



Infection Control Procedure

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Approval

Policy owner	Executive Manager, Specialist Community Services		
Business Unit	Specialist Community Services		
Approved by	Executive Manager, Specialist Community Services		
Date approved	21/01/2025	Review date	21/01/2027

1 Purpose

- 1.1 Specialist Community Services (SCS) recognises that its sites have increased potential for risk of infectious diseases due to the vulnerable nature of the cohort they provide service to, as well as the type of service provision. This refers to Low Threshold Models and communal residential settings.
- 1.2 SCS is therefore committed to preventing and minimising as far as possible, the occurrence of infection and cross infection within the workplace through the use of Universal Standard Precautions, the provision of appropriate personal protective equipment (PPE), a robust Infection Control Framework and, detailed training, thereby protecting the health and safety of staff, volunteers and service users.

2 Scope

- 2.1 This procedure applies to all staff who work in the following SVDPWA Specialist Community Services:
 - Mental Health Service
 - Homelessness Services
 - Housing Plus
- 2.2 This procedure must be read in conjunction with the SCS-PR-4061 Safe Handling and Disposal of Sharps Procedure and the SVDPWA-PP-1061 Infection Control Policy.

3 Procedure principles

SCS Managers (or delegated Coordinator) will;

- 3.1 Adequately maintain physical facilities and equipment to control the spread of harmful micro-organisms.
- 3.2 Maintain an effective Infection Control Programme that targets areas/outcomes and details infection control procedures.
- 3.3 Ensure that staff are informed at the time of induction/orientation of potential infectious hazards within the workplace and the infection control measures that are in place to minimise risk of transmission.
- 3.4 Relevant to staff scope of role, ensure staff receive training on best practice with regards to:
 - Utilising and disposing of PPE
 - General infection control
 - Dishwashing
 - Chemical handling
 - Bio hazardous waste management
 - Food safety
 - Safe handling and disposing of sharps
- 3.5 Ensure best practice in the response to infections as they occur, including guidance from the Department of Health and Infection Control Units, for any reported notifiable infections or diseases.
- 3.6 Develop, maintain, review and when necessary, implement a Service Contingency

Plan in the event of a communicable disease outbreak. For more information refer to section on Outbreak Management below.

- 3.7 Maintain the confidentiality of staff and service user information whilst being aware of obligations to notify agencies/medical personnel in the event of particular notifiable infectious diseases, as required by law.
- 3.8 Support staff who have been identified as having a high-risk infection, to take leave or be redeployed *if possible*, until such time as the risk of cross infection has been cleared by a medical professional.
- 3.9 Adopt an anti-discrimination approach and principles in relation to a staff or service user's health / infection status.
- 3.10 Seek to obtain relevant information at the time of intake, where appropriate, that provides information relating to the health/infection status of potential service users, which may pose a risk to others in the context of a communal living environment.
- 3.11 Inform the nominated WHS Representative within the Management Team of any issues and concerns relating to infection control and contamination within the workplace.

SCS Staff will;

- 3.12 Carry out their duties in a responsible manner consistent with infection control education, instructions, policy & procedures and, in line with Universal Standard Precautions, as directed by their Service Manager or Coordinator.
- 3.13 Complete mandatory training as part of their induction and then thereafter annual refreshers, to ensure their certification remains current.
- 3.14 Avoid actions that contribute to contamination and spread of their own micro-organisms within the service.
- 3.15 Wear and utilise protective clothing and equipment (PPE) that is provided, following best practice.
- 3.16 Wear work appropriate clothing and footwear, such as enclosed shoes and clothing that will limit the potential for transmission of infection and cross infection. Jewellery worn should also be limited and be appropriate to the workplace, in relation to infection control.
- 3.17 Ensure that any areas of broken skin or wounds are covered with a water-proof, sealed dressing prior to commencing their shift.
- 3.18 Notify their Service Manager/Coordinator should they breach infection control practices or are concerned that their actions may cause a potential contamination or infection.
- 3.19 Notify their Service Manager/Coordinator should they be concerned that their health/infection status may pose a risk to others and, will seek advice from their GP concerning exposure to others.
- 3.20 Notify their Service Manager/Coordinator immediately of any staff, service user or visitor's exposure to either bodily fluids or needle stick injury.
- 3.21 Use opportunities for biological reimbursement and capacity building to educate and encourage service users to use universal standard precautions, keeping in mind that this knowledge may have been missed due to trauma. When there are specific infection control practices needed in relation to a service user's health/infection status being a potential risk to others, or when their lifestyle

choices put them at risk, the response taken by staff must be proportionate to the level of risk and, staff must focus on maintaining a trusting relationship with the service user, avoiding any potential shame or over-reaction to the situation. The approach taken should always communicate care and avoid inducing panic/alarm with the service user and/or others.

- 3.22 Keeping 3.21 in mind, advise service users of the appropriate procedures that will reduce and prevent the transmission of their infection to staff and others.
- 3.23 Maintain confidentiality of health information pertaining to service users and other staff.
- 3.24 In addition to this procedure be familiar and comply with, the SVDPWA Infection Control Policy and, the SVDPWA Infection Control Procedure.

Outbreak Management

- 3.25 In addition to day to day infection control practices, SCS services have identified steps to be taken in the event of an infectious outbreak e.g. COVID19, gastro enteritis etc.
- 3.26 In residential services an outbreak is defined by two or more people having onset of first symptoms within 24 hours of each other.
- 3.27 The steps to be taken when an outbreak has been identified, are detailed in Appendix 1: SCS Outbreak Management Flowchart and, Appendix 2: SCS Outbreak Management Checklist.
- 3.28 The Service Manager, in consultation with the Coordinator, is responsible for declaring the outbreak and implementing the outbreak management process as detailed in both of the abovenamed documents.

4 Roles and responsibilities

- 4.1 The Executive Manager, Specialist Community Services is responsible for maintaining the currency of this policy.
- 4.2 Society representatives are required to adhere to this policy. Failure to comply may be considered a breach of our policies and may result in disciplinary action.

5 Review

- 5.1 This procedure will be reviewed at least every two years, after consultation. Some circumstances may trigger an early review; this includes but is not limited to legislative changes, organisational changes, incident outcomes and other matters deemed appropriate by the SCS Management Team or the Executive Manager SCS.

6 Further assistance

- 6.1 Society personnel should speak with their Manager regarding any questions about the implementation of this policy.

7 References

References made in this policy are:

- 7.1 SCS-PR-4061 Safe Handling and Disposal of Sharps

- 7.2 SVDPWA-PP-1061 Infection Control Policy
- 7.3 SDVPWA-PR-1062 Infection Control Procedure

8 Related documents and legislation

Related documents and legislation at the time of approval include:

- 8.1 SCS-PP-4013 Medication Management Policy
- 8.2 WHS Management Procedure – SVDPWA SCS
- 8.3 WHS Programme – SVDPWA SCS
- 8.4 SCS-PP-4018 Privacy and Confidentiality Consumer/Client Policy
- 8.5 SCS-PP-4015 Emergency Treatment Policy
- 8.6 SCS-PR-4061 Safe Use and Disposal of PPE
- 8.7 SCS-PP-4027 Linen and Laundry Services Policy
- 8.8 SCS-PR-4144 Bed Bug Procedure
- 8.9 Standard 1.18 Governance: Licensing and Accreditation Regulatory Unit, *Department of Health, Government of Western Australia*
- 8.10 Work, Health and Safety Act 2020, *Department of Justice, Government of Western Australia*
- 8.11 Specialist Homelessness Services Standards 2016, *Department for Child Protection and Family Support, Government of Western Australia*
- 8.12 National Standards for Mental Health Services 2010. *Australian Government.*
- 8.13 The Mental Health Act 2014, *Mental Health Commission. Government of Western Australia*
- 8.14 Safe Work Australia - <https://www.safeworkaustralia.gov.au/>

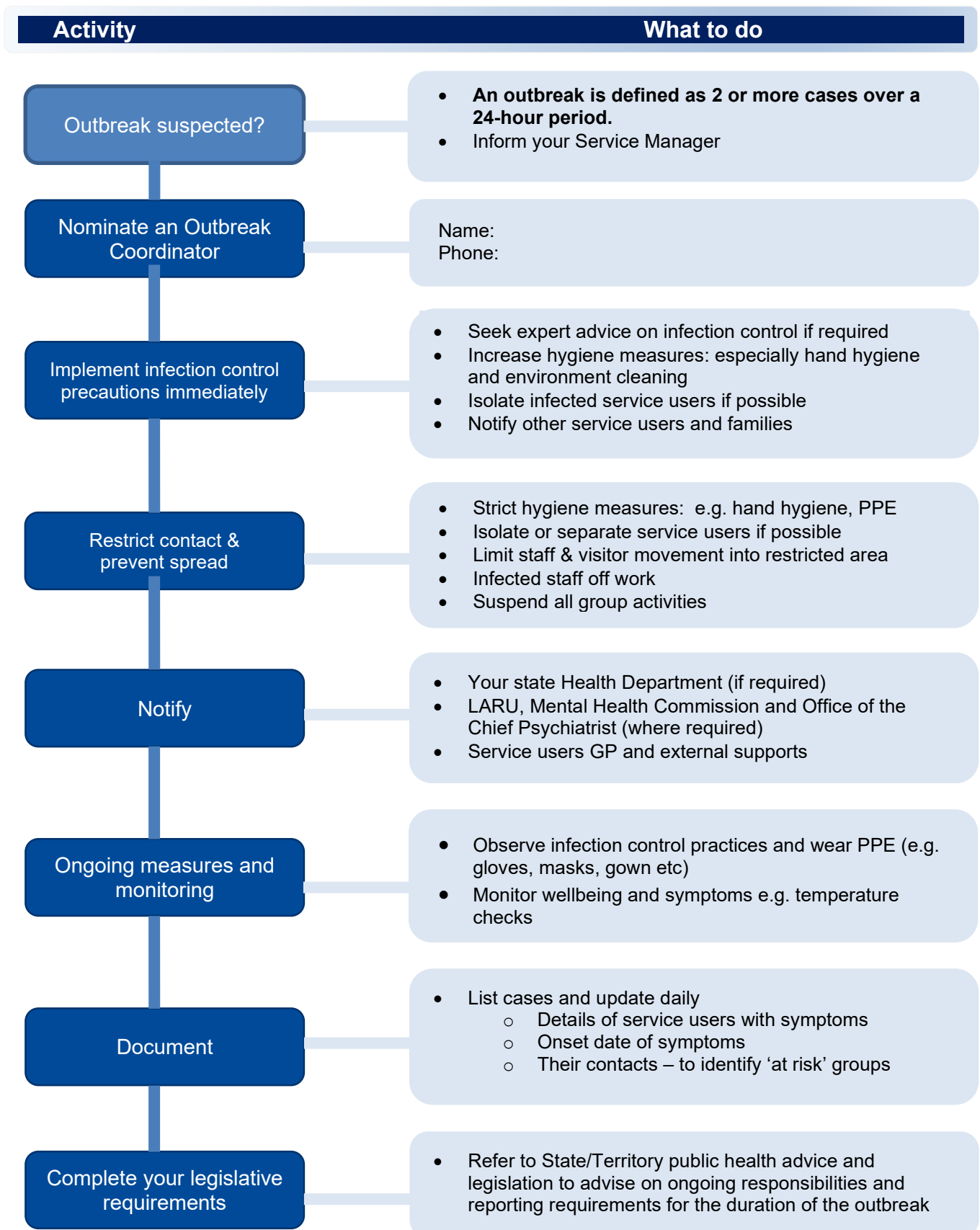
9 Approval and amendment history

Version	Approval authority	Date	Amendment summary
1.0	EM, SCS	28/06/2023	Initial version -previously Infection Control Policy SCS-PP-4029
2.0	EM, SCS	23/05/2024	Updated Related documents and Legislation
3.0	EM, SCS	21/01/2025	Content reviewed and updated

10 Definitions

Term	Definition
Bio Hazardous Waste	<p>There are eight categories of biohazardous waste adopted by WA Health. For the purpose of this procedure, biohazardous waste refers to 'clinical waste'. Some examples of this are:</p> <ul style="list-style-type: none"> • Human blood, vomit, saliva, urine, phlegm or faeces that are visibly contaminated with blood, heavy blood soiled items, syringes, disposable dental picks, scissors and broken glass
Infection Control	<p>refers to policies and procedures used to minimise the risk of spreading infections, especially in hospitals and health care facilities.</p>
Personal Protective Equipment	<p>is equipment worn to minimise exposure to hazards that cause serious workplace injuries and illnesses. https://www.osha.gov/personal-protective-equipment</p>
Service users	<p>Is an umbrella terms used to refer to:</p> <ul style="list-style-type: none"> • Consumers – individuals who access Mental Health Services • Clients – individuals who access Passages Youth Engagement Hubs and Tom Fisher House • Residents – individuals residing at Wandjoo Bidi under a License to Occupy Agreement • Tenant – tenants residing in Housing Plus properties
Universal Standard Precautions	<p>are the minimum infection prevention practices that apply to all (patient) care regardless of suspected or confirmed infection status of the (patient) in any setting where healthcare is delivered. https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/standard-precautions.html</p>

11 Appendix 1: Outbreak Management Flowchart



12 Appendix 2: Outbreak Management Checklist

Appendix 1: SCS Outbreak Management Checklist

The Service Manager or Coordinator should ensure the following steps are initiated as soon as possible and completed. The order in which the tasks are undertaken may vary slightly. The Checklist can be used in conjunction with the Outbreak Management Flowchart.

<input type="checkbox"/>	<p>Do we have an outbreak? (i.e. 2 or more people with symptoms within 24 hours of each other)</p> <ul style="list-style-type: none"> • Activate the outbreak management plan by following the steps listed below • Ensure all relevant service leaders are informed • Access PPE supplies that will be needed 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<p>Inform staff, residents and visitors</p> <ul style="list-style-type: none"> • Inform all staff that a possible outbreak is occurring • Provide advice on increased hygiene measures • Inform service users and visitors 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<p>Implement additional infection control measures</p> <ul style="list-style-type: none"> • Increase hygiene measures taken by all staff • Ensure continued supplies of liquid soap, paper towels and hand sanitiser • Ensure continued supplies of PPE – masks, gloves and gowns • Contact service users GP (if relevant) • Isolate service users – separate infected and uninfected where possible • Consider whether site needs to be ‘locked down’ for a time 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<p>Restrict staff and resident movement</p> <ul style="list-style-type: none"> • Allocate staff for service users who are unwell – ensure they receive timely medical care where required • Allocate staff for cleaning of affected areas • Suspend group activities and any activities in communal areas • Ensure staff who show symptoms stay home until symptoms have cleared 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<p>Ensure safe food handling</p> <ul style="list-style-type: none"> • Ensure catering staff are separate from cleaning and care staff • Ensure food areas and equipment have additional cleaning 	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<p>Document the outbreak</p> <ul style="list-style-type: none"> • Details of service users and staff with symptoms are kept • Make note of date of onset of symptoms 	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<p>Notify authorities</p> <ul style="list-style-type: none"> • Notify LARU as per the LARU Critical Incident Procedure (MHS only) • Notify State and Territory Department of Health <i>if relevant (e.g. pandemic)</i> 	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<p>Ongoing review of care plans for service users</p> <ul style="list-style-type: none"> • Review plans regularly, particularly for at risk or vulnerable service users 	<input type="checkbox"/>
<input type="checkbox"/>	<p>Update Outbreak Management Plan</p> <ul style="list-style-type: none"> • Revisit Outbreak Plan following resolution of current outbreak and amend or modify as needed (e.g. what worked? What didn't?) 	<input type="checkbox"/>