

UNDER REVIEW

Infection Control Procedure

Related Policy	<i>Work Health and Safety Policy</i>
Officer	Executive Director - Human Resources
Approved by	Executive Director - Human Resources
Approved and commenced	October, 2013
Review by	October, 2016
Responsible Organisational Unit	Work Health and Safety Unit – Human Resources

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1 Objective

The objectives of the *Infection Control Procedure* are to:

- prevent and manage occupational exposures to blood and body fluids; and
- outline the correct use and disposal of sharps.

2 Scope

This procedure applies to all workers (staff, students, volunteers, contractors) and other persons (visitors) at the University of Tasmania (University), unless there is a localised policy and/or guide e.g. College of Health and Medicine.

3 Procedure

3.1. Responsibilities

3.1.1. Managers/Supervisors are responsible for ensuring:

- this procedure is implemented effectively within their area of responsibility, including the provision of suitable facilities and resources;
- workers and other persons who are at risk of exposure to blood and body fluids are appropriately trained in correct handling procedures, are aware of the associated risks, are supplied with all protective equipment and are provided with any vaccinations required; and
- in the event of an occupational exposure, the correct process is followed and confidentiality is maintained.

3.1.2. All Workers and other persons are to:

- undertake any activity associated with blood and body fluids in a manner which does not adversely affect their own health and safety, or that of others, by following this and relevant Organisational Unit procedures;
- report all incidents arising from exposure to blood and body fluids and sharps and adopt work practices to minimise such incidents; and
- use and dispose of sharps in accordance with this procedure.

3.1.3. Medical Specialists

Attending **Medical Specialists** are responsible for ensuring:

- informed consent and pre-test counselling is undertaken prior to any testing of affected and source individuals;
- confidentiality of results is maintained;
- appropriate medical records are kept;
- post-test counselling is undertaken following any testing of affected and source individuals.

3.2. General Preventative Measures

Organisational Units that require the handling of blood or body substances and/or sharps shall:

- complete a risk assessment of each task/activity;
- establish standard operating procedures (SOPs) in accordance with an SOP template; and
- conduct training safely by carrying out activities to minimise the risk of infection.

Risk controls include implementing procedures for:

- proper hand and personal hygiene practices;

- cleaning surfaces and re-usable equipment/instruments;
- management of spills and handling and cleaning of soiled laundry;
- safe handling and disposal of sharps and other waste;
- use of appropriate personal protective equipment (PPE) and other precautionary strategies; and
- provision of incident/emergency contact details in case of an occupational exposure.

In particular, Organisational Units are to ensure:

- gloves are worn when handling blood or body fluids;
- contaminated gloves are discarded between treating persons to prevent cross-infection;
- hands are washed with soap and water, or by applying alcohol-based hand rub before and after contact with blood and body fluids, especially before eating, drinking or administering first aid;
- waterproof aprons/gowns are worn when clothing is likely to be soiled with blood or body fluid;
- masks and/or protective eye wear is worn in situations where ocular and/or mucous membrane exposure to splashed or sprayed blood or body fluid is likely e.g. dental and surgical procedures, and cleaning soiled equipment;
- cuts or abrasions on exposed parts of the worker's body are covered with waterproof dressings;
- workers and other persons likely to have regular contact with blood, body substances, needles or syringes (e.g. workers directly involved in patient care, cleaners, first aiders, gardeners, maintenance, and security staff) are immunised;
- workers directly involved in patient care are trained in the safe use of needle and syringe handling and their disposal.

3.3. Procedure for dealing with exposures

Where a person is exposed to blood or other body fluids the Manager/Supervisor is to ensure:

- the affected person seeks immediate, appropriate medical advice/treatment;
- the incident is immediately reported, including the completion of a University Online Incident Notification;
- the work area is cleaned/decontaminated - unless the incident is Notifiable (see 3.3.1);
- if a sharp is involved, the sharp is placed in a labelled, empty sharps container in case further analysis is required; and
- relevant counselling of the affected person is provided.

3.3.1. Notifiable Incidents

Under Section 38 of the *Work Health and Safety (WHS) Act*, certain incidents are notifiable to the Regulator (WorkSafe in Tasmania), including the serious injury or illness of a person or a dangerous incident.

3.3.2. Serious injuries and illnesses

In addition to those serious injuries and illnesses prescribed in Section 36 of the *WHS Act*, each of the following conditions is a serious illness in accordance with Section 699 of the *Work Health and Safety Regulations*:

- (a) any infection to which the carrying out of work is a significant contributing factor, including any infection that is reliably attributable to carrying out work –
 - (i) with micro-organisms; or

- (ii) that involves providing treatment or care to a person; or
 - (iii) that involves contact with human blood or body substances; or
 - (iv) that involves handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products;
- (b) the following occupational zoonoses contracted in the course of work involving handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products:
- (i) Q fever;
 - (ii) Anthrax;
 - (iii) Leptospirosis;
 - (iv) Brucellosis;
 - (v) Hendra Virus;
 - (vi) Avian Influenza;
 - (vii) Psittacosis.

3.3.3. Dangerous incidents

A dangerous incident means an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person's health or safety emanating from an immediate or imminent exposure to a range of hazards, which includes, but is not limited to, an uncontrolled escape, spillage or leakage of a substance and an uncontrolled implosion, explosion or fire.

3.3.4. Duty to preserve incident sites

Section 36 of the *WHS Act* requires that the person with management or control of a workplace at which a notifiable incident has occurred must ensure so far as is reasonably practicable, that the site where the incident occurred is not disturbed until an inspector arrives at the site or any earlier time that an inspector directs.

This does not prevent, amongst other things, any action required to assist an injured person or any action that is essential to make the site safe or to minimise the risk of a further notifiable incident.

See: *Incident Response and Investigation Procedure* for further details.

3.3.5. Treatment of the Affected Person

Appropriate first aid treatment is to be administered, which may include:

- gently encourage bleeding if the exposure involves a cut or puncture; then
- wash any part of the body that comes in contact with blood or body fluids with soap and water (where water is not available, use a non-water cleanser or antiseptic), but do not scrub;
- if the eyes are contaminated, rinse the area gently but thoroughly with water or normal saline for at least 30 seconds while the eyes are open;
- if blood or body fluid gets in the mouth, spit it out and then rinse the mouth with water several times;
- remove contaminated clothing and shower if necessary;
- apply a sterile dressing to any wounds;
- seek immediate advice from an appropriate medical specialist for guidance on appropriate action to be taken (preferably within 2 hours). This is particularly important where post exposure prophylaxis (PEP) is required, as this must be commenced as soon as possible following exposure.

Following the above initial/immediate treatment of the affected person and provided informed consent is obtained, a screening regime needs to be undertaken in conjunction with the appropriate agency protocols and/or medical advice. It is recommended for:

- **Massive/Definite/Possible exposures**, to conduct baseline screening with follow-up at 6 weeks, 12 weeks, and 6 months. Steps should also be taken to identify the status of the source individual.
- **Doubtful exposures**, to conduct baseline screening with consideration to follow-up testing at 12 weeks.
- When determining other appropriate treatment, the risk of transmission of infection is to be assessed, based on the type of injury, the type of body fluid and whether the source has infective blood.

3.3.6. Status of Source Individual

If a known source individual is involved in the incident, particularly in the case of massive, definite or possible parenteral exposure, the source individual should be investigated.

- When the source individual is known to be positive for either human immunodeficiency virus (HIV) antibody, Hepatitis B surface antigen (HbsAg) or Hepatitis C antibody (Anti-HCV), ensure that a medical specialist with experience in the management of these infections is contacted urgently to recommend appropriate action to be taken (e.g. in regards to testing, treatment and precautions affected persons should take).
- If the status of the source individual is unknown at the time of the incident, when recommended by a medical specialist, tests should be undertaken to ascertain the source's infection status for HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV). Informed consent and both pre and post-test counselling are required prior to undertaking any tests. If the source individual does not consent to having tests taken, the affected person is to be followed up as if the source was unknown.

3.3.7. Counselling

Students on placement are to seek counseling through the relevant agency service where the incident occurs, or through their course co-ordinator.

Counselling for staff can be arranged for the affected and source individuals by contacting:

- the University of Tasmania Counselling Service on 1800 650 204 for all national locations; or during work hours;
- the University of Tasmania Work Health and Safety (WHS) Unit on 03 6226 7877;
- the Tasmanian Department of Health and Human Services (DHHS) provides information, advice and some counselling services for non-work related exposures through the DHHS website or 1300 135 513.

3.3.8. Confidentiality

Confidentiality of the screening results and associated records must be maintained at all times for all persons involved in any exposure to blood or other body fluids.

3.4. Cleaning and Disposal Procedures

3.4.1. Contaminated Items

All items that are soiled with blood or body substances are to be placed in plastic bags and tied securely. Waste disposal is to comply with any state or local government requirements. Where practicable segregation of waste should occur at the point of its generation.

Items that may be reused, including scissors and tweezers, are to be thoroughly cleaned using warm soapy water and disinfected with an appropriate disinfectant such as alcohol wipes.

3.4.2. Cleaning Spills

Cleaning is to commence as soon as practicable after an incident involving blood or body substances has occurred, where this is consistent with the requirements of 3.3.1 Notifiable Incidents.

Individuals are to wear disposable gloves when cleaning spills and where splashes of blood or body substances may occur. Additional PPE such as eye protection, plastic aprons and masks may need to be worn.

Surfaces that have been contaminated with blood or body substances should be wiped with paper towelling and cleaned.

3.5. Disposal of Sharps

All sharps have the potential to cause injury through cut or puncture wounds.

In addition, many sharps are contaminated with blood or body fluids, microbiological materials, toxic chemicals or radioactive substances, posing a risk of infection or illness if they penetrate the skin.

To reduce the risk of injury (including cuts and infection) when using and disposing of sharps, safe procedures are to be adhered to. See Appendix 1: Safe disposal of sharps.

4 Definitions and Acronyms

Affected Person	The person exposed to blood or body fluid.
Exposure	<p>Blood/Body fluid occupational exposures that occur as a result of University related activities. Exposure to blood or body fluids can be categorised for risk assessment purposes based on the type of exposure and amount of fluids involved, as follows:</p> <p>Doubtful parenteral exposure</p> <ul style="list-style-type: none"> • Intradermal ('superficial') injury with a needle considered not to be contaminated with blood or body fluid • A superficial wound not associated with visible bleeding produced by an instrument considered not to be contaminated with blood or body fluid. • Prior wound or skin lesion contaminated with a body fluid other than blood and with no trace of blood, e.g. urine. <p>Non-parenteral exposure</p> <ul style="list-style-type: none"> • Intact skin visibly contaminated with blood or body fluid. <p>Possible parenteral exposure</p> <ul style="list-style-type: none"> • Intradermal ('superficial') injury with a needle contaminated with blood or body fluid. • A wound not associated with visible bleeding produced by an instrument contaminated with blood or body fluid. • Prior (not fresh) wound or skin lesion contaminated with blood or body fluid. • Mucous membrane or conjunctival contact with blood.

Definite parenteral exposure

- Skin penetrating injury with a needle contaminated with blood or body fluid.
- Injection of blood/body fluid not included under 'Massive Exposure'.
- Laceration or similar wound which causes bleeding and is produced by an instrument that is visibly contaminated with blood or body fluid.
- In laboratory settings, any direct inoculation HIV tissue or material likely to contain HIV, hepatitis B virus (HBV) or hepatitis C virus (HCV) not included above.

Massive Exposure

- Transfusion of blood.
- Injection of large volume of blood/body fluids (>1ml).
- Parenteral exposure to laboratory specimens containing high titre of virus.

Hepatitis	Hepatitis A, B and C are all viruses that attack the liver with each form of the virus having different levels of impact on health.
Human Immunodeficiency Virus (HIV)	HIV gradually impairs the immune system of an infected person and eventually weakens a person's defences against disease. HIV is the putative causative agent for Acquired Immune-Deficiency Syndrome (AIDS).
Mucous Membrane	The lining of the mouth, nose and respiratory tract, the conjunctival membrane covering the eye, the gastrointestinal tract and the urinogenital tract.
Organisational Unit	College, Faculty, School, Centre, University Institute, other University Entity, Division, Section or University Business Enterprise.
Personal Protective Equipment (PPE)	PPE is defined as safety clothing or equipment that is necessary for personal protection of the wearer whilst exposed to hazards in the workplace. In the case of infection control, this may include the wearing of gloves, gowns, plastic aprons, masks, face shields and eye protection.
Post exposure prophylaxis (PEP)	A treatment administered following exposure to a harmful agent which attempts to block or reduce injury or infection.
Sharps	Sharps are defined as objects or devices having acute rigid corners, edges, points or protuberances capable of cutting or penetrating the skin. Hypodermic needles, pasteur pipettes, scalpel blades and broken glass all fit this definition.
Source individual	The person whose blood or body fluid was inoculated or splashed onto the affected person. The source individual may sometimes not be identifiable, for example when an affected person has been injured by a needle and it is not known on whom it was used.

Worker Any person carrying out work in any capacity at the University, including work as an employee, contractor or sub-contractor, employee of a labour hire company, outworker, apprentice or trainee, work integrated learning or work experience student and volunteer.

5 Supporting Documentation

University:

- University College of Health and Medicine
- , *Infectious Disease Policy*
- University Health Sciences, *Infection Control Student and Staff Guide.*
- *Incident Response Procedure*
- *Standard Operating Procedures (SOP) Template*
- *Personal Protective Equipment Procedure*

Legislation Standard

- *Work Health and Safety Act 2012*
- *Work Health and Safety Regulations 2012*
- *Relevant Codes of Practice (e.g. First Aid in the Workplace)*
- *AS 4031-1992 – Non-reusable containers for the collection of sharp medical items used in health care areas; or*
- *AS/NZS 4261-1994 – Reusable containers for the collection of sharp items used in human and animal medical applications*
- *Public Health Amendment Bill 2011*
- *HIV/AIDS Preventive Measures Act 1993*
- *Personal Information Protection Act 2004*

Other

- *Guidelines for management of occupational and non-occupational exposures to blood and body fluids* (Appendix to Queensland Health Infection Control Guidelines)
- <http://www.tascahrd.org.au> (Tasmanian Council on AIDS, Hepatitis and related diseases)
- <http://www.afao.org.au/> (Australian Federation of AIDS Organisations)
- <http://www.health.vic.gov.au/ideas/bluebook>
- <http://www.nhmrc.gov.au/b5.3-exposure-prone-procedures>
- Australasian Society for HIV Medicine: *Guide to Australian HIV Laws and Policies for Healthcare Professionals.*
- *(National Guidelines for the Management of Clinical and Related Wastes* published by the National Health and Medical Research Council

6 Appendices

Appendix 1: Safe disposal of sharps

Appendix 2: What to do if you find a syringe

Appendix 3: What to do in the event of a needle stick injury

7 Versioning

Former Version(s)	<p>Version 1 – <i>Occupational Exposures to Blood and Body Fluids, including Needlestick Incidents, Policy and Procedures</i>, approved 24 November, 1999; and <i>Sharps Disposal Policy and Procedures</i>, approved 16 March, 2000; revoked by the Work Health and Safety Committee, 27th August 2013, reviewed and renamed Infection Control Procedure.</p> <p>Version 2 – <i>Infection Control Procedure</i>; approved October, 2013. Amended in December 2016 to incorporate Colleges.</p>
Current Version(s)	<p>Version 3 – <i>Infection Control Procedure</i> (current document); approved October, 2013. Amended in December 2017 to reflect academic structures and nomenclature.</p>

Appendix 1: Safe Disposal of Sharps

In Organisational Units which use sharps:

- A designated sharps container shall be available, with the material, design, construction, colour and markings of the container complying with AS 4031 or AS 4261. Containers shall be rigid-walled, puncture-resistant, have a tightly fitting lid, and be clearly labelled.
- All sharps are to be placed in a sharps container immediately after use, at the point of use, by the person that used them. Sharps containers should be within arm's reach of where the sharp is being used. Sharps are to be placed in the sharps container with the sharp end down.
- Sharps are not to be bent, broken or re-sheathed. Used needles must not be recapped, unless an approved needle containment/recapping device is used.
- Forceps or a blade removal device must be used to remove scalpel blades.
- Sharps containers must be sealed for disposal when the "fill" line is reached. Before using a sharps container check it is not full and there is sufficient space to accommodate the additional sharps. Users must not try to force further sharps inside as this may lead to an injury. The lid must be securely closed and the container sent for disposal.
- Collection of full sharps containers and other hazardous waste is arranged through Organisational Unit waste collection.
- Sharps contaminated with radioactive material must be placed in a sharps container designated for radioactive waste and disposed of in accordance with the licensing requirements for radioactive materials.

For incidental disposal of sharps and needles e.g. found in grass, bins, should not be picked up, until the person is wearing appropriate hand protection (e.g. leather gloves) and there is a sharps container for safe transport.

For incidental disposals, sharps bins are available at the following locations:

- Life Sciences Building Level 3 ,Sandy Bay
- Chemistry Building Sandy Bay
- School of Health Sciences, Launceston.
- Applied Science, Launceston

Appendix 2: What to do if you find a syringe

Problem

Workers and others at the workplace can inadvertently be exposed to the risk of a needle stick injury from a contaminated syringe, which may present a health risk. Syringes may be clearly visible or may be disposed of within containers or hidden amongst other rubbish.

Therefore it is imperative that workers receive adequate training in dealing with and disposing of inappropriately disposed syringes.

Solution

If a syringe is discovered the following steps should be taken, as a minimum, to protect against the potential health risks associated with a needle stick injury.

- Step 1** Do not touch the syringe before obtaining the designated equipment (where available). Do not improvise equipment if the designated equipment is unavailable.
- Step 2** Do not attempt to handle the syringe by hand. Warn others of the threat. If the syringe poses an immediate threat to the well-being of others in the area, the safest way to retrieve the syringe is to hold the barrel of the syringe in a gloved hand.
- Step 3** Obtain the designated equipment, which should include gloves, a sealable, puncture resistant, container or an approved contaminated waste container, and forceps or tongs.
- Step 4** Take the equipment to the syringe.
- Step 5** Wear puncture resistant gloves.
- Step 6** Open the container and place on a stable, level surface. Do not hold the container because a misdirected needle may contact the hand or forearm and result in a needle stick injury.
- Step 7** Do not attempt to bend, break or re-cap the needle.
- Step 8** Using forceps or tongs, pick up the syringe, preferably at the opposite end (barrel) of the needle.
- Step 9** Carefully place the syringe into the container, needle end first (DO NOT force the needle into the container. Obtain a larger container if the syringe does not fit.
- Step 10** Seal the container.
- Step 11** Contact the local council or health service for information on appropriate disposal of the syringe
- Step 12** If tongs or another designated pick up tool has been used, clean the item with detergent and warm water (while wearing impermeable gloves), then immerse the tool in a bleach solution for at least one minute. Air-dry and replace tongs/tool in appropriate area for future use.

Benefit

The implementation of effective and safe handling and disposal procedures of syringes provides protection for employees, or others at the workplace.

Reference: National Code of Practice for the Control of Work-related Exposure to Hepatitis and HIV (Blood-borne) Viruses [NOHSC:2010(2003)]2nd Edition December 2003.

Appendix 3: What to do in the event of a needle stick injury

Problem

Workers at the workplace can be at risk of a needle stick injury as a result of the careless disposal of a syringe or in the handling of sharps in the course of their work

A needle stick injury is potentially a major health hazard that can also cause considerable stress to the worker and their family. The uncertainty of health outcomes of such an injury and the significant time (approximately six months) required to determine whether the worker's health has been compromised contribute to stress.

Where a needle stick Injury has occurred, take immediate action to provide support and perform first aid and medical treatment.

Step 1 Promptly flush the wound under running water.

Step 2 Wash the wound using warm water and liquid soap (except for the eyes, mouth and nose).

Step 3 Thoroughly pat-drying the area.

Step 4 Apply a sterile waterproof dressing (such as an adhesive plaster), as necessary, and applying pressure through the dressing if bleeding is still occurring.

Step 5 Follow the guidance provided in Appendix 1 and placing the syringe in a sealed container.

Step 6 Ensure that the employee is provided with immediate medical advice by a registered health professional.

Step 7 Accompany the employee to the doctor and ensuring the doctor is provided the sealed container with the syringe inside.

Step 8 Offer the employee access to a trauma counselling service.

Step 9 Ensure that confidentiality of the incident and anonymity of the injured person is maintained.

Step 10 If a customer or non-employee has received the needle stick injury, follow Steps 1 through 5 and give the sealed container, with the syringe inside, to the person and encourage them to seek immediate medical advice.

Benefit

Immediate intervention to provide medical treatment and counselling support to the employee will assist the employee in coming to terms with the potentially dangerous and health threatening event.

Furthermore, immediate medical treatment may prevent infection with Hepatitis B and aid in the treatment of HIV. In the case of a needle stick injury, immediate intervention will also demonstrate to other employees the role they can play in alerting management and other employees to potential exposures when a syringe has been discovered.

Reference: National Code of Practice for the Control of Work-related Exposure to Hepatitis and HIV (Blood-borne) Viruses [NOHSC:2010(2003)] 2nd Edition December 2003