

## Document Management

### Infection Control Policy

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## **INFECTION CONTROL POLICY**

**Date Created: 23 December 2006**

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**Release 1 Version 5**

## **Purpose**

This policy outlines the broad principles and framework of infection control for Western Sydney Local Health District (WS LHD) that will be the overriding document that guides the development of operational infection control policies and procedures within WS LHD. This policy should dictate the direction and requirements for all WS LHD infection control programs and all other Local Health District (LHD) policy's that are endorsed to enable WS LHD to develop and implement an infection control program that specifies performance standards for routine work practices procedures across the Local Health District that are relevant, applicable and in line with current NSW Policy, national guidelines and relevant legislative Acts.

## **Scope**

This Policy provides a framework for the strategic management and direction of infection control across the whole LHD and will apply to all WS LHD employees, patients, visitors and other personnel and requires the Cooperation of the entire incumbent.

## **Expected outcomes**

All patients and employees of, and visitors to, WS LHD can expect to incur minimal risk of infection in so far as it is reasonably possible to detect, predict and prevent such risk given current accepted practices and available resources.

That ALL WS LHD services, facilities and personnel are aware that they have a common law duty of care to take all reasonable steps to safeguard patients, staff and the general public from Infection.

The development and implementation of an infection control program that will minimise the risk of preventable infection in order to deliver healthcare in a safe and cost effective manner.

The establishment of a framework for infection control service delivery that is supported by and consistent with strategic directions articulated at Executive level.

The presence of a comprehensive program of quality improvement activities, clear policies to manage risk and a structure that facilitates the identification of areas requiring corrective action and measurement of outcomes achieved.

A system for infection control management (such as a committee or as part of a broader management committee with specific set infection control agenda items) with input from across the spectrum of clinical services and management at each facility that ultimately reports to the WS LHD Infection Control Committee at Executive level.

Mandatory orientation, annual and regular ongoing infection controls education for all levels of staff to ensure that they are aware and current with infection Control policy and legislation.

Best practice methodology to minimise and reduce the risk of cross infection to patients, clients, other personnel and staff employed within Western Sydney Local Health District that is in line with current NSW Policy, national guidelines, standards and relevant legislative Acts.

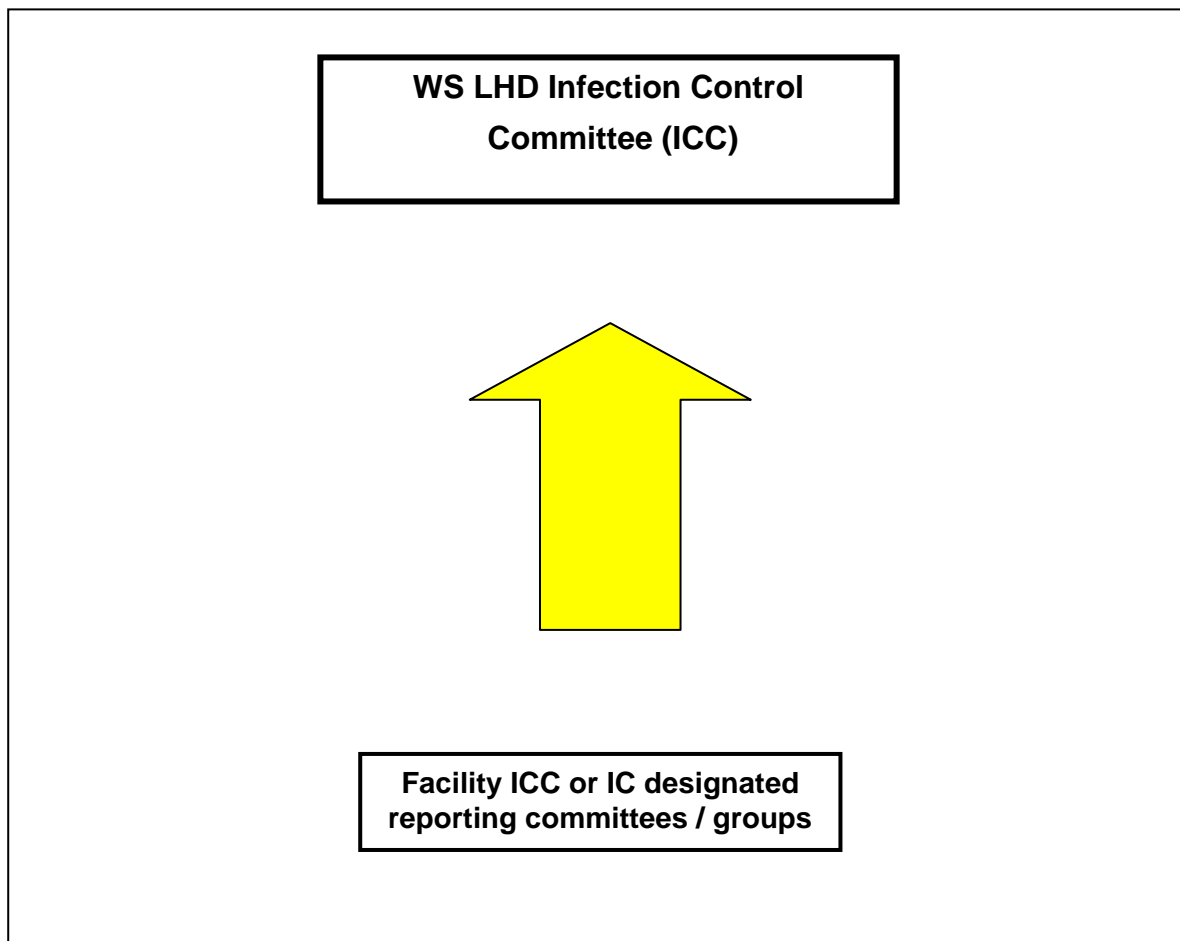
## **Definitions**

In this document the terms definitions and terms utilised in the NSW State Infection Control policy PD2007\_036 and relevant NSW Health Circulars applies to all WS LHD staff.

## **Procedure**

This document is to be used as an overarching policy for all clinical and OH&S procedures developed within WS LHD in relation to Infection control

Individual procedures for the application of this policy will be updated and must be endorsed through the Local Health District Infection Control Committee before being accepted by the Policy & Procedures Committee.



## **Risk Rating**

High

### ***Version History***

<b>Date of Issue</b>	<b>Document Version</b>	<b>Change Details</b>	<b>Author</b>
23 December 2006	Version 1		
26 October 2010	Version 4		Jo Tallon/Kathy Dempsey
1 June 2011	Version 5	Minor changes – references to SWAHS replaced with WSLHD	Jo Tallon/Kathy Dempsey

# WS LHD INFECTION CONTROL POLICY

## CONTENTS

### 1.0 WS LHD Endorsement, Requirements - NSW Health Infection Control Policy

[PD2007\\_036](#)

### 2.0 WS LHD Policy Statements

- 2.1 Antimicrobial Resistant Organisms
- 2.2 Deceased Bodies
- 2.3 Infectious Disease Outbreak Management
- 2.4 Notification of Notifiable Infectious Diseases
- 2.5 Infection Circular Control of Tuberculosis in a Health Care Setting
- 2.6 Signs Indicating Additional Transmission Based Precautions
- 2.7 Single-Use Medical Devices (SUDs) Remanufacture
- 2.8 Non-Occupational Exposure

### 3.0 Relevant NSW Health Circulars

<a href="#">PD2005_108</a>	Policy and Guidelines for the Safe Use of Glutaraldehyde in NSW Public Health Care Facilities
<a href="#">PD2005_311</a>	Management of Health Care Workers Potentially Exposed to HIV, Hepatitis B or Hepatitis C
<a href="#">PD2005_132</a>	Waste Management Guidelines for Health Care Facilities
<a href="#">PD2010_054</a>	Coroners' cases and the Coroners Act 2009
<a href="#">PD2005_162</a>	Health Care Workers Infected with HIV, Hepatitis B or Hepatitis C
<a href="#">PD2007_047</a>	Control of Food borne Listeriosis in Health Care Institutions
<a href="#">PD2005_490</a>	Policy Framework and Guidelines for the Prevention and Management of Latex Allergy
<a href="#">PD2005_203</a>	Management of Reportable Infection Control Incidents
<a href="#">PD2011_005</a>	Occupational Screening and Vaccination of Health Care Workers Against Infectious Diseases
<a href="#">PD2005_235</a>	Effective Incident Response: A Framework for Prevention and Management In The Workplace
<a href="#">PD2007_052</a>	Sharps Injuries – Prevention in NSW Health Systems
<a href="#">PD2007_084</a>	Infection Control Policy – Prevention and Management of Multi-resistant organisms (MROs)
<a href="#">PD2010_058</a>	Hand Hygiene Policy
<b>NSW Health</b>	<a href="#">Cleaning Service Standards, Guidelines and Policy for NSW Health Facilities, 1996</a>

## **1.0 ENDORSEMENT STATEMENT - WS LHD INFECTION CONTROL REQUIREMENTS AND POLICY**

### **DESIRED OUTCOMES:**

This policy aims to ensure that WS LHD requirement to comply with NSW Health Infection Control policy is met.

### **SCOPE**

This Policy will apply to all Western Sydney Local Health District Health Care Workers (HCW) and requires the cooperation of all employees.

### **POLICY**

1. The Western Sydney Local Health District endorses the NSW Health Infection Control Policy as the principal component of its Infection Control Policy.
2. WS LHD has set down supplementary policies to complement the NSW Health Infection Control Policy.
3. WS LHD requires compliance with this policy from management and HCW in all Area facilities and services.
4. Facility or service specific, Infection Control guidelines, protocols and clinical procedures, must meet mandated policy and regulations, and incorporate best practice guidelines.
5. Compliance with policy should be monitored and improved where necessary through the use of relevant criteria audits undertaken at least annually.
6. This policy and supporting information is the subject of continuing review.

*Amendments are made whenever necessary in response to changes in NSW Health Policy, Standards and best practice requirements.*

## **PD2007\_036 NSW HEALTH INFECTION CONTROL POLICY**



## **2.0 WS LHD Policy Statements**

- 2.1 Antimicrobial Resistant Organisms
- 2.2 Deceased Bodies
- 2.3 Infectious Disease Outbreak Management
- 2.4 Notification of Notifiable Infectious Diseases
- 2.5 Infection Control of Tuberculosis in a Health Care Setting
- 2.6 Signs Indicating Additional Transmission Based Precautions
- 2.7 Single-Use Medical Devices (SUD) Remanufacture
- 2.8 Non-Occupational Exposure

## 2.1 ANTI-MICROBIAL RESISTANT ORGANISMS

### **DESIRED OUTCOMES**

This policy aims to limit the spread of Antimicrobial Resistant Organisms e.g. MRSA, VRE, and other organisms wherever they are considered likely to constitute a significant risk.

### **SCOPE**

This policy will apply to all Western Sydney Local Health District, Health Care Workers (HCW) and requires the co-operation of all employees.

### **POLICY**

1. If a resistant organism is considered significant, Additional Transmission Based Precautions must be taken.
2. The routine use of Standard Precautions including hand washing, gloves, masks, gowns or aprons, and appropriate handling of medical devices, equipment and linen is required.
3. Provision of appropriate education, training and information about Antimicrobial Resistant Organisms is required for staff and patients.

### **REFERENCES:**

[NSW Health Infection Control Policy PD2007\\_036](#)  
[NHMRC – Australian Guidelines for Prevention & Control of Infection in Healthcare \(2010\)PD 2007\\_084 Infection Control policy – Prevention & Management of multi-resistant organisms](#)

## 2.2 DECEASED BODIES

### ***DESIRED OUTCOMES***

This policy aims to ensure that infection risks from deceased bodies are minimised, and that those which may require additional Transmission Based Precautions are contained and identified as required by the Public Health Act, 1991, amendment 1992

### ***SCOPE***

This policy applies to all health care workers and others who handle deceased bodies in, and removed from, WS LHD facilities.

### ***POLICY***

#### **1.0 Infection Control Precautions**

Standard and the appropriate Transmission-based Precautions must be undertaken when handling bodies of deceased patients.

#### **2.0 Containment and Identification**

Prior to death the deceased may have had (either definitely or possibly) one of the infectious diseases listed under 'List a' or 'List B (see following)'. If this is the case then a label stating clearly and indelibly only either 'Infectious Diseases List A – Handle With Care' or 'Infectious Disease List B – Handle with Care' should be attached to the body and the body should be placed only in a plastic body bag. The body should then be placed in a second plastic body bag with a second label with the same information affixed outside. Neither label should specify the condition. The body should NOT be washed with antiseptic solution.

#### **Infectious Diseases:**

##### **List A**

Creutzfeldt-Jakob disease

Hepatitis C

Human immunodeficiency virus infection (HIV)

##### **List B**

Respiratory Anthrax

Diphtheria

Plague

Smallpox

Any viral haemorrhagic fever (including Lassa, Marburg, Ebola and Congo-Crimean fevers)

Tuberculosis

Refer to Clinical Procedure Manual for further information

**References:**

[Public Health Act 1991, Division 3 and amendment 1992](#)

[NSW Health PD2010\\_054 'Guidelines on nursing staff and Medical Officers on Coroner's cases dying in Hospital', page 4](#)

## 2.3 INFECTIOUS DISEASE OUTBREAK MANAGEMENT

### **DESIRED OUTCOMES**

This policy aims to provide a managed response to outbreaks of infectious disease within WS LHD, where coordination of resources within or between *Health Care Facilities (HCFAC)* is required.

### **SCOPE**

This policy will apply to all facilities and services of Western Sydney Local Health District.

### **DEFINITION OF AN INFECTIOUS DISEASE OUTBREAK**

An infectious disease outbreak occurs where the number of cases, and/or number of contacts requiring clinical intervention, or the current or potential level of public enquiries, exceeds the available resources of the WS LHD facility/service.

### **RESPONSES**

- As a guide, where more than 10 people require clinical intervention (prophylactic antibiotics or vaccination) within a 24-hour period, activation of this protocol should be considered.
- The protocol may be activated for the following infectious diseases:
  - (a) **Notifiable** infectious diseases eg measles, hepatitis A, meningococcal disease, whooping cough, legionnaires disease, Severe Acute Respiratory syndrome (SARS).
  - (b) Non-notifiable infectious diseases or conditions eg chickenpox, gastro-enteritis, other undiagnosed but infectious conditions.
- The protocol may be activated where transmission or contact has occurred:
  - (a) In a hospital or health facility eg contacts who are patients or healthcare workers;Or
  - (b) in a community organisation or function (school, business, entertainment venue etc).

### **POLICY:**

1. WS LHD is committed to effectively managing an infectious disease outbreak by coordinating resources with WS LHD Public Health Unit and other service providers. Each WS LHD facility is therefore required to have a local infectious disease outbreak

- contingency plan in place, based on the NSW Health Infection Control Policy for Outbreak Management.
2. The WS LHD facility manager or representative on duty at the time will activate this protocol when contacted by the WS LHD Public Health Unit regarding an infectious disease outbreak. The WS LHD facility manager may also contact the Public Health Unit and request activation of the protocol based on the number of cases or enquiries being received at the facility.
  3. The WS LHD Health Services Functional Area Co-coordinator is to be notified of any activation of this protocol.
  4. On activation, the following options for contacting exposed persons and provision of clinical intervention, such as prophylactic antibiotics or vaccinations, may be considered:
    - Referral to WS LHD Facility Emergency department - for small numbers only - less than ten persons
    - Opening an outpatient clinic at the WS LHD facility at a designated time, to provide the clinical intervention.
    - Referral to local general practitioners, where time and the required medication and equipment are available to GPs or local pharmacies
    - Organizing a clinic in a community facility e.g. community health centre, childcare centre, or school to provide the clinical intervention.
  5. Staff required to resource these activities *may* be sought from Emergency department on call staff, and from community health staff who have agreed to provide their names and contact numbers for emergency call.
  6. Resources for these activities will be provided by the involved departments and facilities, in the same way as a response under the WS LHD Healthplan. Where the resources required exceed those available through this protocol, the WS LHD HSFAC is to be notified regarding activation of WS LHD Healthplan.

**REFERENCES:**

Wentworth Infectious Disease Outbreak Management Policy (1999)

[NSW Health Infection Control Policy, Outbreak Management, PD2007\\_036 page 46](#)

[NSW GL 2009 011 Pandemic Management Governance Arrangements Escalation of Health System Response](#)

[NSW Health PD 2010\\_052 Influenza NSW Health Influenza Pandemic Plan](#)

## **2.4 NOTIFICATION OF NOTIFIABLE INFECTIOUS DISEASES**

### ***DESIRED OUTCOMES***

All cases of infectious diseases listed as notifiable under the NSW Public Health Act 1991 and amendments are notified promptly and completely to the Sydney West Public Health Unit.

### ***SCOPE***

- (a) All patients attended either as inpatients or outpatients by staff of WS LHD.
- (b) All pathology tests undertaken by laboratories of WS LHD.

### ***POLICY***

Any patient attending a WS LHD facility who is diagnosed with one of the conditions listed in schedule 1 category 2 of the Public Health Act as notifiable by doctors will be notified to the Sydney West Area Public Health Unit by the doctor who makes the diagnosis.

Any patient attending a WS LHD facility who is diagnosed with one of the conditions listed in schedule 3 of the Public Health Act as notifiable by hospital Chief Executive Officers will be notified to the WS LHD Public Health Unit by the doctor who makes the diagnosis; or the doctor making the diagnosis will ensure that notification is made according to local facility protocols.

Any patient on whom a pathology test undertaken by a laboratory facility of WS LHD returns a positive result for one of the diseases listed as notifiable by laboratories under schedule 1 category 3 of the Public Health Act, will be notified to the WS LHD Public Health Unit by the laboratory person who certifies the test result; or the person certifying the result will ensure that notification is made according to local facility protocols.

Notification of diseases or conditions marked with an asterisk in the relevant schedule will be made by telephone immediately on diagnosis or on strong clinical suspicion of the diagnosis.

Individual facilities will develop protocols to ensure that:

- (a) All medical officers attending patients at that facility are informed of the requirements for notification and the process for notification;
- (b) Information on the conditions requiring notification and the contact details for the Sydney West Area Public Health Unit are available to staff who are expected to notify;
- (c) Infection control staff are informed promptly of any cases requiring notification so that they can undertake their responsibilities to notify or follow up notifications.

A list of conditions for notification in the current schedules 2 and 3 of the NSW Public Health Act is attached.

Notification of conditions not requiring telephone notification should be made by sending a copy of the laboratory report or the NSW health notification form to the Sydney West Public Health Unit, P.O. Box 63 Penrith NSW 2751 or Locked Bag 7118 Parramatta BC 2150. Notifications by telephone should be made immediately on clinical diagnosis by telephoning 4734 2022 (Penrith ) or 9840 3603 during office hours, or by paging the public health officer on call from Westmead hospital (9845 5555) after hours.

**Schedules to the NSW Public Health Act 1991 as at 18 January 2001 Schedule 1, Category 2: To be notified by doctors.**

- Acquired immunodeficiency syndrome (AIDS)
- Adverse event following immunisation
- Avian Influenza in humans\*
- Food borne illness in two or more related cases\*
- Gastroenteritis among people of any age, in an institution (eg. among persons in educational or residential institutions)\*
- Leprosy
- Measles\*
- Pertussis (Whooping cough) \*
- Syphilis
- Severe Acute Respiratory syndrome (SARS)
- Smallpox

\* Notification requested by telephone as soon as a provisional diagnosis is made.

**Schedule 3: To be notified by hospital chief executive officers (or general managers)**

- Acquired immunodeficiency syndrome (AIDS)
- Acute viral hepatitis
- Avian Influenza in humans\*
- Adverse event following immunisation
- Botulism \*
- Creutzfeldt-Jakob Disease (CJD)
- Variant Creutzfeldt-Jakob Disease (vCJD)
- Cholera \*
- Diphtheria \*
- Food borne illness in two or more related cases \*



- Gastroenteritis among people of any age, in an institution (eg. among persons in educational or residential institutions) \*
- Haemolytic Uraemic Syndrome \*
- *Haemophilus influenzae* type b invasive infections \*
- Legionnaires' disease\*
  
- Leprosy
- Lyssavirus\*
- Measles \*
- Meningococcal disease \*
- Paratyphoid \*
- Pertussis (Whooping cough) \*
- Plague \*
- Poliomyelitis \*
- Rabies \*
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Syphilis
- Tetanus
- Tuberculosis
- Typhoid\*
- Typhus (epidemic) \*
- Viral haemorrhagic fevers \*
- Yellow fever \*

\* Notification requested by telephone as soon as a provisional diagnosis is made.

### **Schedule 1: Category 3: To be notified by laboratories**

- Anthrax
- Arboviral infection (flaviviruses \*)
- Avian Influenza in humans\*
- Botulism \*
- Brucellosis
- Chancroid
- *Chlamydia trachomatis* (genital and congenital infections)
- Cholera \*

- Creutzfeldt Jakob Disease (CJD)
- Variant Creutzfeldt-Jakob Disease (vCJD)
- Cryptosporidiosis
- Diphtheria \*
- Giardiasis
- Gonorrhoea
- Granuloma inguinale (Donovanosis)
- *Haemophilus influenzae* type b invasive infection \*
- Hepatitis A \*
- Hepatitis B
- Hepatitis C
- Hepatitis D (Delta)
- Hepatitis E \*
- Human immunodeficiency virus (HIV) infection
- Influenza
- Invasive pneumococcal infection
- Lead levels in blood >0.72~Mol/l (15~ug/dl)
- Legionella infections \*
- Leptospirosis
- Listeriosis
- Lymphogranuloma venereum (LGV)
- Lyssavirus\*
- Malaria
- Measles \*
- Meningococcal disease \*
- Mumps
- Pertussis (whooping cough) \*
- Plague \*
- Poliomyelitis \*
- Psittacosis
- Q fever
- Rabies \*
- Rubella (German measles)
- Salmonella infections
- Severe Acute respiratory Syndrome (SARS)
- Smallpox

- Shigellosis
- Syphilis
- Tuberculosis
- Typhus (epidemic) \*
- Verotoxin-producing *Escherichia coli* infections \*
- Viral haemorrhagic fevers \*
- Yellow fever\*

\*Notification requested by telephone as soon as a provisional diagnosis is made

To be notified by school principals and Directors of child care facilities (Section 42D Public Health Act 1991)

- Diphtheria
- Measles
- Mumps
- Pertussis (whooping cough)
- Poliomyelitis
- Rubella (German measles)
- Tetanus

## **REFERENCES**

[NSW Health PD2006\\_014 Notification of Diseases under the Public Health Act 1991](#)

## 2.5 INFECTION CONTROL OF TUBERCULOSIS (TB) IN A HEALTH CARE SETTING

### ***DESIRED OUTCOME***

This policy aims to ensure that all patients who have direct sputum smear positive result for *Mycobacterium tuberculosis* should be placed in a single room *with* Airborne Precaution Isolation (negative pressure ventilation) *until* treated with appropriate anti-tuberculosis (anti-TB) drugs for at least two weeks.

### ***SCOPE***

This policy will apply to all patients hospitalised in Western Sydney Local Health District (WS LHD) *with* suspected or diagnosed active pulmonary TB.

### ***POLICY***

#### **PATIENT IDENTIFICATION**

(a) Suspected or unconfirmed cases.

Pulmonary tuberculosis should be considered more likely in patients with x-rays suggestive of this diagnosis who are:

Immunocompromised;

Elderly;

Of Non English Speaking background or Aboriginal/Torres Strait Islander background.

All patients with suspected but unconfirmed tuberculosis with potential for airborne infectivity must be admitted to a single room with Airborne Precaution Isolation if available. If a negative pressure room is not available patients are to be accommodated in a single room with the door kept closed.

(b) Confirmed / diagnosed cases

Where laboratory examination of sputum confirms infection with *Mycobacterium tuberculosis*, and the patient has not been treated for at least 14 days with anti-TB therapy, the patient is to be transferred as soon as possible to a single room with Airborne Precaution Isolation within WS LHD.

#### **VENTILATION**

The direction of the airflow must be from the hallway into the room (negative pressure) to minimise the spread of the tubercule bacilli into the rest of the healthcare facility. The direction of the airflow should be constantly monitored (eg. by flutter strips, magnahelix gauge etc.)

Air from the room should be exhausted to the outside of the building and directed away from intake vents or windows.

To maintain airflow direction doors of these rooms are to be kept closed wherever possible. The patients and staff must be fully informed of the reason for the doors being closed.

### **NOTIFICATION**

Tuberculosis is *notifiable under the Public Health Act 1991 by hospitals and laboratories*. The Public Health Unit and the WS LHD TB Coordinator must be informed of all new TB cases by the attending Doctor or Infection Control designated person immediately.

### **TB PARTICULATE MASK**

All health care workers and visitors entering the room must wear a recommended TB particulate mask (P2).

If the patient needs to leave the room for any reason (eg. to go for tests or to walk in the grounds) they must wear a recommended particulate mask at all times.

### **PERSONAL HYGIENE**

Patients should be instructed in personal hygiene especially the need to cover the mouth and nose when coughing and sneezing and the careful handling and disposal of sputum.

### **WASTE DISPOSAL**

Sputum must be collected in a disposable container with a lid, which can be secured.

Standard precautions should be followed in the disposal of sharps and clinical waste and linen and all body fluids.

### **LABORATORY SPECIMENS**

Laboratory specimens should be well sealed with no contamination on the outside of the bottle and transported immediately to the laboratory in a sealed bag.

Patients who are considered infectious are identified by a "Biohazard" label placed in the Medical Records until at least two weeks of treatment is complete.

### **STAFF PROTECTION**

Immunocompromised staff members should not work on wards where there are active cases of TB.



## **VISITORS**

Visitors should wear a recommended particulate mask on entering the room. Children other than the patient's own children, or children living in the same household, should be discouraged from visiting.

## **CONTACT TRACING**

WS LHD TB Coordinator is responsible for the co-ordination and follow up for TB screening of patient contacts and health care worker TB contacts.

The Infection Control designated person for each health care facility is responsible for compiling a list of all staff in contact with the TB index case, which then should be sent to the WS LHD TB Coordinator who will liaise with Risk Management regarding follow up requirements and strategy.

## **REMOVAL OF AIRBORNE ISOLATION PRECAUTIONS**

After the completion of 14 days anti-TB drugs the infection control precautions should be assessed for removal, by the treating Physician.

## **DECEASED BODIES**

Identify in 12mm high black letters on labels on the outside of the body bag and body –'Infectious disease - List B Handle With Care'.

## **HIGH RISK AREAS**

*Operating theatre, Delivery suite, Endoscopy, Intensive care unit, Neonatal care and Autopsy areas*

Anaesthetics Disposable circuits, which must be changed between patients, *must* be used when a patient has a definite diagnosis or there is a HIGH degree of clinical suspicion.

Mask TB particulate filter (P2) masks are required for staff in these high-risk areas where invasive procedures carry a risk of exposure to *Mycobacterium tuberculosis* through aerosol or splash of infected substance.

## **Obstetric and Paediatric units**

The Mother Allocated a single room with negative pressure ventilation *until at least 14 days anti-TB treatment have been completed.*

Delivery Vaginal delivery is not contra-indicated but prolonged 2nd stage and disproportion should be avoided and either forceps delivery or Caesarean Section carried out under appropriate anaesthetic.

The Baby Presuming the mother has active pulmonary TB, the baby will be cared for in a separate room apart from the mother until the mother has completed two weeks of anti-TB drugs. The baby is monitored for TB infection.

## **REFERENCES**

[NSW PD 2008\\_019 Tuberculosis – Principles for Management of people with Tuberculosis in NSW Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities, 2005 Services, CDC: Atlanta.](#)

[NSW Health PD2007\\_036, Infection Control Policy](#)

[Public Health Act 1991](#)



## **2.6 SIGNS INDICATING ADDITIONAL TRANSMISSION BASED PRECAUTIONS IN PLACE**

### **DESIRED OUTCOMES**

This policy aims to ensure the requirement for additional Transmission Based Precaution is communicated to HCWs, visitors and patients so that the transmission of the pathogenic organism is interrupted.

### **SCOPE**

This policy will apply to all Western Sydney Local Health District, Health Care Workers (HCW) and requires the cooperation of all employees. The use of Transmission Based Precautions should always be in addition to Standard Precautions.

### **POLICY**

When a patient is a potential infection risk to others, or is at risk themselves, a single room may be required. A sign indicating additional Transmission Based Precautions should be placed on the door specifying entry requirements and addressing issues of patient management. Isolation should be of the pathogenic organisms not the patient. Signs should be used when:

1. The patient has a communicable disease, which can be transmitted via the airborne droplet or contact route.
2. Infective material cannot be adequately contained.
3. The patient's hygiene is poor placing themselves and others at risk.
4. Selected patients who may be at risk of acquiring an infection.
5. At the request of the physician, bed manager or infection control.

### **REFERENCES:**

[NSW Health Infection Control Policy PD2007\\_036](#)

[NSW Health PD 2007\\_084 Infection control Policy: Prevention & management of Multi-Resistant Organisms](#)

## 2.7 SINGLE-USE MEDICAL DEVICES (SUD) REMANUFACTURE

### **DESIRED OUTCOMES**

Under no circumstances must invasive medical products marked 'Single-Use' and 'Single Patient Use' items be re used.

Statement by the TGA on Regulations for Sterilisation of single-use devices (21<sup>st</sup> July 2003) states that single-use devices (SUDs) are those devices that are intended by the manufacturer to be used once and then discarded.

### **SCOPE**

Invasive medical products marked 'Single-Use' and 'Single Patient Use' items are not to be re used.

At present the Therapeutic Goods Association (TGA) & NSW Department of Health is reviewing the reuse of non-invasive items. Any re use of non-invasive 'single use' or 'single patient use' items must be notified to, and discussed with, the WS LHD Infection Control Committee pending TGA decision. This policy will apply to all Western Sydney Local Health District Health Care Workers (HCW) and requires the cooperation of all employees.

### **POLICY**

1. WS LHD is committed to providing cost-effective medical products, which will do no harm, comply with regulations, meet industry standards, and NSW Department of Health policy requirements.
2. Maintenance of a register of all products labelled 'Single –Use' used for non-invasive procedures.
3. All WS LHD facilities should not purchase single use 'non invasive' items for reuse or 'single patient use' items for use on multiple patients in preference to another product of suitability that can be reused.

### **REFERENCES:**

[NSW DOH PD2007\\_036 Infection Control Policy](#)  
[AS 4187, 2003.Cleaning, Disinfection and Sterilisation, Australian Standards Association](#)  
[NHMRC Australian Guidelines for Prevent and Control of Infection in Healthcare \(2010\)](#)  
[NSW Health PD2005\\_399 Single Use Medical Devices \(SUDs\) remanufacture.](#)

## 2.8 NON-OCCUPATIONAL EXPOSURE TO BLOOD AND BODY SUBSTANCES

### DESIRED OUTCOMES

Patients who present to health care facilities within Western Sydney Local Health District (WS LHD) following potential non-occupational exposure to blood borne or sexually transmissible diseases receive appropriate care including the option of post exposure prophylaxis (PEP) for high-risk exposures.

### SCOPE

This policy will apply to all Western Sydney Local Health District Health Care Workers and requires the cooperation of all employees.

### POLICY

Non-occupational exposure is defined as contact with blood or other body substances with the potential for transmission of blood borne or sexually transmissible infections, and excludes incidents that occur in the course of a person's employment within WS LHD (refer to WS LHD 'Policy for the Management of Health Care Workers Potentially Exposed to HIV, Hepatitis B and Hepatitis C')

When a person presents to a WS LHD health care facility, a detailed assessment of the non-occupational exposure shall include assessment of the risk of the exposure as well as the risk of the source or a potential source person for transmission of HIV, hepatitis B, hepatitis C and sexually transmissible diseases. This assessment must be completed as soon as possible following exposure in order to ensure the timely administration of specific prophylaxis when indicated.

In the case of HIV, PEP is only appropriate for a known or likely high-risk exposure to HIV. In all cases where HIV PEP is considered advisable, a physician experienced in the use of antiretroviral medications must be consulted prior to dispensing PEP.

The WS LHD 'Procedure for Management of Non-Occupational Exposures' should be followed in assessing and managing these exposures. Follow up arrangements for the **exposed** person (and for the source where available) must be made at the initial visit according the WS LHD procedure specified above.

### REFERENCES

NSW PD 2006\_005 [Human Immunodeficiency Virus \(HIV\) - Management of Non-Occupational Exposure - NSW Department of Health](#)