director of Nursing or her direct delegate

Infectious diseases are to be notified to the Sydney West Public Health Unit as soon as possible after diagnosis, and always within 24 hours of diagnosis.

Notification may be made by telephone. Written follow up may be requested using the appropriate notification form.

Notifications must not be made by facsimile machine except in exceptional circumstances and where confidentiality is ensured.

Notification forms can be obtained from the Sydney West Public Health Unit or from www.health.nsw.gov.au/public-health/forms

21 STAFF SCREENING AND VACCINATION PROGRAM

Staff at Allowah will be offered appropriate screening, vaccinations, information and support in health matters relevant to employment. The range of the staff screening and vaccination program will reflect the role and function of the hospital, having regard to NSW Health PD 2011_005.

A questionnaire regarding communicable disease history, previous screenings and vaccinations will be given to staff prior to commencement at Allowah. Staff may complete all or any part of the questionnaire.

Documentation may be required in some instances, e.g. proof of vaccination or serology results. This is to be provided prior to commencement of employment, if possible, or if not, as soon as possible after commencement of employment.

New staff will be offered entry into the program at orientation.

Participation in the staff screening and vaccination program is mandatory.

Staff declining to participate in all or part of the screening and vaccination program will be required to acknowledge this in writing by completing and signing the appropriate form.

Any staff member declining to participate in all or part of the screening and vaccination program may reverse his/her decision at any time during employment.

All information held as part of staff screening and vaccination program will be treated as part of the staff member's personnel file.

Screenings and/or vaccinations will be suggested to staff members as decided by the Medical Advisory Committee or Patient Care Review Committee, and depending on the staff member's area of work and duties.

- The current program is as indicated in the table below.
- All children at Allowah are considered to be "high risk".
- All staff working at Allowah are considered to fall into Category A
- To protect children at Allowah, contractors having direct contact with children will be requested to comply with the same screening and immunization schedule as staff members

Information regarding immune status and/or communicable disease history may be utilised by management to protect staff and children e.g. rostering of staff with known varicella immunity to care for a child with chickenpox or shingles.

Staff who are not protected against specified infectious diseases are not to work in areas within Allowah where they may pose an infection risk to children.

Screenings and vaccinations are to be carried out by the staff member's General Practitioner.

The Immunisation Coordinator at Sydney West Public Health Unit (Ph 02 9840 3603) may be used as an expert resource for queries regarding staff screenings or immunisations.

21.1 Staff categories

Category	Criteria

A	• Direct physical contact with:
	  ○ patients/;deceased persons, body parts
	  ○ blood, body substances, infectious material or surfaces or equipment that might contain these (e.g. soiled linen, surgical equipment, syringes)
	• Contact that would allow the acquisition or transmission of diseases that are spread by respiratory means. Includes persons:
	  ○ whose work requires frequent/prolonged face-to-face contact with patients or clients e.g. interviewing or counselling individual clients or small groups;
	  ○ performing reception duties in an emergency/outpatients department;
	  ○ whose normal work location is in a clinical area such as a ward, emergency department, outpatient clinic (including, for example, ward clerks and patient transport officers); or
	  ○ who frequently throughout their working week are required to attend clinical areas, e.g. food services staff who deliver meals.
	• All persons working with the following high risk client groups or in the following high risk clinical areas are automatically considered to be Category A, regardless of duties.
	  ○ Children less than 2 years of age including neonates and premature infants
	  ○ Pregnant women
	  ○ Immunocompromised clients
	  ○ Ante-natal, peri-natal and post-natal areas including labour wards and recovery rooms
	  ○ Neonatal Intensive Care Units and Special Care Units
	  ○ Paediatric wards
	• All health care students are Category A.

B	• Does not work with the high risk client groups or in the high risk clinical areas listed above. • No direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these.

	• Normal work location is not in a clinical area, e.g. administrative staff not working in a ward environment, food services staff in kitchens. • Only attends clinical areas infrequently and for short periods of time e.g. visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area. **NB** Although such persons may come into incidental contact with patients (e.g. in elevators, cafeteria, etc.) this would not normally constitute a greater level of risk than for the general community.

21.2 Acceptable evidence of protection

Category A employees: Evidence required to prove protection against specified diseases

Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence
Diphtheria, tetanus, pertussis (whooping cough)	Diphtheria, tetanus, pertussis (whooping cough) Not ADT	Serology will not be accepted	Not applicable
Hepatitis B	History of completed age- appropriate course of hepatitis B vaccine. Not "accelerated" course.	Anti-HBs greater than or equal to 10mIU/mL	Documented evidence of anti-HBc, indicating past hepatitis B infection Measles, mumps, rubella (MMR)
Measles, mumps, rubella (MMR)	2 doses of MMR vaccine at least one month apart	Positive IgG for measles, mumps and rubella	Birth date before 1966
Varicella (chickenpox)	2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age)	Positive IgG for varicella	History of chickenpox or physician-diagnosed shingles (serotest if uncertain)

Tuberculosis (TB) *See note 2 below for list of persons requiring TST screening*	Not applicable	Not applicable	
		Note: interferon-gamma release immunoassay (IGRA) is not generally accepted. In the event that an IGRA has been performed, screening by TST will be required if the IGRA result is negative or equivocal. Persons with positive TST/IGRA must be fully assessed by a TB service within 3 months of commencement of clinical duties or clinical placement and must be asymptomatic when commencing clinical duties or clinical placement.	
Influenza	Annual influenza vaccination is not a requirement, but is strongly recommended		

Notes:

1. Acceptable evidence of protection against specified infectious diseases includes:
   - a written record of vaccination signed by the medical practitioner, and/or
   - serological confirmation of protection, and/or
   - other evidence, as specified in the table above.

NB: Further evidence of protection, e.g. serology, may be requested if the vaccination record does not contain vaccine brand and batch or official certification from vaccination provider (e.g. clinic/practice stamp)

2. TST screening is required if the person was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T.

3. In certain specialised clinical settings, the health facility may require serological evidence of protection (in addition to evidence of vaccination or other evidence) to ensure that the risk to vulnerable patients is minimised.

21.3 Staff with specific circumstances

Some staff members will temporarily or permanently have special circumstances which place them at greater risk of infection.

Examples are pregnancy, compromise of the immune system and skin conditions.

Work duties may need to be re-assessed to ensure that the welfare of the staff member, children receiving care, visitors and other staff is safeguarded.

Medical advice from the staff member's treating medical officer should be sought when indicated.

22 STAFF WITH ACUTE INFECTIONS /INFECTIOUS DISEASES

Staff of Allowah must not come to work if they have signs or symptoms of a potentially infectious disease.

Any staff member who has an infectious disease must consult a medical practitioner to determine if/when they are capable of carrying out their duties without placing children, visitors or other staff at risk of infection.

Suggested exclusion periods for staff with acute infections are as follows.

Staff exclusion periods for infectious illnesses

Acute infection	Exclusion period
Conjunctivitis	Must not provide care to children for the duration of symptoms (i.e. while eye discharge is present)
Gastroenteritis (except norovirus) e.g. salmonella, shigella, campylobacter, giardia	Must not come to work while symptomatic (e.g. diarrhoea and/or vomiting) and until 24 hours after symptoms have resolved
Glandular fever	No need for exclusion, even if having direct contact with children, provided staff member is well enough to work and use standard precautions
Herpes simplex (cold sores)	Must not provide direct care to neonates, severely immunocompromised children, children with extensive eczema. May provide direct care to other children, no need to wear a mask.

Acute infection	Exclusion period
Herpes Zoster (shingles)	Must not provide any direct care to children if lesions cannot be completely covered. If active lesions can be covered, can provide care to children except for neonates, severely immunocompromised children, children with extensive eczema.
Influenza	Should remain off work until symptom-free.
Norovirus	Must not come to work while symptomatic (e.g. diarrhoea and/or vomiting) and until 48 hours after symptoms have resolved.
Pertussis (whooping cough)	Must remain away from work until at least 5 days after commencement of appropriate antibiotic therapy, or for 21 days after onset of symptoms if not receiving antibiotic therapy
Scabies / Lice	Must remain off work until 1st treatment is completed.
Staphylococcal infection	Any lesions (e.g. boils, wound infections) must be completely covered with a waterproof occlusive dressing while at work. If lesions cannot be covered, must not perform direct care of children or prepare food until infection has resolved.
Streptococcal infection	Any lesions (e.g. impetigo) must be completely covered with a waterproof occlusive dressing while at work. If lesions cannot be covered, must not provide direct care to children or prepare food until 24 hours after commencement of appropriate antibiotic therapy. Employees with pharyngitis/tonsillitis must avoid contact with children for at least 24 hours after starting appropriate antibiotic therapy.
Tuberculosis (TB)	If TB disease is suspected or known to be present, staff to be notified to TB Services and treated by them. Must not work until cleared by TB Services.

Acute infection	Exclusion period
Viral rashes	*Measles (rubeola):* If suspected, must remain off work until appropriate test results are known. May return to work if serological evidence of immunity is provided. Must be excluded for at least 4 days after the appearance of the rash if measles develops. *Mumps:* If suspected, must remain off work until appropriate test results are known. May return to work if serological evidence of immunity is provided. Must be excluded for at least 9 days after onset of parotid gland swelling if mumps develops. *Rubella (German measles):* If suspected, must remain off work until appropriate test results are known. May return to work if serological evidence of immunity is provided. Must be excluded for at least 4 days after the appearance of rash if rubella develops. *Chickenpox (varicella):* If suspected, must remain off work until appropriate test results are known. May return to work if serological evidence of immunity is provided. At medical / Infection Control discretion should be excluded after contact for 14-16 days if non-immune. Must be excluded until all blisters have dried if chickenpox develops. *Human parvovirus B19 (slapped face syndrome):* does not require exclusion from work. Non-infectious once rash develops.
Viral respiratory tract infections e.g. common cold	Should be excluded form contact with susceptible persons while symptomatic. Staff with viral respiratory tract infections should stay at home until feeling well.

23 MANAGEMENT OF OCCUPATIONAL EXPOSURE TO BLOOD OR BODY SUBSTANCES

Any staff member of Allowah who sustains an exposure to blood or body substances in the course of duties will be offered appropriate immediate and ongoing management and support. Confidentiality will be maintained.

23.1 First aid

In the event of any needle stick injury, cut or other penetration of the skin, or blood/body fluid splash, no matter how minor, the following procedure is to be followed as soon as possible:

Obtain assistance if required.

- *Cut or puncture*: Encourage bleeding, then wash with soap and water;
- *Eye splash*: rinse eye(s), while open, gently but thoroughly with water or normal saline;
- *Mouth splash*: spit, then rinse the mouth with water several times and spit after each rinse;
- *Intact skin*: Wash area with soap and water
- *Contaminated clothing*: remove clothing and shower if necessary;

Where water is not available use of a non-water cleanser or antiseptic can replace the use of soap and water for washing cuts or punctures of the skin or intact skin.

23.2 Risk assessment

- The incident should be immediately reported to the Infection Prevention & Control Nurse, Director of Nursing or immediate supervisor.
- Documentation is the responsibility of the Director of Nursing or supervisor or their delegate and must be completed as soon as possible.
- Risk assessment, medical advice, counselling and testing should be undertaken as a matter of priority, if desired by the staff member. Participation is voluntary.
- Risk assessment should be carried out in accordance with the guidelines set out by the NSW Health Department.
- Following risk assessment, prophylactic treatment may be advised or considered. This must be prescribed by a medical officer. See table below for health care facilities which have expert clinicians available.
- Every effort should be made to ascertain the HIV, HBV and HCV status of the source, however management of an occupational exposure should not be delayed for this reason.
- Initial and ongoing testing is voluntary.
- The affected health care worker may be offered baseline testing for blood borne viruses. Pre-test counselling must precede this and informed consent must be obtained.

- Refer to NSW Health Policy Directive: Guidelines for Counselling Associated with HIV Antibody Testing.
- Follow up blood testing should be arranged in accordance with the schedule recommended by the NSW Health Department.

23.3 Baseline testing of source person

- If the status of the source individual is unknown at the time of the incident, then baseline testing may be undertaken to determine the source's infectious status for HIV, HBV and HCV by testing for HIV antibody, HbsAg and HCV antibody respectively.
- Testing of the source person must follow accepted guidelines. Pre and post-test counselling must be provided and informed consent obtained before testing can proceed. If the source person is a child, consent must be obtained from the parent or guardian
- Test results of the source person are to be managed in a confidential manner by the treating medical officer
- Test results of the source person cannot be disclosed to the affected staff member without prior disclosure to the source person or his/her parent or guardian by the treating medical officer. Specific permission for disclosure to the affected staff member must be obtained from the source person or his/her parent or guardian by the treating medical officer.
- Refer to NSW Health: Guidelines for Counselling Associated with HIV Antibody Testing.

Health Care facilities with clinicians experienced in prescribing post-exposure prophylaxis (PEP) for HIV

Hospital	**Phone number**
Concord Repatriation General Hospital, Concord	(02) 9736 7911
New Children's Hospital, Westmead	(02) 9845 0000
Prince of Wales Hospital, Randwick	(02) 9382 2222
John Hunter Hospital, Newcastle	(02) 4921 3000
Royal North Shore Hospital, St Leonards	(02) 9926 7111
Royal Prince Alfred Hospital, Camperdown	(02) 9515 6111
St George Hospital, Kogarah	(02) 9350 1111
St Vincent's Hospital, Darlinghurst	(02) 9339 1111
Sydney Children's Hospital, Randwick	(02) 9382 1111
Sydney Hospital, Sydney	(02) 9382 7111
Liverpool Hospital, Liverpool	(02) 9828 3000

Westmead Hospital, Westmead	(02) 9845 5555
Port Kembla Hospital (HCV only)	(02) 4223 8000
Albion Street Centre, Surry Hills	(02) 9332 1090
NSW Needlestick Hotline	**1800 804 823**

The NSW Needlestick Hotline provides confidential information for health care workers following occupational exposures. The Hotline provides a 24 hour service.

24 MANAGEMENT OF OCCUPATIONAL ALLERGIES

Staff of Allowah who have a known or suspected occupational allergy will be managed to minimise their risk of exposure.

Any staff member who suspects or knows he or she may have an occupational allergy e.g. latex, hand hygiene solution, cleaning or other chemicals is responsible for notifying the Workplace Safety Coordinator and/or the Infection Prevention and Control Nurse as soon as possible.

Each case will be managed individually but management will include the following principles:

- All Workplace Safety requirements will be met
- Medical assessment and documentation will be sought, if not already available.
- Exposure to the known or suspected allergen will be limited until a management plan is in place.
- The staff member and his/her department head will be kept fully informed

25 REPROCESSING OF REUSABLE INSTRUMENTS AND EQUIPMENT

At Allowah, instruments and equipment are classified in accordance with Spaulding's classification.

Critical and semi-critical instruments and equipment are not reprocessed on site.

Non-critical instruments and equipment may be reprocessed on site.

Spaulding's Classification

Classification	Application	Example	Level of reprocessing
Critical	Instruments and equipment that enter or are capable of entering tissue that would be sterile under normal circumstances, or the vascular system	Surgical instruments, interventional and diagnostic radiology catheters, implants, intravascular devices, laryngoscope blades	Clean and sterilize
Semi critical	Instruments and equipment that come into contact with non-sterile tissue (other than intact skin) and mucous membranes	Respiratory therapy equipment, one-way breathing valves, endoscopes, prosthetic dental appliances & impressions	Clean and disinfect
Non critical	Instruments and equipment that come into contact with intact skin	Bedpans, beds, stethoscopes	Clean

25.1 Cleaning of reusable instruments and equipment

Any reusable instrument or equipment that comes into contact with intact skin must be cleaned before it is used. The process of cleaning must involve water and physical or mechanical action combined with a cleaning agent such as a detergent or proteolytic enzyme, which has been selected as suitable for the task. The cleaning area must be dedicated for that purpose only. Reusable instruments that are washed manually should be rinsed and cleaned in a sink or bowl specifically designed for that purpose. All cleaning agents must be removed from instruments and equipment by a thorough rinsing process before reuse or prior to further reprocessing. Reusable instruments and equipment must be inspected to establish that they are visibly clean, intact and working before further reprocessing or storage. Cleaning brushes, dedicated for this purpose, must be washed, thermally disinfected, and stored dry at the end of each day. Personal protective equipment such as general purpose rubber gloves, fluid resistant mask and eye protection or face shield and fluid resistant gowns must be worn by healthcare workers when cleaning and reprocessing equipment and instruments to protect against splashing, spraying or aerosol.

25.2 4.5.3 Automated washer/disinfector

AS/NZS 2945: Batch-type washer/disinfector for healthcare facilities, and the manufacturer's instructions must be followed. Non-critical items and semi-critical items should not be reprocessed during the same cycle of the automated washer/disinfector machine. Please see the Deko Disinfector policy.

25.3 Single use and single patient use devices

Items labelled "single use" will not be re-used.

Single use sterile items are discarded after use, or before use if sterility is or maybe compromised.

25.4 Single child/patient items

Some items may be re-used by the same child during an admission, after appropriate reprocessing, but may not be reprocessed and used by another child. Examples are nebuliser masks and infant formula bottles

Single child items will be clearly marked with the name of the child and the date on which the item was first used.

Single child items will be discarded when no longer able to be suitably reprocessed, even if this is before the child is discharged. In these cases a new item will be provided for the child. The new item will be named and dated on first use.

At the discretion of nursing staff, single patient items which are in good condition may be sent home with the child for further use by the parents/carers if appropriate.

Single patient use devices and equipment can be used multiple times on the same patient and following manufacturer's instructions for cleaning between uses.

25.5 Procurement of New Devices or Equipment

As part of the process for purchasing new patient care devices, consumables or equipment, Allowah will seek infection prevention and control advice prior to purchase. Where new devices or equipment will require later reprocessing, the

Hospital must also consult with management of local reprocessing units prior to trial or purchase to ensure compliance with relevant policies, procedures and Australian Standards. (GL2017_004).

25.6 Safe Injection and Multi-Dose Vials

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

26 MANAGEMENT AND HANDLING OF STERILE STOCK

At Allowah, sterile stock will be managed to maintain sterility.

All staff handling sterile stock are aware of what is required to ensure the integrity of the stock is not compromised due to poor or inappropriate handling and storage.

The integrity of sterile items must be maintained until the items are selected for use.

All sterile items are purchased pre-sterilised and packaged.

All staff handling sterile stock should ensure the integrity of the stock is not compromised due to poor or inappropriate handling or storage.

26.1 Purchase and receipt

Sterile items will only be purchased from reputable suppliers with whom Allowah has an established relationship.

On receipt of sterile stock, packaging must be inspected to ensure that it is not damaged in any way which could compromise the sterility of the contents. Examples to look for would be tears, stains (indicating wetting), crushing or punctures.

Handling must be carried out in such a way as to protect the packaging against tearing, wetting, puncturing, crushing or any other damage which could compromise the contents.

26.2 Storage

26.2.1 Storage of sterilized instruments and equipment

Sterilized items must be stored and handled in a manner that maintains the integrity of the packaging material and prevents contamination of the contents. Sterilized items must be stored so that packaging is not crushed, bent, compressed, punctured, exposed to heat or direct sunlight and free of vermin and insects or held together with elastic bands, staples or paper clips. The contents of any sterilized package must be considered contaminated if the packaging is either damaged or becomes wet. Sterile storage areas must be:

- dedicated for the purpose
- cleaned to a routine schedule
- free from dust, insects and vermin.

Sterile items on open shelving must be stored:

- at least 250mm off the floor
- at least 440mm from the ceiling
- out of direct sunlight.

Sterile and non-sterile items will be stored separately in the stock room.

Sterile stock will be stored at the furthest distance from the door to reduce the risk of contamination.

Sterile stock is not to be stored on the floor, or adjacent to a sink.

Sterile items are not to be stored in cardboard boxes other than the original inner containers.

Sterile stock which is decanted from original boxes is to be stored in plastic maxi-bins in the storage area.

Clips or rubber bands are not to be used to bundle sterile items together.

All surfaces and containers in the storage area are to be stripped and cleaned as part of regular cleaning, in accordance with the documented cleaning schedule.

Any signs of pest activity especially silverfish should be reported so that pest control action can be taken.

Sterile storage areas must be dedicated for that purpose.

26.2.2 Handling and special considerations

Hands must always be washed before handling sterile stock.

Handling of all sterile stock before use should be minimised.

Aerosol sprays are not to be used near sterile stock.

Unless the sterile item is marked with a "use by" date, sterility can be assumed until the packaging is breached.

All sterile stock is to be closely examined to ensure integrity of packaging before use as a sterile item.

If any damage or staining to the packaging is detected, or if there is any doubt about the sterility of the item, it must not be used as a sterile item.

Any compromised sterile item may be used as an unsterile item, if appropriate, or discarded.

26.2.3 Shelf life and rotation of stock

Factors which influence shelf life are event-related and include:

- package design and likelihood of product deterioration
- packaging material
- storage and handling conditions.

A stock rotation policy and procedure should be developed for all areas of the health organisation in which sterile supplies are stored. Stock levels must be maintained at an appropriate level for the clinical area.

A package shall be considered non-sterile and not suitable for use when:

- It is incorrectly wrapped
- It is damaged or opened
- It is wet after the sterilising cycle or comes into contact with a wet surface
- It is placed or dropped on a dirty surface
- It has no indication of having been through a sterilisation

27 MANAGEMENT OF CARE EQUIPMENT

Equipment used in the care of children at Allowah will be managed to minimise the risk of transmission of infection.

Care equipment must always be clean and in good repair when used for or by any child. This includes children's own equipment e.g. wheelchairs as well as shared equipment e.g. trolley baths.

Care equipment which only comes into contact with children's clothes e.g. dining room chairs, should be cleaned in accordance with the regular cleaning schedule, or whenever obviously soiled.

Care equipment which comes into contact with children's skin e.g. commode chairs must be cleaned with neutral detergent and water between each use, including use by the same child.

Any item of care equipment which is noted to be soiled with blood or body substances is to be cleaned immediately with neutral detergent and water.

Any item of care equipment which is noted to be broken or in need of repair is to be removed from use and reported to the Maintenance Supervisor for assessment. All items must be clean when sent for maintenance assessment.

Personal protective equipment is to be worn when cleaning care equipment.

27.1 Reusable baby bottles/teats and breast feeding equipment

In health organisations, reusable baby bottles, teats and caps must be cleaned and thermally disinfected before reuse by another baby, and in accordance with the manufacturer's instructions. In addition, all reusable feeding equipment must be cleaned and thermally disinfected before reuse by another patient/baby. Chemical disinfection must only be used for equipment that is designated to and reused by one patient or baby.

When teaching parents or carers about the preparation and use of infant formula prior to discharge, the healthcare worker should model their practices in all aspects of formula preparation and in the appropriate cleaning and chemical disinfection of equipment for the home setting. Breast feeding equipment, such as breast pump components, must be cleaned and sterilized between patients.

27.2 Thermometers

Digital or tympanic thermometers must be cleaned according to the manufacturer's instructions after use and between patients. (wiped with alcohol)

Tympanic earpieces are labelled single use and must be discarded after each use.

28 CLINICAL WASTE MANAGEMENT

Clinical waste will be managed at Allowah Presbyterian Children's Hospital to minimise risk to children, staff and waste handlers. Only small amounts of clinical waste would be expected to be generated.

Clinical waste is defined as waste that has the potential to cause sharps injury, infection or offence. Clinical waste includes:

- Sharps
- Human tissue (excluding hair, teeth and nails)
- Bulk body fluids and blood
- Visibly blood stained body fluids and visibly blood stained disposable material and equipment.

Clinical waste should be segregated when generated e.g. when undertaking dressings, and placed directly in clinical waste bag.

Clinical waste bags must be yellow with the internationally recognised black multi-circle symbol (biohazard symbol).

Clinical waste bags should not be overfilled. Overfilling will prevent closure and increase risk of rupture.

Disposable products containing liquids (such as disposable suction liners) must be sealed, not emptied, before disposal into clinical waste bags.

Gloves and other appropriate PPE such as impervious apron and face protection should be worn when handling and disposing of blood or body substances including the contents of urinary bags and stomal devices.

The risk of splashing of contents must be minimised when disposing of bulk body substances e.g. emptying urinary drainage bags.

Clinical waste bags should be securely closed e.g. tied.

Clinical waste bags are to be placed in the large yellow clinical waste bin in the driveway to await collection.

The lid of the clinical waste bin is to be kept locked at all times.

If the clinical waste bin appears full, the Director of Nursing should be notified, to arrange collection.

In the event of a spill of clinical waste, follow the procedure for Management of a blood and body substance spills (See Section 21)

29 WASTE MANAGEMENT

The waste management policy is for ongoing cost efficient and effective Waste Management practices through the commitment to waste minimisation, safe handling, environmentally sound disposal and staff education.

Allowah maintains its commitment to the effective management of Waste by following recommended strategies utilizing:

- Management committees, plans and waste audits
- Waste minimisation, avoidance, segregation, recycling and re-use
- Waste labelling and containment
- Proper waste handling, storage and transport
- Correct waste treatment / disposal
    - to follow coding of wastes, and the use of common symbols
    - to ensure that all waste products on the site are identified, and the most efficient disposal methods used to remove / dispose of them
    - to ensure that personal protective equipment (PPE) is provided and available where these substances are used and staff are trained in when they are required to use PPE
    - to ensure that a process is in place for conducting health surveillance and monitoring standards relating to waste, eg. Food Standards
    - to ensure that emergency procedures are in place for all contingencies and that staff receive training in these procedures
    - to ensure that an incident investigation procedure is in place to investigate all incidents/accidents involving waste products
    - to ensure that there is a monitoring system across clinical and non-clinical areas of the hospital.
- clinical waste will be managed to minimize risk to children, staff and waste handlers

29.1 Responsibilities

The Governing Body, the CEO and the EDON are responsible for providing:

- a safe and healthy work environment
- the provision of safe and well maintained equipment
- resources are available to enable compliance with this policy eg. Sharps containers, recycling bins, training, signage
- all emergency management plan for incidents involving waste products
- training in the management of waste products provided to all staff members

Staff Responsibilities

- implementing the Hospitals policy and procedures on waste management
- attending staff training sessions
- implementing standard precautions and wearing PPE when required
- disposal of sharps in the container in a safe manner
- completing an incident/ hazard form to go to the ALT for analysis
- the clinical waste bin is in the driveway and its lid should be locked at all times

29.2 Non clinical waste

- Food waste

- Kitchen/formula room wastage
- Cleaning waste, lint from vacuum cleaner
- Paper products

29.3 Infectious /contaminated waste

Infectious /contaminated waste products are placed in yellow bags with a black 'biohazard' symbol printed on the bag. When these bags are used they are:

- not to be filled to capacity
- be tied or sealed, while awaiting collection

The cleaner will then transport the yellow contaminated bag to the locked bin.

29.4 Disposal of clinical waste

There is a contract with Steri Corp for the disposal of contaminated waste, it is a weekly service. Administrative staff are informed when they are on the premises. The bins are weighed and replaced.

This service takes contaminated waste, syringes and sharps.

Tracking of the disposal of clinical waste occurs.

Clinical waste should be segregated when generated e.g. dressings, and placed in clinical waste.

Bulk body fluids, blood, suctioned fluids, excretions, and secretions may be carefully poured down a drain connected to a sewer (available in dirty utility room), unless it is vacuum sealed container.

29.5 Disposal of non-clinical waste product.

A recycling service collects all cardboard containers.

Local council takes food scraps, disposable nappies.

Metal cans and bottles from the formula room are washed, and placed in the recycling bins.

29.6 Performance Indicators

- A yearly, waste reduction staff survey with the reviewed information given to the ALT to determine the quality improvement activities to focus on.
- Number of any incidents / hazards with sharps
- Reduction in the cost of collection services used by Allowah
- Three monthly audits with results to ALT

29.7 Waste Segregation

Waste segregation is the practice of classifying waste and placing it into the appropriate waste container immediately after the waste is generated.

Allowah should accurately segregate waste to protect personnel from injury and infection by preventing hazardous waste entering inappropriate waste streams and divert problematic waste from incorrect waste streams.

Effective segregation can be best achieved through:

- Providing education and training programs to all personnel who generate waste
- Identification of material composition (Safety Data Sheet);
- Establishing identifiable colour coding, and labelling;
- Provide suitable containers in appropriate and suitable locations;
- Incorporating quick and efficient waste disposal methods into patient care procedures. This may require the redesign or reorganisation of procedure trolleys and working environments; and
- Ensuring all waste can be easily, safely and properly segregated at the point of generation.

29.8 Handling, Labelling, Containment, Transport and Storage

Allowah must ensure compliance with WH&S and environmental control requirements. Correct segregation and containment of all wastes is required under the Waste Act. Waste collection must promote safe work practices process, reduce handling and transportation.

Waste handlers must be trained and equipped to undertake the handling, internal transport, spill management, blood and body fluid exposure management and storage requirements of Allowah.

Transportation routes should avoid where possible food preparation and heavily used areas.

Chutes: Chutes MUST NOT be installed or used for the transport of wastes.

29.9 Collections of Waste Products

Steri Corp Aust. P/L 1	**Visy Recycling**	**Local Council**
Contaminated Waste 1 Licensed waste collector	Cardboard , regular disposal	Everything else, general waste every Thursday Recycling twice a month, Thursday

Waste Products and disposal methods - Current process	
Ordinary garbage	Council
Bottles	Recycling
Cans	Recycling
Cardboard	Recycling
Plastic	Recycling
Grey water (washing machine)	Drain
Bio hazard waste	Steri Corp
Waste products down toilet	
General Hardware e.g. Broken furniture	Skip when needed/ take to tip

Recycling according to NSW Health Department

Category	Action	Outcome
Cardboard	Flatten and bundle	Recycled cartons
Confidential documents	Shred	Recycled paper
Newspaper	Separate and bundle	Recycled newsprint
Office paper	Re use the back for notes Bundle	Recycled paper
Telephone Books	Take to BP Service Station	Thermal insulation
Milk Cartons	Rinse and Collect, recycle bins	High quality paper
Metal		
Food cans	Recycle	Reprocessed steel
Glass	Separate	Reprocessed glass
Bottles	Recycle bin	Reuse item or reprocess jar
Food Scraps and Green waste		
Salad and vegetable peelings	General waste	
Grass cuttings Dead leaves	Mulch	Garden compost

29.10 Pharmaceutical Waste

Pharmaceutical waste awaiting disposal should be stored in the same manner as pharmaceuticals in use. Pharmaceutical waste should be placed in non-reactive containers (located in treatment room) and should not be discharged to the sewer or any process where they may find their way into the environment.

29.11 Chemical Waste

Reference should be made initially to the products' Safety Data Sheet (for handling precautions, instructions and required PPE). Information for handling procedures and transport of specific types and categories of chemicals can be sought from officers of local authorities such as the WorkCover Authority and EPA.

29.12 Spill Management

Allowah should manage waste spills as they occur in the facility. In the case of gross spills, containment is the principal role. Procedures must specify spill management procedures and the conditions when emergency services such as the Fire Brigade Hazmat section become involved.

It is essential that personnel involved in spill management receive education and training in emergency procedures and handling requirements.

29.13 Sharps, Blood and Body Substance Exposures

Precautions must be implemented to protect against exposure to sharps, blood and body fluids. These precautions include:

- providing a purpose designed sharps container as close as practical to the point of generation of the sharp
- providing appropriate PPE for potential blood and body substance exposures;
- conducting compliance checks to confirm people wear protective clothing;
- investigating all incidents to identify causes of exposures and take remedial action to eliminate risks;
- ALT must review incident reports and confirm completion of action;
- train staff in first aid and injury management procedures for sharps injury and body substance exposure;
- reinforce the need for staff to report all incidents and injuries;
- analyse statistics to identify any risk exposure trends; and
- develop and promote needle stick protocols.

30 SHARPS MANAGEMENT

Sharps will be managed to minimise the risk to children, visitors, staff and waste handlers.

Sharps are defined as any object capable of inflicting a penetrating injury, which may or may not be contaminated with blood and/or body substances. This includes all needles, or any other sharp objects or instruments designed to perform penetrating procedures, as well as razors and broken glass.

- The health care worker who generates a sharp is responsible for its safe disposal.
- Disposable needles and syringes must be disposed of in one piece.
- Needles must not be re-sheathed.
- Sharps must never be passed hand to hand. A puncture resistant tray must be used if it is ever necessary to transfer sharps.
- Any reusable sharps must be placed immediately after use in a puncture-resistant container.

- All disposable sharps are to be put into yellow sharps containers as supplied.
- Sharps containers must be kept in an area where they are not readily accessible to patients or members of the public, especially children.
- Containers are only to be filled to the appropriate level as marked on container.
- Never force items into a sharps container.
- The lid of the container is to be attached when full. Ensure the lid is firmly in place.
- Container will be placed in the locked clinical waste bin in the driveway for collection by the authorised contractor.

31 USE OF FANS

- Portable fans can be considered in waiting areas and non-clinical settings providing regular cleaning, maintenance and appropriate regulation of the speed is maintained.
- Portable fans cannot be used inside multi patient area's or common rooms for patients (i.e. bedrooms & the Orange Room) without prior approval from management as it increases the risk of cross contamination between patients.
- Permission may be granted in exceptional circumstances. This will require the individual child's curtains to be completely drawn for the duration of the fan operation.
- Portable fans can be used in single patient areas, cleaning is required upon removal of the fan to another space.
- Fans should only be used at the lowest speed for less disruption of dust and debris and with the least disruption to airflow such as non-oscillating.
- Fans can be considered in isolation rooms where non-airborne isolation precautions are in effect.
- Weekly cleaning according to manufacturer's IFU and local procedure or as required is to be conducted of all fans.
- Bladed fans are considered less risky infection control than bladeless ones.

32 ENVIRONMENTAL CLEANING

The physical environment at Allowah will be maintained by Allowah's cleaning staff in accordance with agreed standards, to minimise the risk of transmission of infection and to provide aesthetically pleasant surroundings for children, visitors and staff.

All functional areas of Allowah are rated for risk and will be cleaned according to the risk rating. High risk areas will receive more frequent and more intensive cleaning than lower risk areas.

For more detailed information about environmental cleaning, please refer to the Environmental Cleaning Policy.

32.1 Principles

- Staff undertaking cleaning will be appropriately trained and assessed as competent prior to undertaking cleaning without direct supervision
- Neutral detergent will be used for routine general cleaning.
- Disinfectants are not to be used for routine general cleaning.
- A documented cleaning schedule will be in place for all areas
    - Cleaning schedules reflect the risk rating of each area.
    - Cleaning will be signed for on completion, using a signing sheet
- Surfaces should be cleaned immediately if visibly soiled.
- General purpose utility gloves will be worn during all cleaning duties
- A fluid resistant gown will be worn for all wet or damp cleaning.
- If there is a likelihood of splashing during cleaning, eg cleaning toilets, then mouth/nose and eye protection must be worn.
- All cleaning equipment is to be colour coded to the area of use, in accordance with the requirements of the NSW Health Department. These are
    - Blue: general areas
    - Red: bathrooms and dirty utility rooms
    - Green: kitchens
    - Yellow: areas where Transmission-based precautions are in use
- Only items correctly colour coded for an area are to be used in that area.
- On completion of cleaning duties or if judged to be heavily soiled during cleaning, disposable items must be placed in the appropriate waste stream.
- On completion of cleaning duties, or if judged to be heavily soiled during cleaning, reusable items must be sent for laundering.
- On completion of cleaning duties, or if judged to be heavily soiled during cleaning, buckets must be emptied and thoroughly rinsed. Buckets are to be inverted to drain.
- All cleaning items should be stored dry between uses, other than during a shift
- When hung wet, e.g. during a shift, mops must be hung with mop heads downwards, to prevent contamination of the handle.
- Cleaning equipment used to clean a blood or body substance spill, or the room of a child requiring Transmission-based precautions must be discarded or sent for laundering immediately cleaning is completed.

32.2 Monitoring of cleaning

Cleaning will be regularly audited to ensure that agreed standards are met.

Results of auditing will be reported to the Infection Control Nurse and the Allowah Leadership Team. Information will also be provided to cleaning staff. Information on cleaning audits will be included in infection prevention and control routine reporting.

An action plan will be formulated if required after any audit, and a further audit will be conducted at an agreed time to assess effectiveness.

32.3 Cleaning in special circumstances

Cleaning schedules may be altered at the direction of the Director of Nursing, her delegate or the Infection Control Nurse when circumstances require e.g. an outbreak of infection, or admission / discharge of a child with a multi-resistant organism infection.

Cleaning schedules for foreseeable special circumstances will be developed as considered necessary, and staff training provided in consultation with the contracted cleaner.

32.4 Maintenance

All buildings, fixtures, fittings and equipment at Allowah will be maintained to minimise infection risks to children, staff and visitors.

A preventative maintenance program is in place, which is documented and reviewed at least annually.

All maintenance, service, repair and other records are retained for an agreed period.

The preventative maintenance program includes regular inspections and a system for reporting faults and failures requiring action in between scheduled inspections or maintenance.

The preventative maintenance system program includes but is not limited to the following systems:

- Air conditioning / cooling / heating
- Warm water / thermostatic mixing valves

- Testing for Legionella is carried out in accordance with the agreed schedule.
- In the event of a positive result:
  - the affected outlet(s) will be immediately taken out of service, with appropriate signage and notification of senior staff.
  - an accredited plumber will be contacted for advice and action

- Refrigeration / ice machines

33 FOOD SERVICES

All food stored, prepared and served at Allowah will be safe, in accordance with the requirements of the Australia New Zealand Food Standards Code.

For more detailed information about food services and food safety, please refer to the Food Services manuals and the Food Safety Program. These are available in the kitchen.

33.1 Food hygiene

Food services staff must undertake food safety education as soon as possible after commencing duties, or provide documentation that such education has been undertaken previously.

Staff involved in the preparation of food must practice good personal hygiene, including maintaining clean hair and body, having short clean fingernails, wearing only a plain wedding band, and wearing a clean uniform every day.

Staff entering the kitchen area and staff involved in preparation of food must wear a hat that completely covers all hair and any earrings, whenever food preparation is taking place in the kitchen.

Aprons must be removed when leaving kitchen.

Staff preparing or handling food must wash hands at appropriate times including

- Before commencing work;
- Before handling food or food utensils;
- After handling any used food preparation equipment, utensils, work surfaces or cleaning equipment;
- After using the toilet;

- After touching any part of their body e.g. blowing nose, adjusting hair; and
- Before and after breaks.

Staff must not touch ready to eat food items with bare hands. Clean disposable food-handling gloves or clean utensils e.g. tongs must be used.

Staff must not work with food in any way if suffering from a gastro-intestinal illness. Staff should not be involved in food preparation or handling for at least 48 hours following cessation of gastrointestinal symptoms, or until cleared by a medical officer. Further advice should be sought from the Infection Prevention & Control Nurse, the Public Health Unit or a medical officer if required.

Staff must not prepare or handle food if suffering from any infection on the hands, without seeking advice from the Infection Prevention & Control Nurse or a medical officer.

Reusable crockery, cutlery, glassware and trays can be used for all children, regardless of any diagnosis of an infection.

All cutlery, crockery and glassware used by children must be washed in the dishwasher, which will provide adequate decontamination when operating within the correct parameters. Dishwasher temperatures are to be checked and recorded regularly.

Any crockery or glassware noted to be chipped is to be discarded and not re-used.

Gloves or other personal protective equipment is not required for routine delivery or collection of meal trays.

The Registered Nurse in Charge is to inform staff delivering and collecting meal trays regarding the need to use any personal protective equipment when entering any child's room.

33.2 Temperature monitoring and storage

Food temperatures must be monitored and recorded in accordance with kitchen procedures. Any variation from the recommended temperature range is to be reported and corrective action taken.

All food stored in refrigerator must be covered and dated. High risk foods must be discarded after no more than 24 hours.

All packaged food is to be used within the "use by" date.

33.3 Cleaning and waste disposal

All areas of the kitchen including food storage area, refrigeration equipment, food preparation equipment and high areas are to be cleaned when indicated on the cleaning schedule and at any other time when required e.g. after a spill.

All cleaning equipment for the kitchen (colour code: green) is to be stored away from food storage and preparation areas when not in use.

Personal protective equipment is to be worn when carrying out cleaning duties.

Waste containers in the kitchen are to be emptied and cleaned regularly.

Kitchen waste is to be disposed of appropriately, in order to avoid odours and health risks including attraction of vermin and animals.

Any sign of vermin or pest activity e.g. droppings is to be reported immediately so that appropriate pest control measures can be organised as soon as possible.

34 LINEN MANAGEMENT

The risk of transmission of infection from linen is small, however must not be ignored. All linen at Allowah will be managed to minimise risk of transmission of infection. Linen services will comply with the requirements of the current edition of AS 4146 Laundry Practice.

34.1 Clean Linen

Clean linen will be transported separately from soiled linen.

Clean linen will be covered during transport, to minimise the risk of environmental contamination.

Clean linen will be stored covered or in cupboards to minimise the risk of environmental contamination. Clean linen must never be placed on the floor.

34.2 Soiled (used) linen – care staff

All linen which has been used is referred to as "soiled linen" whether or not there is any obvious soiling of any type. The term "infectious linen" is no longer in use.

Standard precautions must be used by care staff when handling used linen which is soiled with blood or body substances. This will always include the use of disposable gloves, and where required, impervious apron and mouth/nose and eye protection.

Linen which is visibly soiled with blood or body substances, or wet for any reason, must be placed in a leak-proof bag prior to transport for laundering. Double bagging is not required.

Linen which is soiled with blood or body substances must not be rinsed or sluiced outside the laundry area prior to laundering.

Soiled linen should be handled as little as possible. It must never be placed on the floor. It must not be held against the body, thrown, flapped or otherwise agitated.

Soiled linen should be placed in a soiled linen bag at the point of generation i.e. in the children's rooms when beds are changed.

Soiled linen bags should filled only to ¾ full, and should be securely closed before transport.

Soiled linen must be transported separately from clean linen.

Soiled linen from any child requiring Transmission-based precautions must be handled using standard precautions. Additional PPE e.g. impervious apron, face mask, should be used in accordance with the type of Transmission-based precautions in use for the child.

Hands must always be washed after handling soiled linen, whether or not gloves are worn.

34.3 Soiled (used) linen – laundry staff

Workflow within the laundry from dirty to clean must always be maintained.

Laundry staff must use personal protective equipment at all times when handling soiled linen, whether or not there is any obvious soiling or moistness of any type. This always includes general purpose utility gloves and an impervious apron. Face/eye protection must be available and used when required.

A suitable wash cycle must be selected for each load. A wash formula showing details of each cycle is available in the laundry.

Programmed cycles will include temperature and times adequate to provide thermal disinfection of items in accordance with AS 4146 Laundry Practice.

Soiled linen received in the laundry in impermeable bags should be handled as little as possible before washing. A suitable cycle e.g. foul wash should be selected for these items.

Laundry staff must wash hands at appropriate times including

- after removing PPE used for handling soiled linen,
- before handling clean linen,
- before and after breaks, and
- on commencement and at end of shift.

Soiled linen is not to be placed on the floor at any time.

34.4 Cleaning

Dirty linen transport trolleys are to be cleaned on a daily basis or more often if required.

Clean linen trolley and clothing carriers are to be washed with detergent and water weekly or more often if required.

All areas of the laundry including inside floors and benches, machines, high areas and behind machines are to be cleaned when indicated on the cleaning schedule and at any other time when required.

Any sign of vermin or pest activity e.g. droppings is to be reported immediately so that appropriate pest control measures can be organised as soon as possible.

35 DISEASE SPECIFIC INDEX

STANDARD PRECAUTIONS APPLY AT ALL TIMES

DISEASE / INFECTION / ORGANISM	INFECTION CONTROL PRECAUTIONS - TYPE	INFECTIVE MATERIAL	DURATION OF PRECAUTIONS / PERIOD OF INFECTIVITY	OTHER	FACTSHEET/ FURTHER INFORMATION
ABSCESS -draining	Standard	Pus / wound exudate	While drainage present	Emphasise hand hygiene for person and carers Confine and contain secretions with dressings	http://www.health.nsw.gov.au/factsheets/infectious/boils_and_skininfect.html
CQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)	Standard	Blood and all body fluids (except sweat)	Ongoing	Be aware of possible co-existing illnesses eg TB	http://www.health.nsw.gov.au/factsheets/infectious/hivaids.html http://www.health.nsw.gov.au/factsheets/sexualhealth/hiv_aids.html NOTIFIABLE DISEASE (Doctor/Hospital)
ADENOVIRUS -conjunctivitis -gastroenteritis	Contact Contact	Yes or may cohort Yes or may cohort	Eye discharge Respiratory secretions (possible) Faeces	Duration of hospitalisation. Shedding may persist for several weeks While symptoms present	http://www.health.nsw.gov.au/Infectious/factsheets/Factsheets/epidemic.pdf
ANTHRAX -cutaneous -inhalation	Standard Standard	Pus Respiratory secretions (possible)	24 hours after initiation of appropriate antibiotic therapy As above	Person to person transmission rare. As above	http://www.health.nsw.gov.au/factsheets/infectious/anthrax.html NOTIFIABLE DISEASE (Laboratory)

DISEASE / INFECTION / ORGANISM	INFECTION CONTROL PRECAUTIONS - TYPE	INFECTIVE MATERIAL	DURATION OF PRECAUTIONS / PERIOD OF INFECTIVITY	OTHER	FACTSHEET/ FURTHER INFORMATION
ASPERGILLOSIS	Standard	-	-	Person to person transmission does not occur	http://www.nlm.nih.gov/medlineplus/ency/article/001326.htm
BOILS	Standard	Pus/ wound exudate	Until all lesions crusted / dry	Emphasise hand hygiene for person and carers Confine and contain secretions with dressings	http://www.health.nsw.gov.au/factsheets/infectious/boils_and_skininfect.html
BRONCHIOLITIS - acute viral, aetiology unknown	Contact (unless RSV excluded. If so, droplet precautions)	Respiratory secretions	While symptoms present	Usually affects children, mostly <2 yrs old. Most common infective agent is respiratory syncitial virus (RSV). Para-influenza and influenza viruses are also associated with this syndrome.	http://www0.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_004.pdf
BRONCHITIS, ACUTE - adults, aetiology unknown	Droplet	Respiratory secretions	While symptoms present	Most cases viral in origin eg influenza, common cold or adeno viruses.	http://www.mydr.com.au/respiratory-health/bronchitis
CANDIDIASIS (THRUSH) - all forms	Standard	Oral skin and vaginal secretions, faeces.	Presumed while lesions present	Appears to be of low pathogenicity. Often develops from person's own normal flora.	http://www.health.nsw.gov.au/PublicHealth/sexualhealth/factsheets/thrushcandida.asp
CHICKENPOX (VARICELLA)	Contact & Airborne	Respiratory secretions Lesion secretions	Until last lesion crusted /dry	Highly infectious. Susceptible persons should avoid any contact. Persons who are not susceptible need not wear mask. Contact tracing may be necessary.	http://www.health.nsw.gov.au/factsheets/infectious/chickenpox.html http://www.health.nsw.gov.au/factsheets/infectious/shingles.html

DISEASE / INFECTION / ORGANISM	INFECTION CONTROL PRECAUTIONS - TYPE	INFECTIVE MATERIAL	DURATION OF PRECAUTIONS / PERIOD OF INFECTIVITY	OTHER	FACTSHEET/ FURTHER INFORMATION
CLOSTRIDIUM DIFFICILE - pseudomembranous colitis	Contact	Yes or may cohort	Faeces	Duration of hospitalisation. Period of carriage unknown	Environment easily contaminated; spores may persist for long periods. http://www0.health.nsw.gov.au/resources/quality/hai/pdf/clostridium_difficile_pat.pdf
CLOSTRIDIUM PERFRINGENS - food poisoning - gas gangrene	Standard Standard	Dependent on patient hygiene No	N/A N/A	Food-related transmission. No person to person transmission	http://www.health.nsw.gov.au/Infectious/controlguideline/Documents/gastroenteritis.PDF NOTIFIABLE DISEASE (Doctor/Hospital)
COMMON COLD	Droplet	Respiratory secretions	While symptoms present	Use cough etiquette: - cover cough, - use and immediately dispose of tissues, - perform hand hygiene Clean close environment frequently	http://www.nps.org.au/consumers/campaigns/ccncs/brochure
CONGENITAL RUBELLA SYNDROME	Droplet	Yes	Nasopharyngeal secretions Urine	Duration of hospitalisation. Shedding of virus may persist for months. Only immune persons should care for these infants	http://www0.health.nsw.gov.au/factsheets/infectious/rubella.html NOTIFIABLE DISEASE (Laboratory)
CONJUNCTIVITIS - Acute bacterial/viral	Contact	Secretions	While symptoms present	Emphasise hand hygiene. Avoid touching /rubbing eyes	http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/conjunctivitis?open http://www.health.nsw.gov.au/factsheets/infectious/keratoconjunctivitis.html

DISEASE / INFECTION / ORGANISM	INFECTION CONTROL PRECAUTIONS - TYPE	INFECTIVE MATERIAL	DURATION OF PRECAUTIONS / PERIOD OF INFECTIVITY	OTHER	FACTSHEET/ FURTHER INFORMATION
CREUZTFELDT JAKOB DISEASE (CJD) (Classical) NB Variant CJD has not occurred in Australia	Standard	CNS tissue Cerebro - spinal fluid Corneal tissue Lymphatic tissue	Indefinite	Person to person transmission risk very low. Avoid direct contact with infective material. Contaminated items may need disposal. Seek expert advice.	http://www.health.nsw.gov.au/factsheets/infectious/creutzfeldt-jakob.html NOTIFIABLE DISEASE (Doctor/Hospital/Laboratory)
CROUP	Droplet	Yes. May cohort if necessary.	Respiratory secretions	Mostly affects children <4 yrs	http://www0.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_053.pdf
CRYPTOSPORIDIOSIS	Standard if continent & hygiene good Contact if incontinent or hygiene poor	Faeces	While symptoms present; may be excreted for several days after last symptoms	Dedicated toilet required. Do not use swimming pools or spas for 2 weeks after cessation of diarrhoea	http://www.health.nsw.gov.au/factsheets/infectious/cryptosporidiosis.html NOTIFIABLE DISEASE (Laboratory)
CYTOMEGALOVIRUS INFECTION - neonatal	Standard	No	Urine Saliva	Virus excretion may persist for years	http://www.sch.edu.au/health/factsheets/joint/?cytomegj.htm
DIARRHOEA - acute, infective aetiology suspected SEE: GASTROENTERITIS					NB Gastroenteritis in an institution must be notified to the Public Health Unit http://www.health.nsw.gov.au/factsheets/infectious/gastroenteritis.html http://www.health.nsw.gov.au/factsheets/infectious/gastroenteritiscontr.html

DISEASE / INFECTION / ORGANISM	INFECTION CONTROL PRECAUTIONS - TYPE	INFECTIVE MATERIAL	DURATION OF PRECAUTIONS / PERIOD OF INFECTIVITY	OTHER	FACTSHEET/ FURTHER INFORMATION
ENCEPHALITIS - viral	Standard	No	-	Most common infective agents are herpes simplex and arboviruses. No person to person transmission	http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Murray-Valley-Encephalitis.aspx Arbovirus: NOTIFIABLE DISEASE (Laboratory)
EPSTEIN-BARR VIRUS INFECTION (INFECTIOUS MONONUCLEOSIS /(GLANDULAR FEVER)	Standard	Saliva		Pharyngeal secretion may continue for up to 1 year	http://www.health.nsw.gov.au/factsheets/infectious/mononucleosis.html
FIFTH DISEASE	Droplet	Respiratory secretions. Intrauterine	Duration of symptoms	Highest communicability before rash develops	http://www.health.nsw.gov.au/Infectious/factsheets/Factsheets/parvovirus_b19.PDF
FOOD POISONING - Salmonellosis	Standard	Faeces	Duration of hospitalisation Excretion of organism may persist for months	Dedicated toilet required. Food handlers may require negative cultures prior to return to work	NB: Food borne illness must be notified to the Public Health Unit http://www.health.nsw.gov.au/factsheets/infectious/foodborneillness.html http://www.health.nsw.gov.au/factsheets/infectious/salmonellosis.html NOTIFIABLE DISEASE (Laboratory)
- Campylobacter	Standard	Faeces	While symptoms present	Usually food-related common-source transmission. Person to person transmission uncommon	http://www.public.health.wa.gov.au/2/400/2/campylobacter_fact_sheet.pm

GASTROENTERITIS - unknown cause	Contact, plus airborne when person having diarrhoea or vomiting	Faeces, possibly vomitus	At least 24 hours after cessation of symptoms	Attempt to identify agent. May be highly transmissible Dedicated toilet required Symptomatic staff should not work Contact with others should be restricted during an outbreak	NB Gastroenteritis in an institution must be notified to the Public Health Unit http://www.health.nsw.gov.au/factsheets/infectious/gastroenteritis.html http://www.health.nsw.gov.au/factsheets/infectious/gastroenteritiscontr.html
- giardia	Contact, plus airborne when person having diarrhoea	Faeces	Indefinite Excretion may persist for many months	Environment may become contaminated Exclude staff displaying symptoms Admissions to ward/unit should be restricted during an outbreak	http://www.health.nsw.gov.au/factsheets/infectious/giardiasis.html http://www.health.nsw.gov.au/factsheets/environmental/crypto_giardia.html NOTIFIABLE DISEASE (Laboratory)
- norovirus	Contact plus airborne while person vomiting or having diarrhoea	Faeces & vomitus	48 hours after cessation of symptoms	Outbreaks can occur in institutional settings inc. hospital.	http://www.health.nsw.gov.au/factsheets/infectious/norovirus.html
- rotavirus	Contact	Faeces	8 days after onset of symptoms	Mainly affects infants & young children.	http://www.health.nsw.gov.au/factsheets/infectious/rotavirus.html NOTIFIABLE DISEASE (Laboratory)
- salmonella SEE: FOOD POISONING					
- shigella	Standard: if person adult, continent and hygiene good Contact: if person <6 years old, or incontinent	Faeces. May be spread by contaminated food / water	While symptoms present Carrier state (months) rare. Appropriate antibiotic therapy reduces excretion to a few days	Dedicated toilet required. Food handlers may require negative cultures prior to return to work.	http://www.health.nsw.gov.au/factsheets/infectious/shigellosis.html NOTIFIABLE DISEASE (Laboratory)

DISEASE / INFECTION / ORGANISM	INFECTION CONTROL PRECAUTIONS - TYPE	INFECTIVE MATERIAL	DURATION OF PRECAUTIONS / PERIOD OF INFECTIVITY	OTHER	FACTSHEET/ FURTHER INFORMATION
GERMAN MEASLES - SEE: RUBELLA					http://www.health.nsw.gov.au/factsheets/infectious/rubella.html NOTIFIABLE DISEASE (Laboratory)
GIARDIASIS - SEE: GASTROENTERITIS, giardia					http://www.health.nsw.gov.au/factsheets/infectious/giardiasis.html NOTIFIABLE DISEASE (Laboratory)
GLANDULAR FEVER - SEE: EPSTEIN-BARR VIRUS INFECTION					http://www.health.nsw.gov.au/factsheets/infectious/mononucleosis.html
GONOCOCCAL CONJUNCTIVITIS NEONATORUM	Contact	Exudate	Infectious while symptoms present if untreated or 24 hours after initiation of appropriate antibiotic therapy	Cure should be confirmed by culture after treatment	http://www.patient.co.uk/doctor/Ophthalmia-Neonatorum.htm NOTIFIABLE DISEASE (Laboratory)
GROUP A STREPTOCOCCAL INFECTION	Droplet Contact	Respiratory secretions Wound exudate	24 hours after initiation of appropriate antibiotic therapy		http://www.cdc.gov/ncidod/dbmd/diseaseinfo/groupastreptococcal_g.htm
GROUP B STREPTOCOCCAL INFECTION (SEPSIS OF THE NEWBORN)	Standard	No	Early onset – vaginal secretions of mother Late onset - various	Emphasise hand hygiene Late onset infection (from 7 days) is transmitted person to person	http://www.nlm.nih.gov/medlineplus/ency/article/001366.htm
HAND FOOT & MOUTH DISEASE (COXSACKIE VIRUS)	Droplet	Nose and throat discharges Faeces	Duration of illness. Viruses may persist in faeces for several weeks	May occur in epidemics. Mostly affects children.	http://www.health.nsw.gov.au/factsheets/infectious/chilldhoodillness.html

DISEASE / INFECTION / ORGANISM	INFECTION CONTROL PRECAUTIONS - TYPE	INFECTIVE MATERIAL	DURATION OF PRECAUTIONS / PERIOD OF INFECTIVITY	OTHER	FACTSHEET/ FURTHER INFORMATION
HEADLICE (NITS)	Contact (when handling hair)	Infested area (head hair only)	Seven days after second thorough treatment	Transmitted by contact with infested hair. Extremely short life span when off human hair. At least two treatments required.	http://www.health.nsw.gov.au/publichealth/environment/headlice/index.asp
HAEMORRHAGIC FEVERS (VIRAL) - eg Ebola, Lassa, Marburg	Airborne and Contact	Blood Body substances Respiratory secretions	Duration of illness	Treat all waste as clinical waste. Notify Public Health Unit immediately. Must be transferred to quarantine facility	http://www.health.nsw.gov.au/factsheets/guideline/v_haemorrhagic.html NOTIFIABLE DISEASE (Hospital/Laboratory)
HEPATITIS A	Standard: if person adult, continent and hygiene good Contact: if person <6 yo, or incontinent	Faeces	For 7 days after onset of jaundice	Paediatric cases may be asymptomatic Environment may become contaminated. Effective immunisation available.	http://www.health.nsw.gov.au/factsheets/infectious/hepatitisa.html NOTIFIABLE DISEASE (Laboratory)
HEPATITIS B	Standard	Blood Body fluids	Until person is HbsAg negative	Carrier state may persist for lifetime (more likely in paediatric infections) Vaccination with documented seroconversion gives long immunity.	http://www.health.nsw.gov.au/factsheets/infectious/hepatitisb.html NOTIFIABLE DISEASE (Laboratory)
HEPATITIS C	Standard	Blood Body fluids	Duration of hospitalisation if HCV PCR positive	Infectious state may persist for many years or lifetime. HCV PCR negative not considered to be infectious. No immunisation available	http://www.health.nsw.gov.au/factsheets/infectious/hepatitisc.html NOTIFIABLE DISEASE (Laboratory)
HERPES SIMPLEX - mucocutaneous (cold sores, genital herpes)	Standard	Lesion secretions Saliva	Until all lesions are crusted		http://www.health.nsw.gov.au/factsheets/sexualhealth/herpes.html

DISEASE / INFECTION / ORGANISM	INFECTION CONTROL PRECAUTIONS - TYPE	INFECTIVE MATERIAL	DURATION OF PRECAUTIONS / PERIOD OF INFECTIVITY	OTHER	FACTSHEET/ FURTHER INFORMATION
HERPES ZOSTER (SHINGLES) - Immuno - compromised person - Non-immuno - compromised person (localised lesions)	Airborne plus Contact Standard	Lesion secretions Respiratory secretions (possible) Lesion secretions	While symptoms present Until all lesions are crusted	Localised lesions in immunocompromised persons frequently become disseminated; always use same precautions. Persons who are not susceptible need not wear a mask. Persons susceptible to chicken pox should avoid contact. Contact tracing may be required If possible, persons susceptible to chicken pox should avoid contact.	http://www.health.nsw.gov.au/factsheets/infectious/shingles.html
HISTOPLASMOSIS	Standard	No	-	No person to person transmission	http://www.cdc.gov/fungal/histoplasmosis/
HUMAN IMMUNODEFICIENCY VIRUS (HIV)	Standard	Blood Body fluids	Ongoing		http://www.health.nsw.gov.au/factsheets/infectious/hivaids.html http://www.health.nsw.gov.au/factsheets/sexualhealth/hiv_aids.html NOTIFIABLE DISEASE (Laboratory)
HYDATIDOSIS	Standard	-	-	No person to person transmission	http://www.health.nsw.gov.au/factsheets/general/pettingzoo_fs.html
IMMUNO - COMPROMISED STATUS eg decreased white cell count, major burns	Standard	-	Duration of status	Exclude persons with infections from contact All persons having contact must perform hand hygiene	

DISEASE / INFECTION / ORGANISM	INFECTION CONTROL PRECAUTIONS - TYPE	INFECTIVE MATERIAL	DURATION OF PRECAUTIONS / PERIOD OF INFECTIVITY	OTHER	FACTSHEET/ FURTHER INFORMATION
IMPETIGO (school sores)	Standard	Lesion secretions	Until all lesions are healed		http://www.health.nsw.gov.au/factsheets/infectious/chilldhoodillness.html http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Boils_and_skin_infections.aspx
INFLUENZA - non-Avian - pandemic	Droplet Droplet Airborne and/ or Contact if directed	Respiratory secretions Respiratory secretions	While symptoms present Until directed to cease	Use cough etiquette: - cover cough, - use and immediately dispose of tissues, - perform hand hygiene Annual immunisation available. Pandemic plan will be activated	http://www.health.nsw.gov.au/factsheets/infectious/influenza.html NOTIFIABLE DISEASE (Laboratory)
LEGIONNAIRES DISEASE/ LEGIONELLOSIS	Standard	-	-	Person to person transmission does not occur	http://www.health.nsw.gov.au/factsheets/infectious/legionnaires.html NOTIFIABLE DISEASE (Hospital/Laboratory)
LICE: see PEDICULOSIS					http://www.health.nsw.gov.au/factsheets/sexualhealth/crabs_pubic_lice.html
LISTERIOSIS - general patients - maternity patients	Standard Standard	 Vaginal secretions Urine	 Up to 7 days after delivery	Associated with ingestion of particular foods. Greater susceptibility with immunocompromised status eg AIDS, cancer, old age. Transmissible to infant in utero or during vaginal delivery NOTIFIABLE DISEASE: to be notified by laboratories.	http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Listeriosis.aspx NOTIFIABLE DISEASE (Laboratory)

DISEASE / INFECTION / ORGANISM	INFECTION CONTROL PRECAUTIONS - TYPE	INFECTIVE MATERIAL	DURATION OF PRECAUTIONS / PERIOD OF INFECTIVITY	OTHER	FACTSHEET/ FURTHER INFORMATION
MEASLES	Airborne	Respiratory secretions	From beginning of pro-dromal period to 4 days after appearance of rash	Highly infectious. Now rare in Australia because of immunisation. Most cases imported by travellers.	http://www.health.nsw.gov.au/factsheets/infectious/measles.html http://www.health.nsw.gov.au/resources/publichealth/infectious/diseases/measles/measles_info_for_contacts.pdf NOTIFIABLE DISEASE (Doctor/ Hospital/Laboratory)
MENINGITIS - aseptic (nonbacterial or abacterial) - bacterial	Standard	Dependent on aetiology	Duration of symptoms	Specific diagnosis is often not possible. Enteroviruses are most common causative agent.	 http://www0.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_065.pdf
- Haemophilus influenze type b	Droplet	Respiratory secretions	While organisms are present	Rare since introduction of infant vaccine. Effective antibiotic therapy reduces communicability to 24-48 hours	NOTIFIABLE DISEASE (Hospital / Laboratory)
- meningococcal	Droplet	Respiratory and oral secretions	While organisms are present	Effective antibiotic therapy reduces communicability to 24 hours. Contact PHU for advice re prophylaxis for HCWs	NOTIFIABLE DISEASE (Hospital/Laboratory)
- neonatal	Standard	Faeces may be	While symptoms present	Causative agents acquired from birth canal eg Group B Strep	
MENINGOCOCCAL DISEASE / MENINGOCOCCAEMIA	Droplet	Respiratory and oral secretions	While organisms are present	Effective antibiotic therapy reduces communicability to 24 hours. Contact Public Health Unit for advice re prophylaxis for contacts.	http://www.health.nsw.gov.au/factsheets/infectious/meningococcal.html NOTIFIABLE DISEASE (Hospital/Laboratory)

DISEASE / INFECTION / ORGANISM	INFECTION CONTROL PRECAUTIONS - TYPE	INFECTIVE MATERIAL	DURATION OF PRECAUTIONS / PERIOD OF INFECTIVITY	OTHER	FACTSHEET/ FURTHER INFORMATION
MULTIPLE-RESISTANT ORGANISMS (MROs) - methicillin resistant Staphylococcus aureus (MRSA) - VRE	Standard Precautions always apply Additional Precautions may apply	Dependent on site of infection. Varies	Infectious while infective material present eg pus from boil. Colonisation may persist for indefinite periods. Indefinite colonisation	Skin infections most common in community Keep lesions covered. Hand hygiene for all contacts Does not cause illness in healthy persons.	http://www.health.nsw.gov.au/factsheets/infectious/methicilresist_staph.html http://www.health.nsw.gov.au/factsheets/general/vre.html
MUMPS (INFECTIOUS PAROTITIS)	Droplet	Respiratory and oral secretions	Maintain for 9 days from onset of swelling	Now rare in Australia because of immunisation. Avoid contact with susceptible persons including pregnant women	http://www.health.nsw.gov.au/factsheets/infectious/mumps.html NOTIFIABLE DISEASE (Laboratory)
PEDICULOSIS (LICE)	Contact	Infested area	Maintain for 24 hours after commencement of effective therapy	Highly contagious Bag linen and clothing in person room before sending for laundering	http://www.health.nsw.gov.au/factsheets/sexualhealth/crabs_pubic_lice.html
PERTUSSIS (WHOOPING COUGH)	Droplet	Respiratory secretions	Maintain for 5 days after commencement of effective antibiotic therapy	May be fatal to infants. Avoid contact with young children and infants especially those not fully immunised. Contacts may require antibiotic prophylaxis; contact GP or Public Health Unit for advice. Immunity from childhood immunisations wanes over time. Persons having contact with infants should discuss booster injection with GP	http://www.health.nsw.gov.au/factsheets/infectious/pertussis.html NOTIFIABLE DISEASE (Doctor/Hospital/Laboratory)

DISEASE / INFECTION / ORGANISM	INFECTION CONTROL PRECAUTIONS - TYPE	INFECTIVE MATERIAL	DURATION OF PRECAUTIONS / PERIOD OF INFECTIVITY	OTHER	FACTSHEET/ FURTHER INFORMATION
PNEUMONIA - aetiology unknown - Legionella - SEE: LEGIONELLA	Droplet	Respiratory secretions	While symptoms present or until diagnosis made	Management depends on specific causative organism	
- Meningococcal	Droplet	Respiratory and oral secretions	While organisms are present	Effective antibiotic therapy reduces communicability to 24 hours. Contact Public Health Unit for advice re prophylaxis for contacts	NOTIFIABLE DISEASE (Hospital/Laboratory)
PNEUMONIA - pneumococcal	Droplet	Respiratory secretions	While organisms are present	Effective antibiotic therapy reduces communicability to 24-48 hours	http://www.health.nsw.gov.au/factsheets/infectious/pneumococcaldisease.html NOTIFIABLE DISEASE (Laboratory)
- Pneumocystis carinii (PCP)	Standard	Respiratory secretion	Duration of illness	Opportunistic infection in immunocompromised persons, especially those with HIV infection	
-viral - adults - infants /young children	Standard Droplet			May be para-influenza or RSV infection	
RESPIRATORY SYNCYTIAL VIRUS (RSV)	Droplet	Respiratory secretions	Duration of illness		http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Respiratory-syncytial-virus.aspx
RINGWORM	Standard	Skin lesions	While symptoms present	Fungal infection	http://www.health.nsw.gov.au/factsheets/infectious/chilldhoodillness.html http://access.health.qld.gov.au/hid/InfectionsandParasites/FungalInfections/tineaRingworm_fs.asp

DISEASE / INFECTION / ORGANISM	INFECTION CONTROL PRECAUTIONS - TYPE	INFECTIVE MATERIAL	DURATION OF PRECAUTIONS / PERIOD OF INFECTIVITY	OTHER	FACTSHEET/ FURTHER INFORMATION
SCALDED SKIN SYNDROME	Standard	Lesion exudate	Duration of illness	Encourage hand hygiene	http://www.bad.org.uk/site/877/default.aspx
TETANUS	Standard	-	-	Bacteria commonly found in environment; enters through break in skin. Now rare in NSW because of immunisation Person to person transmission does not occur	http://www.health.nsw.gov.au/factsheets/infectious/tetanus.html NOTIFIABLE DISEASE (Hospital)
TOXOPLASMOSIS	Standard		-	No direct person to person transmission except in utero	http://www0.health.nsw.gov.au/factsheets/general/pettingzoo_fs.html
ROSS RIVER FEVER	Standard	-	-	Person to person transmission does not occur	http://www.health.nsw.gov.au/factsheets/infectious/rossriver.html NOTIFIABLE DISEASE (Laboratory)
ROTAVIRUS INFECTION - SEE: GASTROENTERITIS, rotavirus					http://www.health.nsw.gov.au/factsheets/infectious/rotavirus.html NOTIFIABLE DISEASE (Laboratory)
RUBELLA (German measles)	Droplet	Naso - pharyngeal secretions	Maintain for 7 days after onset of rash	Exclude non-immune persons, especially pregnant or possibly so. Encourage immunisation.	http://www.health.nsw.gov.au/factsheets/infectious/rubella.html NOTIFIABLE DISEASE (/Laboratory)
SCABIES	Contact	Infested area	Maintain for 24 hours after initiation of effective therapy	Launder all linen and clothing All affected persons to be treated on same day.	http://www.health.nsw.gov.au/factsheets/sexualhealth/scabies.html
SHINGLES - SEE: HERPES ZOSTER					http://www.health.nsw.gov.au/factsheets/infectious/shingles.html

DISEASE / INFECTION / ORGANISM	INFECTION CONTROL PRECAUTIONS - TYPE	INFECTIVE MATERIAL	DURATION OF PRECAUTIONS / PERIOD OF INFECTIVITY	OTHER	FACTSHEET/ FURTHER INFORMATION
SLAPPED CHEEK SYNDROME: See FIFTH DISEASE					http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Parvovirus-B19-and-%28Fifth-Disease%29.aspx
TINEA PEDIS (Athlete's foot)	Standard	Skin lesions	While lesions present	Viable fungus may persist on materials for long periods	http://access.health.qld.gov.au/hid/InfectionsandParasites/FungalInfections/tineaRingworm_fs.asp
TUBERCULOSIS (pulmonary) Suspected or confirmed	Airborne P2/N95 high filtration mask required for all who enter room with infected person. Surgical mask for person when out of own environment.	Airborne droplet nuclei	*Suspected*: Maintain until tuberculosis is definitely excluded as diagnosis. *Confirmed*: Maintain for at least 10 days after initiation of effective therapy. Expert advice must be sought before ceasing precautions	**Highly infectious.** **Precautions must be put in place immediately even if diagnosis is unconfirmed** Refer to Area TB Coordinator at Public Health Unit. Contact tracing may be required	http://www.health.nsw.gov.au/factsheets/infectious/tuberculosis.html NOTIFIABLE DISEASE (Doctor/Hospital/Laboratory)
TYPHOID FEVER	Standard	Faeces Urine	Duration of hospitalisation	Most cases occur in returned travellers	http://www.health.nsw.gov.au/factsheets/infectious/typhoid.html NOTIFIABLE DISEASE (Hospital/Laboratory)
VANCOMYCIN RESISTANT ENTEROCOCCI (VRE) - SEE: MULTI RESISTANT ORGANISMS	Standard Precautions always apply Additional precautions may apply	Variable	Colonisation may persist for indefinite period.	Does not cause illness in healthy persons	http://www.health.nsw.gov.au/factsheets/general/vre.html
VARICELLA - SEE: CHICKEN POX					http://www.health.nsw.gov.au/factsheets/infectious/chickenpox.html

DISEASE / INFECTION / ORGANISM	INFECTION CONTROL PRECAUTIONS - TYPE	INFECTIVE MATERIAL	DURATION OF PRECAUTIONS / PERIOD OF INFECTIVITY	OTHER	FACTSHEET/ FURTHER INFORMATION
WHOOPING COUGH - SEE: PERTUSSIS					http://www.health.nsw.gov.au/factsheets/infectious/pertussis.html
WOUND INFECTIONS	Standard or Contact if instructed	Wound exudate	While exudate present	Causative organism should be determined eg to distinguish between colonisation and infection	http://www.worldwidewounds.com/2004/january/Collier/Management-of-Wound-infections.html

INFORMATION ABOUT MICROORGANISMS, INFECTIONS AND INFECTIOUS DISEASES

http://www.cdc.gov/az/a.html

http://www.niaid.nih.gov/pages/default.aspx?wt.ac=tnHome

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NSW Health Department (2006) PD2006_030 Incident management policy Quality and Safety Branch:Sydney

Standards Australia/Standards New Zealand (2000) AS/NZS 4146:2000 Laundry practice Sydney

37 APPENDIX 1- NSW HEALTH POLICY IMPLEMENTATION CHECKLIST

24.1 ATTACHMENT 1 – POLICY IMPLEMENTATION CHECKLIST

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

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

38 APPENDIX 2 – NSW HEALTH SUMMARIES

24.2 ATTACHMENT 2 – SUMMARY OF STANDARD PRECAUTIONS

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

24.3 ATTACHMENT 3 – SUMMARY OF CONTACT PRECAUTIONS

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

24.4 ATTACHMENT 4 – SUMMARY OF DROPLET PRECAUTIONS

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

24.5 ATTACHMENT 5 – SUMMARY OF AIRBORNE PRECAUTIONS

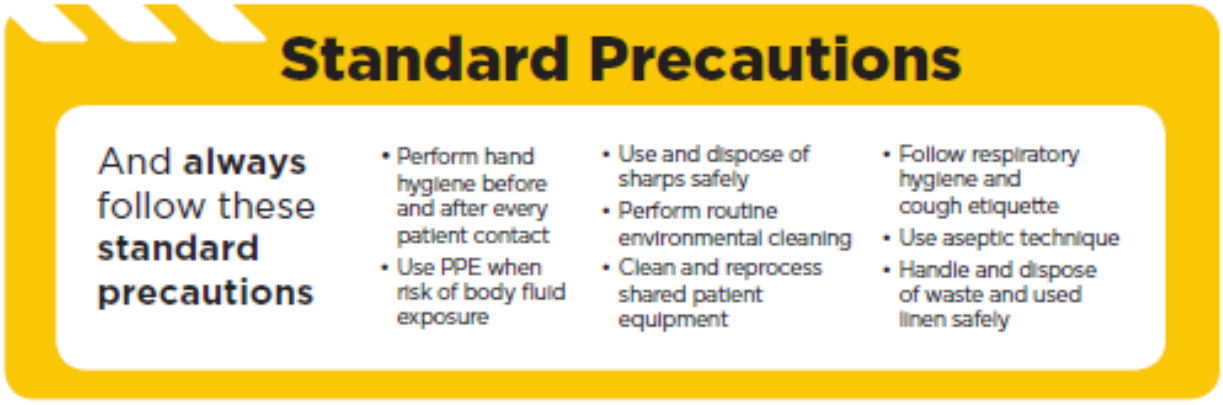
Requirements	Airborne Precautions To be used in addition to Standard Precautions
Room	Single room with door closed.
Bathroom	1st preference Ensuite with single room. 2nd preference Designated bathroom or commode.
Negative pressure room	1st preference Single room with negative pressure or 100% exhaust.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

39 APPENDIX 3 - SIGNAGE FOR PRECAUTIONS

39.1 Signage for Standard Precautions

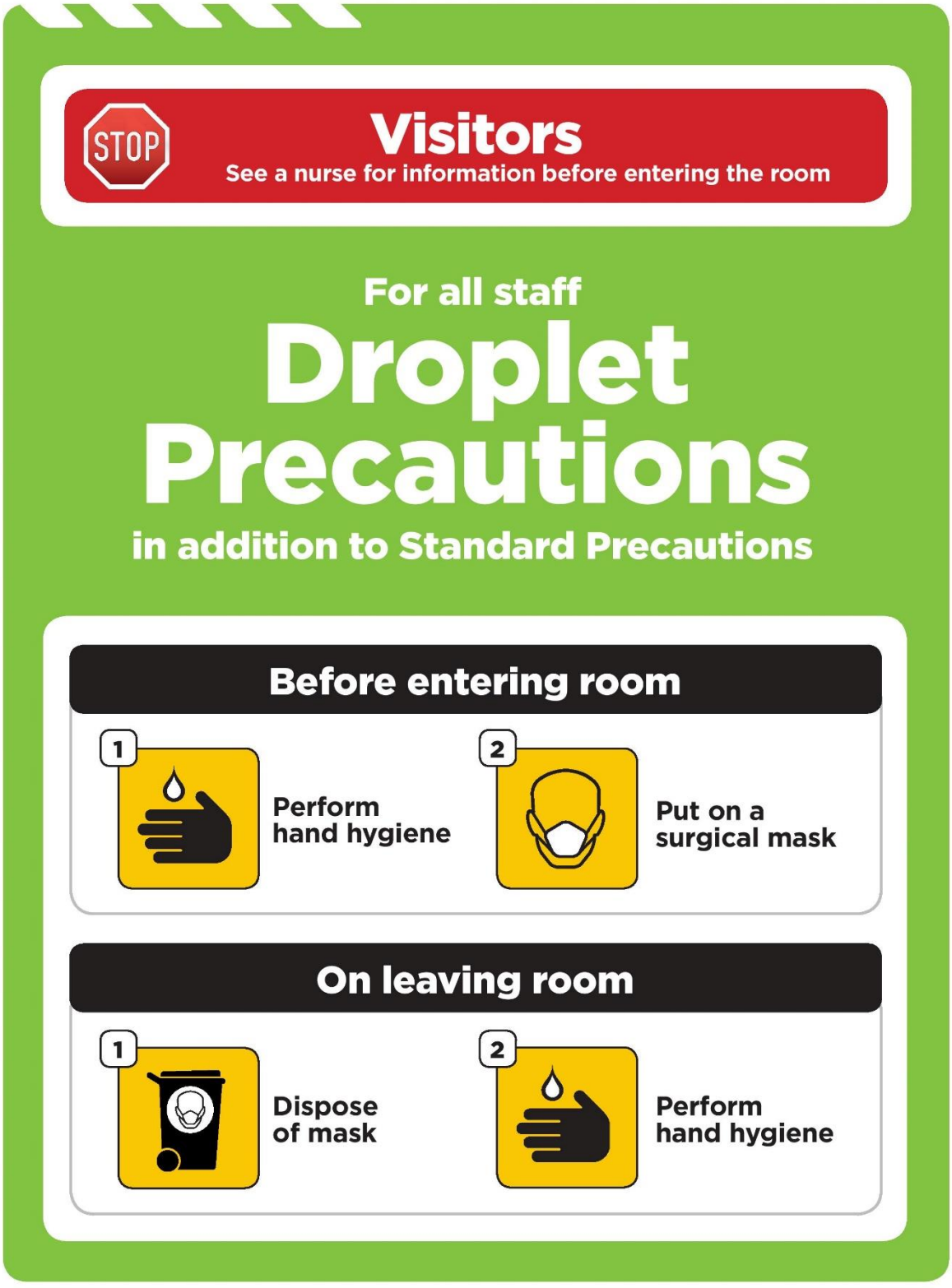
39.2 Signage for Contact Precautions

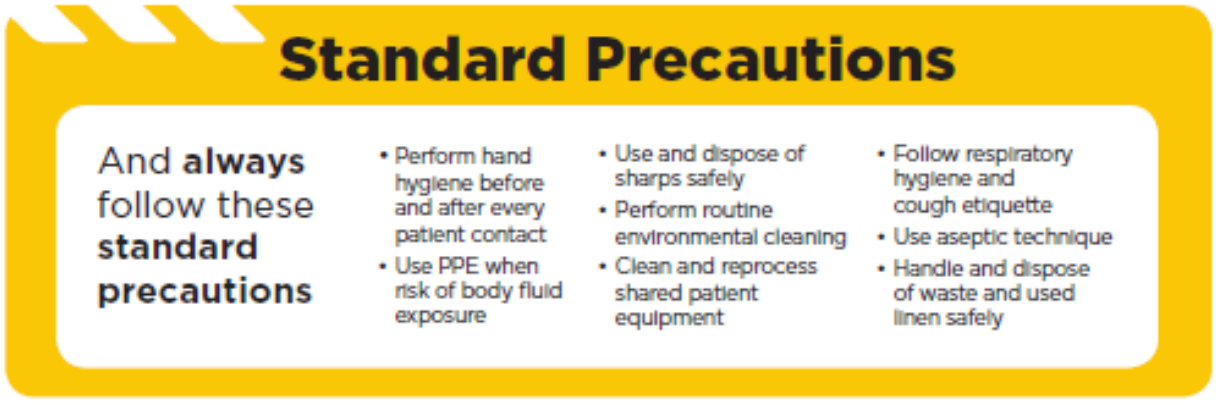

STOP
Visitors
See a nurse for information before entering the room
For all staff
Contact Precautions
in addition to Standard Precautions
Before entering room
1
Perform hand hygiene
2
Put on gown or apron
3
Put on gloves
On leaving room
1
Dispose of gloves
2
Perform hand hygiene
3
Dispose of gown or apron
4
Perform hand hygiene
AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE
CLINICAL EXCELLENCE COMMISSION



AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

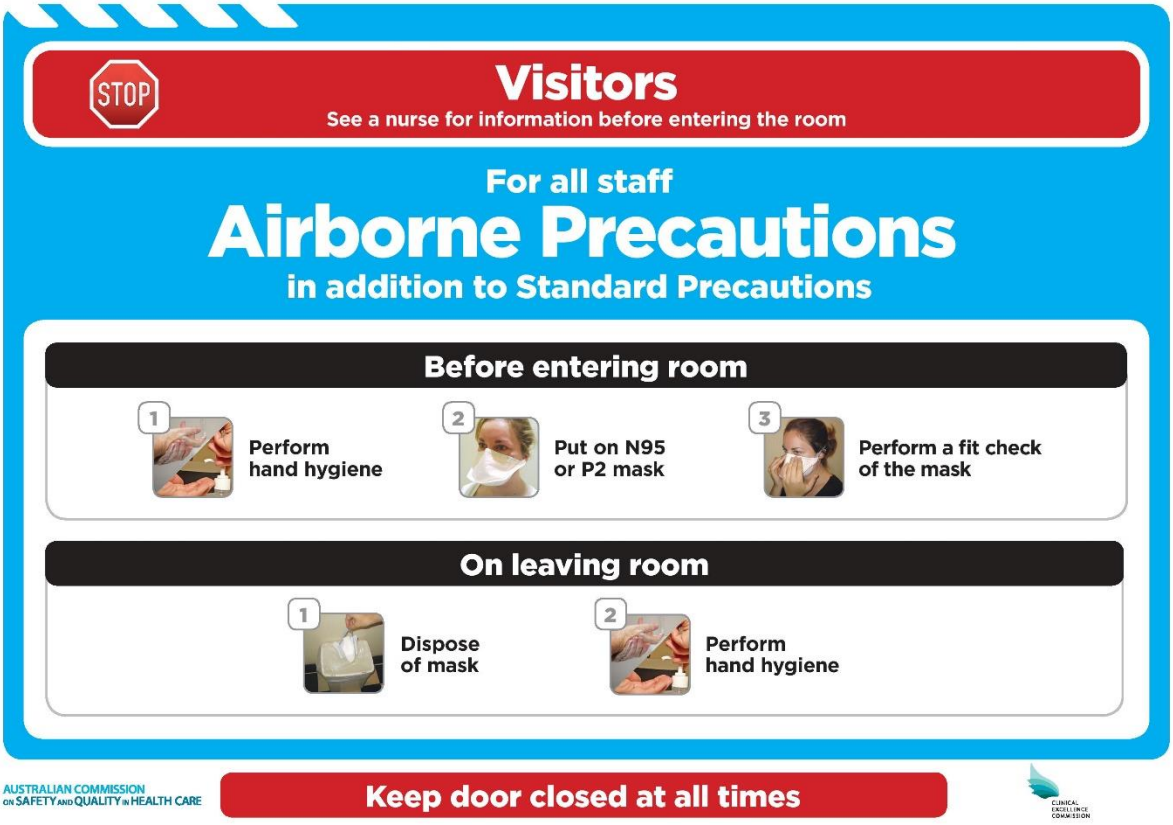
39.3 Signage for Droplet Precautions

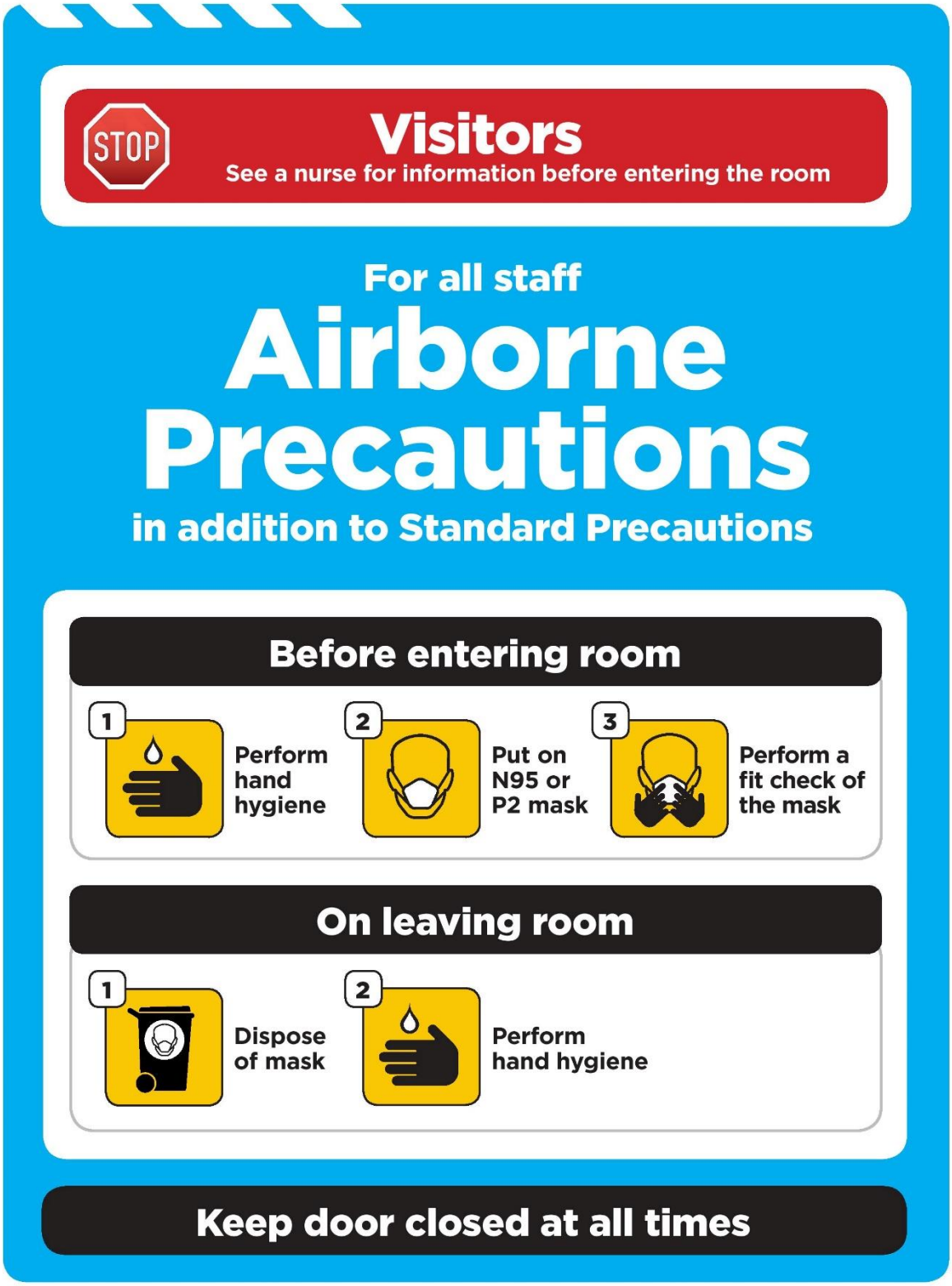

STOP
Visitors
See a nurse for information before entering the room
For all staff
Droplet Precautions
in addition to Standard Precautions
Before entering room
1
Perform hand hygiene
2
Put on a surgical mask
On leaving room
1
Dispose of mask
2
Perform hand hygiene
AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

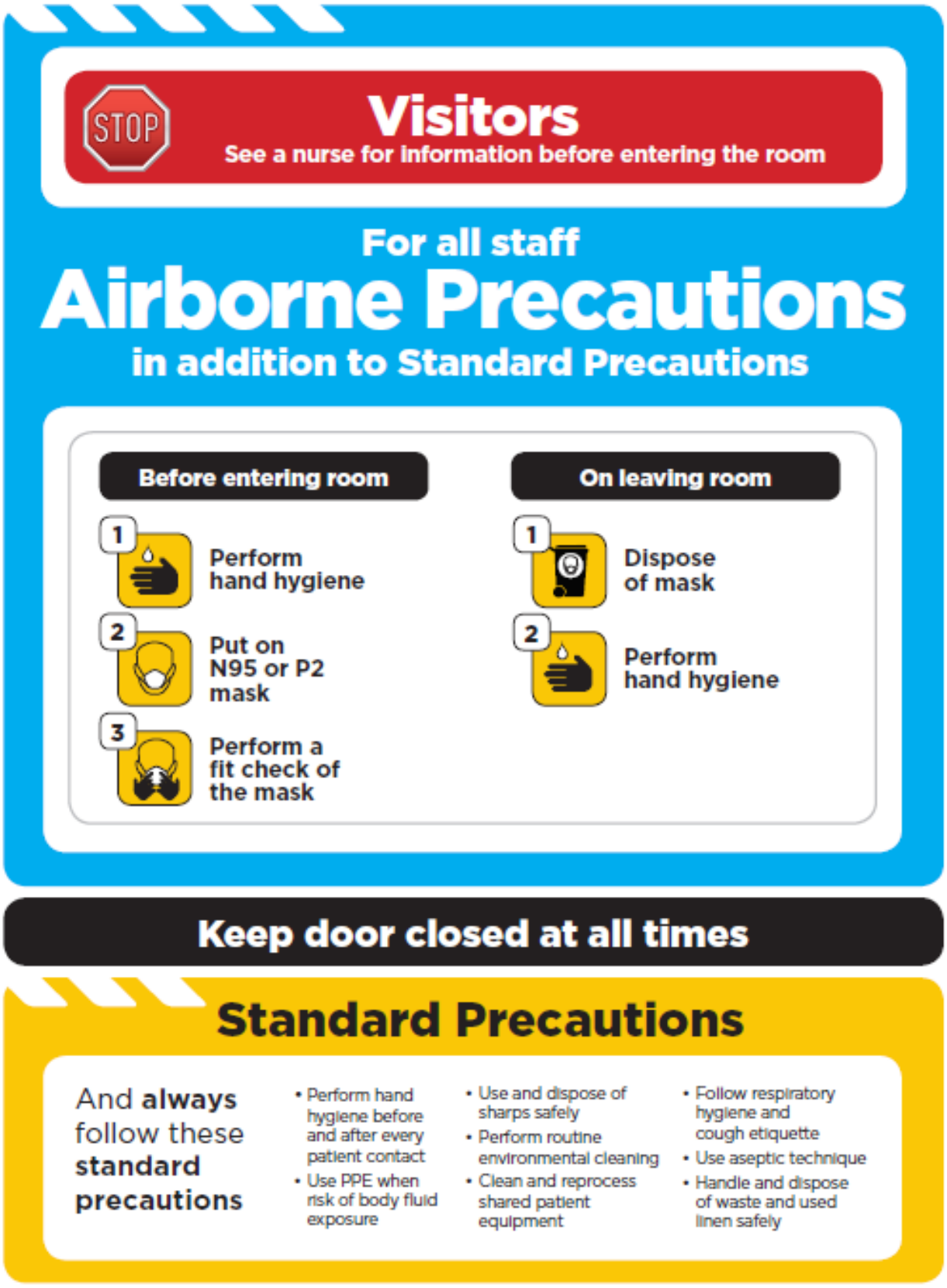


AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

39.4 Signage for Airborne Precautions




STOP
Visitors
See a nurse for information before entering the room
For all staff
Airborne Precautions
in addition to Standard Precautions
Before entering room
1
Perform hand hygiene
2
Put on N95 or P2 mask
3
Perform a fit check of the mask
On leaving room
1
Dispose of mask
2
Perform hand hygiene
Keep door closed at all times
AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE
CLINICAL EXCELLENCE COMMISSION


STOP
Visitors
See a nurse for information before entering the room
For all staff
Airborne Precautions
in addition to Standard Precautions
Before entering room
1 Perform hand hygiene
2 Put on N95 or P2 mask
3 Perform a fit check of the mask
On leaving room
1 Dispose of mask
2 Perform hand hygiene
Keep door closed at all times
Standard Precautions
And always follow these standard precautions
• Perform hand hygiene before and after every patient contact
• Use PPE when risk of body fluid exposure
• Use and dispose of sharps safely
• Perform routine environmental cleaning
• Clean and reprocess shared patient equipment
• Follow respiratory hygiene and cough etiquette
• Use aseptic technique
• Handle and dispose of waste and used linen safely
AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

39.5 Signage for Contact, Droplet & Airborne Precautions

STOP

Visitors

See a nurse or midwife for information before entering

For all staff

Contact + Droplet + Airborne Precautions in addition to Standard Precautions

Before entering the patient zone

1.  perform hand hygiene
2.  put on long sleeve impervious gown
3.  put on P2/N95 mask
4.  put on eye protection
5.  perform hand hygiene
6.  enter patient zone and put on gloves

On leaving the patient zone

1.  remove gloves and dispose
2.  perform hand hygiene
3.  remove gown and dispose
4.  perform hand hygiene then leave the patient zone
5.  remove eye protection
6.  perform hand hygiene after cleaning reusable eye protection
7.  remove mask and dispose
8.  perform hand hygiene

Follow CEC guidance in relation to extended and optimal use of PPE. See COVID-19 Infection Prevention and Control Advice for Health Workers.

NSW GOVERNMENT | CLINICAL EXCELLENCE COMMISSION

40 APPENDIX 4 – ESBL INFECTION CONTROL ACTION PLAN

Extended-spectrum beta-lactamases (ESBLs)

Infection prevention and control ACTION PLAN - Date: / /

General information	
Transmission: Contact with bodily fluids **High risk activities**: Personal care; nappy changes, showering, contact with equipment and items that have the potential to come in contact with bodily fluids.	
Alerts	
Contact precautions signage is to be visible at the entrance to the patient's room, to alert health care workers of required precautions. The patient's medical record is to be updated to include an alert regarding ESBL status. Any relevant addition systems are to be checked to ensure they contain appropriate alerts *(including handover sheets and diagnostic test request forms)*	☐ Laminated "Contact Precaution" sign on door ☐ Laminated "Contact Precaution"sign above bed ☐ Laminated "Contact Precaution" sign in front of medical record / nursing folder ☐ Handover sheet updated to include "Contact Precaution – ESBL" as a permanent item
Room & bathroom	
Patient should be placed in a single room with their own en-suite and waste bins. When a single room is not available patient placement are to be 146rioritized as below: 1. Single room with separate dedicated bathroom facilities 2. Single room with dedicated	☐ Allocated Room _____ ☐ Other occupants? If yes, precautions:

commode, but shared showering facilities (if they are continent) 3. Shared room with dedicated commode. Highest priority is to be given to ESBL cases that are assessed as being a higher risk for onwards transmission. Whenever possible remove non-essential equipment to prevent environmental contamination.	☐ Dedicated bathroom – Yes/No If no, precautions in place: ☐ Non-essential equipment removed from room
Personal Protective Equipment (PPE)	
PPE is to be worn according to Infection Control policy and procedures. The <u>minimum</u> requirement for PPE is an apron and gloves. When wearing an apron, a person is to be bare below the elbow, with the exception of gloves. Gloves should always be put on immediately before the procedure or contact with body substance. Eye protection to be used when cleaning tubes etc. When wearing gloves, change or remove gloves if moving from a contaminated body site to another within the same patient. PPE is to be removed before exiting the patient's room or leaving the patient zone. Hand hygiene is to be performed before and after all PPE use.	PPE placed outside room: ☐ Gloves ☐ Gowns ☐ Hand hygiene sign ☐ Eye protection to be warn when cleaning tubes ☐ Nappies etc. to be placed in clinical waste bin
Patient Equipment	

Wherever possible, disposable equipment is to be used. When the use of disposable equipment is not possible, non-disposable equipment is to be dedicated to the one patient, cleaned and disinfected when no longer required and before use on another patient. If equipment must be shared between patients (e.g. lifting machine), ensure the equipment has been cleaned and disinfected after use and before use on another patient. Whenever possible remove non-essential equipment to ensure rooms are not overstocked with supplies. Only take into the room what is needed for that shift.	Disposable equipment to be used: ☐ Shared equipment: ☐ Hoist ☐ Own equipment: ☐ Wheelchair ☐ Sling ☐ Bed ☐ Allocated equipment to be used on by child: ☐ Thermometer ☐ Oximeter ☐ ☐
Movement of patients	
Contact precautions must be maintained. There is to be no use of toilets outside the room.	Arrangement for time outside room: ☐
Staff allocation	
Changes to staff allocation are not indicated in single cases of ESBL	Staff allocation: ☐ Staff training provided: ☐ Infection Control Manual provided ☐ Information for Clinicians (SA Health – no NSW available at present) provided via WW and in hard copy https://www.sahealth.sa.gov.au/wps/wcm/connect/421021004310

	f80c8c5ace0aafe4bbfc/FactSheet-ESBL-info-HCW-v1.4-ics-phcs-20180219.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-421021004310f80c8c5ace0aafe4bbfc-n5hH2-3 Training deck completed (TBA) ☐ Online training completed (Progressive) https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/infection-prevention-and-control-elearning-modules ☐ RN in Charge provided nurse allocated to child with this Plan, a copy of the above ESBL Information for Clinicians, discussed PPE and ensured competency Date: / / RN name: Staff member name: Date: / / RN name: Staff member name: Date: / / RN name: Staff member name: Date: / / RN name: Staff member name: Date: / / RN name: Staff member name:
Environmental cleaning and disinfection	

The patient's room and bathroom (special attention to hand washing sinks and faucets) are to be cleaned and disinfected daily. In addition, frequently touched surfaces (e.g. bedrails, IV pump, and over-bed table) require twice daily cleaning and disinfection. Terminal cleaning is required on discharge. All equipment in the room is to be cleaned, and must remain in the room until the completion of cleaning. The agent selected must be effective against the vast majority of organisms that cause health care associated infections and for practical purposes have a fast kill time (or contact time). Always follow the manufacturer's instructions when using the selected cleaning or disinfecting agent (that is, amount, dilution, contact time, safe use and disposal).	**Cleaning** ☐ Room cleaned as per a full terminal clean (i.e. walls, floors, equipment, etc.) daily after shower time ☐ Cleaning staff PPE: gloves, gown, mask and eye protection ☐
Food Services	
There is no difference in required precautions for provision of food services to any other multi-resistant organism.	☐ Is child on formula? Yes - (reduces risk of contamination via cutlery etc) ☐ If no… ☐ Formula Room bag is to be thrown away by nursing team to reduce contact ☐ Tubing and storage container to be disposed of regularly (seeking funding before implementation)
Linen and Waste Management	
There is no difference in required precautions for provision of linen and waste management services to any other multi-resistant organism.	**Laundry** ☐ Linen placed in black plastic bags, inside the yellow linen bags ☐ Nurses to bring the linen bags to the dirty utility room and place in the red skip bin ☐ Linen not to be dropped down the

	laundry chute. ☐ Linen washed separately - all other normal linen procedures apply ☐ Once cleaned and dry, linen can be circulated as normal ☐ Clean linen (i.e. sheets, towels, clothes, etc) is to be provided to nurses to be restocked, not taken into the room by laundry staff ☐ Laundry staff PPE: gloves, mask, eye protection, gown
Visitors	
Visitors are to be educated and instructed to perform appropriate hand hygiene. Visitors are not required to wear PPE unless assisting with patient care e.g. showering, toileting. Visitors are to be discouraged from visiting other patients within Allowah. A risk assessment is advised to determine whether the child should attend school.	☐ Visitors required to perform hand hygiene under supervision of nursing staff when entering / exiting room ☐ No visitors are to perform personal hygiene care ☐ School – Yes/ No Visitors inducted: Date: / / RN name: Visitor name: Date: / / RN name: Visitor name: Date: / / RN name: Visitor name:

Action Plan Approved:

DON – Christine Towers _____

Date: 1/7/2020

Date for review: 7 / 7 /2020