**Infection Prevention and**

**Antimicrobial Stewardship**

***Te Kaupare Pokenga Me Te Kaitiakitanga Patu Huakita***

**This document will be reviewed during an infection outbreak/epidemic or pandemic**

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# Introduction

|  |  |  |  |
| --- | --- | --- | --- |
| **Purpose** | The aim of this document is to provide information and processes consistent with current accepted good practices in the prevention and control of infections and in the use of antimicrobial treatment. | | |
| **Scope** | * Employees, contractors, people engaged with the service and visitors. * All work environments. | | |
| **Policy** | Our infection prevention and antimicrobial stewardship processes define a clear vision and purpose. We put quality of care, welfare, and safety at the centre of the processes. They are up to date and informed by evidence. They seek to maximise quality of care, minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance. | | |
| **References** | | | |
| **Legislation** | [Epidemic Preparedness Act 2006](http://www.legislation.govt.nz/act/public/2006/0085/latest/DLM404459.html)  [Food Act 2014](http://www.legislation.govt.nz/act/public/2014/0032/latest/DLM2995811.html)  [Health Act 1956](http://www.legislation.govt.nz/act/public/1956/0065/latest/DLM305840.html)  [Health Amendment Act 2006](http://www.legislation.govt.nz/act/public/2006/0086/latest/DLM404612.html)  [Health and Disability (Safety) Act 2001](http://www.legislation.govt.nz/act/public/2001/0093/latest/DLM119975.html)  [Health and Safety at Work Act 2015](http://www.legislation.govt.nz/act/public/2015/0070/latest/DLM5976660.html) | | |
| **Standards**  **Guidelines** | NZS 8134.5:2021 Health and Disability Services (Infection Prevention and Control) Standards.  [Infection prevention and control standards. For general practices and other office-based and community-based practices. The Royal Australian College of General Practitioners, 2014.](https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20standards/Infection-prevention-and-control.pdf)  [Infection Prevention and Control Training](https://learnonline.health.nz/course/view.php?id=393)  [Resources on infection control and prevention. MOH NZ.](https://www.health.govt.nz/about-ministry/leadership-ministry/expert-groups/healthcare-associated-infections-governance-group/resources-infection-control-and-prevention)  [Safe antimicrobial use – Health Quality and Safety Commission](https://www.hqsc.govt.nz/our-programmes/infection-prevention-and-control/news-and-events/news/4163/)  [WHO antimicrobial resistance](https://www.who.int/health-topics/antimicrobial-resistance)  [WHO Infection prevention and control](https://www.who.int/infection-prevention/en/) | | |
| **Organisational Documents** | Information packs for people using our service and for staff  Workforce Development and Training  Health emergency plan  Pandemic plan  Adverse Events/Incidents  Health and Safety | | |
| **Other Information** | [Auckland Regional Public Health Services](https://www.arphs.health.nz/public-health-topics/disease-and-illness/)  [Communicable disease control manual 2012](http://www.health.govt.nz/publication/communicable-disease-control-manual-2012)  [HealthEd NZ](https://www.healthed.govt.nz/search?query=infection%20&type=resource&topic=All&language=All&format=All&online_only=All&mode=picture-view)  [New Zealand Influenza Pandemic Action Plan](http://www.health.govt.nz/publication/new-zealand-influenza-pandemic-plan-framework-action)  [Schedule for notifiable diseases](http://www.health.govt.nz/our-work/diseases-and-conditions/notifiable-diseases) | | |
| **Consultation** | **Consultation on this document included:** | | |
| **Name** | **Organisation** | **Date** |
|  | Enter your primary health provider |  |
|  | Enter your DHB infection control specialist |  |
|  | Enter the details of the infection specialist you contracted |  |

# Overview responsibilities & reporting structure

* Implement the processes noted in this document.
* Implement the yearly infection control and prevention plan.
* Report infections and infection prevention and control issues by following the organisation’s adverse event/incident and hazard management policies/procedures.

**People delivering services and people engaging with our services**

**Infection prevention coordinator**

* Overall responsibility for monitoring the implementation of this document and the yearly infection prevention and control plan.
* Fulfil the role as identified in the role description.

**Quality forum**

* Contribute to and monitor service improvements/corrective actions in response to infection control and antimicrobial use related shortfalls.
* Support the infection prevention coordinators activities.
* Meet routinely Choose an item.
* Provide a quarterly report on the effectiveness of service improvements/corrective actions to the Choose an item.

Choose an item.

* Oversee the infection prevention coordinator role.
* Establish a contingency for situations when the infection prevention coordinator is not at work.
* Take responsibility that the quality forum responds effectively to infection management issues.
* Incorporate identified infection management issues in the organisational risk management plan.
* Facilitate accesses to resources required for an effective infection control programme.
* Include infection control information in a 6 monthly report to the Board.
* Ensure infection control related issues are managed and reported according to the adverse event/incident and hazard management policies/procedures.
* Have pandemic/endemic plans in place.

Board of Choose an item.

* Approve a yearly budget for infection management activities and resources.
* Fulfil their role as identified in the [governance section](#_Mana_whakahaere_-) of this document

# Mana whakahaere - Governance

**Our governance:**

**Board Members &**

Choose an item.

Strategies to minimise infections in people engaged with our services and staff are identified in the organisation’s Choose an item. The plan is signed off by the Board.

**Premises**

Our governance body will consult with an infection control specialist before the following is implemented:

**Practices**

**Equipment**

**Products**

Additional service provision that requires specialist infection prevention or control measures.

For example:

* catheter care
* ostomy care
* specific infection care

 For example:

* incontinent products
* cleaning products
* laundry products
* face masks

 For example:

* washing machine
* dish washer
* cleaning equipment

Before:

* moving to different premises
* building new premises
* making alterations to existing premises

Our governance body will engage with mana whenua to develop tikanga guidelines to ensure tapu and noa protocols are clearly identified and how those protocols contribute to the prevention of infections.

At each governance meeting a report on adverse events/incidents will be tabled. This includes reportable infections, infection outbreaks and infections that have severe health effects and the use and outcome of antimicrobial use.

Our governance body will ensure that significant infection events will be investigated using root cause analysis. Any costs related to investigating and resolving any shortfalls will be approved.

Once a year our board will review and approve the infection prevention and antimicrobial stewardship plan.

# The infection prevention programme and implementation

**Te hōtaka kaupare pokenga me te whakatinanatanga**

### Infection prevention coordinator

Our organisation appoints a staff member who has a dedicated role as the infection prevention coordinator.

Infection prevention coordinator

* have a role description
* have a current [infection prevention and control certificate](https://learnonline.health.nz/totara/catalog/index.php)
* have yearly updates in infection prevention and control
* be familiar with [current knowledge](https://www.health.govt.nz/our-work/diseases-and-conditions/antimicrobial-resistance/resources-antibiotic-awareness) about antimicrobial use
* establish and maintain liaison with infection prevention and control specialist (example: DHB, primary care, independent practitioner)
* ensure staff complete yearly training in infection prevention and control
* monitor infection prevention and control processes are included in staff on-boarding processes
* arrange training for self and staff on tikanga guidelines in relation to preventing and managing infections
* provide leadership in endemic/pandemic processes
* ensure that testing of equipment occurs
* coordinate and oversee the organisations infection prevention and control programme
* review the programme yearly and present it to the governance group for approval
* provide a yearly report on infection prevention and control and antimicrobial use activities and outcomes to the governance group:
  + infection surveillance data
  + antimicrobial use and effectiveness
  + status of resources
  + internal audit outcomes
  + trends
  + effectiveness of service improvement/corrective actions implemented
* coordinate and lead investigations on infection related adverse events/incidents/hazards
* monitor infection surveillance activities
* presents infection data at the quality forum

### Training requirements

|  |  |  |
| --- | --- | --- |
| **Role** | **Training** | **Frequency** |
| Service user | Standard precautions, transmission precautions, cleaning, food hygiene, laundry management, reporting infectious conditions and tikanga guidelines. | At:   * service entry * in response to a specific   situation   * yearly |
| Infection management coordinator | Completes the Infection prevention and control certificate.  Accesses relevant WHO information and evidence based practice training.  Complete tikanga guidelines training. | At:   * commencement of the role * yearly * when practices change * updates during epidemic/pandemic |
| Service delivery staff | Either completethe [infection prevention and control certificate](https://learnonline.health.nz/totara/catalog/index.php) (team leaders, health professionals) or  at a minimum: standard precautions, transmission precautions, infection surveillance, tikanga guidelines, cleaning, food and laundry hygiene.  Familiarity with the Infection Prevention and Control Manual. | At:   * induction/orientation * yearly * in response to a specific situation * when practices change * updates of the manual * updates during epidemic/pandemic |
| Administration staff | Standard precautions.  Cleaning the office space.  Tikanga guidelines. | At:   * induction/orientation * in response to a specific situation * when practices change * updates of the manual * updates during epidemic/pandemic |

# Infection prevention and control

## Overview

**Standard precautions**

Are the minimum infection prevention and control practices that must be used at all times for all processes at work and all situations. They include:

|  |  |  |
| --- | --- | --- |
| [**Hand hygiene**](http://www.handhygiene.org.nz/) | [**Personal protective equipment**](https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-advice-essential-workers-including-personal-protective-equipment/personal-protective-equipment-use-health-care) | [**Management of spillage**](https://www.youtube.com/watch?v=zec7CvWB7Us) |
| **Respiratory hygiene** | **Distancing** | **Management of specimen** |
| **Sharps management** | **Single use items** | [**Needle stick Injury**](https://www.healthnavigator.org.nz/health-a-z/n/needlestick-injuries/?tab=10403) |
| **Personal hygiene** | | |

**Transmission based precautions**

Are the second tier of basic infection control. They are used in addition to standard precautions when people may be infected or colonized with certain infection agents that need additional precautions to prevent infection transmission. They include:

|  |  |  |
| --- | --- | --- |
| contact precautions | droplet precautions | airborne precautions |

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# Spread of infectious diseases

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| --- | --- |
| **Infectious diseases have different ways of spreading from person to person. They can be spread in a variety of ways (more details are available from this** [**website**](https://www.healthed.govt.nz/resource/infectious-diseases)**):** | |
| **Airborne spread** | |
| **Droplets** | Droplets containing small particles of a disease, such as measles, chickenpox and influenza (the flu), can be present in the air when an infected person coughs, talks, sings or sneezes. Breathing in these infectious particles is how you get sick.  Examples of diseases spread by droplet:   * common cold * influenza (the flu) * COVID-19. |
| **Aerosol particles** | Other infections are spread when an infected person talks, breathes, coughs or sneezes tiny particles that contain germs into the air. These are called small particle aerosols. Since these aerosol particles are tiny, they can stay suspended in the air for hours and be breathed in by other people. Examples of aerosol spread:   * chickenpox * measles * TB. |
| Some germs can be spread by both droplets and aerosols eg, the flu. |
| **Contact spread** | |
| 1. **Through faecal-oral spread** | |
| Some infections are spread when tiny amounts of faeces (poo) from an infected person are taken in by another person by their mouth. The germs may be passed directly from infected hands to the mouth or indirectly through objects, surfaces, food or water contaminated with poo. Examples of diseases spread this way:   * campylobacter * giardia * hepatitis A. | |
| Through blood or other body fluids | |
| Some infections are spread when body fluids such as blood, saliva, urine (wees), faeces (poos) or semen come into direct contact with an uninfected person through kissing, sexual contact or through a needlestick injury. Examples of diseases spread through body fluids:   * hepatitis B * hepatitis C * HIV. | |
| 1. **Through contact with skin or mucous membrane** | |
| Some infections are spread directly when skin or mucous membrane (the thin lining of parts of the body such as nose, mouth, genitals) comes into contact with the skin or mucous membrane of an infected person. Infections may be spread indirectly when the skin comes in contact with a contaminated object. Examples of diseases spread this way:   * head lice * conjunctivitis * ringworm. | |

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| Through sexual contact |
| Sexually transmitted infections (STIs) are most commonly transmitted by sexual contact. This means through vaginal, anal or oral sex.  Examples of sexually transmitted infections are:   * chlamydia * gonorrhoea * syphilis. |
| **Environmental spread**  Some diseases are not passed on from person to person, but through contact with other environmental sources such as food, water, animals or soil. |
| 1. **Through contact with contaminated food or water** |
| Some diseases can also be spread through contaminated food or water. Find out more about common foodborne illnesses on the Ministry for Primary Industries website.  Read more information about these food-related diseases:   * [Escherichia coli (E.coli)](https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/food-and-water-borne-diseases/escherichia-coli-ecoli) * [Campylobacter - HealthEd website](https://www.healthed.govt.nz/resource/campylobacter-ecoli-and-salmonella) * [Cryptosporidium - HealthEd website](https://www.healthed.govt.nz/resource/cryptosporidium-and-giardia) * [Giardia](https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/food-and-water-borne-diseases/giardia)   More information and factsheets on common viruses and infections, their symptoms and prevention, in the A to Z of [Diseases and illnesses](https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses). |
| 1. **Through contaminated environment** |
| Some infectious diseases are not spread by contact with an infected person but by contact with an environmental source such as animals, insects or soil. Examples of diseases spread this way are:   * hydatids (animals) * dengue (insect) * tetanus (soil) * legionellosis (compost/soil). |

# Preventing infections

|  |  |
| --- | --- |
| **Definitions** | [Chain of infection](http://www.rph.org.nz/public-health-topics/early-childhood-centres/keeping-your-centre-healthy/how-do-infections-spread/) |
| **Immunisation** | * We encourage and facilitate that staff and people engaged with our services have a yearly flu and other MOH recommended vaccinations. * Entry assessments for people seeking to be engaged with our service include information on their immunisation status: <https://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/new-zealand-immunisation-schedule> * Staff immunisation status information will be part of the employment processes. |
| **Response to sick staff/people engaged/**  **visitors** | We will:   * Send staff home if they are sick with an infectious condition that can easily be transmitted. * Not admit people to our services that include accommodation who have been exposed to a notifiable disease during the incubation period of that disease, unless we have isolation/quarantine accommodation and additional funding for staff. * Not allow visitors that show symptoms or have an infection such as influenza or measles. * Ensure that people engaged with our service who are sick receive medical practitioner services. * Implement standard and transmission based precautions if staff are in contact with infectious people who are engaged with our service during home visits. * Follow instructions provided by the Ministry of Health or the Public Health service during an endemic/pandemic. |
| **Notifiable Diseases** | The medical practitioner or emergency clinic providing services to the people engaged with our service notify the Ministry of Health/Medical Officer of Health of any notifiable disease identified.  For detailed information: [**http://www.moh.govt.nz/moh.nsf/wpg\_index/About-notifiable+diseases**](http://www.moh.govt.nz/moh.nsf/wpg_index/About-notifiable+diseases)  The service will follow the medical practitioners/Medical Officer of Health instructions specifically isolation and other [precautions](https://www.healthed.govt.nz/resource-table/table-infectious-diseases-poster). |
| **Access to diagnostic results of people engaged** | The service will communicate with the person’s medical practitioner that the service needs to be informed immediately of any infectious condition which would compromise other people engaged with our service and staff health. A copy of diagnostic test results will be requested and will be filed in the person engaged with our services records. |
| **Caution** | Some medication levels change if the person taking it has an infection. This specifically applies to Clozapine. Ensure [immediate medical attention for any infection people on this medication have.](http://www.medsafe.govt.nz/profs/PUarticles/ClozInfection.htm) |

# Standard precautions

|  |  |
| --- | --- |
| **Purpose** | Standard precautions are in place to prevent the spread of infections to staff, people engaged with our service, visitors and the wider community. |
| **Definition** | Placing a physical, mechanical or chemical barrier between microorganisms and an individual. |
| **Introduction** | The implementation is meant to reduce the risk of transmitting microorganisms from known or unknown sources of infection (e.g. staff, people engaged with the service, contractors, contaminated objects, surfaces, used needles and syringes, etc.). **Consider every person as potentially infectious and susceptible to infections.** |

## Hand Hygiene

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Purpose** | Hand hygiene is THE SINGLE most important measure in reducing the spread of infection. | | | |
| **Scope** | People engaged with the service, people working and visiting. | | | |
| **Soap and water**  [**Videos**](https://www.healthnavigator.org.nz/videos/h/hand-hygiene/hand-washing-why-its-important/) | 1. Wet your hands under clean running water. Use warm water if available. 2. Put soap on your hands and wash for 20 seconds. Liquid soap is best. 3. Rub hands together until the soap makes bubbles. 4. Rub on both sides of both hands ... 5. and in between fingers and thumbs ... 6. and round and round both hands. 7. Rinse all the soap off under clean running water. Use warm water if available. 8. Dry your hands all over for 20 seconds. Using a paper towel is best (or, if at home, a clean dry towel). | | | |
| **Hand sanitizer**  [**Video**](https://youtu.be/ZnSjFr6J9HI) | 1. Do not use if your hands are dirty. 2. Use alcohol based sanitizer that contains at least 60% alcohol. 3. Apply one squirt of hand rub in a cupped hand. 4. Rub hands palm to palm, up to and including your wrists. 5. Rub your right palm over the back of your left hand with linked fingers and vice versa. 6. Rub palm to palm with fingers linked. 7. Rub the backs of your fingers to opposing palms with fingers interlocked. 8. Rub around your left thumb held in your right palm and vice versa. 9. Rub around firmly the closed fingers of your right hand in your left palm and vice versa. 10. Once dry, your hands are safe. | | | |
| **We display hand hygiene posters throughout shared accommodation and offices:** | | | | |
| Kitchen | | Laundry | Wash basins | Toilet |
| **During an epidemic or pandemic additional poster locations include:** | | | | |
| Premises entrance | | Premises exit | Offices | Isolation room/area |

|  |  |  |  |
| --- | --- | --- | --- |
| **Wash hands before:** | | | |
| **Eating** | | **Drinking** | **Handling food** |
| https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcReZOoZWkzDdrEMwBrP3lSvWpDeUb9t6O33kcZXxYAeVEldGlQ4 | | https://encrypted-tbn2.gstatic.com/images?q=tbn:ANd9GcQn0ooZF1wsDJLbJJQAzRQ6fccWGKO1M-yis29XDqmIOXdkTPvb | This includes before getting into the cookie jar!!!!!!  https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcTbf9RUcm4NDxP6-vgAZ1GaVB3Obu-w2KWv-PP1JkdphvBHcHdW3tZK4Q |
| **Wash hands before and after:** | | | |
| **Applying treatment** | | **Changing working areas** | **Giving or administering medication** |
| https://encrypted-tbn2.gstatic.com/images?q=tbn:ANd9GcRJ0maTGGu_1yMoez8U4H-R2Jndfzvjx9DAynm5hBvkBLlKrCi5Kg | | https://encrypted-tbn2.gstatic.com/images?q=tbn:ANd9GcSoefNfnlvrWEzeQi8dVlyDb_Djt8VN6OJ8QrSuqYnKMqxdcdnu3ZAx6A | https://encrypted-tbn3.gstatic.com/images?q=tbn:ANd9GcTFwunjCU50011WB2eBIalcvxkx3NMQupCGd_rYXKt84wdsLREJ6A |
| **Using the toilet** | | **Using personal protective equipment** | **Smoking/vaping** |
| https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcTeiTCmP7EMtzNRdn8h1sF0WxKiTmqAxllpkhok5TKEArNfKPazhViVBD8 | | Ppe Clipart Free | Free Images at Clker.com - vector clip art ... | Library of vape picture free png files ▻▻▻ Clipart Art 2019 |
| **Cleaning your teeth** | | **Supporting someone who is sick** | **Handling raw meat and poultry** |
| Free Clipart Toothbrush Dentist | Free Images at Clker.com ... | | Royalty Free Clipart Image of a Sick Child in Bed #416978 ... | Free Clipart: Meat | rg1024 |
| **Wash hands after** | | | |
| **Sneezing/coughing/ blowing your nose** | | **Handling laundry** | **Gardening** |
| Free Clipart: Smiley Face with a Cold, Sneezing into Handkerchief ... | | Free Clipart Laundry Detergent | Free Images at Clker.com - vector ... | Scarecrow Clip Art For Kids Free Clipart Images - Kids Gardening ... |
| **Cleaning** | | **Handling waste** | **Handling specimen** |
| Free clip art "Cleaning tools" by liftarn | | Garbage Clipart Free | Free download on ClipArtMag | https://encrypted-tbn2.gstatic.com/images?q=tbn:ANd9GcQ-uIZzXTiQeqS1gno20Ouy4A_NNGtV7LUIby1PA58666QvcobOOqMwiA |
| **Touching an animal** | | **Handling pet food or treats** |  |
| Free Dog Eating Cliparts, Download Free Clip Art, Free Clip Art on ... | | |  |
| **Additionally during an infection outbreak** | | | |
| **Before** | Touching your eyes, nose, or mouth | | |
| **After** | You have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, credit/eftpost machines, handles in buses or trains. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Take extra precautions!** | | | |
| If you have broken skin, cuts or abrasions:  cover with waterproof dressing | When cooking, cleaning and managing spills and waste. | Do not use nail brushes for routine hand washing. | Take rings, watch and bracelets off. |

## Personal Protective Equipment

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Purpose** | Personal protective equipment (PPE) is used to prevent skin and mucus membrane exposure when in contact with blood or body fluid and to prevent soiling of clothing during activities that may involve contact with blood or body fluids. | | | | | | |
| PPE use might be necessary if caring for or cleaning a room of a person who has a disease that is highly infectious with severe health consequences. | | | | | | |
| **Scope** | Person involved in activities that expose them to blood or body fluids. | | | | | | |
| PPE rules: | | | | | | | |
| You need to learn how to [put on and take off PPE](https://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/training-resources/personal-protective-equipment-(ppe).aspx). | | | | | | | |
| Perform hand hygiene immediately before and after applying PPE. | | | | | | | |
| Change PPE for each activity and each contact with the person engaged with the service. | | | | | | | |
| Do not re-use single use PPE (mask, gloves, apron). | | | | | | | |
| Disinfect eye protection after use if it is re-usable. Adhere to the instructions, | | | | | | | |
| Remove and discard PPE safely before leaving the working area. | | | | | | | |
| **Always wear protective clothing – plastic apron, gloves, mask, and eye protection:** | | | | | | | |
| When dealing with body fluid:  (Examples: spit, vomit, urine, blood, excrement) | | | | Additionally during highly contagious and life threatening infections including epidemics/pandemics:  When providing cares for people engaged with the service. | | | |
| **Always wear gloves:** | | | | | | | |
| When dealing with a wound or other non-intact skin | | When touching contaminated material and items. | | | When there is potential for contact with blood, body fluids, mucous membranes. | | When handling chemicals. |
| **Wear gown/apron:** | | | | | | | |
| When washing bedding and towels. | | When supporting people with highly infectious disease. | | | | |  |
| **Wear eye/face protection:** | | | | | | | |
| When there is contact with highly contaminated people. | | | When there is splashing with potent chemicals. | | |  | |
| **During an infection outbreak, epidemic or pandemic:** | | | | | | | |
| Follow instructions from Public Health, Ministry of Health and any other government organisation.  Display PPE posters for specific precautions: [Contact precautions](https://www.cdc.gov/infectioncontrol/pdf/contact-precautions-sign-P.pdf) – [Droplet precautions](https://www.cdc.gov/infectioncontrol/pdf/droplet-precautions-sign-P.pdf) – [Airborne precautions](https://www.cdc.gov/infectioncontrol/pdf/airborne-precautions-sign-P.pdf) | | | | | | | |

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| **Ensure that you use the ‘Spill Kit’ to clean up**  **any blood and body fluids!** |

## [Management of Spillage](https://www.youtube.com/watch?v=zec7CvWB7Us)

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| **Purpose** | To ensure that [spillage is removed safely](https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/manage-blood-body-fluid-spills). |
| **Scope** | Any person cleaning spillages at premises and vehicles. |
| **Body fluids** | Blood, vomit, spit, urine, excrement. |
| **Content of the spill kit** | |
| 1. All body fluid spillages at premises or in company cars will be cleaned immediately. 2. Use the spill kit. 3. The spill kit consists of:    1. bucket with a lid    2. goggles    3. tissues    4. waste bag    5. plastic single use apron    6. single use gloves    7. small shovel and broom    8. absorbent granules or detergent and water    9. disinfectant | |
| Spill kits are stored at:  Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.  and in the boot of cars that are used to deliver services. | |
| Process: [Video](https://youtu.be/hwHKapiYOVw) | |
| 1. Apply hand hygiene. 2. Put on personal protective equipment. 3. Soak spill with tissue/absorbent. 4. Put tissues and absorbent into the spill kit plastic bucket. 5. Use water and detergent to clean the area with a cloth if that is possible. 6. Discard the cloth into the spill kit plastic bucket. 7. Use disinfectant after having wiped the area clear with water. 8. Remove PPE and put it into the bucket. 9. Put the lid on. 10. Put the bucket with all the material into the rubbish bag. 11. Immediately put the rubbish bag into the rubbish bin. Do not stop or touch anything on the way to the rubbish bin. 12. Apply hand hygiene. 13. Replace the spill kit immediately. | |

## Respiratory/cough hygiene

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| **Purpose** | Limit the transmission of respiratory pathogens (for example influenza) spread by droplet or airborne routes. |
| **Scope** | People engaged with the service, staff, contractors and visitors. |
| **Organisation’s responsibility** | |
| 1. Ensure information on cough and respiratory etiquette is provided to people engaged with the service, staff, contractors and visitors. 2. While there are respiratory infections at the service or the community [display](https://www.hpsc.ie/a-z/respiratory/influenza/seasonalinfluenza/infectioncontroladvice/respiratoryhygieneposters/Primary%20English.pdf) [posters](http://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0007/571309/Respiratory-Hygiene-A3-Poster.pdf). 3. Provide tissues and no-touch receptacles (rubbish bin) for used tissue disposal. 4. Provide conveniently located dispensers of alcohol-based hand rub. 5. Where sinks are available, ensure that supplies for hand washing (soap, disposable towels) are available. | |
| **Everyone’s responsibility -** [**Video**](https://www.engagepht.com.au/covid19gp/widgets/322157/videos/23910) | |
| 1. Apply respiratory/cough hygiene:    1. When you cough and sneeze cover your nose and mouth with a tissue.    2. Discard your tissue into the rubbish bin.    3. Apply hand hygiene immediately.    4. Never cough or sneeze into your hands.    5. If you do not have a tissue, sneeze and cough into your elbow.    6. Apply hand/arm hygiene immediately (right up to where you sneezed).    7. If you sneezed into clothing – during an influenza outbreak, remove the clothing safely and wash it in warm or hot water (refer to laundry processes). | |

## Distancing

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| **Purpose** | Limit the transmission of infections that can be transmitted by droplets skin or membrane contact. |
| **Scope** | People engaged with the service, staff, contractors and visitors. |
| **Processes** | |
| * Maintain at least 1 metre (3 feet) distance between yourself and others who are sick. * During a disease outbreak keep this distance with everyone at work and in the community wherever possible. * Do not shake hands, hug, embrace, kiss or hongi when sick and with people who are sick and while there is an outbreak. * Stay at home if you are sick. * Follow Ministry of Health and Public Health guidelines and instructions. * Provide information and training to people engaged with the service, staff, contractors and visitors on distancing.   During outbreaks, epidemic and pandemic:   * Consider restricting visitor face to face contact. * Ask people who are not essential to the wellbeing to the person engaged with your service to stay away. | |

## Sharps Management

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| **People engaged with the service might need to inject medication or have medication injected by a staff member or a clinical service provider – at the place where the person lives.** | |
| **Responsibilities of the service** | You need to ensure   1. That a needle disposal unit is available in the room where injecting occurs. 2. That the needle disposal unit is returned to the pharmacy when 2/3 full. 3. That an empty disposal unit is obtained from the pharmacy. 4. Provide information and training for people engaged with the service and staff or visiting service providers injecting medication. |
| **Responsibility of the person injecting** | 1. Ensure that the disposal unit is in the room where injecting occurs. 2. Dispose immediately of the needle and syringe into the unit. 3. Ensure the lid is closed after disposal. 4. Ensure that the disposal unit is stored in a safe place. |
| https://encrypted-tbn3.gstatic.com/images?q=tbn:ANd9GcSG0Ura_OeQeX0-DKLlOK4LsZ3sqjmlb4GRYIsr7mdcohJLzfu7 | |

## Management of specimen

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| **Specimen** | A sampleof a substance obtained for testing. This includes for example: blood, urine, faeces, sputum. |
| It is preferred that peoples’ specimen is taken at a medical clinic or laboratory. We support people engaged with the service that require assistance to attend such venues for specimen collection.  Services that do not have such an option will need to adhere to the following processes: | |
| 1. Services that manage specimen for substance use testing will implement AS/NZS4308:2008 ‘Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine’ to ensure the integrity of the specimen. 2. Always wear single-use gloves when touching specimen containers and use hand-hygiene before and after the use of gloves. 3. Never store specimen in a fridge where food/drink or medication is kept. | |

## Single use items

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| **Single use items** | Are items that the manufacturer identified as being used only once. |
| **Examples** | * electronic thermometer shields * specimen containers * injection needles and syringes * toilet paper * disposable towels, paper towels * condoms and other contraception products * disposable gloves, masks and aprons * wound dressings * cotton swaps and pads * one-use disposable shaving gear * one-use disposable eating and drinking utensils * medication cups |
| **Responsibilities of the service** | 1. Ensure sufficient products are available. 2. Ensure manufacturer instructions are followed. 3. Provide information and training to the user of the items. |
| **Responsibilities of the user** | 1. Follow manufacturer instructions. 2. Discard product after use safely. |

## Reusable medical devises and equipment

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| **Responsibilities of the service** | 1. Ensure the products are available. 2. Ensure manufacturer instructions are followed. 3. Provide information and training to the user of the items. 4. Ensure that each person has their own device – for example [Spacers](http://www.asthma.org.nz/resources/all-about-spacers/) and diabetes lancing devices. |
| **Responsibilities of the user** | 1. Follow manufacturer instructions. |

## Personal hygiene

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| **To have good personal hygiene is important in preventing and controlling infections.** | |
| **Personal hygiene includes:** | * Have regular showers or baths. Daily showers contribute to infection prevention. * Clean teeth once a day. * Wash hair regularly. Once a week at least. * Open wounds to be covered with water resistant band aid. * Keeping finger and toe nails short.   Staff only:   * Avoid hand or wrist jewellery or piercings that can come in contact with potentially contaminated surfaces. * Keep hair short or tie it up so it cannot come in contact with potentially contaminated surfaces. |

## [Needle stick injuries](https://www.healthnavigator.org.nz/health-a-z/n/needlestick-injuries/)

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| **All** [**needle stick injuries**](https://www.healthnavigator.org.nz/health-a-z/n/needlestick-injuries/) **have to be treated as being potentially infectious.** | |
| **Prevention** | 1. Ensure the environment is organised, tidy and quiet when applying treatments/interventions that require needles or sharps. 2. Ensure that there is no disturbance. 3. Do not rush. 4. Ensure the person applying the treatment is trained in doing so. 5. Assess the risk for needle stick injury before applying the treatment. 6. Manage the equipment in line with instructions. |
| **General measures for the prevention of exposures** | 1. Wash hands before and after contact with each patient and before putting on and after removing gloves. 2. Change gloves between patients. 3. Cover any existing wounds, skin lesions and all breaks in exposed skin with waterproof dressings. 4. Wear gloves if you think you may be coming in contact with blood. 5. Avoid sharps usage where possible and, where sharps usage is essential, handle and dispose of these carefully. 6. Avoid wearing open footwear in situations where blood may be spilt, or where sharp instruments or needles are handled. 7. Clear up spillage of blood promptly and disinfect surfaces. 8. Wear gloves when cleaning equipment prior to sterilisation or disinfection. 9. Follow safe procedures when disposing of contaminated waste. |
| **Processes to be implemented after needle stick injury occurred:** | |
| **First Aid** | * encourage bleeding * squeeze the injury * do not suck * do not scrub * wash skin thoroughly with soap and water * apply antiseptic/iodine * cover injury with waterproof dressing * seek medical advice without delay |
| **Subsequent actions** | * Implement workplace accident processes. * Assess risk of transmission. * Discuss the possibility of blood tests for the person having the injury and the person who had been contaminating the needle for specific blood borne diseases. * Ensure the GP is completing an ACC form for the staff member. * The affected parties will be receiving support as required. |
| Related image | |

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| [Transmission based precautions](https://www.safetyandquality.gov.au/publications-and-resources/resource-library/use-standard-and-transmission-based-precautions) | | | | | | | | | | |
| **Definition** | Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to standard precautions for people who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. | | | | | | | | | |
| **Table: use of standard and transmission based precautions (Adapted from Australian Quality and Health Commission)** | | | | | | | | | | |
| Type of precautions | | Example of infections | Client placement | Gloves | Gowns | Mask | Protective eye wear | Handling of shared equipment | Environmental cleaning | Visitors |
| **Standard precautions** | | Hepatitis B  Hepatitis C | No restriction on client placement. | Gloves and gown to be worn if there is potential exposure to blood or body substances. | | | | Single- use or single client use | Clean with neutral detergent. If surfaces are contaminated with blood or body fluids, cleaning to be followed with disinfection. | Hand hygiene, respiratory hygiene, cough etiquette. |
| **Contact** | | Multidrug resistant organism,  norovirus | Single room or cohort with same strain of infectious agent. | Yes | yes | As per  standard  precautions | As per  standard  precautions | Neutral detergent and disinfectant required. | As per  standard  precautions. |
| **Droplet** | | Norovirus,  meningococcus, | Single room with door open or cohort with same strain of infectious agent. | As per  standard  precautions | As per  standard  precautions | Yes, use surgical mask | Neutral detergent. Use a disinfectant if infectious agent is a multidrug resistant organism or has outbreak potential | Restrict visitor numbers and take same precautions as workers |

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# Infection outbreak management

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| **The links will support the service to consult with** [**medical practitioners**](https://healthpages.co.nz/directory/categories/general-practices) **and infection prevention and control specialists in case of an outbreak :** |
| [Gastroenteritis](https://www.healthnavigator.org.nz/health-a-z/g/gastroenteritis/)  [Norovirus](https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/norovirus-vomiting-and-diarrhoea-bugs)  [Scabies](https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/scabies)  [Flu](https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/influenza) - Influenza  [Communicable Disease Control Manual](https://www.health.govt.nz/publication/communicable-disease-control-manual)  [Diseases and illnesses Ministry of Health website](https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses)  [Notifiable Diseases](https://www.health.govt.nz/our-work/diseases-and-conditions/notifiable-diseases)  [COVID-19](https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-situation/health-and-disability-services-alert-level-3) |

## Laundry processes during an outbreak – isolation area

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| **Laundry processes during an infection outbreak – Isolation area**  **This process is for services who have dedicated isolation rooms within the service.**  **The process will be amended for services who have separate buildings for people in isolation.**  **Laundry processes for people in quarantine are managed the same as for people in isolation.** | |
| **Definitions** | |
| **Isolation** | Separates sick people with a contagious disease from people who are not sick. |
| **Quarantine** | Separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. |
| Have dedicated linen for each person in isolation.   * While the person is in the isolation room advice the isolated/quarantined person to put the linen in a plastic bag that can be tied up. * Apply hand-hygiene and put gloves on. * Hold up the lid of the washing container and let the person drop the bag in the container that is just placed outside the room. Ask the person not to touch the container. * Advice the person to apply hand-hygiene. * Staff to put the lid on the container only touching the top part of the lid. * Take the container to the washing machine. * Take the lid off the container and put it upside down on a surface. * Untie the top of the plastic bag and tip the linen into the washing machine. Discard the plastic bag. * Remove the gloves. * Apply hand-hygiene. * Activate the wash cycle. Do not touch the dials on the washing machine with contaminated hands/fingers. (If you did, disinfect immediately by wiping with approved disinfectant. Dispose of the wipes or cloth immediately. Apply hand-hygiene.) * Wash linen and towels in 65°C - 90°C. * For other washing use the highest temperature on the clothing label. * Do not touch anything before applying hand-hygiene again. * Put the lid back on the container without touching the part of the lid that is contaminated. * Apply hand-hygiene again and place the container back to the isolation area. * Apply hand-hygiene again. * Disinfect the container immediately if contaminated on the outside. Follow disinfecting processes described in the cleaning section. * If possible – use a dryer for the laundry to dry. * Take the laundry out of the dryer. Fold it and bring it to the person in isolation/quarantine. Hand the washing over without making physical contact. | |

## Cleaning processes during an outbreak – isolation area

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| **Cleaning processes during an infection outbreak or an epidemic/pandemic will vary dependent on the organisms that cause infections. Those organism are very diverse and can include things like viruses, bacteria, fungi, and parasites. However the following general principles apply to all cleaning processes during an outbreak.** | |
| **Prior to cleaning** | Personal protective equipment (PPE): wear a disposable facemask, gown and gloves when cleaning. If the cleaning product manufacturer recommends eye protection, wear a face shield or goggles.  Order for putting on PPE:   1. hand hygiene 2. gown 3. mask 4. protective eyewear 5. gloves (these can include heavy duty household gloves). 6. Any hospital grade detergent/disinfectant products are suitable for cleaning following a suspected, probable or confirmed case of a highly transmittable infection. 7. Read label of cleaning products and follow recommendations provided on product labels. Labels contain instructions for safe and effective use of the cleaning product, including precautions you should take when applying it. 8. Specific PPE and dwell time (how long the cleaning product should remain wet on the surface before drying) should be included in product instructions. 9. Recommended cleaning product should be a 2-in-1 product (containing both cleaning and disinfectant properties) to increase efficiency. If 2-in 1 product is not available use the WHO 3-bucket system for cleaning and disinfecting (refer to example cleaning process on the following page). 10. Keep the windows open for ventilation if possible. |
| **2-way cleaning principles** | **Top to bottom**: start cleaning surfaces higher up and work your way to the floor. This method ensures that any particulates or debris fall to the floor which will be cleaned last.  **Clean to dirty**: start by cleaning surfaces and objects that are cleaner and work your way to cleaning dirtier items (eg, toilets). Avoid going from an area that has not been cleaned to an area that has been cleaned. This avoids dirtying the cleaned area and will ensure you aren’t cross-contaminating items or surfaces. |
| **Cleaning order** | 1. Remove all linen (bedding, towels, cushion covers and other fabrics) for washing and put in plastic bag (or non-porous container with lid) for transport to laundry room. Use a washing machine and detergent to wash thoroughly with the warmest temperature recommended on the item’s label. (Refer to laundry processes above) 2. Remove all table-top appliances, crockery and cutlery and place in non-porous, covered container for transport to dishwasher/kitchen. Clean all table-top appliances (eg, kettle) according to instructions. Clean all household items, such as dishes, cups, eating utensils thoroughly, preferably in a commercial dishwasher. 3. Clean inside and outside of all built-in appliances (eg, refrigerator, oven) 4. Clean all ‘high-touch’ surfaces, such as counters, cupboards, table tops, doorknobs, light switches and window blinds. 5. Spot-clean any marks on soft furnishings. 6. Clean bathroom fixtures, showers and toilets with a separate set of cleaning equipment (disposable cleaning cloths, etc) using disinfectant or bleach solution. Toilets should be last item in bathroom to clean. 7. Remove gloves, wash hands with soap and water and dry thoroughly with clean towel or paper towel. 8. Remove gloves, wash hands and put on clean gloves. 9. Vacuum the carpet. Steam cleaning of carpets and rugs is not required. 10. For hard floor surfaces, clean the floor with the prepared disinfectant or bleach solution, starting from one end of the premises to another (from the far side of the room working your way to the exit/door). 11. At the end of cleaning, remove all used gowns, facemasks, gloves and other contaminated items in a lined container before disposing of them with other household/general waste. Wash your hands immediately after handling these items. |
| **Order for removing PPE** | 1. gloves 2. hand hygiene 3. gown 4. hand hygiene 5. protective eyewear (if separate from mask) 6. hand hygiene 7. mask 8. hand hygiene |
| **Example of 3-bucket system cleaning and disinfecting** | Person doing the cleaning using the principles and cleaning order as described above.   * Take a plastic bag with a tie. * Apply PPE. * Do not touch your face or the mask during the cleaning process. * Start **cleaning** using the first bucket with soap/cleaner and a cloth. * Discard the cloth in the plastic bag when finished. * Take another cloth and use the clear water from the second bucket to wipe the area that has been cleaned. This is **to rinse and remove** the detergent. * Discard the cloth into the plastic bag when finished. * Take another cloth and wipe the same areas with the **disinfectant** 3r**d** bucket. Do not remove or wipe off the disinfectant. * Discard the cloth into the plastic bag when finished. * Remove PPE and discard them into the plastic bag. |

## Home and work – preventing the spread of the infection

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| **Service** | To minimise the possibility of transmission the following processes are implemented:  Each service dedicates the first room available after entering the building  as the staff clothing exchange room (go into this room immediately after entering the building). |
| **Staff** | * Bring only what you need to work. * Leave your belongings in the specified area in the staff room. * Do not take any of your belongings into the work area. |
| **Staff arriving at work** | 1. Divide the room into two areas, the home clothing and the work clothing side. 2. Put a container with a lid on the home clothing side of the room. 3. Put a container with a lid on the work clothing side of the room. 4. Apply hand-hygiene and change into work clothing immediately after entering the room. 5. Leave the at home clothing in the specified container. 6. It is recommended that you have also work shoes and home shoes. |
| **Staff leaving the workplace** | 1. Leave any item you used at work at work, including pens. 2. Take the work clothing off and put it in the dedicated work clothing container. 3. Apply hand-hygiene. 4. Put the home clothing back on. 5. Leave the building without lingering. 6. If you do not use dedicated work and home shoes, leave your work shoes outside your house. 7. When arriving at home apply hand-hygiene again. Do not touch anyone in your household – this includes your pet. 8. Have a shower. |
| **Organisation’s**  **responsibility** | Display a poster describing the clothing change process. |
| **Staff member:**  **washing your work clothing** | Either:  Disinfect the service’s washing machine (using appropriately diluted hypochlorite solution) before you wash your work clothing.  Tip the content of the work clothing container into the machine without taking the clothing out by hand. Apply hand-hygiene. Wash clothing with usual washing powder or liquid.  or  Take the container home and use the same technique tipping the content of the container into your washing machine at home. Wash clothing with usual washing powder or liquid. Apply hand-hygiene. Disinfect the washing machine (use diluted Janola) after the wash cycle is completed. |

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# Hōtaka Kaitiaki patu huakita me te whakatinanatanga

# Antimicrobial stewardship and programme

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| **Definitions** | | |
| Antimicrobial stewardship | Is an organisational or healthcare system wide approach to promoting and monitoring judicious use for antimicrobials to preserve their future effectiveness. | |
| Antimicrobial resistance | Is the loss of effectiveness of any anti infective medicine, including antiviral, antifungal, antibacterial and antiparasitic medicines. | |
| Antimicrobials and antimicrobial medicines | Includes all anti infective therapies (antiviral, antifungal, antibacterial. and antiparasitic medicines) and all formulations (oral, parenteral and topical agents). | |
| **Processes to support antimicrobial stewardship** | | |
| **Outcome** | **Responsibility** | **Processes** |
| Health professionals involved in providing a service to people involved with our service. | Prescriber, Infection prevention coordinator and/or registered nurse employed by our service | Have knowledge of current best practice guidelines on antimicrobial stewardship.  They are familiar with: |
| Antimicrobials are appropriately prescribed in line with MOH endorsed best practice guidelines. | Prescriber. | Prescribe in line with current knowledge of the effective use of antimicrobials. |
| Information and informed consent is obtained before prescribing antimicrobial medication. | Prescriber, person attending medical clinic, infection prevention coordinator and/or registered nurse employed by our service. | We encourage the person who is attending a medical clinic to ask what the prescribed antimicrobial medication is for and whether it is in line with current antimicrobial use recommendations.  Our staff might ask on behalf of the person engaged with our service if they wish so. |
| Antimicrobial medication is administered as prescribed. | Health workers/staff competent in managing medication. | Our staff will:   * administer antimicrobial medication as prescribed; * raise an adverse event/incident if the medication has an adverse * record the effectiveness of the medication on the infection surveillance template or the system that records people’s infection. |
| Collecting antimicrobial use information | Infection prevention coordinator | Provides a yearly report to the governance group on:   * Antimicrobial use throughout the services. * Effectiveness of antimicrobial use. * Analysis of the above information. * Formulates improvement measures if the processes noted above are not implemented. |

# Environment – Talao

## Waste management

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| **Purpose** | People engaged with our service, visitors and staff will be protected from harm as a result of exposure to waste, infectious or hazardous substances. | |
| **Scope** | All services and premises. | |
| **Policy** | The service is committed to environment friendly waste disposal processes and to the reduction of waste. | |
| **References** | | |
| **Legislation** | [Resource Management Act](http://www.mfe.govt.nz/rma/index.html)  [Hazardous Substances and New Organisms Act](http://www.legislation.govt.nz/act/public/1996/0030/latest/DLM381222.html) | |
| **Documents**  **Guidelines** | [Household hazardous substances link](http://www.aucklandcouncil.govt.nz/EN/environmentwaste/naturalhazardsemergencies/hazards/Pages/hazardoussubstances.aspx#what)  [Licensed waste collectors](http://yellow.co.nz/auckland-region/waste-disposal?gclid=CIvsuu2s4bMCFfFepgodmhEAiQ&cid=_mkwid_sZRignJzI_pcrid_9736116860_kwd_city+waste+disposal_mt_b)  [Waste facilities](http://www.aucklandcouncil.govt.nz/EN/environmentwaste/rubbishrecycling/Pages/transferstations.aspx)  [Auckland City Council: Environment and Waste](http://www.aucklandcouncil.govt.nz/EN/environmentwaste/Pages/Home.aspx)  [Disposal of unwanted medicines](http://nzpharmacy.wordpress.com/2009/06/09/disposal-of-unwanted-medicines/)  [Sustainable waste management](http://www.econation.co.nz/waste-management.html#.U1BYTqIfhP0)  [Recycling guideline for offices](http://www.mfe.govt.nz/sites/default/files/recycling-jan04.pdf)  [Office recycling options](http://www.reclaim.co.nz/serviceitems.php?id=edit4cf832a8df09c) | |
| **Standards** | NZS 8134:2021 – Ngā paerewa; Health and disability services standard | |
| **Organisational policies/procedures** | Health and Safety  Adverse Event Management  Workforce Development and Training | |
| [**Definitions**](http://wasteplan.aucklandcouncil.govt.nz/table-of-definitions-cat/) | | |
| **Waste** | ‘Anything disposed of, or discarded; and: includes a type of waste defined by its composition or source (e.g. organic waste, electronic waste, or construction and demolition waste); and to avoid doubt, includes any component or element of diverted material, if the component or element is disposed of or discarded’ (Auckland City Council). | |
| [**Hazardous Waste**](http://www.mfe.govt.nz/publications/waste/module-1-hazardous-waste-guidelines-identification-and-record-keeping/hazardous) | A waste is considered hazardous if it poses a risk to people or the environment if it is not properly managed, stored, transported and disposed of. | |
| **Processes** | | |
| **Requirement** | **Recipient** | **Process** |
| Training | Staff, people engaged with our service. | * We provide training on how to manage waste safely. |
| Information | Contractors, and visitors. | * We make them aware of hazardous/ infectious substances. |
| [**Protective equipment**](http://www.worksafe.govt.nz/worksafe/information-guidance/all-guidance-items/personal-protective-clothing-and-equipment-pdf-fact-sheet) | Staff, people engaged with our service, contractors and visitors. | * We provide personal protective equipment as identified in this document and informed by safe practice. * We include protective equipment requirement on the organisations hazard management record. |

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Disposal

[Type of hazardous waste](http://temp.aucklandcouncil.govt.nz/EN/environmentwaste/rubbishrecycling/Pages/hazardouswaste.aspx#identify)

Storage and labelling

In line with the Council guidelines.

Batteries

Sanitary pads

Regular pick-up by the supplier of the disposal unit.

In an eco-friendly disposal unit in the toilet.

Return to a pharmacy.

Store in the medication cabinet.

Medication

Approved sharp-bins will be:

* in the toilets/office based services
* in the medication room
* with the service user
* in the company car

To be checked weekly and if 2/3 full return to a pharmacy.

Syringes/needles

* Follow label storage instructions.
* Store hazardous substances out of reach of children, people that might use them inappropriately and away from pets.
* Keep all harmful household products, locked in a cabinet, a well ventilated utility area or in a garden shed.
* Always store household products in their original containers so that you can read the label for directions.
* Do not store large quantities of flammable substances inside a home. Keep them away from places where they could catch fire: fixed and portable heaters; and outdoor heaters and barbeques.
* Never store pesticides or other hazardous substances in cabinets where food is stored, or near food intended for people or animals.
* Never store pesticides where you keep medicines.
* Never put any hazardous substances in containers that do not have the manufacture’s labels on them.
* Never use soft drink bottles, milk jugs or other food containers.  Children, or even adults, may mistake them for something to eat or drink.

Petrol

Paint

Cleaners/

bleach

Dispose at

approved [transfer stations](http://temp.aucklandcouncil.govt.nz/EN/environmentwaste/rubbishrecycling/Pages/transferstations.aspx).

Pesticides

Rat/mouse/

snail bait

Solvents

## Cleaning schedule

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| **Only disposable cleaning cloths will be used. Cloths will be disposed of after cleaning each specified area (see below).** | | | | |
| **Only disposable mops will be used. Mops will be disposed of after cleaning each specified area (see below).** | | | | |
| **Alternative: use colour coded equipment:** Kitchen = green cloths, mops and bucket.  Toilet = red cloths, mops and bucket.  Bathroom = yellow cloths, mops and bucket.  Lounge =bluecloths, mops and bucket. | | | | |
| **Vacuum cleaner to be emptied at least twice/week.** | | | | |
| **Cars** | | | | |
| **Item** | **Cleaner used/method/PPE** | | **Responsibility** | **Frequency** |
| Doorhandles |  | |  |  |
| Seats |  | |  |  |
| Steering Wheel |  | |  |  |
| Handles/Buttons |  | |  |  |
| Windows/inside |  | |  |  |
| Floor |  | |  |  |
| **Offices** | | | | |
| **Item** | **Cleaner used/method/PPE** | | **Responsibility** | **Frequency** |
| Telephones |  | |  |  |
| Keyboards |  | |  |  |
| Filing Draws |  | |  |  |
| Computer Screen |  | |  |  |
| Door Handle |  | |  |  |
| Doors |  | |  |  |
| Frame of Chairs |  | |  |  |
| Desks |  | |  |  |
| Light Switch |  | |  |  |
| **Kitchen (if providing services that require a food plan please refer to the plan)** | | | | |
| **Item** | **Cleaner used/method/PPE** | | **Responsibility** | **Frequency** |
| Hob |  | |  |  |
| Stove |  | |  |  |
| Fridge |  | |  |  |
| Cupboard doors |  | |  |  |
| Cutlery Tray |  | |  |  |
| Bench top and sinks |  | |  |  |
| Water Cooler |  | |  |  |
| Paper Towel Holder |  | |  |  |
| Floor |  | |  |  |
| Walls |  | |  |  |
| Ceiling |  | |  |  |
| Light Switch |  | |  |  |
| **Bathroom** | | | | |
| **Item** | **Cleaner used/method/PPE** | | **Responsibility** | **Frequency** |
| Wash basin |  | |  |  |
| Shower |  | |  |  |
| Bathtub |  | |  |  |
| Floor |  | |  |  |
| Rubbish Bin |  | |  |  |
| Vanity |  | |  |  |
| Hand Towel Dispenser |  | |  |  |
| Mirrors |  | |  |  |
| Walls |  | |  |  |
| Light Switch |  | |  |  |
| [**Toilets**](https://www.cleanipedia.com/me-en/bathroom-kitchen/cleaning-the-bathroom-how-to-clean-the-washbasin-toilet-and-bath) | | | | |
| **Item** | **Cleaner used/method/PPE** | | **Responsibility** | **Frequency** |
| Toilet Brush |  | |  |  |
| Toilet Bowl |  | |  |  |
| Toilet Seat |  | |  |  |
| Floor |  | |  |  |
| Cistern |  | |  |  |
| Toilet Base |  | |  |  |
| Toilet Roll Holder |  | |  |  |
| Door Knobs |  | |  |  |
| Light switch |  | |  |  |
| **Bedrooms** | | | | |
| **Item** | | **Cleaner used/method/PPE** | **Responsibility** | **Frequency** |
| Floors | |  |  |  |
| Mattresses | |  |  |  |
| Chest of Draws | |  |  |  |
| Bedside Draws | |  |  |  |
| Window Sills/  Skirting | |  |  |  |
| Door Handles | |  |  |  |
| **Other items** | | | | |
| **Item** | | **Cleaner used/method/PPE** | **Responsibility** | **Frequency** |
| TV Remote | |  |  |  |
| Furniture | |  |  |  |
| Curtains/Blinds | |  |  |  |
| Carpet | |  |  |  |
| Coffee Table | |  |  |  |
| TV Stand | |  |  |  |
| Window Sills/  Skirting | |  |  |  |
| Couch Covers | |  |  |  |
| Lino | |  |  |  |
| Door Handles | |  |  |  |
| Air Conditioner/  Remote | |  |  |  |
| Couches | |  |  |  |
| Window Sills/  Skirting | |  |  |  |
| Fire Place | |  |  |  |
| Lino | |  |  |  |
| Air Conditioner/  Remote | |  |  |  |
| Door Handles | |  |  |  |
| Carpet | |  |  |  |
| Furniture | |  |  |  |
| Stereo | |  |  |  |

## Laundry management

|  |  |
| --- | --- |
| **Because there is such a variety of service provision context each service will need to implement laundry management processes that match the way services are delivered.**  **However the principles outlines below will need to be implemented irrespective of the service context.** | |
| **General principles:**   * Remove clean laundry from the laundry area as soon as it is washed and dry.   Soiled linen is handled with cloves, apron and a mask:   * Fold soiled linen in upon itself so the contaminated surfaces are on the inside of the bundle. * Carry the linen away carefully so it does not touch your skin or get close to your face, or contaminate the environment (floors, beds, etc), or people. You may need to carry it in a bucket. * Take the soiled linen into a specified area in order to r**emove the soiled substance using the spill-kit.** * Wash the cleared linen in the washing machine at 65° -75°. * [Remove PPE using the guideline](https://rebelem.com/wp-content/uploads/2020/03/PPE-DON-DOFF.png). | | |
| **People engaged with the service:**   * Will have at least two sets of bedding and towels allocates that will be used by that person only while staying at the accommodation. * Are encouraged to wash their bedding, towels and clothing themselves or will be supported to wash their own laundry. * Will be supported to have a change in bedding at least weekly. * Will be supported to change towels twice a week. * Are encouraged to wash their private clothing regularly. * Will have available one dirty and one clean laundry bucket. * Will be encouraged to keep clean and dirty laundry apart from each other. * Will be supported in using the washing machine and dryer. * Will be supported to follow the washing instructions on the material washed. | | |
| **Staff will ensure:**   * That the washing machine and dryer are maintained as per instructions. * That kitchen towels and cleaning cloths are washed separately from all other laundry. * Kitchen towels and cleaning cloths are not soaked in water or disinfectant outside the wash cycle of the washing machine. * If the washing machine is shared between people it will be going to cleaning cycle with at least monthly. * During the outbreak of an infectious disease laundry processes might need to change and more rigorous processes need to be implemented dependent on the infection. * During an outbreak of an infectious disease staff will need to apply more oversight to ensure safe laundry processes are implemented. | | |
| Image result for free image for dirty laundry  **Dirty** | Image result for clean laundry in a basket  **SEPARATE**  **Clean** | |

## Safe food management

Services that buy, prepare and dispose of food will have a [food safety process](https://www.mpi.govt.nz/food-safety/food-safety-for-consumers/) in place

Refer also to the organisations policy: Nutrition, Safe Food and Fluid Management.





|  |  |
| --- | --- |
| **Clean** | * Wash surfaces, chopping boards and utensils (like knives) with soap and water and rinse in clean water:   + before you use them to handle and prepare food   + between preparation of raw and cooked foods. * Benches and boards – wipe with a dilute solution of bleach (1 teaspoon of bleach in 2 litres of water) after cleaning. * Carefully wash and dry all food storage containers before use. * Use different sponges or cloths for the dishes, the bench, and the floor. Keep them separate. * Use paper towels to clean up messy spills like raw meat juices, then wipe with a cloth and hot water and detergent. * Change reusable dish cloths or sponges regularly. Clean by:   + rinse them in water and   + microwave for 3 to 4 minutes on high, or   + putt through the hot wash cycle in the dishwasher. * Use a dishwasher or hot soapy water to wash dishes. Let dishes air dry rather than drying with a tea towel. * Always cover stored food – even in the fridge or cupboard. You should also cover food when eating outside, to keep out unwanted insects and bugs. * Use plastic film or foil to cover foods, or put into containers with tight-sealing lids. Identify the date when stored. * Keep raw meat and chicken away from ready-to-eat food, fruit and vegetables. Store at the bottom of the fridge to prevent any juices – which can contain harmful bacteria – from dripping onto other foods |

|  |  |
| --- | --- |
| **Cook** | * Make sure food is cooked through to kill harmful bacteria. * Defrost frozen foods thoroughly, or they won't cook properly in the middle. Defrost food in your fridge overnight, or use the defrost setting on your microwave. * Cook chicken, mince, and sausages right through. Pork and poultry juices should run clear. Use a meat thermometer to check temperatures at the middle of the thickest part (internal temperature should be 75 degrees Celsius). * Keep raw and cooked foods separate – use one set of utensils for raw meat and chicken and another set for cooked food. Put cooked items on a clean plate, not one that's been used for raw ingredients. * Refrigerate or freeze any leftovers within 2 hours. Cool hot food in small portions to speed cooling, then refrigerate in a covered container. * Reheat leftovers until steaming hot (over 75 degrees Celsius) and do not reheat more than once. * Check the use-by dates on packaged foods. Don’t buy or eat once this date has passed. |
| **Chill** | * Most harmful bacteria cannot grow at low refrigeration temperatures. Set your fridge temperature between 2 degrees Celsius and 5 degrees Celsius and follow these tips. * Monitor the fridge temperatures at least fortnightly. * Cool hot foods for up to 30 minutes before refrigerating to prevent raising the temperature of stored food. * Never leave food at room temperature for more than 2 hours. If the room temperature is warm, you should refrigerate sooner as bacteria multiply more quickly. * Keep your fridge clean, and wipe up any spills immediately. And don't overfill your fridge – this can mean some food isn't kept cool. * If eating outdoors, use an icepack or chilly bin to keep food cold. * If you have a car, keep a chilly bag or bin in your car to transport chilled or frozen foods, and transfer these to the fridge or freezer as soon as you get home. Use an icepack if you have long travel times after shopping, or won’t be going home straight away. |
| **Eating utensils for people with an infectious disease – in isolation/**  **quarantine** | * Each individual client has a dedicated set of eating utensils. * Food and fluids for clients in isolation will be left on a table in front of their door. * Instruct clients to apply hand-hygiene before picking up what was placed on the table and before taking it to their room. * If possible, clients can eat their meals on a folding table in their room. * Clients to place the utensils back on the table once finished with them.   Staff will collect the utensils by:   * Applying hand-hygiene. * Putting gloves on. * Picking up the utensils and placing them in a box and taking it to the dishwasher. * Take the gloves off and apply hand-hygiene before opening the door of the dishwasher. * Apply hand-hygiene and put the gloves on. * Put the contaminated utensils in the dishwasher. * Take the gloves off and apply hand-hygiene before closing and activating the dishwasher. * Store the utensils in a manner that it can be identified whose utensils they are. * If there is no dishwasher in the isolation area, the utensils can be washed in hot water and soap/dish wash liquid. * Alternatively the service might choose to use single-use utensils who are safely discarded in a waste bag after use. * Use hand-hygiene after having handled the utensils. * Do not touch your face before having applied hand-hygiene. |

# *Te āta tirotiro mō te pokenga e pā ana ki te tiakanga hauora*

# Surveillance of healthcare-associated infection

|  |  |
| --- | --- |
| **Definition** | Surveillance within this context is the systematic collection of infections people engaged with the service have and the development of measures preventing infections and their spread. |
| **Purpose** | To prevent the spread of infections and to manage infections at the service. |
| **Scope** | People engaged with the service and staff participate in the surveillance processes. |

**Surveillance Processes**

When a person at our service reports or shows symptoms of a health condition, disease, discomfort or have been in an environment where infectious conditions are apparent or likely to be present.

**Immediately or as soon as possible (depending on the symptoms)**

**Person with staff support**

* Initiate a GP or Emergency Clinic visit.
* Contact the manager or on-call staff if symptoms cause concern.
* Person is diagnosed and advised by the GP/medical practitioner to take specific infection prevention and control precautions/medication.
* Person to follow GP or medical practitioners’ instructions.
* Staff to support person to administer treatment as prescribed.

**Same Day**

**Staff with person infected**

* Inform the infection prevention coordinator of the situation.
* Consult with the infection prevention coordinator about precautions to be taken.
* Make a record of and implement the precautions.
* Record the following conditions on the infection surveillance template:

[Influenza](http://www.health.govt.nz/yourhealth-topics/diseases-and-illnesses/influenza?icn=yh-influenza&ici=readmore)

[**MRSA**](http://www.health.govt.nz/publication/guidelines-control-methicillin-resistant-staphyloccus-aureus-new-zealand)

Skin infections

Infestations:

[Lice](http://www.dermnet.org.nz/arthropods/headlice.html)

[Bed-bugs](http://www.dermnetnz.org/arthropods/bed-bugs.html)

[Fleas](http://www.health.govt.nz/your-health/healthy-living/environmental-health/pests-and-insects/fleas)

[Gastroenteritis](https://www.healthnavigator.org.nz/health-a-z/g/gastroenteritis/)

[Scabies](http://www.dermnetnz.org/doctors/arthropods/scabies.html)

[Tinea](http://www.dermnetnz.org/fungal/tinea-pedis.html)

[Ring worm](http://www.dermnetnz.org/fungal/tinea-corporis.html)

[Streptococcal Skin infections](http://www.dermnetnz.org/bacterial/streptococcal-disease.html)

[Shingles](http://www.health.govt.nz/yourhealth-topics/diseases-and-illnesses/shingles)

[Rashes](http://www.health.govt.nz/yourhealth-topics/aches-pains-and-other-symptoms/rashes)

Hepatitis: [A](http://www.health.govt.nz/yourhealth-topics/diseases-and-illnesses/hepatitis-0), [B](http://www.health.govt.nz/yourhealth-topics/diseases-and-illnesses/hepatitis-b), [C](http://www.health.govt.nz/yourhealth-topics/diseases-and-illnesses/hepatitis-c)

|  |
| --- |
| The Ministry of Health or Public Health will give instructions how to report and respond to an epidemic or pandemic. For example during [covid-19](https://covid19.govt.nz/). |

**In line with the GP/medical practitioner instructions**

**Person infected with support of staff**

* Assist each other implementing the infection control measures.
* Implement the medical practitioner’s instruction.
* Consult with the PHO/DHB Infection Control Specialist if required.

**Monthly**

**Infection prevention coordinator**

* Collects the surveillance reports.
* Consults with specialists about the management of the infections if necessary.
* Assesses the effectiveness of measures taken.
* Identifies and analyses the spread of the infection.
* Identifies and analyses the containment of the infection.
* Reviews the implementation of the medical practitioner’s treatment.
* Formulates service improvement measures if required.

**Three - monthly**

**Quality Forum/Management Meeting**

* Collate all the infection control data.
* Identify any trends of spread or containment of infections.
* Assess infection and prevention control programmes and initiate any changes if such a need is identified.

# Appendices

# Yearly infection prevention plan

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Our organisation will complete the activities identified below. This are routine activities. In case of an infection outbreak or a pandemic, refer to the specific guidelines. | | | | | | |
| **Frequency: yearly** | | | | | | |
| **Activity** | | | | | **Responsibility** | **Completed** |
| Infection prevention and antimicrobial stewardship report: activities, adverse events, surveillance data and treatment, resources, risks, improvement measures and analysis of data is tabled at the management and Board meeting. | | | | | Click here to enter text. | Click here to enter a date. |
| Training of the infection prevention coordinator has been updated to ensure IPC processes and practices are current. | | | | | Click here to enter text. | Click here to enter a date. |
| The IPC plan has been reviewed and updated. | | | | | Click here to enter text. | Click here to enter a date. |
| Education on standard and transmission precautions for number of staff. | | | | | Click here to enter text. | Click here to enter text. |
| We supported Click here to enter text. number of staff to get the flu vaccination. | | | | | Click here to enter text. | Click here to enter a date. |
| We supported Click here to enter text. number of people engaged with our service to get the flu vaccination. | | | | | Click here to enter text. | Click here to enter a date. |
| Calibration of equipment. | | | | | Click here to enter text. | Click here to enter a date. |
| Infection surveillance trends are identified. | | | | | Click here to enter text. | Click here to enter a date. |
| Antimicrobial use is monitored. | | | | | Click here to enter text. | Click here to enter a date. |
| **Frequency: three-monthly** | | | | | | |
| **Activity** | | | | | **Responsibility** | **Completed** |
| Complete the IPC internal audits | | | | | Click here to enter text. | Click here to enter a date. |
| Click here to enter a date. | | Click here to enter a date. | | Click here to enter a date. |
| Education on standard precautions for people engaging with our services. | | | | | Click here to enter text. | Click here to enter a date. |
| Click here to enter a date. | | Click here to enter a date. | | Click here to enter a date. |
| Stocktake of PPE. | | | | | Click here to enter text. | Click here to enter a date. |
| Click here to enter a date. | | Click here to enter a date. | | Click here to enter a date. |
| Stocktake of disinfectants and cleaners. | | | | | Click here to enter text. | Click here to enter a date. |
| Click here to enter a date. | | Click here to enter a date. | | Click here to enter a date. |
| IPC committee meeting | | | | | Click here to enter text. | Click here to enter a date. |
| Click here to enter a date. | | Click here to enter a date. | | Click here to enter a date. |
| **Frequency: monthly** | | | | | | |
| **Activity** | | | | | **Responsibility** | **Completed** |
| Infection surveillance. | | | | | Click here to enter text. | Click here to enter a date. |
| Click here to enter a date. | Click here to enter a date. | | Click here to enter a date. | |
| Click here to enter a date. | Click here to enter a date. | | | |

# Role description infection prevention coordinator

Objectives:

* To pro-actively implement infection control management processes to prevent infections from occurring at our organisation.
* To limit the spread and impact of infections that might occur.
* To ensure that the most appropriate and effective interventions are applied when infections do occur.

# Tasks:

To ensure the implementation of the Infection prevention and antimicrobial stewardship document:

* To identify infection hazards, initiate infection control management measures and report as required.
* To be alert to potential spread of infection and contamination pathways as outlined.
* To oversee the infection surveillance processes.
* To report infection control related issues to management.
* To attend yearly infection prevention and control training.
* To arrange or present required training to both staff and if necessary to people engaged with our service.
* To monitor infections and give feedback on trends in order to identify & manage notifiable infectious conditions.
* To participate in the internal audit processes.
* To liaise with external infection prevention and control specialists.
* To oversee the processes established by public health and the ministry of health for endemic and pandemic events.
* To ensure being updated on current infection prevention and antimicrobial practices by dedicating monthly two hours reading and research on the subject matter.
* To ensure that testing of equipment occurs in line with manufacturer’s directive.

**Date when this role starts: To be reviewed on:**

**Name of the employee: Signature of employee:**

**Name of the manager: Signature of the manager:**

**Date:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Infection/infestation surveillance record | | | | | |
| **Date:** Click here to enter a date. | **Completed by (name, designation):**  **Location of infection/infestation event:** | | | | |
| Condition | NHI | Condition identified on | Interventions/treatment antimicrobials | Treatment outcome and response | Condition resolved on |
|  |  | Click here to enter a date. |  |  | Click here to enter a date. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Reviewed by Infection prevention coordinator: | Review result: | | Further actions to be implemented | Responsibility | Actions completed by: |
|  |  | |  |  |  |
|  |  | |  |  |  |
| **Final sign-off that improvement actions have been completed and are effective:** | | | | | |
| Click here to enter a date. | Name: | | Designation: | Signature: |  |
|  |  | |  |  |  |

# 12 Food safety myth busters

New Zealand Food Safety deputy director-general Vincent Arbuckle busts some food safety **myths** to help you avoid giving your whānau and friends food poisoning.

MPI 22 December 2022

**1. You can reheat leftovers as many times as you like**

One of the joys of the holiday season is having a mountain of leftovers. Reheating them once, to piping-hot temperature, shouldn’t be a problem (unless you’ve left them out too long before refrigerating or freezing). But every time you cool your food and reheat it, you give germs the opportunity to multiply, so doing this more than once raises the risk of foodborne illness. If you have a big batch of leftovers in the fridge, reheat only what you need, or divide it into meal-sized potions before freezing. Bin any unfinished reheated food. And, if your leftovers aren’t frozen, eat them within 2 days. While we’re at it, let’s bust the myth that leftovers are safe to eat if they look and smell okay. Although many nasties cause spoilage that will quicky make itself known in looks, texture, smell and (if you regrettably get that far) taste, there are many that are undetectable in the usual way. If in doubt, throw it out!

[More information about food poisoning symptoms and causes](https://www.mpi.govt.nz/food-safety-home/food-poisoning-symptoms-causes/food-poisoning-bacteria-viruses-food/)

**2. Hot leftovers should be left out to cool completely before refrigerating**

Although it’s true that putting hot food in the fridge can drop its overall temperature slightly, it’s not as potentially detrimental to your health as waiting for your leftovers to cool completely. So, to decrease the risk of giving bacteria more time to grow on hot food, cool it for up to 30 minutes at room temperature (or wait till it’s stopped steaming), put it in a shallow dish (to help the food cool faster), cover, and pop it in the fridge, making sure there’s room for the air to circulate. Hot tip: most harmful bacteria can’t grow at low temperatures, so set your fridge to between 2°C and 5°C

[More information about chilling your food](https://www.mpi.govt.nz/food-safety-home/preparing-and-storing-food-safely-at-home/clean-cook-chill/)

**3. Freezing food kills bacteria and viruses**

Given how much frozen berries and Hepatitis A have been talked about over the past few months, this myth is fortunately losing a bit of traction. But to be clear, freezing doesn’t necessarily kill the germs that can contaminate food. The recent frozen berry recall is a good reminder that viruses, such as Hepatitis A, can survive freezing, freeze-drying, and heat of less than 85°C. Washing frozen berries also doesn’t get rid of the problem. When the berries start defrosting, the warmer conditions allow the bacteria to wake up and start multiplying. If you want to be sure your berries are safe to eat, boil them or cook them for at least a minute at more than 85°C. Then refreeze them in an ice tray to have handy as needed.

**4. The best way to defrost food is to leave it out on the kitchen bench**

Leaving your defrosting food on the bench is, in reality, the best way to give bacteria time to grow in a nice, warm environment. Bacteria thrive in temperatures between 5°C and 60°C, so, to decrease the likelihood of bacteria multiplying, and your food spoiling and making you sick, defrost it in the fridge, or in the microwave. Fun fact: bacteria are some of the fastest-reproducing organisms on Earth – they can double in number every 4 to 20 minutes!

[More information about preparing and storing food safely at home](https://www.mpi.govt.nz/food-safety-home/preparing-and-storing-food-safely-at-home/)

**5. It’s okay to eat shellfish that you have gathered raw, as long as it’s fresh**

Kiwis love their seafood –  and many people have traditionally gathered and eaten shellfish like mussels, kina, and pipi raw. But times have unfortunately changed. Vibrio is a type of bacteria naturally living in the sea, and some strains can cause gastroenteritis when consumed. Thanks in part to warmer sea temperatures, there’s more Vibrio around, so eating raw or undercooked shellfish, even fresh, can make you and your whānau very ill. Cases of *Vibrio parahaemolyticus* illness and hospitalisations have been increasing every year over summer. So, to help prevent illness, keep your gathered shellfish alive and cool, cook it thoroughly before eating, and keep raw shellfish away from other cooked or ready-to-eat food (so Vibrio can’t transfer to uncontaminated food).

[More information about how to collect, store and cook shellfish – including recipes](https://www.mpi.govt.nz/food-safety-home/food-poisoning-symptoms-causes/vibrio-bacteria/)

**6. You need to wash raw chicken before cooking it**

Chicken in New Zealand has already been washed, so you don’t need to do it again. Although *Campylobacter, Salmonella* and other illness-causing bacteria live on raw chicken, it’s not a good idea to wash it again at home. Rinsing or washing it allows these bacteria to spread to other areas of your kitchen. If you’re worried about chicken juices, just pat it dry with a clean paper towel and then throw the paper towel away. While we’re on the topic of chicken, it’s also not okay to use the same chopping board, utensils, or plate for both your raw and cooked chicken. Anything that’s touched raw chicken needs to be washed in hot, soapy water before being used for any other food – and that includes your hands.

[More information about handling chicken safely](https://www.mpi.govt.nz/food-safety-home/preparing-and-storing-food-safely-at-home/safe-barbecuing-of-food/)

**7. Eating foods after the 'use by' date is fine**

We know times are tough and few can afford to throw away food, but if the 'use by' date on a packaged product in your fridge or pantry has come and gone, bin it. It is not safe to eat. In fact, it’s illegal to sell food past its 'use by' date. However, food should still be safe to eat after the 'best before' date, but it’s likely to have lost some quality. Stores can sell food beyond a 'best before' date, as long as it's still fit for human consumption. Make sure to check the date on your food labels, so you can make a good call on whether to chow down or chuck out.

[More information about food labels](https://www.mpi.govt.nz/food-safety-home/how-read-food-labels/)

**8. Plastic chopping boards are more hygienic than wooden ones**

The key to a chopping board being hygienic is to thoroughly clean it after every use with hot, soapy water – particularly if you’ve been using it for raw meat, fish or shellfish. But, to bust the myth, research by food microbiology and toxicology expert Dr Dean O. Cliver showed wooden chopping boards retain less bacteria than plastic boards, particularly if the plastic has been damaged by knives, providing convenient spots for bacteria to hide before transferring onto other food. He found that wood, because it’s porous, absorbs the bacteria – and although the bacteria doesn’t die immediately, neither does it return to the surface of the board. So wood is the better option. As for glass and stainless-steel cutting boards, they’re not porous like wood and don’t scratch easily like plastic, so keep them clean, and happy chopping!

[More information about food safety at home](https://www.mpi.govt.nz/food-safety-home/preparing-and-storing-food-safely-at-home/clean-cook-chill/)

**9. It’s okay to eat a little bit of raw cookie dough or cake batter**

Unfortunately, it’s not okay. Raw flour – and raw whatever-else-you’ve-popped-in-your-dough – can carry illness-inducing bacteria. Baking will kill that bacteria. Although there are clear food standards and food safety guidelines in New Zealand, raw flour can be contaminated with *Salmonella*, so, remember the rhyme: 'Just a lick can make you sick!'

[More information about safe cooking tips](https://www.mpi.govt.nz/food-safety-home/preparing-and-storing-food-safely-at-home/clean-cook-chill/)

**10. You don’t need to wash bagged greens or salads**

Any bagged lettuce, salad, or other manner of greens you buy, still need to be washed first before using. Under running water in a clean colander in the sink will do. This will reduce any food safety risks due to bacteria or chemical residues.

[More information about other cleaning tips](https://www.mpi.govt.nz/food-safety-home/preparing-and-storing-food-safely-at-home/clean-cook-chill/)

**11. If you drop food on the floor and pick it up within 5 seconds, it's safe to eat**

Sorry, the '5-second rule' is a myth. Whether it’s 1 second or 10, all bacteria and viruses need to get onto your food – and into your gut – is any contact at all. Although the moisture and stickiness of the food will affect the number of germs that will attach to the food, to be safe, if you’ve dropped it on the way to your mouth, best to bin it – and wash your hands. If you’ve dropped it during food preparation – and it can be salvaged (we’re not talking spilt milk and broken eggs) – and if you really can’t bear to throw it away, rinse it and make sure it’s cooked thoroughly to kill unwanted nasties.

[More information about food poisoning](https://www.mpi.govt.nz/food-safety-home/food-poisoning-symptoms-causes/food-poisoning-bacteria-viruses-food/)

**12. Mouldy food is okay to eat, as long as I cut off the mouldy bit**

That spot of mould you scrape of your bread, or the one you cut off your cheese, is the tip of the iceberg. Mould have spores and roots going into the food, which you often can’t see. They can also produce toxic chemicals called mycotoxins that can make you really ill. Not all moulds are bad – some make life-saving medicine (penicillin) and delicious cheeses. Fun fact: the mould used in the production of camembert and brie is named *Penicillium camemberti*, after the cheese first made in the late 18th century in Camembert, France.