Infection Control Policy

Whiddon

Table of Contents

Table of figures

Document Control

Title	Infection Control Policy
Version	1.60
Effective Date	27.11.24
Review	November 2026
Initiating service area	Clinical Governance Committee
Release Authority	GM Quality Care and Compliance

Document Review

Date	Description of review	Initiated by	Version
4 June 2019	New template and branding Inclusion of antimicrobial stewardship New organisational structure Objectives and Measures How to access Bug Control Whiddon Landing Page Changes from team members , employee to team member	GMCG	1.2
22 March 2020	Addendum Whiddon Approach to COVID 19	GMQCC	1.3
21 April 2020	Additional Information on Outbreak Management and Preparedness Checklist	GMQCC	1.4
22 June 2021	Migrated to updated Whiddon Policy Template Inserted Table of Contents Addendum information on Infection Prevention and Control Leads Preparedness Check List (COVID-19) updated to version 3	GMQCC	1.5
27 Nov 2024	NDIS Inclusions. IPC training, and reporting updated . Formatting changes, document flow / logic reordered. . Reference to COVID-19 / ARI response plan on MyStaffroom members room . HARP . Policy detail update	GMCR&C	1.60

Infection Control Policy

Introduction

The aim of this policy is to provide all Whiddon team members with an understanding of how important it is to have systems and process to prevent and or manage infections. Further, Whiddon team members will promote a culture that ensures the safe and measured use of antimicrobials in the interest of promoting consumer and client wellbeing.

This will be achieved by:

- Whiddon team members will understand how infection is spread.

- Whiddon will have systems to measure, monitor, prevent and control the transmission of infection within Whiddon services

- Whiddon will implement strategies to monitor, measure and reduce the use of antimicrobials whenever possible.

Purpose of Policy

The purpose of this policy is to outline the procedures and guidelines to prevent and control the spread of infections within services . It is designed to protect both consumers, the public and team members / employees from infectious diseases by promoting hygiene practices, appropriate use of personal protective equipment (PPE), and early detection of infections.

Policy

This policy applies to consumers in Residential Care and Community Care funded by the Department of Health and Aged Care and the National Disability Insurance Scheme (NDIS) .

To maintain clarity and consistency throughout the policy, the terms "consumers," "consumers," "clients," "elders," and "NDIS participants" will collectively be referred to as "consumers," all such references encompass these groups equally.

All Whiddon team members will have an increased awareness of Infection Prevention and Control and understand their roles and responsibilities in the prevention and management of infections.

Whiddon has a system for the classification of infections and surveillance procedures that will enable team members to make accurate assessment of infections and facilitate reliable data collection and reduce the likelihood of healthcare associated transmission.

Regulatory reporting of reportable infections will be complied with in accordance with Public Health and State requirements. .

Pandemic outbreak response is documented in detail as appropriate and stored for access by employees on MyStaffroom. See for example COVID-19 ARI Response Plan for detailed guidance

Responsibilities

Service Management

- Ensure adequate resources and supplies are available to implement infection control measures.

- Ensure team members training on infection control is up-to-date and mandatory.

- Develop and maintain an infection control committee that meets regularly.

- Oversee the auditing and review of infection control practices.

Whiddon Team Members

- Follow infection control procedures as outlined in this policy.

- Practice good hand hygiene and wear PPE when required.

- Report any signs of infection or outbreaks promptly to supervisors.

- Participate in regular infection control training and education programs.

- Encourage consumers and visitors to practice proper hygiene.

- Educate visitors on infection control practices when entering the facility.

Infection Control Practices

Hand Hygiene

- Hand hygiene is the most effective way to prevent the spread of infection.

- All team members , consumers, and visitors must wash their hands regularly, particularly:

    o Before and after eating

    o After using the toilet

    o After coughing or sneezing

    o After contact with bodily fluids

- Alcohol-based hand sanitizers (60% alcohol or higher) must be used when soap and water are not available.

Personal Protective Equipment (PPE)

- Team members must wear appropriate PPE when providing care to consumers or when handling potentially infectious materials. This includes:

- Gloves

- Gowns

- Masks (appropriate for relevant illness e.g. N95 for COVID-19)

- Eye protection (e.g., goggles)

- PPE must be properly disposed of or cleaned after use, and hands must be washed or sanitized after removal.

Environmental Cleaning

- High-touch surfaces (doorknobs, handrails, light switches, etc.) must be cleaned and disinfected regularly.

- Shared equipment (e.g., walkers, wheelchairs) must be disinfected between uses.

- Resident rooms should be cleaned daily, and linen changed as needed.

- Regular cleaning schedules must be maintained, and cleaning agents should be approved for use in infection control.

Infection Surveillance

- Regular monitoring for infections, including respiratory, gastrointestinal, and urinary tract infections, must be conducted.

- Infection outbreaks must be promptly reported to management and health authorities as per local legislation.

- Isolation protocols must be followed for consumers with suspected or confirmed infections.

Outbreak Management

- If an outbreak of infection is suspected or confirmed, the service will implement the following steps:

  - Isolate affected consumers to prevent further transmission.

  - Notify relevant health authorities and follow their guidance.

  - Increase monitoring of all consumers for signs of infection.

  - Review and intensify infection control measures, including PPE usage and cleaning schedules.

Training and Education

- All new team members will undergo mandatory infection control training as part of their induction.

- Annual refresher courses will be provided to all team members to ensure up-to-date knowledge of infection prevention practices.

- Education on infection prevention will be offered to consumers and visitors as needed.

Compliance

- Regular audits will be conducted to ensure compliance with infection control protocols.

- Team members who do not follow infection control policies may face performance management.

- Breaches in infection control practices will be reviewed and corrective action taken.

- Regulatory reporting requirements will be complied with

Application of Policy

This policy applies to all Whiddon team members working in residential and community care. and applies to all consumers, contractors, and visitors including volunteers, health professionals, and others involved in consumer care.

Governance and the Role of Infection Prevention and Control and the Responsible Use and Management of Antimicrobial Usage

Whiddon has a systematic approach to quality improvement that identifies those accountable for action in the organisation, focuses on risk, quality and consumer safety to ensure that the necessary monitoring and actions are taken to improve services. Safety and high-quality care require the vigilance and cooperation of the whole workforce.

The goal of the Infection Prevention and Control programme is to identify the essentials of infection prevention and control, together with safe work practices for team members , based upon risk identification and management.

Risk management plays an important role in forming the Infection Prevention and Control programme and identifying resources required, as well as educational needs. Identifying and analysing risks associated with healthcare is an integral part of successful infection prevention and control.

Adopting a risk management approach at all levels of service is essential. This task requires the full support of the management as well as cooperation between management, healthcare workers and support team members .

Within Whiddon a corporate approach must be taken to Infection Prevention and Control. This includes development, implementation and evaluation of policies and procedures related to the prevention of infection and its transmission, as well as surveillance of healthcare associated infections. The Infection Prevention and Control programme incorporates policies, procedures, surveillance, antimicrobial stewardship and other healthcare associated infections, team members education, continuous quality improvement activities and evaluation.

Regulatory reporting requirements for reportable infections will be assured by Whiddon governance and procedural methodology.

Objectives of the Infection Prevention and Control Programme

- To provide resource information and advice to managers and their teams on all aspects of Infection Prevention and Control.

- To plan and develop policies, procedures and continuous quality improvement activities for on- going review and evaluation of aseptic, isolation and sanitation techniques.

- To provide education for team members and volunteers on Infection Prevention and Control matters.

- To monitor and evaluate outcomes of Infection Prevention and Control processes.

- To participate in quality improvement programmes with infection prevention and control implications.

- To assist in Team member Health programmes and strategies for team members compliance.

- To implement a safe system in the management of antimicrobials

- Minimize the risk of infection transmission within services

- Promote the use of infection prevention measures (hand hygiene, PPE, and environmental cleaning).

- Ensure prompt identification and management of infections.

- Educate and train team members on infection prevention and control practices.

- Ensure compliance with infection control standards and guidelines including local Public Health guidance .

Objectives and Measures

Item	Description
Objective	What this policy aims to achieve, is to protect older persons from infections and or adverse outcomes from infections. This includes consumers living in a Whiddon Residential Care Home and clients supported to live in their own home. The aim is to ensure that infectious outbreaks are managed in a timely and therapeutic manner. That all team member team members have the skill and knowledge to prevent and or manage infections and the correct use of antibiotics. Not realistic to expect non- care related team members to have skills and knowledge re the correct use of antibiotics
Performance Measures	• Accurate and timely reporting of all infections and outbreaks • Accurate and robust reporting • The implementation of corrective actions in accordance with this policy and evidence-based practices • Consumers are when possible, engaged in the prevention and management of infections
Risk Assessment	Failure to follow infection control requirements as described in the Whiddon policy and HARP guides and practices will rate as Severity Rating Category 2 – which is a high level of risk requiring corrective action to be implemented

Organisation of the Infection Prevention and Control Programme

Clinical Governance Committee

The role of the Clinical Governance Committee is to ensure that policies exist to prevent the spread of infection, evaluate policies, review and monitor infection surveillance data, support continuous quality improvement activities and evaluate new products used in Infection Prevention and Control.

The Clinical Governance Committee reports to the Executive, CEO, Board and other key stakeholders providing evidence and assurance that clinical governance systems are in place and effective throughout the whole of Whiddon Care Services.

The Clinical Governance Committee has the responsibility to:

- Monitor progress with compliance matters

- To receive progress reports from the Clinical Governance team

- To receive and action industry and legislation updates and amendments

- To undertake an annual self-audit to ensure the committee is meeting the requirements of Whiddon Clinical Governance Framework

- To endorse policies and new projects to align with industry legislation, standards and guidelines

The committee will review service Clinical Indicators collected by and reported by all service managers and determine areas for improvement. For example:

- Infection types, rates, actions and outcomes

- Medication incident types, actions and outcomes

- Antimicrobial usage

- Outbreak management and outcomes

The committee will monitor progress where clinical risks have been identified and review the progress of implemented corrective actions

The committee will embrace The Whiddon Way when making recommendations and decisions.

- Be progressive and innovative; Be brave and open to new ideas Create exceptional impact; Listening, understanding and making a real difference

- Nurturing relationships and communities; Coming together as one big family

Infection Control Clinical Governance

Infection Prevention and Control must be a standing item of meeting agendas in all services. Items that maybe discussed and reviewed at relevant meetings include;

- Results of routine infection surveillance and continuous quality improvement reports

- Blood and body substance exposures

- team members and consumer vaccination programmes

- Education programmes

- Outbreaks and associated infections or communicable diseases analysis

- Purchasing and equipment issues; building and refurbishment plans

- Clinical practice standards

- Guidelines and policies; Whiddon policies, information and advice from the National Health and Medical Research Council, the Communicable Diseases Network of Australia, Australian and State/Territory health departments, national and international professional colleges and other advisory groups about Infection Prevention and Control issues

- Antimicrobial stewardship reports

Co-ordination of Infection Prevention and Control

Co-ordination of the Infection Prevention and Control Programme comprises management, clinical practice, consultancy, research, surveillance and education.

Infection Control Co-ordination is provided by the Infection Prevention and Control (IPC) Leads and or the Residential Services Manager, Care Services Manager, Care Managers, Community Care Coordinators and Community Service Manager appointed at each service.

Infection Prevention and Control Leads[1]

Aged care providers have an obligation to provide safe, effective and quality delivery of personal and clinical care in accordance with the requirements of the *Aged Care Act 1997* and the *Quality of Care Principles 2014*. To ensure that residential aged care providers are better prepared to prevent and respond to infectious diseases, including COVID-19 and influenza, residential aged care providers must appoint at least one nursing team members member as an Infection Prevention and Control (IPC) lead. The IPC lead requirements complement the existing regulatory framework by providing clarity about responsibilities and practices that will promote safe and quality care for the clients. This is an ongoing requirement.

All Australian Government-funded residential aged care services must have an IPC lead, this includes providers of the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program and the Multi-Purpose Services (MPS) Program.

An IPC lead:

o Must be a member of the nursing team members who has completed an identified IPC course

o Must be employed by and report to the provider

o Observes, assesses and reports on IPC of the service

---

[1] [1] Australian Government, Department of Health, Infection prevention and control leads, Accessed on 27.11.24, https://www.health.gov.au/initiatives-and-programs/infection-prevention-and-control-leads

- o Helps develop procedures

- o Provides advice within the service and will be a key infection control contact

- o Must work on site and be dedicated to a facility

- o May have a broader role in the facility and could be an existing member of the nursing team members .

IPC lead training requirements:[2]

1. The IPC Lead must complete:

   - o Specialist IPC training

   - o COVID-19 Aged Care Infection Control Online Training Modules.

2. IPC Leads must keep a copy of their completion certificates as proof.

Specialist IPC courses

3. IPC specialist courses are suitable for the IPC Lead role if they:

   - o Focus on IPC

   - o Are specified at the level of AQF8.

   - o Are delivered by a recognised education or training provider.

   - o Require students to pass assessments to complete the course.

IPC Reporting [3]

Whiddon must report details of IPC Leads for each home through the My Aged Care Service and Support Portal.

Reporting should include the:

   - o Name of the IPC Lead

   - o IPC Lead's position in the residential aged care home

   - o Nursing registration status

---

[2] ibid

[3] ibid

- o   Completion status of COVID-19 online training modules

- o   Details of specialist qualification or training course.

Whiddon must also report any changes, including:

- o   Removal of previous IPC Lead

- o   Addition of newly appointed IPC Lead

- o   Enrolment and completion of IPC training

- o   The name, contact and qualification details of the IPC Lead.

Whiddon must also keep evidence of and report on IPC Lead expenditure, including engagement and training, as part of the Aged Care Financial Report (ACFR).

IPC Whiddon Position Descriptions

IPC lead working arrangements may vary between residential services / community care.

Infection Prevention and Control Lead (Residential Services) Position Description			
Your Role	**Infection Prevention and Control Lead/Coordinator**	**Reports To**	**Residential Services Manager**
Stream	**Residential Services**	**Line Manager**	**Residential Services Manager**
Key Relationships	**Residential Services Manager** **Care Services Managers**	**Team**	**Clinical Team**

Your Purpose
The position of Infection Prevention and Control (IPC) Lead/Coordinator is one of risk management, quality improvement and education.

Your Profile

Essential;

- **Registered Nurse or Enrolled Nurse (Registered with AHPRA).**
- **specialist IPC training**
- **COVID-19 Aged Care Infection Control Online Training Modules.**

Successfully completed all required mandatory training related to infection control and

   o **Outbreak Management, per Whiddon's policy.**

- **Relevant training in infection control or prepared to work towards and obtain same.**
- **Excellent knowledge of infection control.**
- **Advanced written and verbal communication skills.**
- **Intermediate computer skills.**
- **Commitment to improving infection control outcomes for the organisation. Desirable.**

• Certificate IV Training and Assessment (or working towards);	
• Previous experience in this type of role.	

Your Responsibilities	
Clinical	• **Assesses infection control practices, reviews results, and implements necessary improvements to ensure best practice is achieved.**
	• **Co-ordinates team members health/immunisation program and maintains accurate records.**
	• **Promotes and encourages hand hygiene, the correct use of personal protective equipment, correct surface cleaning, and other infection control practices.**
	• **Co-ordinates in practice observation activities.**
	• **Manages outbreaks in conjunction with the Director Care Services.**
	• **Ensures all facility developments and maintenance meets all infection control standards.**
	• **From time to time, reviews products and devices and ensures compliance in accordance with regulatory bodies.**
	• **Co-ordinates occupational exposures.**
	• **Co-ordinates infection control committee meetings and monitors outcomes through action-orientated minutes.**
Administration	• **Collects and reports data as required.**
	• **Conducts compliance audits and provides reports.**
Leadership	• **Coaches the team and facilitates on the job training related to infection control.**
Work Health Safety	**It is a responsibility of all employees to ensure the safety of themselves and others in the workplace by:**

	• Complying with Whiddon's Work Health and Safety Policies and Procedures at all times. • Conducting themselves in line with Work Health and Safety legislative requirements at all times. • Following reasonable directives where safety is concerned. • Identifying and reporting hazards, incidents and safety breaches or concerns.

Your Commitment

By accepting your role at Whiddon, you commit to performing your role to the best of your ability, in line with expectations, and in doing so demonstrating your commitment to The Whiddon Way, MyLife and Relationship Based Care in the workplace by:

- Maintaining and improving our consumers'/clients' wellbeing through the seven wellbeing

outcomes – applying the MyLife Model of Care.

- Applying Whiddon's Relationship Based Care tools and approach every day.
- Ensuring that the clinical, emotional, social and wellbeing needs of our consumers/clients are met.
- Demonstrating our values with consumers, clients, and team members, though.
  - Nurturing relationships and communities: showing kindness, care, respect, and inclusiveness in all interactions with consumers, clients, and team members. Being inclusive means nurturing relationships, treating everyone as an individual, and accepting everyone as they are.
  - Being progressive and innovative: being brave and open to new ideas.

Creating exceptional impact: listening, understanding, and making a difference.

Infection Prevention and Control Coordinator (Community)			
Your Role	Infection Prevention and Control Coordinator (Community)	**Reports To**	Regional Manager Community
Stream	Community Care	**Line Manager**	Regional Manager Community
Key Relationships	Regional Manager Community, Home Care Employees.	**Team**	Community Care

Your Purpose

The position of Infection Prevention and Control (IPC) Coordinator (Community) is one of risk management, quality improvement and education.

Your Profile

Essential.

Holds a current position of Community Care Coordinator

Successfully completed all required mandatory training related to infection control and

Outbreak Management, per Whiddon's policy.

Relevant training in infection control or prepared to work towards and obtain same.

Excellent knowledge of infection control.

Advanced written and verbal communication skills.

Intermediate computer skills.

Commitment to improving infection control outcomes for the organisation. Desirable.

Certificate IV Training and Assessment (or working towards).

Previous experience in this type of role.

Enrolled Nurse (Registered with AHPRA).

Your Responsibilities

Clinical	Assesses infection control practices, reviews results and implements necessary improvements to ensure best practice is achieved.

Co-ordinates team members health/immunisation program and maintains accurate records.

Promotes and encourages hand hygiene, the correct use of personal protective equipment, correct surface cleaning, and other infection control practices.

Co-ordinates in practice observation activities.

Manages outbreaks in conjunction with the Regional Managers.

From time to time, reviews products and devices and ensures compliance in accordance with regulatory bodies.

Co-ordinates occupational exposures; |

Your Responsibilities

	Co-ordinates infection control committee meetings and monitors outcomes through action-orientated minutes.
Administration	Collects and reports data as required.

Conducts compliance audits and provides reports. |
| **Leadership** | Coaches the team and facilitates on the job training related to infection control. |
| **Work Health and Safety** | It is a responsibility of all employees to ensure the safety of themselves and others in the workplace by:

Complying with Whiddon's Work Health and Safety Policies and Procedures at all times.

Conducting themselves in line with Work Health and Safety legislative requirements at all times.

Following reasonable directives where safety is concerned.

Identifying and reporting hazards, incidents and safety breaches or concerns. |

Your Commitment

| | By accepting your role at Whiddon, you commit to performing your role to the best of your ability, in line with expectations, and in doing so demonstrating your commitment to The Whiddon Way, MyLife and Relationship Based Care in the workplace by:

Maintaining and improving our consumers'/clients' wellbeing through the seven wellbeing

outcomes – applying the MyLife Model of Care.

Applying Whiddon's Relationship Based Care tools and approach every day.

Ensuring that the clinical, emotional, social and wellbeing needs of our consumers/clients are met.

Demonstrating our values with consumers, clients, and team members, through -

Nurturing relationships and communities: showing kindness, care, respect, and inclusiveness in all interactions with consumers, clients, and team members. Being inclusive means nurturing relationships, treating everyone as an individual, and accepting everyone as they are.

Being progressive and innovative: being brave and open to new ideas.

Creating exceptional impact: listening, understanding, and making a difference. |

Learning and Development

All team members are required to be compliant with their annual mandatory infection control online education via MyLearning and hand hygiene skill assessment as per the annual mandatory education matrix. Requirements vary across job roles and managers are responsible for monitoring compliance of their teams.

Partnering and Consumers

Studies have demonstrated significant benefits from partnerships between consumers, clients, families, carers and consumers in clinical quality and outcomes, the experience of care, and the business and operations of delivering care. The clinical benefits that have been identified as being associated with better consumer experience and consumer centred care include:

- Decreased mortality

- Decrease in hospital readmission rates.

- decrease in rates of healthcare acquired infections

- Improved adherence to treatment regimens

- Improved functional status

Operational benefits that have been identified include lower costs per case, improved liability claims experiences, and increased workforce satisfaction and retention rates.

Families, care givers and consumers will be consulted where necessary regarding Infection Prevention and Control issues.

How to Find the Infection Control Resources and Flip Charts

- **HARP Portal**

My Staff Room - Infection Control Portal

Please use the following credentials to access the HARP Infection Control system:

- **Username : whiddon**

- **Password : ipc_Manuals75**

If you have any difficulties, please consult the Quality Care & Compliance team.

Infection Control Landing Page

Figure 1 HARP Landing page

Figure 2 HARP Infection Control Resources

Whiddon's Response to COVID-19

Whiddon recognises the seriousness of the COVID 19 pandemic and have implemented a risk management approach. Whiddon's COVID 19 Guide has been developed to provide guidance in the prevention of COVID 19, the management of suspected and actual cases of COVID 19, resource allocation, workforce strategies, communication protocols, education requirements, and the governance and reporting structures. Please refer to MyStaffroom [COVID-19 ARI Response Plan](#) for detailed guidance

Policy Statement COVID-19

All Whiddon team members will have an increased awareness of Whiddon's approach in the prevention and the control of an outbreak of COVID 19. All team members will understand their roles and responsibilities and apply the strategies and directives that Whiddon and regulatory authorities have mandated in the interest of consumer, team members and public health.

All Whiddon Managers will undertake all necessary precautions and implement actions to provide a safe and secure environment for all consumers and team members.

Purpose

Risk management plays an important role in informing the prevention and control program. COVID 19 is transmitted from person to person, and it can have serious adverse outcomes for persons with high risk factors such as the chronically unwell, the frail elderly, people who are immune suppressed and those with comorbidities.

Whiddon has taken the approach to continually identify and analyse risks associated with COVID 19, ensuring that prevention and control strategies are in alignment with Communicable Diseases Network Australia (CDNA) and all other statutory regulators.

Adopting a risk management approach at all levels of service is essential. This task requires the full support of the Board, Executive and the senior management team, as well as the cooperation between external and internal healthcare providers, consumers and their visitors, contractors, volunteers and significantly all Whiddon team members.

Objectives

- To provide resource information and advice to managers and their teams on all aspects of COVID 19 Infection Prevention and Control.

- To provide all stakeholders with contemporary communication and direction

- To provide training and education access and resources

- To ensure all Whiddon services are prepared and have undertaken self-assessments to ensure that Whiddon has a process to for the procurement of essential consumables (hand gels, masks, gloves, aprons, contamination bags, soap) as required

- To ensure that workforce management strategies are in place and clearly communicated

- To ensure that appropriate COVID 19 screening processes are in place for consumers, clients, team members, family members and essential external services.

- To ensure that there is a business continuity plan in place in the event of the following scenarios:

  o Team members shortages

  o The management of hostile persons

  o Inability to access essential services

  o inability to access essential PPE consumables

  o The management of deaths

- To ensure that there is clear direction in the management of external visitors and non-essential services, management of communications and statutory reporting.

- To ensure that all consumers and clients have their care needs met and that those most at risk are monitored and isolated if clinically indicated.

- To ensure in the event of an outbreak team members know what is required and how to respond.

- To ensure all residential and community services will have the evidence required by the Aged Care Quality and Safety Commission that demonstrates both preparedness and compliance with requirements as per Standard 3 and 8 of the Aged Care Standards and directives that have been imposed by the Commission.
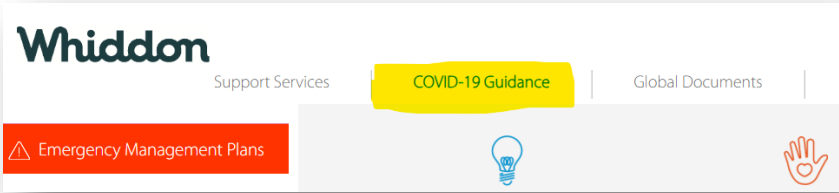
Preparedness Check List (COVID-19)

All Service Managers and Community Care Coordinators are to undertake a Preparedness exercise. The checklist that has been developed is evidenced-based and reflects best practice. It reflects the latest advice from Federal and State Health Departments, the World Health Organisation and the Communicable Diseases Network Australia. Every Residential and Community service must complete the relevant check list and where there are breaches identified, immediate corrective actions are to be implemented.

Please read and confirm that you have all of these strategies in place	Sign Off
Planning and Actions	
All team members understand the basic principles of infection prevention and control. e.g. records of completion of the My Learning Module on Infection Control	
The facility has infection and prevention policies in place e.g. team members access to HARP Infection Control –Manual and resources	
You have a plan to manage people in isolation	
You have a plan to manage an outbreak	

Please read and confirm that you have all of these strategies in place	Sign Off
Everyone understands their roles and responsibilities	
You have checked with your external providers if they can support you if there is an outbreak of COVID 19	
Education for both Consumers and Team members	
You have conducted one Infection Control Session for team members on all shifts – prevention and transmission	
You have conducted two or more Infection Control Sessions for consumers and visitors' prevention and transmission	
Education and competency assessments are completed with regards to hand hygiene and donning and doffing personal protective equipment. (Records of education and hand hygiene competencies)	
You have training records to demonstrate all team members have had education	
Monitoring	
Compliance monitoring for hand hygiene is increased and frequently undertaken. (If you have ultra violet testing please consider using it) – How do you monitor compliance with hand hygiene?	
Adequate hand hygiene facilities are available this includes gels and hand washing facilities.	
Team members understand the principles of outbreak management. (They have attended a training session/minutes of meetings?) Practices are being observed	
The facility has a designated person for infection control coordination and outbreak management	
An outbreak management kit is available- protective equipment including gloves, gowns, face masks and goggles are available should an outbreak occur. (these are checked regularly)	
Adequate hand hygiene facilities are available this includes gels and hand washing facilities.	

Please read and confirm that you have all of these strategies in place	Sign Off
Resources	
The coronavirus- guidelines and recommendations provided by Australian Health and State health legislation are reviewed regularly (frequency may need to need to be daily/second daily due to changing environment). Refer to coronavirus page on HARP website for links and Whiddon Intranet 	
You have access to the Infection Control Manual	
You have access to the Whiddon Approach to Covid-19 guide	
You have a register to record suspect cases and actual cases	
Workforce	
You have a process for team members returning from leave	
You have a process for team members who are unwell	
You have a workforce plan in place if 30% team members are not able to work	
You have a process for team members returning from leave	
You have a reserve workforce if required or access to a workforce via an agency	
You have a workforce plan to enforce the vaccination program, this includes letters, register, refusal letters from employees	
Communications	
You have weekly team meetings to keep all team members	

Please read and confirm that you have all of these strategies in place	Sign Off
informed (there are minutes)	
Whiddon communications are on display and consumers and team members are aware of the latest information	
Your relevant team members know how to question visitors and explain visitation requirements	
You have Implemented signage at the entrance to the facility regarding response to flu-like symptoms	
You have information on the COVID 19 readily available at the entrances of the home	
Hand hygiene is reinforced on entering the facility- posters /admin monitor and request that hands are washed or sanitized	
Precise communication processes identified and available to ensure timely communication to team members , consumers, volunteers, contractors etc. as per Whiddon communications and letters	
Communication on lockdown procedures is understood, as a lockdown would be the expected outcome in the event of an identified case based on current understanding.	
Local Public Health unit is identified, and contact details are available	
A 24-hour National Coronavirus Health Information Line available on 1800 020 080.	
For more information, visit https://infectioncontrol.care/coronavirus/	

Outbreak Management (COVID-19)

Whiddon has developed Outbreak Management Step by Step checklist, (below)   This is a refresher for all teams to ensure that they have implemented strategies to manage a COVID-19 outbreak.

See MyStaffroom [COVID-19 ARI Response Plan](#)   for detailed guidance

1.   Isolate care recipients who show any flu like symptoms, if not already isolated

❏ In individual rooms, multi-bed rooms†, unit or wing

❏ Dedicated staffing where possible/practical

❏ Dedicated equipment, clinical waste bins, laundry bags etc.

❏ Appropriate signage

❏ Transfer to hospital if condition warrants

† If an appropriate single room is not available, room sharing by care recipients with the same infection is acceptable.

2. Restrict Contact

❏ Infected team members excluded from work for the period during which they are infectious, as determined by a medical practitioner and clearance to be obtained prior to recommencing work.

❏ Team members movement into restricted area/s limited

❏ Visitors kept to minimum, short duration, warned of risk factors (preferably nominated representative of the consumer only) Please note the current directive re visitors

❏ Exclude social contacts/group activities for non-infected care recipients to eliminate exposure

❏ New/re-admissions MUST undertake consumer screening prior to entry to the home

3. Increase personal protective measures.

❏ Maintain existing hand hygiene before and after contact with each care recipient

❏ Observe and ensure correct hand hygiene and transmission-based precautions are being followed.

❏ Wear single use gloves contact with respiratory secretions or potentially contaminated surfaces is likely

❏ Change gloves and wash hands after contact with each care recipient

❏ Use single use PPE, observe and ensure team members are donning and doffing PPE correctly.

❏ Use masks appropriate for respiratory infection on entering room or working in an area with COVID-19 positive consumers . Remove mask when leaving each room and dispose of correctly

❏ Wear gowns if soiling of clothes with respiratory secretions is likely. Do not reuse gowns

❏ Ensure all used PPE, rubbish, laundry is disposed of in correctly marked bins etc.

4. Environment

❏ Implement outbreak cleaning measures, especially of frequently touched surfaces, with "two steps" cleaning

❏ Appropriate rubbish units for all clinical waste provided.

❏ Appropriate cleaning processes for reusable items

5. Medical Management

❏ Antiviral medication as prescribed by GP/s

❏ Immunisation for those without current vaccination

❏ Transfer to hospital if condition warrants (Complete the hospital transfer form)

6. Seek specialist advice.

Isolation room checklist:

❏ Hand-wash basin in room (hands-free operation if possible) *

❏ Single use toweling

❏ Ensuite bathroom (shower, toilet, hand-wash basin) *

❏ Door on room with door self-closer (if possible)

❏ Minimum 1-metre separation between beds in multi-bed rooms†

❏ Suitable container/s for safe disposal of tissues, gloves, masks, single use toweling etc.

❏ Room restriction signs

❏ Independent air conditioner/filter system if available

❑ Document all actions taken , complete line listing , notification to the Public Health Unit ,inform direct line managers ,complete eQstats risk management forms, inform families and general practitioners

* If hand washing facilities are not readily available, provide alcohol-based hand wash.

† If an appropriate single room is not available, room sharing by care recipients with the same infection is

End of content

Whiddon