# INFECTION CONTROL

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# INFECTION CONTROL

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| **Policy Number:** | 200 | | |
| **Title:** | Infection Control | | |
| **Owner:** | Director of Nursing | | |
| **Review Date:** | June 2022 | **Policy Risk Rating:** | Medium |

## 1. PURPOSE

To outline the responsibilities of staff and Management in maintaining a safe and effective infection control program.

## 2. POLICY

Policy is Management accepts its Duty of Care to provide a safe and healthy working environment for our employees. We also recognise our common law Duty of Care to ensure the prevention and control of infection for all stakeholders. The Director of Nursing of the respective area is the Infection Control Coordinator

Each employee must take reasonable care to protect his/her own health and safety and the safety of others within the facility.

## 3. MANAGEMENT RESPONSIBILITIES

Management will:

3.1. Establish and practice infection control guidelines.

3.2. Maintain adequate physical facilities, waste management methods and appropriate equipment to control the spread of harmful micro-organisms.

3.3. Monitor infections within the facility using infection control surveillance program.

3.4. Inform Staff of risks that they may face in the course of their employment and utilise Staff input to resolve risk situations.

3.5. Provide education, information, instruction, training, guidance and supervision to ensure that safe work practices are carried out to minimise the spread of infection e.g. Hand-washing and standard precautions and training in use of equipment.

3.6. Maintain an awareness of new vaccines becoming available to protect Staff and to initiate procedures to ensure that those at risk are fully vaccinated.

3.7. Ensure that all Staff are informed about the rights and responsibilities of the residents.

3.8. Maintain the confidentiality of medical information.

3.9. Provide access to support services for Staff who are concerned as a result of exposure to a potential hazard.

## 4. EMPLOYEE RESPONSIBILITIES

The employee must:

4.1. Carry out their duties in a responsible manner consistent with instructions given (Policies and Procedures) in relation to health and safety.

4.2. Use equipment for health and safety purposes.

4.3. Assist with the maintenance of a clean and safe environment.

4.4. Adhere to policies and procedures that guide work performance to prevent the spread of infection.

4.5. Notify the employer should their infection status pose any risk to residents or co-workers.

4.6. Maintain confidentiality of information about residents within the facility. (Failure to uphold this is not only a breach of faith but may involve the employee in legal proceedings).

Note: The Village Baxter utilises the Industry Standard Oates Colour Coding Guide, Blue for general cleaning, Red for wet areas, Green for Kitchen and Yellow for infectious areas.

## 5. RELATED POLICIES AND DOCUMENTS

Additional infection control information can be found on the following Australian Government website.
https://www.nhmrc.gov.au/guidelines-publications/d1034

# INFECTION CONTROL

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| **Policy Number:** | 202 | | |
| **Title:** | Summary Guidelines | | |
| **Owner:** | Director of Nursing | | |
| **Review Date:** | June 2022 | **Policy Risk Rating:** | Medium |

## 1. PURPOSE

The Infection Control Summary Guidelines provide Staff with a basic understanding of The Village Baxter Infection Control Program.

## 2. POLICY

2.1. Thorough hand washing before and after each resident contact is the best defence against transmission of infections.

2.2. Effective infection control is a basic and essential component of the safe environment and in providing optimum resident care. Our infection control program is developed to:

2.2.1. Reduce the risk of infection to residents, staff and visitors,

2.2.2. To monitor the effectiveness of such practices by establishing an infection control surveillance program,

2.2.3. Implement a course of management and intervention should an infectious outbreak occur,

2.2.4. To provide in-service education for all staff on hygiene and infection control practice,

2.2.5. To regularly review infection control policies to ensure that methods and practices are efficient and current.

2.2.6. All staff must be familiar with the contents of these summary guidelines

2.2.7. A copy of the Summary Guidelines is provided to all new staff

2.2.8. Copies of Summary Guidelines should be available in all staff rooms.

2.3. Infection Control and Elderly People.

The Elderly may be at greater risk of infections due to the ageing process impairing the immune functioning. Additional factors include:

2.3.1. Fragile skin and thinning mucous membranes.

2.3.2. A less efficient circulatory system.

2.3.3. Onset of chronic diseases.

2.3.4. Reduced mobility.

2.3.5. Loss of self-caring ability.

2.4. Sources of Infection

2.4.1. Body secretions e.g. from the respiratory and genitourinary tracts.

2.4.2. Excreta – faeces, vomit, urine.

2.4.3. Exudate – from infected wounds and lesions.

2.4.4. Blood and blood products.

2.4.5. Equipment used in the care of an infected patient.

2.5. Forms of Transmission

2.5.1. Direct contact – person to person.

2.5.2. Fomites – bed linen, towels, crockery.

2.5.3. Body substances – urine, faeces.

2.5.4. Airborne droplets and dust.

2.5.5. Contaminated food and fluids.

2.5.6. Vectors – e.g. insect.

## 3. STAFF RESPONSIBILITIES

As you work, it is important to consider potential sources of infection and to practice proactive measures to ensure that you protect yourself and do not spread infection between residents. The main mode of transmission of infection is by direct contact. Having intact skin and mucous membranes is the best barrier to infection.

Staff should maintain:

a) A high standard of person hygiene and grooming.

b) Their own health status.

c) Recommended immunisation levels.

3.1. Hands

3.1.1. Practicing good hand washing techniques.

3.1.2. Keeping fingernails short and clean.

3.1.3. Using moisturisers / hand creams to maintain skin integrity.

3.1.4. Using waterproof / protective dressings to cover open cuts.

3.1.5. Seeking prompt attention to diagnosis of skin lesions / rashes.

3.2. Jewellery

3.2.1. Ornate rings and watches should not be worn while giving direct care to residents as they prevent adequate hand washing and can harbour micro-organisms.

3.3. Clothing

3.3.1. Should be clean and changed each day to decrease the chance of cross infection.

3.4. Reporting of Staff Infections

3.4.1. Reporting of staff infections in the RACF should occur in accordance with: https://www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/c2-1-2-responsibilities-

3.5. Staff Immunisation

Staff are required to have annual seasonal influenza vaccination and Covid-19 Vaccination in accordance with Department of Health directives and guidelines.

Staff who have either direct or indirect contact with residents, soiled waste and / or body substances are encouraged to be immunised against the following diseases:

3.5.1. Hepatitis B.

3.5.2. Influenza.

3.5.3. Diphtheria.

3.5.4. Poliomyelitis.

3.5.5. Measles.

3.5.6. Mumps.

3.5.7. Rubella.

3.5.8. Tuberculosis.

3.5.9. Whooping Cough.

## 4. STAFF PRACTICES – PROTECTIVE MEASURES

4.1. Hand washing techniques

Washing of hands must be thorough, systematic and carried out as follows:

a. Before commencing work.

b. Before and after meal/ tea breaks.

c. Before handling food and utensils.

d. Before and after resident care activities.

e. When contaminated with body substances.

f. After touching a contaminated surface or material.

g. Before handling medical equipment.

h. Following the removal of gloves.

i. After personal toileting or handling toilet equipment.

j. After smoking.

k. Before all aseptic procedures.

l. After disposing of potentially infected materials.

m. Whenever hands are inadvertently contaminated.


*4.2.* Protective Clothing

4.2.1. Gloves

Disposable gloves should be worn:

a. To prevent the soiling of the hands with blood or other body substances e.g. changing urinary drainage bags, collecting pathology specimens, cleaning up body fluid spills.

b. To perform invasive procedures.

c. When carrying out dressings on infected wounds.

d. When applying medicated creams.

e. If you have an infection, lesion or skin break on your hands.

f. Hands must be washed before and after glove usage.

g. Disposable utility gloves should be used for housekeeping, cleaning and attending to residents ADLs.

4.2.2. Plastic Aprons

Aprons should be worn to protect staff clothing from water and residents bodily fluids. Disposal of aprons is in the general waste.

4.3. Handling and Disposal of Sharps

https://www.nhmrc.gov.au/search/site/sharps%20disposal

4.4. Specimen Collection

This is potentially a hazardous procedure for staff because of the possible contact with contaminated or infected body fluid.

a. Gloves must be worn to carry out the procedure.
b. Containers must be labelled prior to taking the specimen.
c. Containers must be safely sealed in a labelled plastic bag for transporting to the lab.
d. The request slip must remain separate from the specimen to avoid contamination
e. If a specimen needs to be refrigerator before transportation it must be placed in the specimen refrigerator located in the treatment room/s.
f. Unwanted specimens are to be disposed of via the sewerage system.

4.5. Spills of Body fluids

Management of blood-body fluids-substances in the RACF will occur in accordance with the following guidelines

https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/manage-exposure-blood-body-fluids-substances

## 5. DEVICES AND EQUIPMENT

5.1. Indwelling Catheters

5.1.1. Indwelling catheters must be inserted under sterile conditions, using sterile, gloved hands and a no-touch technique.
5.1.2. Use only the manufactures recommended fluid type to inflate the balloon.
5.1.3. Aseptic technique must be maintained when emptying drainage bags.
5.1.4. Care must be taken to avoid kinking the tubing.
5.1.5. The catheter bag must be kept below the bladder of the resident to prevent backflow.
5.1.6. Bags must not touch, or be placed on the floor.
5.1.7. Single-use bags must be replaced when full.

5.1.8. Re-usable catheter bags should be changed weekly or as per the manufactures recommendations.

5.1.9. The resident's personal hygiene must be maintained. Twice-a-day soap and water washes to the genital area will usually prevent contamination by micro-organisms.

5.1.10. Keep the meeting of catheter and urethra clean and dry. Catheter dressings are not recommended.

5.1.11. The application of antiseptics to the outside of the catheter is of little or no use.

5.1.12. Immobilise the catheter to prevent micro-organisms being carried into the urethra on the surface of a moving catheter.

5.1.13. To minimise contamination of the outside of the catheter, the catheter and tubing should be led over the thigh, not under it. Always attach the catheter or tubing to the resident, not to clothing and never to the bedclothes.

5.1.14. Collect urine specimens for culture by inserting a needle in the tubing's rubber port (after swabbing the port with alcohol), not by disconnecting the catheter from the tubing.

5.1.15. If it is necessary to close off the catheter use an external clamp, rather than disconnecting the tubing and closing the catheter off with a spigot.

5.1.16. Choose the smallest catheter possible, not too small or it may buckle in the urethra during insertion.

5.1.17. Leakage around a catheter means either a blocked catheter or bladder spasm. The spasm will not be alleviated by changing the catheter for a bigger one.

5.1.18. If leg bags are used, the overnight bag should be connected to the leg bag, so the point of connection is furthest from the bladder.

5.1.19. Bladder washout should not be performed unless ordered by a medical practitioner.

5.1.20. Latex catheters should not be considered for long-term use.

5.1.21. Long-term catheters are available and may be used for up to 12 weeks. The date of insertion must be recorded in the resident's notes and catheter care plan.

5.2. Condom Drainage

5.2.1. A condom must be changed daily, with careful attention to washing and drying the penis. The resident's foreskin must be retracted during the cleaning process and then returned to its original position. Creams should not be applied as they may cause irritation and inflammation.

5.2.2. Clean and superficial – pink or pink-white tissue migrating from the wound edge.

5.3. Thermometers

5.3.1. Thermometers must be wiped with an alcoholic swab before after each use.

5.4. Oxygen Masks, Cannulas

5.4.1. Are single resident use items and must be disposed of when no longer required by the resident. Care staff are to wash both oxygen and cannulas with warm soapy water as required.

5.5. Nebulisers

5.5.1. Clean with hot soapy water and stored dry. Must be returned to the same resident.

5.6. Bed Pans / Urinals

5.6.1. Must be cleaned and disinfected (soaking) after use. Dried and stored. Disposable bedpans or urinals should be disposed of in the macerater or double bagged in rubbish bin.

5.7. Wheelchairs

5.7.1. Must be maintained in a clean condition.

5.7.2. Wash regularly with warm, soapy water and dried.

5.7.3. Cleaning should be on a regular basis or any other time if soiled.

5.8. Shower chairs

5.8.1. Must be cleaned after use with hot water and detergent

## 6. OTHER GENERAL GUIDELINES FOR RESIDENT CARE

6.1. Residents are to use their own creams and toiletry items – do not share with other residents.

6.2. Never share razors.

6.3. Always wash the resident face first then the rest of the body (if this is not possible, use a clean washer for the face).

6.4. If a resident has an eye infection do not clean it with a washer – discuss alternative procedure with the Registered Nurse.

6.5. Report rashes to the Registered Nurse.

## 7. WOUND MANAGEMENT

7.1. Dressings

7.1.1. Use disposable equipment (when possible)

7.1.2. Use disposable equipment if dressing infected wounds

7.1.3. Aseptic technique is to be used when dressing wounds.

7.1.4. Dressings that become wet or soiled must be changed

7.1.5. Dispose of used material / dressings (medical waste) by double bagging

7.1.6. Dress infected wounds last

7.1.7. Report slow healing or infections to Registered Nurse (if EN or PCA attending to wound dressing)

7.1.8. Check expiry date on all equipment and solutions and do not use if out of date

## 8. DISPOSAL OF WASTE

8.1. Incontinence pads, colostomy bags, urinary drainage bags are to be adequately contained and then disposed into the general waste by being double bagged.

8.2. Rubbish must be placed in rubbish bins and secured

## 9. LINEN

9.1. Dirty linen is to be placed directly into the linen bag

9.2. Dirty linen must not be thrown onto the floor or placed on the sink or bedside table

9.3. If clean linen falls onto the floor it must be sent back to the laundry

9.4. Do not put clean linen for one residents bed on top of another residents bed

9.5. Keep dirty linen and clean linen separate

## 10. PROTOCOL FOR MANAGING NEEDLE STICK INJURIES AND OTHER EXPOSURES TO BODY SUBSTANCES

10.1. Management of Needle stick injuries and other exposures to body substances in the RACF will occur in accordance with the following guidelines

https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/manage-exposure-blood-body-fluids-substances

## 11. RELATED POLICIES AND DOCUMENTS

https://www.nhmrc.gov.au/guidelines-publications/d1034

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|---|---|---|---|
| **Policy Number:** | 203 | | |
| **Title:** | Staff Illness | | |
| **Owner:** | CEO | | |
| **Review Date:** | June 2022 | **Policy Risk Rating:** | Low |

## 1. PURPOSE

To outline the responsibilities of staff in maintaining a safe and effective infection control program.

## 2. POLICY

Each employee must take reasonable care to protect his/her own health and safety and the safety of others within the facility. Staff must advise the Director of Nursing if they experience symptoms that are reportable to the relevant health authorities

## 3. PROCEDURE

3.1. Residents living in Aged Care represent a vulnerable population and special precautions need to be taken to ensure that infection control processes prevent (as much as possible), the introduction of infectious illnesses known to cause disease outbreaks. Relevant details are contained in the infection control policy manual and all staff are required to be familiar with the contents and how to access the policy manual on the Leecare System.

3.2. The Village Baxter is required to report potential outbreaks to the relevant authorities and this includes reporting the names, contact details, dates of birth and symptoms of Village Baxter Staff.

3.3. Staff who experience the following symptoms (see list below) are asked to take personal leave and to notify the Director of Nursing (or registered nurse in-charge) of the shift - by telephone. The Registered Nurse In-Charge of the shift is to disseminate this information on Lee Care to the Director of Nursing and roster staff.

3.3.1. The unwell staff member is to seek medical confirmation of the infectious illness.

3.3.2. The staff will provide the medical certificate to Director of Nursing or Registered Nurse in charge of the shift.

3.3.3. Additionally, the staff member is to provide written medical confirmation they are no longer infectious and is safe to return to work in an Aged Care environment.

3.3.4. Staff will need to provide the written clearance certificate to Director of Nursing or Registered Nurse in charge prior to commencing their shift.

3.4. Reportable symptoms include the rapid onset of the following symptoms

3.4.1. Nausea,

3.4.2. Vomiting

3.4.3. Diarrhoea

3.4.4. Fever/chills

3.4.5. Cough

3.4.6. Muscle and joint pain

3.4.7. Sore throat

3.4.8. Stuffy/runny nose

3.5. Staff who experience the symptoms listed above, as a normal pre-existing illness should advise the Director of Nursing or registered nurse in-charge, to avoid unnecessary investigation.

3.6. Staff are asked to take a reasonable approach and be aware of their own health. It is not expected staff report symptoms related to non-infectious illness such as, but not limited to:

3.6.1. Nausea related to menstrual pain; or

3.6.2. Diarrhoea related to irritable bowel syndrome; or

3.6.3. Cough related to asthma etc.

3.7. If in doubt please discuss your symptoms with your General Practitioner to ensure residents are not exposed to any infectious illnesses.

3.8. Staff who experience but choose not to declare reportable symptoms (unrelated to a pre-existing illness) to the Director of Nursing or registered nurse in-charge are still required to take personal leave and seek a clearly documented medical clearance stating they are safe to return to work. Staff who impair the proper investigation and resolution of an outbreak or declare symptoms in social workplace chatter but withhold this information from the Director of Nursing or registered nurse in-charge may be subject to disciplinary action.

3.9. A staff vaccination register is maintained with staff offered free influenza vaccinations each year. Staff who choose to be unvaccinated may be required to take personal leave from working in the Manor during an influenza outbreak.

## 4. RELATED POLICIES AND DOCUMENTS

- Nil

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| **Policy Number:** | 204 |
| **Title:** | Staff Covid Vaccination |
| **Owner:** | CEO |
| **Review Date:** | June 2022 |
| **Risk Rating:** | High |

## 1. PURPOSE

Village Baxter has obligations under a number of laws and regulations in relation to Workplace Health and Safety. During the declared Covid-19 pandemic, Covid-19 transmission in health care settings is a known and foreseeable risk to the health and safety of Staff, Residents, Clients and Visitors. Village Baxter requires all Staff to be vaccinated against Covid-19 unless they are able to provide evidence of a medical exemption. All reference to "Staff" in this policy are inclusive of Staff and volunteers

**Background**

Village Baxter provides care and services across 3 interconnected areas.

- Residential Care in the Manor located within the Frankston South Village
- Retirement Living in the Villages located at Frankston South and Rosebud
- Community Care in the wider Frankston and Mornington Peninsula community.

The Residents in the Manor are generally drawn from the Residents living in the Village and Clients receiving Community Care Services. A significant number of Village Residents receive Community Care services delivered by Village Baxter Staff. The Administration department's supports all areas of the Village and the Maintenance Team at Frankston South provide services to both the Independent Residents and the co-located Manor .

The Village Baxter is an Approved Provider of Aged Care services and the Manor, Home Care Packages and Day Centre fall within the scope of regulation and Accreditation by the Aged Care Quality and Safety Commission (ACQSC). On the 16th of August 2021 the ACQSC Commissioner wrote to all Providers advising that "*from 17 September 2021, residential aged care workers will be required to have received a minimum first dose of a COVID-19 vaccination"* and reminding Providers of their compliance obligations in relation to the Aged Care Quality Standards, specifically

**Standard 3, requirement (3)(g):**

o Minimisation of infection-related risks through implementing standard and transmission-based precautions to prevent and control infection;

**Standard 7, requirement (3)(a) and (d):**

o The workforce is planned to enable the delivery and management of safe and quality care and services.

o The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

**Standard 8, requirement (3)(b) and (c):**

o The organisation's governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
Effective organisation wide governance systems relating to the following: workforce governance and regulatory compliance.

The Aged Care Quality Standards apply to all services Accredited by the ACQSC and to ensure that Village Baxter meets our compliance obligations, all staff who work with Residents and Clients who receive these services will be required to have Covid vaccination.

## 2. POLICY

**Manor, and Staff who work in support areas that come in direct contact with Manor Residents and Staff**

Staff who work in or provide support to the Manor must provide a copy of their immunisation record demonstrating evidence vaccination or medical exemption, must do so in in accordance with the Department of Health's framework provided in the publication "COVID-19 vaccination - Mandatory vaccination of residential aged care workers"
https://www.health.gov.au/resources/publications/covid-19-vaccination-mandatory-vaccination-of-residential-aged-care-workers

Covid Vaccination for Staff working in the Manor has been made mandatory under our obligations to meet our Aged Care Quality and Safety Commission Accreditation requirements.

**Village and Community Care Staff**

Staff who work in the Village and Community Care Services will be required to provide evidence of their Australian Immunisation Record showing Covid vaccination or exemption

Covid Vaccination for Staff working in the Village and Community Services has been made mandatory under 2 requirements

1. Our obligation to meet our Aged Care Quality and Safety Commission Accreditation requirements as an Approved Provider of Home Care Packages and a CHSP Social Support group. These services are subject to the same Accreditation Standards as the Manor including the requirements to meet Standards 3, 7 and 8 as outlined above. In addition consumers of these services reside in our Villages as well as receive services from our Community Care Staff in the wider community.
2. Fairwork Australia has confirmed that Employers can direct their employees to be vaccinated if the direction is lawful and reasonable and includes a number of considerations that need to be taken into account that are documented on the Fairwork website (link below). These include mandatory vaccination where employees are required to have close contact with people who are particularly vulnerable to the health impacts of coronavirus (for example, employees working in health care or aged care).

https://coronavirus.fairwork.gov.au/coronavirus-and-australian-workplace-laws/covid-19-vaccinations-and-the-workplace/covid-19-vaccinations-workplace-rights-and-obligations#lawful-and-reasonable-directions-to-get-vaccinated

**All Staff**

Additional obligations may be imposed by the Chief Health Officer or Government Department and the policy will be reviewed and updated if and when this occurs.

## 3. PROCEDURE

Staff have been provided with information on how to access vaccination including onsite clinics. Staff must provide their Manager with evidence of Vaccination or Exemption. This information will be held in Staff members confidential Staff file and where required, reported to the Department of Health or produced as evidence of compliance with Accreditation Standards or other lawful directive from a Governing body.

Support for lost work time is available through a variety of options including Government Grant. Please refer any questions on an individual basis to your Manager, Human Resources Manager or the CEO.

De-identified staff vaccination rates for the Manor, Homecare Package and Social Support Group are reported by the CEO through the myagedcare portal every Tuesday as directed by the Department of Health.

## 4. RELATED POLICIES AND DOCUMENTS

https://www.health.gov.au/resources/publications/covid-19-vaccination-mandatory-vaccination-of-residential-aged-care-workers

https://coronavirus.fairwork.gov.au/coronavirus-and-australian-workplace-laws/covid-19-vaccinations-and-the-workplace/covid-19-vaccinations-workplace-rights-and-obligations#lawful-and-reasonable-directions-to-get-vaccinated

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|---|---|
| **Policy Number:** | 210 |
| **Title:** | Gastro-Intestinal Illness Contingency Plan |
| **Owner:** | Director of Nursing |
| **Review Date:** | June 2022 **Policy Risk Rating:** Low |

## 1. PURPOSE

1.1. To ensure staff have a clear understanding of the signs, symptoms and mode of transmission for gastro intestinal illness and a understanding of outbreak procedures.

1.2. To provide guidance to all Village Baxter Staff, including Community Care Staff, Residents, Contractors and Visitors about exclusion periods when affected by Gastro-Intestinal Illnesses.

## 2. BACKGROUND

2.1. The Village Baxter (Residential Care, Independent Living and Community Care Programs) provide services primarily to vulnerable people groups, including those aged greater than 65 years, and people with chronic diseases.

2.2. Gastro-intestinal illnesses can be particularly severe and have the potential for dire health outcomes in vulnerable populations. Viral gastro-enteritis is the most severe form of the illness.

2.3. Symptoms of Gastro-Intestinal Illness include vomiting and diarrhoea, nausea, stomach cramps, fever, headache and muscle aches.

2.4. There are non-infectious causes for some symptoms. E.g. known bowel problems, use of aperients etc.

2.5. Gastro-intestinal illnesses are transmitted via person-to-person contact, airborne particles from vomitus; and via consumption of contaminated food and drink.

## 3. POLICY

3.1. Residential Aged Care Facilities

Management of Gastro-Intestinal illness in the RACF will occur in accordance with:

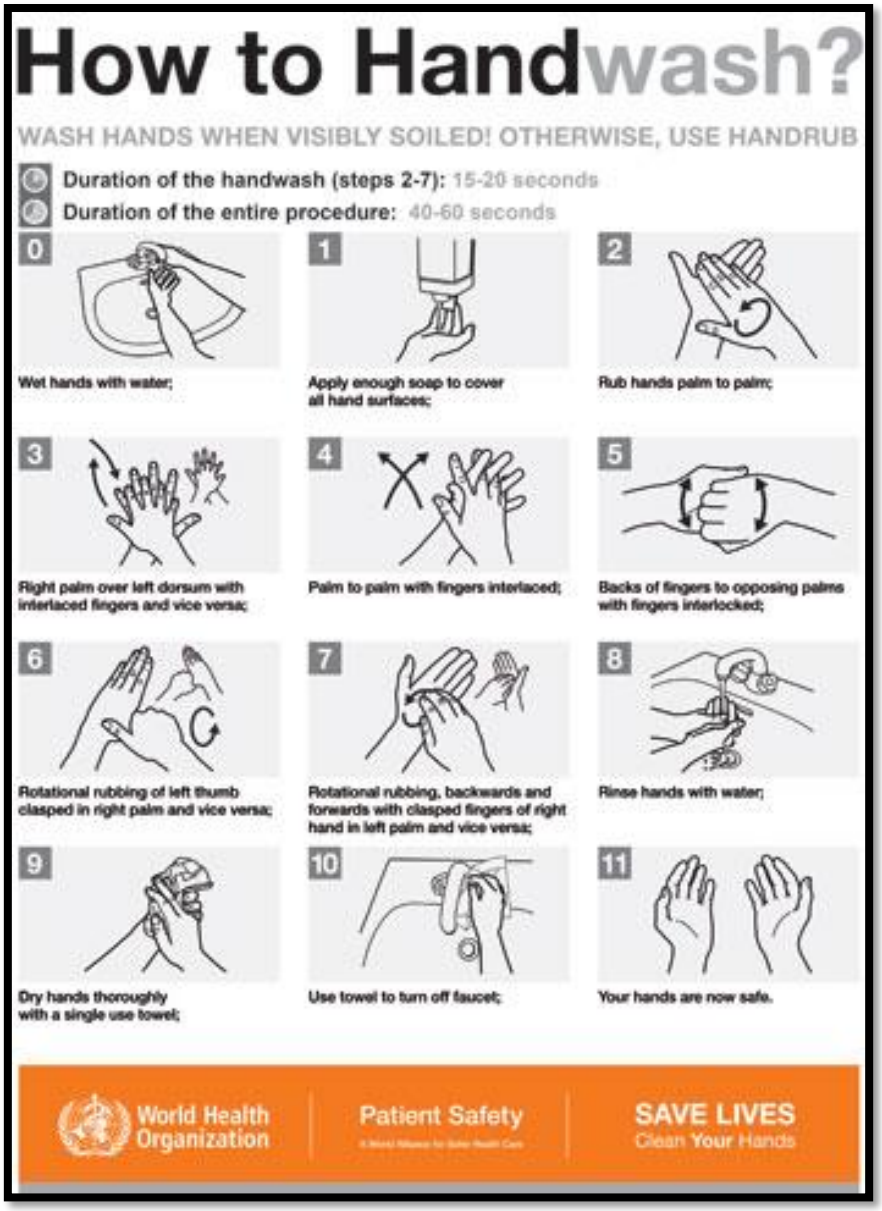
https://www2.health.vic.gov.au/about/publications/researchandreports/guide-for-management-and-control-of-gastroenteritis-outbreaks

3.2. Exclusion Periods for Staff Affected by Gastro-Intestinal Illness

3.2.1. Staff members experiencing symptoms which are not explained by known non-infectious causes, must report their illness to their manager and must not attend work until symptoms have resolved for a full 48 hour period.

3.2.2. Staff members in close contact with family members who have a concurrent gastro-intestinal illness must report this to their manager, and are also excluded until 48 hours have passed since the resolution of symptoms.

3.3. Handwashing remains the best way to prevent the spread of infection.




## 4. RELATED POLICIES AND DOCUMENTS

- Infection Control Policy Suite
- https://www1.health.gov.au/internet/publications/publishing.nsf/Content/cda-cdna-norovirus.htm-l~cda-cdna-norovirus.htm-l-app5~cda-cdna-norovirus.htm-l-app5.2

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|---|---|---|---|
| **Policy Number:** | 211 | | |
| **Title:** | UTI Management | | |
| **Owner:** | Director of Nursing | | |
| **June 2022** | June 2022 | **Policy Risk Rating:** | Medium |

## 1. PURPOSE

- Assessing and managing urinary tract infection (UTI)'s for residents with or without IDC/SPC
- Only use urine dipstick for clinical indications
- Prevent the overuse of broad-spectrum antibiotics
- Reduce the prolonged courses of antibiotics
- Meeting legislative requirements in Standard 8 and antimicrobial stewardship.
-

## 2. BACKGROUND

The rate of certain types of infection is often high in aged care facilities because residents are more likely to:

- be more frail
- have difficulties moving around
- have multiple medical problems
- have poor immune systems
- be incontinent
- have difficulty with speech
- have problems doing day-to-day activities without assistance

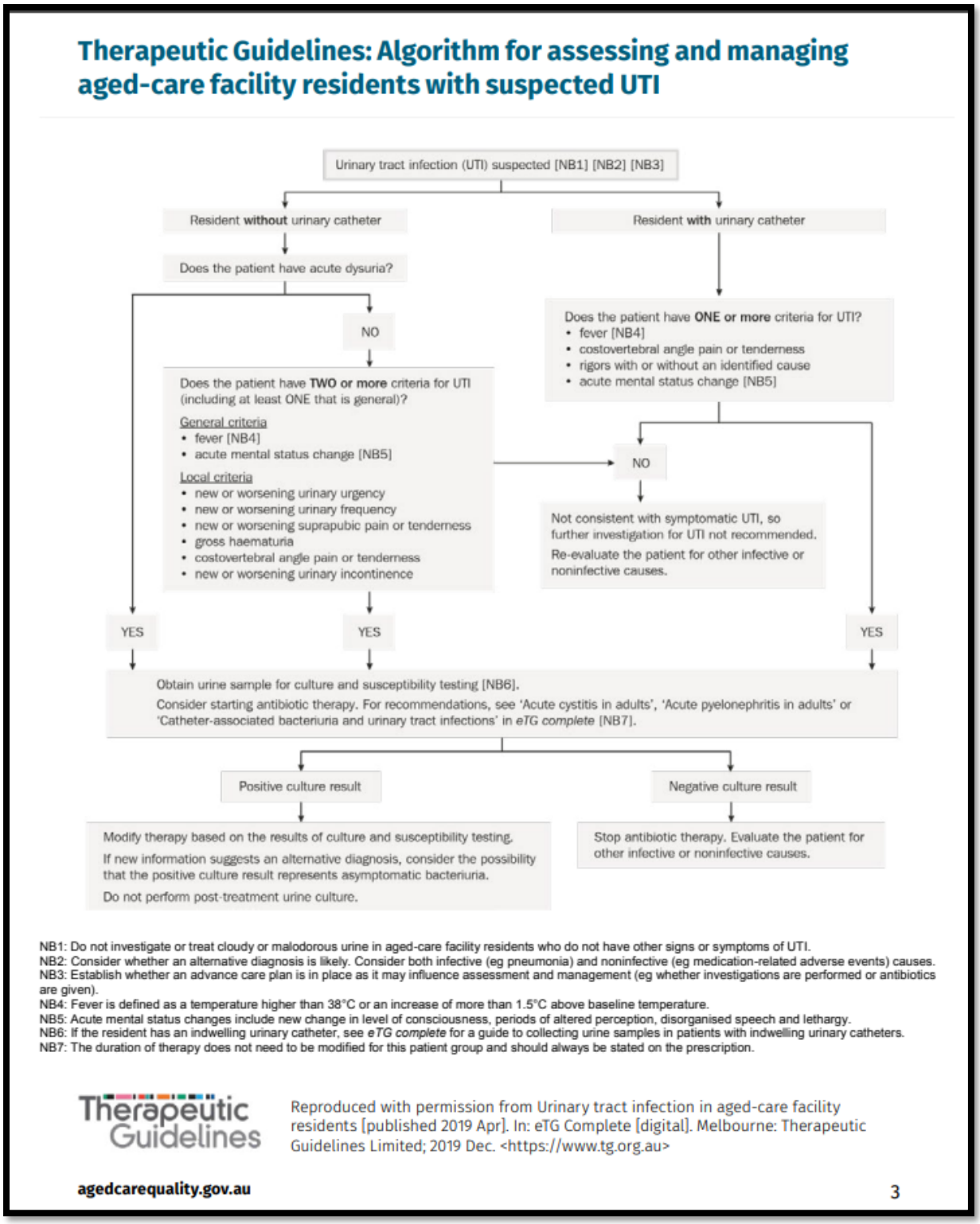
As a result, residents of aged care facilities are often prescribed antibiotics to manage infections. We need to decrease antimicrobial use in this group of people to reduce the risk of the rapid rise and spread of organisms that are resistant to many drugs.

## 3. POLICY

That all consumers within the residential Aged Care service who have a suspected UTI are managed effectively and in line with current best practice. A full clinical assessment of the resident against the Clinical Pathway is completed. GP needs to be made aware that a specimen has been collected and sent to pathology. Once positive culture and sensitivity has been received GP to follow guidelines when prescribing antibiotics.

## 4. PROCEDURE

Suspected UTI:

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- Staff to complete Clinical pathway UTI – with and without Catheter – these are paper based and developed by the ACQSC. Once the pathway is complete the form is to be uploaded to the document section in the residents' electronic file.
- If the clinical pathway indicates a possible UTI staff are collect an MSU and send to pathology.
- Care staff to monitor for delirium, increase in temperature (>38 or a1.5 above normal temperature) TDS observation, encourage fluids up to 1.5 litres unless on a fluid

restriction, increase in micturition, encourage resident to walk and move where possible to reduce bladder stasis. Encourage the resident to regularly empty the bladder; RN to review for any constipation

Proven UTI

- Residents receive urine culture report with pathogen identified
- RN to contact GP with result
- Encourage GP to follow Therapeutic guidelines for Antibiotic prescription and treatment of UTI. Attach page 6.

Treatment recommendations:

## Antibiotic recommendations for treatment of UTI in aged-care facility residents (current September 2021) [1,2]

### Acute cystitis

**Trimethoprim** 300mg orally, daily for 3 days (7 days for men)

**Nitrofurantoin** 100mg orally, 6-hourly for 5 days (7 days for men)

If contraindication or factor that precludes use of above antibiotics, use

**Cefalexin** 500mg orally, 12-hourly for 5 days (7 days for men)

Contraindications include: allergy.

Factors that preclude use of trimethoprim: use of trimethoprim or documented trimethoprim-resistant *E.coli* in previous 3 months

Factors that preclude use of nitrofurantoin: eGFR 30-60mL/min - limit duration to 5-7 days. eGFR < 30mL/min: Do not use — may be ineffective due to low urinary concentrations. Increased risk of adverse effects.

If urine culture identifies resistant pathogen but resident improving, there is no need to modify therapy. If urine culture identifies resistant pathogen and resident not improving, change antibiotic to narrowest spectrum based on susceptibility.

### Acute prostatitis

**Trimethoprim** 300mg orally, daily

**Cefalexin** 500mg orally, 6-hourly

Modify antibiotics according to urine culture results using most narrow spectrum antibiotic; treatment course for acute prostatitis is 2 weeks.

### Acute pyelonephritis

For severe pyelonephritis, IV therapy is recommended over oral therapy.

For non-severe pyelonephritis

**Amoxicillin + clavulanate** 875 +125 mg orally, 12-hourly

If contraindication (e.g., allergy) or factor that precludes use of above antibiotic, use **Ciprofloxacin** 500mg orally, 12-hourly

Modify antibiotics according to urine culture results using most narrow spectrum antibiotic; treatment course for acute pyelonephritis is 10 to 14 days.

### Other treatments

**Cranberry** tablets are not effective for UTI prophylaxis.

**Methenamine Hippurate** (Hiprex®) does not have clear proven efficacy in preventing or suppressing UTIs. It is not effective in treating UTIs. It should not be used in people with severe renal impairment or dehydration who are put at higher risk of developing crystals in urine. Taking Ural® at the same time as Hiprex® counteracts actions of both agents (Hiprex® lowers the pH of urine, Ural® increases the pH of urine).

[1] Therapeutic Guidelines: Antibiotics March 2021 online edition [accessed June 2021]

[2] Australian Medicines Handbook [accessed June 2021]

**agedcarequality.gov.au** 6

## 5. RELATED POLICIES AND DOCUMENTS

- Infection control policy manual
- Clinical governance policy

Links

- Userguide to the clinical pathway for older people in aged care homes:
- Approaches to improve UTI management in Australian Residential Aged Care Services

Forms for screening

- Clinical pathway for older people in aged care homes: suspected urinary tract infections (UTI) form (agedcarequality.gov.au)

| | |
|---|---|
| **Policy Number:** | 215 |
| **Title:** | Influenza Illness Guidelines |
| **Owner:** | Director of Nursing |
| **Review Date:** | June 2022 **Policy Risk Rating:** Low |

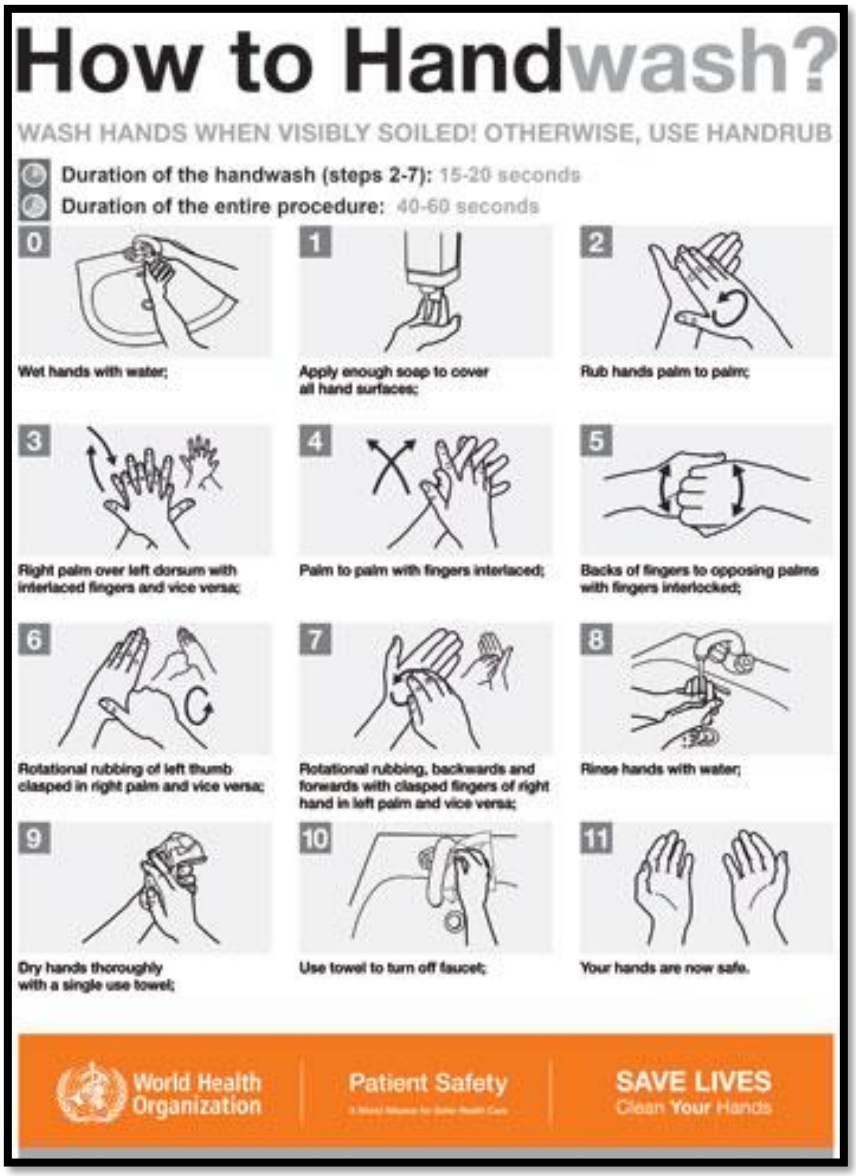
## 1. PURPOSE

To ensure staff have a clear understanding of the signs and symptoms of Influenza illness and an understanding of management procedures.

## 2. POLICY

2.1. Management of Influenza illness in the RACF will occur in accordance with:

http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm



2.2. Management of influenza illness in the Baxter Village Community (ILU residents and Community Care Recipients) will occur as follows:

**2.2.1. PREVENTION**

Influenza outbreaks are prevented via 2 mechanisms.

a. Immunisation; Annual vaccination is recommended to protect staff and the vulnerable people with whom we are working.

b. Infection Control Measures;

   i. Cleaning frequently touched surfaces

   ii. Ensuring sick staff members remain at home for the duration of their illness as guided by their general practitioner.

   iii. Attending to personal hygiene to reduce spread of infection: Handwashing, covering the mouth when coughing, sneezing into disposable tissues, and appropriate disposal of contaminated objects.

**2.2.2. MANAGEMENT**

a. A nose or throat swab is taken by the GP or other designated health professional and a positive result confirms the diagnosis of influenza.

b. Those residents or care recipients identified as being diagnosed with influenza are to be encouraged to stay at home, rest, drink plenty of fluid and take over the counter pain relief (e.g. paracetamol to control fever) as directed by their health care professional.

c. If their condition worsens, they are to be directed to the emergency department.

**2.2.3. REPORTING**

a. Influenza is a 'notifiable disease'. Pathology labs are mandated to notify the government when cases are identified.

b. Staff who learn of a resident or service recipient who has been diagnosed with influenza should report this to their direct manager to ensure containment of the virus, and appropriate care provision.

**3. RELATED DOCUMENTS:**

- A good factsheet on influenza in the community setting can be found on the better health website. https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/flu-influenza
- https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice/influenza

| | | | |
|---|---|---|---|
| **Policy Number:** | 216 | | |
| **Title:** | Antimicrobial Stewardship | | |
| **Owner:** | Director of Nursing | | |
| **Review Date:** | June 2022 | **Policy Risk Rating:** | High |

**6. PURPOSE**

To take ongoing actions to reduce the risks related to increasing antimicrobial resistance and to extend the effectiveness of antimicrobial treatments.

**7. BACKGROUND**

The rate of certain types of infection is often high in aged care facilities because residents are more likely to:

- be more frail
- have difficulties moving around
- have multiple medical problems
- have poor immune systems
- be incontinent
- have difficulty with speech
- have problems doing day-to-day activities without assistance

As a result, residents of aged care facilities are often prescribed antibiotics to manage infections. We need to decrease antimicrobial use in this group of people to reduce the risk of the rapid rise and spread of organisms that are resistant to many drugs.

**8. POLICY**

Village Baxter adheres to the guidelines provided by the Commonwealth Government on Antimicrobial Resistance. * Source: https://www.amr.gov.au/what-you-can-do/aged-care

Nurses have a key role to play in many areas relevant to AMR, including:

- promoting and practising standard prevention precautions including hand washing and other infection control measures
- recognising signs and symptoms of infection
- initiating clinical assessment and review
- ensuring that timely specimens for microbiology are collected correctly
- promoting the use of prescribing guidelines
- providing information and support to residents and their families about their health condition, treatment options, and how and why to take medicines according to the doctor's instructions
- medication administration and management
- ensuring treatments are recorded properly in the resident's health record

**9. PROCEDURE**

9.1. Identify and initiate clinical assessment for residents with signs and symptoms of infection

9.2. Collect swab / specimen where able to do so

9.3. Isolate residents with any suspected reportable infection – refer to infection control policy and/or blue book for infection control on Leecare for further guidance.

9.4. Consider any safe alternatives to immediate antibiotic prescription

9.5. Provide residents with advice on how to manage symptoms without antibiotics, including effective hand hygiene

9.6. Document findings in progress notes

9.7. Liaise with GP for further clinical instructions for resident care and treatment

9.8. Ongoing monitoring of resident progress as guided by GP directives

9.9. Record all infections managed with antibiotics on the infection register

**10. RELATED POLICIES AND DOCUMENTS**

- Link: https://www.safetyandquality.gov.au/sites/default/files/migrated/Antimicrobial-Stewardship-Clinical-Care-Standard-web.pdf
- Link: https://www.amr.gov.au/what-you-can-do/aged-care
- Leecare – BVB Infection Control Policies
- Leecare – Blue Book - Infection Control Guidelines

| | |
|---|---|
| **Policy Number:** | 291 |
| **Title:** | Addendum to Infection Control Policy |
| **Owner:** | Director of Nursing |
| **Review Date:** | Under review **Policy Risk Rating:** High |

## COVID - 19 Management

Government guidelines regarding COVID-19 are changing regularly. The best source of up to date information is: https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/what-you-need-to-know-about-coronavirus-covid-19

### Safety

The safety and hygiene of residents and staff at this time is of utmost importance. In addition to the regular daily cleaning conducted in the facility, twice daily high touch point cleaning is to be conducted for the duration of the pandemic. In the process of cleaning, gloves and masks must be worn and a 0.1% (1000ppm) Bleach Solution.

**Bleach Solution Safety Concerns**

Sodium hypochlorite, the active ingredient in chlorine bleach, is a very powerful oxidizer. Oxidation reactions are corrosive, and solutions could burn skin and cause irreversible eye damage. Users must take a number of precautions to avoid personal injury when working with bleach.

When handling relatively concentrated chlorine bleach right out of the container, always:

- Wear eye protection such as wrap-around safety glasses and/or goggles to avoid getting the bleach in your eyes.
- Wear gloves to avoid skin exposure.
- Wear clothing that will cover your skin in case of spills. At a minimum, wear a long-sleeved shirt (or arm sleeve), pants, socks and shoes.
- Open the container and mix outdoors or in a very well-ventilated room to avoid a build-up of vapours, which can cause eye and/or respiratory irritation.
- Wash your hands vigorously with mild soap and water after use.

### Entering the facility

In general, the following information applies to all persons entering the facility.

- All persons entering the facility must rat Test prior to entry.
- Screening of all stakeholders will be done and uploaded by WhosOnLocation (see “Body Temperature Screening”). This will be done one person at a time.
- A declaration form will also need to be completed every time a person enters the facility via WhosOnLocation.

## BODY TEMPERATURE SCREENING

Body temperatures outside normal ranges may be indicative of underlying disease processes or clinical deterioration and should be identified within a timely manner. Maintaining a stable body temperature within normal ranges assists in optimising metabolic processes and bodily functions.

- Record the temperature on WhosOnLocation as per screening tool.
- Once measurement is taken, cross-reference the temperature with Table 1.
- If a normal temperature is indicated, the person may enter the facility.
- If an Elevated Temperature is indicated, ask the person to wait for 10 minutes and check temperature again.

**If a High Temperature is obtained after the second check, the Supervisor must advise the person that they cannot enter the facility and advise them to see a General Practitioner (GP). If they are a staff member they cannot return to work unless GP has provided clearance.**

**Table 1:** Normal and abnormal body temperature ranges

| Age range | Normal temperature | Elevated temperature | High temperature |
|---|---|---|---|
| 36 Months – Adult | ≥35.4 – ≤37.7 °C | >37.7 – ≤39.4 °C | >39.4 °C |

## FACE MASKS

In addition to the above, **staff must wear a surgical face mask or N95 mask as directed by the facility, at all times within the facility, during Stage 3 and Stage 4 COVID Restrictions.** This applies to all areas of the facility. Wearing a face mask helps keep you and others safe. COVID-19 is spread from close contact with an infected person and can be spread when a person coughs or sneezes.

The term 'face mask' refers to single-use face masks (commonly called surgical masks). Masks are suitable for use to prevent the spread of COVID-19.

Staff will NOT have the option to wear a cloth mask while onsite and while undertaking personal care activities. In the event the facility has a suspected/confirmed case of COVID-19 a N95 mask is to be worn.

Surgical masks should be replaced every 4 hours or earlier if moist or soiled. A N95 mask can last up to 8 hours but should be replaced if moist or soiled.

The following link provides guidance on how to wear a mask. HOW TO WEAR A MASK

Please refer to Appendix for detailed written instructions for wearing a surgical mask and P2/N95 mask.

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|---|---|
| **Policy Number:** | 292 |
| **Title:** | Aged Care Sector Covid-19 Guidance |
| **Owner:** | Director of Nursing |
| **Review Date:** | Under review **Policy Risk Rating:** High |

**1. PURPOSE**

This policy should be read in conjunction with all other Covid-19 related policies and is intended to provide access to the Department of Health's Coronavirus (COVID-19) resources and information for the aged care sector.

**2. POLICY**

The Victorian Department of Health, Commonwealth Department of Health and Ageing and other regulatory bodies provide the Village with minimum standards to apply during the Covid-19 Pandemic. The Village undertakes an assessment of the minimum standards and applies a higher standard where required to ensure that safety and welfare of Residents, Staff and Visitors.

**3. PROCEDURE**

Village Baxter has developed the following documents to guide our response to the Pandemic

- Covid Safe Plan
- Outbreak Management Plan Manor
- Outbreak Management Plan Community Care
- Outbreak Management Plan Independent Living

The Victorian Department of Health Aged Care Sector – Coronovirus website provides a reliable source of current information, links to the page and hyperlinked table of contents are provided below.

https://www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19]

- **Plan for the Victorian Residential Aged Care Sector**
- **Supporting residents**
  - Visiting aged care
  - Density limits
  - Resident outings
- **Guidance and tools for aged care facilities**

  - Screening tool for residential aged care service to monitor residents
  - Cases and outbreaks
  - Admission and transfer
  - Declarations
  - Further resources

- **Supporting aged care workers**

  - Testing of asymptomatic residential aged care workers
  - Students on clinical placement
  - Personal protective equipment (PPE)

- **Contacts**

- **Resources for home-based care**

- **Webinars**

- **Translated resources**

## 4. RELATED POLICIES AND DOCUMENTS

- Outbreak Plan – not publicly available as it contains staff personal contact details
- Visitor Covid Risk Declaration
- Staff Covid Risk Declaration
- Community Care Staff Covid Risk Declaration
- Service Provider Covid Risk Declaration
- Whosonlocation electronic Covid Risk declaration
- QR Code Posters
- Maximum Occupancy Posters

# INFECTION CONTROL

| | | | |
|---|---|---|---|
| **Policy Number:** | 293 | | |
| **Title:** | Infection Control Leads | | |
| **Owner:** | Director of Nursing | | |
| **Review Date:** | March 2021 | **Risk Rating:** | Medium |

## 1. PURPOSE

Purpose is to act as a guide to the role of the Infection Prevention and Control Leads (ICP Lead) with the Manor .

## 2. POLICY

Policy is

2.1. The ICP Leads role within the service is to observe, assess and report on infection prevention and control, and to assist with developing procedures and providing best practice advise.

2.2. Management will appoint an ICP Leads for the Manor

2.2.1.Manor: Bridget Robinson (DON); Cathrynne Emanuel (RN)

## 3. PROCEDURE

Procedure is

3.1. Management will update My Aged Care Portal with changes to these names as per legislation.

3.2. Infection control program will be managed and reviewed against legislation by these team members.

3.3. Critical Infection analysis to be completed each month and quarterly trending of infections reviewed and documented. These results to be reported on the Clinical governance report and Board meetings.

3.4. Monthly updates and changes to infection control will be reported monthly through the CQI and reported at the Infection Control meeting

3.5. Monthly infection control meetings with as per terms of reference.

3.6. ICP to lead any outbreak management within the home.

3.7. Department Heads to report to these staff any concerns related to infection management, comments or complaints and adverse audit findings.

3.8. ICP Leads will review and manage the outbreak management as required within the facility.

3.9. ICP Leads will oversee Infection Control training

## 4. RELATED POLICIES AND DOCUMENTS

https://www.health.gov.au/initiatives-and-programs/infection-prevention-and-control-leads