

1. Objective and overview

This procedure expands on Ruah's [Clinical Governance Procedure](#), Section 4.6 Infection Control. It outlines Ruah's infection prevention and control program and processes. The aim is to reduce risk of infections and comply with state and federal legislative and regulatory requirements and best practice standards and guidelines.

Ruah adopts a 'universal precautions' approach to infection prevention and control because anyone can harbour infectious microorganisms. Therefore, all body fluids and substances should be treated as if they are infectious.

Ruah's infection control procedure is evidence-based. Ruah's Clinical Governance Committee provides governance oversight of Ruah's infection prevention and control program and procedure. Infection risk is included in Ruah's Organisational Risk Register and this procedure outlines the mitigation strategies that are implemented and reviewed.

Service Level Agreements and Memorandums of Understanding with other agencies support Ruah's infection prevention and control program.

This procedure includes information about:

- [Standard precautions:](#)
 - [Hand hygiene](#)
 - [Respiratory hygiene \(cough etiquette\)](#)
 - [Environmental cleaning](#)
 - [Personal Protective Equipment \(PPE\)](#)
 - [Needlestick and sharps injury prevention](#)
 - [Waste disposal](#)
- [Food handling](#)
- [Skin integrity](#)
- [Infectious diseases](#)
- [Parasite infestation \(headlice, bed bugs, scabies\)](#)
- [First Aid response for contact with body fluids](#)
- [Workforce immunisation](#)
- [Workforce education and training](#)
- [Client information](#)
- [Links to infection prevention and control posters](#)

2. Prerequisite knowledge and skills

Completion of mandatory hand hygiene and infection prevention and control modules.

Infection Control Procedure

IMS-P2-PR6.1

3. Procedure

3.1 Standard precautions

Standard precautions are infection control practices used to prevent transmission of infections through contact with blood (including dried blood), all other body fluids (except sweat), broken skin including rashes, and mucous membranes. Standard precautions are the minimum practices that must be used by Ruah employees in all work-related situations.

Standard precautions include:

- [Hand hygiene](#)
- [Respiratory hygiene \(cough etiquette\)](#)
- [Environmental cleaning](#)
- [Personal Protective Equipment \(PPE\)](#)
- [Needlestick and sharps injury prevention](#)
- [Waste disposal](#)

3.1.1 Hand hygiene

Good hand hygiene is the most effective strategy to prevent the spread of infections.

Poor hand hygiene is associated with the spread of multi-resistant organisms (bacteria that are not destroyed by several different antibiotics). Cross contamination can occur from one place to another on the same person, between people, or between people and the environment.

Improved hand hygiene is associated with reduction in cross contamination and the spread of infections, and decreased incidence of infection by multi-resistant organisms.

Ruah has a mandatory hand hygiene program, consistent with the National Hand Hygiene Initiative, which includes worker education, alcohol-based hand rub, auditing hand hygiene compliance, and knowledge of the World Health Organisation's "five moments for hand hygiene" approach. For more information, see the [Hand Hygiene Australia](#) website.

All staff complete a hand hygiene module as part of their induction and as part of their annual mandatory refresher.

To support good hand hygiene at Ruah:

- Hand sanitiser dispensers are positioned in Ruah offices, the Ruah Centre, and refuges
- Travel-size hand sanitiser is provided for staff to use during outreach
- Posters for correct hand hygiene are displayed in relevant areas
- Hand Hygiene Audits (every client-facing staff member, every six months)
- [Hand Hygiene & Auditing IMS-P2-PR6.1-O01](#) provides more detailed guidelines about how to wash and sanitise hands and how to conduct a Hand Hygiene Audit.

Infection Control Procedure

IMS-P2-PR6.1

3.1.2 Respiratory hygiene (cough etiquette)

Refer to [Cough Etiquette](#) guidelines published by SA Health.

3.1.3 Personal Protective Equipment (PPE)

PPE relevant to Ruah's scope of practice includes disposable gloves, shoe gloves, coveralls, First Aid kits with resuscitation masks, and travel-size hand sanitisers.

Supplies of relevant PPE are checked during the workplace inspections.

3.1.4 Needlestick and sharps injury prevention

Ruah has a Service Level Agreement with an external provider for collection of sharps every six months, from installed sharps containers at Kambarang Place, Harmony Place, and the Ruah Centre. Should the container become full before the scheduled service, the Coordinator or Manager of the service can contact the provider to empty it.

In some services without an installed sharps container, disposable sharps containers are provided. These containers should not be filled beyond 2/3 full.

Ruah workers should encourage clients or visitors to dispose of their sharps using the designated sharps container.

However, when a sharp is discarded, and causes a risk to public or staff safety, workers can dispose of the sharp using a sharps container.

If no sharps container is available, sharps should be placed in a rigid puncture-resistant container (e.g., a plastic drink bottle). They should be taken to a pharmacy for disposal according to state medical waste rules.

3.1.5 Environmental cleaning

To ensure Ruah's facilities are clean and hygienic, Ruah has Service Level Agreements with external providers to clean its facilities. The Service Level Agreements have Key Performance Indicators that are regularly monitored. The cleaning contractors have clearly specified required cleaning functions. Communication logs are used at all sites. The cleaning contractor provides regular audits to Ruah's Property and Assets Team. Ruah staff at residential services and the Ruah Centre conduct monthly cleaning audits.

All cleaning equipment is fit for purpose, well maintained, and colour-coded to prevent cross contamination during the cleaning process. Cleaning equipment includes mops (dry and wet), mop handles, buckets, wringer buckets, cloths, and gloves (if indicated).

Cleaning Equipment - Colour Code	
General Cleaning	Blue
Toilets / Bathrooms	Red
Kitchen / Food Preparation and Service Areas	Green
Spills / Infectious / Isolation Areas	Yellow

Cleaning of clinical areas:

A partner agency provides clinical / medical services for Ruah clients at the Ruah Centre and refuges. The areas where these services are provided are cleaned by Ruah's contracted cleaners.

Cleaning of laundry / linen handling:

In residential programs, clients clean their own bedding, towels, and clothing if they can.

When staff undertake cleaning or handling of laundry, they must wear disposable single-use gloves every time. If risk assessment indicates, then personal protective equipment appropriate to the task (e.g., aprons, face mask) are to be worn.

Handle all used linen with care. Avoid unnecessary agitation to minimise dispersal of microorganisms into the environment. Ensure linen is free from foreign matter such as sharp or metal objects (e.g. cutlery, syringes), food remnants, and paper products.

Place used linen into an appropriate receptacle at the location where it was used.

If the linen contains liquid contaminants (e.g., urine, faeces, or blood) contact your Coordinator to request emergency cleaning.

Store clean linen on shelves in a clean dry place, separately from soiled linen.

3.1.6 Waste disposal

Ruah does not expect staff to clean up or dispose of potentially contaminated waste. Ruah has Service Level Agreements with external service providers for general and sanitary waste management and disposal.

Ruah has an agreement with the contracted cleaning company for emergency call-out to clean potentially contaminated waste (e.g., blood, faeces, other body substances, spoiled food) at any site during weekday business hours.

They are available to thoroughly clean residential rooms when they are vacated, if needed.

For residential services, staffed after-hours and weekends, single use spill kits for clean-up and removal of contaminated waste are provided. If the area cannot be isolated until the cleaners can attend to it during business hours, staff must speak with their line manager or On Call prior to using the spill kit. Staff must be trained in the use of spill kits before using one (see LMS e-learning module).

Spills Management

The basic principles for managing body substance spills:

- standard precautions apply, including use of personal protective equipment
- spills should be cleared up before the area is cleaned (do not add cleaning liquids to spills because it increases the size of the spill)
- avoid generating air-borne material from the spill.

Using these basic principles, the management of spills should be flexible enough to cope with different types of spills, considering the following factors:

- type of spill, e.g., spit / saliva / mucus (sputum), vomit, faeces, urine, or blood

Infection Control Procedure

IMS-P2-PR6.1

- size, e.g., spot (few drops), small (less than 10 cm) or large (more than 10cm)
- type of surface, e.g., carpet or impervious flooring (tiles)
- whether there is any likelihood of bare skin contact with the soiled surface.

Cleaning spills - equipment

The spill kit should also be stored in an area known to all. Single-use items in the spills kit should be replaced after each use of the spills kit.

Cleaning spills - procedures

Body substance spills should be dealt with as soon as possible.

Care should be taken to thoroughly clean and dry areas where there is any possibility of bare skin contact with the surface.

Spill kit PPE should be used for all cleaning procedures and disposed of after use. Hands should be washed and dried after cleaning.

Where a spill occurs on a carpet, shampoo as soon as possible. Do not use disinfectant. Steam cleaning may be used instead.

Wash hands thoroughly after cleaning is completed.

Cleaning spots or small spills

Spots or drops of blood or other small spills (up to 10 cm) can easily be managed by wiping the area immediately with paper towels, and then cleaning with warm water and detergent, followed by rinsing and drying the area. Dry the area, as wet areas attract contaminants.

Cleaning larger spills

Where large spills (more than 10 cm) have occurred in a 'wet' area, such as a bathroom or toilet area, the spill should be carefully washed into the sewerage system using water and the area should be flushed with warm water and detergent.

Large blood spills that have occurred in 'dry' areas should be contained and generation of airborne particles should be avoided.

Grains in the spill kit can contain the spilled material and are useful for preventing airborne particles. A scraper and pan should be used to remove the absorbed material. The area of the spill should then be cleaned with a mop, and bucket of warm water and detergent. The bucket and mop should be thoroughly cleaned after use and stored dry.

3.2 Food handling

In residential services and some other situations, Ruah staff may handle food. Staff may cook with and support clients to cook for themselves. They should not prepare food for clients. Staff use hygienic practices. Kitchens in residential services are set up with coloured chopping boards and clothes, temperature charts, food labels, daily temperature checks on fridges and freezers.

In services that handle or prepare food, the Coordinator or Manager is responsible for identifying at least one suitable person to undertake food safety training to ensure they have the knowledge to carry out their duties effectively.

All employees who handle food must participate in a supervision session with the trained staff member to ensure they have the knowledge to carry out their duties effectively.

Infection Control Procedure

IMS-P2-PR6.1

Any suspected outbreak of food-borne illness (e.g., nausea, vomiting, or diarrhea, etc) must be reported promptly to the Coordinator and Manager, who will develop an appropriate plan to manage the outbreak. The incident must be recorded in Report It.

3.3 Skin integrity

Intact skin (without cuts, abrasions, or lesions) acts as a natural defence against infection.

Staff should check the integrity of their skin and report skin conditions (e.g. dermatitis, eczema, lesions) to their Coordinator or Manager and seek medical advice for them.

Cuts and abrasions should be covered with an occlusive dressing (an air and water-tight dressing used in first aid) and changed as necessary or when the dressing becomes soiled.

3.4 Infectious diseases

Ruah does not provide medical services. If workers or clients are concerned about a health condition or risk of infection, they need to seek advice from a health professional.

For information about infectious diseases and when to return to work post-infection, refer to the Health Direct website: [Infectious Diseases](#). Ruah employees must adhere to Health Direct website recommended exclusion periods.

3.5 Parasite infestations (headlice, bed bugs, scabies)

Ruah employees are not to go into a home if it is known there is a parasite infestation until evidence is provided that the infestation has been treated by an authorised pest control provider. If you suspect you have been exposed to a parasite, please refer to Healthy WA articles: [headlice](#), [bed bugs](#), [scabies](#) and/or seek medical advice.

3.6 First Aid response for contact with body fluids

If blood or body fluid contacts the eyes or mouth, rinse thoroughly for at least 30 seconds, with water or saline solution. Seek advice from a medical professional who will determine the need for further medical management.

If blood or body fluid contacts clothing, speak with your Coordinator about cleaning and taking appropriate measures either on-site or at home.

Workers are required to report any exposure to blood or body fluid to their Coordinator or Manager, and log an incident in Report It.

3.7 Workforce immunisation

Ruah has a risk-based workforce immunisation program that addresses risks to the workforce and clients. This applies to students and volunteers, as well.

Workers in some programs are required to be immunised.

Workers in the refuges are required to be immunised against rubella.

Infection Control Procedure

IMS-P2-PR6.1

Workers in the Choices program, based in hospitals, require vaccines as per the [Health Care Worker Immunisation Policy](#), WA Health Department.

For other workers there are no required vaccines. However, staff are encouraged to have annual seasonal influenza vaccinations, provided free in the workplace.

Employee participation in the immunisation program is monitored through Ruah's Risk and Quality Committee.

To protect particularly vulnerable clients and their family members (e.g., people with compromised immune systems or babies or children who are too young to be immunised), Managers and Coordinators should ask staff about their immunisation status and select immunised staff to work with the vulnerable clients or families.

3.8 Workforce education and training

During orientation, all staff must complete e-learning modules about hand hygiene, and infection control and prevention. These e-learning modules are included in mandatory annual refresher training.

There are e-learning modules on food handling available for roles that require them.

The Workforce and People Development team report completion rates for mandatory training to Ruah's Risk and Quality Committee.

3.9 Client information

Clients are provided with relevant information about infection prevention and control, including the importance of hand hygiene.

Posters about hand hygiene are displayed in common areas. Developmentally appropriate posters are displayed in the refuge where children stay.

Ruah offices where clients attend display [Publication Feedback Posters](#) that invite clients to provide feedback about the publications, posters, forms, and leaflets that Ruah makes available.

3.9 Links to infection prevention and control posters

[How to hand rub? How to hand wash?](#) (WHO)

[Germs are all around you. Stay healthy. Wash your hands.](#) (CDC)

[Wash your hands](#) simple language (CDC)

[Spreading germs is OUT. Handwashing is IN!](#) (CDC)

[Cover your cough](#) (CDC)

4. Definitions

5. Related Documents

Document Title	Document ID
Clinical Governance Procedure	IMS-P2-PR6
Hand Hygiene & Auditing	IMS-P2-PR6.1-O01
Workplace Inspection Checklist	IMS-P1-PR3-T03
Workplace Inspection Work Instruction	IMS-P1-PR3-WI01

Note well: This procedure includes information from and replaces both the previous *Infection Control Procedure Manual IMS-P2-PR6.1* and the *Infection Control Work Instruction IMS-P2-PR6.1-WI01*.