**Infection Prevention and**

**Control Manual**



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

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#

# Introduction

|  |  |
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| 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. |
| **Scope** | * Employees, contractors, people engaged with the service and visitors.
* All work environments.
 |
| **Policy** | The organisation will manage services by minimising the risk of infections to people engaged with the service, staff and visitors and by managing infections in accordance with legislation and best practice. |
| **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 8134.3:2008 Health and Disability Services (Infection Prevention and Control) Standards.](https://www.standards.govt.nz/assets/Publication-files/NZS8134.3-2008.pdf)[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)[WHO Infection prevention and control](https://www.who.int/infection-prevention/en/) |
| **Organisational Documents** | Service users’ information packStaff orientation packWorkforce Development and Training |
| **Other** | [Communicable disease control manual 2012](http://www.health.govt.nz/publication/communicable-disease-control-manual-2012)[Getting Through Together: Ethical values for a pandemic](https://neac.health.govt.nz/publications-and-resources/neac-publications/getting-through-together-ethical-values-pandemic)[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)[National Health Emergency Plan](http://www.health.govt.nz/our-work/emergency-management/national-health-emergency-plan)[National Health Emergency Plan: Infectious Diseases](http://www.health.govt.nz/publication/national-health-emergency-plan-infectious-diseases)[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)[WHO](http://www.who.int/csr/bioriskreduction/infection_control/publications/en/index.html)  |
| **Consultation** | **Consultation on the Infection Control Manual included:** |
| **Name** | **Organisation** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Contact Information -** Additional resources and reporting contacts:  |
| **Organisation** | **Responsible for** | **Contact Detail** |
| DHB Infection Control Team | [Consultation in regards to isolation procedures.](http://www.healthpoint.co.nz/specialists/infectious-diseases/auckland-dhb-infectious-diseases/)[Information on specific infectious diseases.](http://www.adhb.govt.nz/CETU/IMGs/Infection_control.htm)Consultation in regards to organisational changes. | [ADHB](http://www.healthpoint.co.nz/specialists/infectious-diseases/auckland-dhb-infectious-diseases/)[WDHB](http://www.healthpoint.co.nz/specialists/infectious-diseases/waitemata-dhb-infectious-diseases-service/)[CMDHB](http://www.healthpoint.co.nz/specialists/other/counties-manukau-health-infection-prevention/)[NDHB](http://www.healthpoint.co.nz/specialists/infectious-diseases/northland-dhb-communicable-disease/?region=19) |
| DHB Health Emergency Coordination | Coordinating and managing health emergencies such as endemics, pandemics and other outbreaks. |  |

# Orientation/induction and training

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| **Role** | **Training** | **Frequency** |
| Service user | Standard precautions, cleaning, food hygiene, laundry management and reporting infectious conditions. | At:* service entry
* in response to a specific

 situation |
| Infection management coordinator | Completes the <http://learnonline.health.nz/login/index.php>Infection prevention and control certificate.Is familiar with the Infection Prevention and Control Manual.Establishes and maintains a relationship with an infection specialist.Accesses relevant WHO information and training. | At:* commencement of the role
* updates of the manual
* when practices change
* updates during epidemic/pandemic
 |
| Service delivery staff | Either completethe <http://learnonline.health.nz/login/index.php>Infection prevention and control certificate.Or at a minimum: standard precautions, infection surveillance, cleaning, food and laundry hygiene.Familiarity with the Infection Prevention and Control Manual. | At:* induction/orientation
* in response to a specific situation
* when practices change
* updates of the manual
* updates during epidemic/pandemic
 |
| Administration staff  | Standard precautions. Cleaning of the office space. | At:* induction/orientation
* in response to a specific situation
* when practices change
* updates of the manual
 |

# Organisational changes requiring infection management consultation

**Consultation**

**Example:**

* DHB infection prevention and control specialist

**Before the change occurs**

**Governance/Infection management coordinator/external specialists**

**Areas for which consultation need to occur:**

**Equipment**

**Premises**

**Products**

**Staffing**

**Practices**

* washing machine
* cleaning equipment
* new premises
* renovation
* expanding
* new roles
* changed roles
* loss of roles
* additional service provision requirements
* incontinent products
* cleaning products

During an epidemic or pandemic event all areas need to be reviewed and specific Ministry of Health and World Health Organisation guidelines and directives to be followed.

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| Consider establishing areas in which people engaged with the service can be isolated during an infection alert/outbreak |
| Consider establishing areas in which staff can change from home to work clothing and store the possessions they take to the workplace safely. |

# Infection management: responsibilities & implementation

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| --- | --- |
| **Purpose** | The service manages its service delivery environments to minimise the risk of infection for service users, service providers and visitors by allocating responsibilities for infection prevention and control activities. |

**All staff & contractors**

Implementation of the infection control processes

as documented in the Infection Prevention and Control Manual

 report to

**Infection management coordinator**

**Monthly**

* Ensures internal infection prevention and control audits are completed.
* Analyses monthly surveillance data for accuracy and appropriate responses.
* Ensures staff have infection prevention and control related training.
* Reports on trends.
* Reports on incidents/accidents/hazards related to infection control.

 report to

**Management meeting/quality forum**

**2-monthly or as required**

* Develop and manage service improvement in response to incidents/accidents/hazards related to infection control.
* Document quarterly report to the manager/CEO on infection control related surveillance and other monitoring activities.

report to

**Manager/CEO**

**6-monthly & as required**

* Overall responsibility that the quality forum responds effectively to infection management issues.
* Incorporates identified infection control issues in the organisational risk management plan.
* Facilitates accesses to resources required for an effective infection control programme.
* Includes infection control information in a 6 monthly report to the Board.
* Ensures infection control related issues are managed and reported according to the Adverse Event Management policy/procedure.

report to

**Infection management coordinator**

**Board of Trustees/Directors**

**yearly**

* Approve the infection control programme.
* Approves resource allocation to implement Infection Prevention and Control Standard requirements.
* Reviews the infection control programme.
* Provdes a yearly report to the Board:
	+ infection data
	+ trends
	+ service improvement measures taken and required

#

# Preventing and managing infections

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| **Definitions** | [Chain of infection](http://www.rph.org.nz/public-health-topics/early-childhood-centres/keeping-your-centre-healthy/how-do-infections-spread/) |
| **Immunisation** | * The service encourages and facilitates that staff and service users have a yearly flu shots.
* Entry assessments for service users 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/service users/****visitors** | The service will: * Send staff home if they are sick with an infectious condition that can easily be transmitted.
* Not admit service users (housing and recovery services) who have been exposed to a notifiable disease during the incubation period of that disease.
* Not allow visitors that show symptoms of an infection such as influenza or measles.
* Ensure that sick service users receive medical practitioner services.
* Implement standard precautions if staff are in contact with infectious service users during home visits.
* During an endemic/pandemic instructions provided by the Ministry of Health or the Public Health service will need to be followed.
 |
| **Notifiable Diseases** | The medical practitioner or emergency clinic providing services to service users will 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%2Bdiseases)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 service users** | The service will communicate with the service user’s medical practitioner user that the service needs to be informed immediately of any infectious condition which would compromise other service users and staff health. A copy of diagnostic test results will be requested and will be filed in the service user’s 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 service users on this medication have.](http://www.medsafe.govt.nz/profs/PUarticles/ClozInfection.htm) |

## Ways people spread infectious diseases

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| **Infectious diseases have different ways of spreading from person to person. They can be spread in three main ways (more details are available from this** [**website**](https://www.healthed.govt.nz/resource/infectious-diseases)**):**  |
| **Through the air** | **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 or sneezes. Breathing in these infectious particles is how you get sick. |
| **Through direct contact** | Touching an infected animal, person or their bodily fluids and not washing your hands, increases your risk of giving yourself and others the infection. Possible bodily fluids are saliva, blood, sweat, urine or faeces. Examples of infectious diseases include norovirus and Hepatitis B. |
| **Through contact with contaminated surfaces or objects** | Touching a surface or object that has been contaminated by an infected person’s disease particles and not washing your hands, increases the risk of giving yourself or others the disease. Examples of infectious diseases include influenza (particles of virus from a sneeze) and norovirus. |

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| **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](http://mpi.govt.nz/food-safety/whats-in-our-food/bacteria-and-viruses-in-food/).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). |

#

# [Standard Infection Control Precautions](https://www.who.int/docs/default-source/documents/health-topics/standard-precautions-in-health-care.pdf?sfvrsn=7c453df0_2)

|  |  |
| --- | --- |
| **Purpose** | Standard precautions are in place to prevent the spread of infections to staff, service users, visitors and the wider community. |
| **Definition** | Placing a physical, mechanical or chemical barrier between microorganisms and an individual. |
| **Introduction** | Standard Precautions’ are designed for the care of **all** persons—regardless of whether or not they are infected.Standard Precautions apply to blood and all other body fluids, secretions and excretions (except sweat), non-intact skin and mucous membranes. Their implementation is meant to reduce the risk of transmitting microorganisms from known or unknown sources of infection (e.g. staff, service users, contaminated objects, surfaces, used needles and syringes, etc.). **Consider every person as potentially infectious and susceptible to infections.** |

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| **Precautions** | [**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** | **Laundry Management** | **Cleaning** |

## Hand Hygiene

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| **Purpose** | Hand hygiene is THE SINGLE most important measure in reducing the spread of infection. |
| **Scope** | All persons living, working and visiting. |
| **Soap and water** | 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** | 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.
 |
| **Display hand hygiene posters throughout shared accommodation:** |
| Kitchen | Laundry | Wash basins | Toilet |
| **During an epidemic or pandemic additional poster locations include:** |
| Premises entrance | Premises exit | Offices | Isolation room/area |

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| **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.  |

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| **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

|  |  |
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| **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-%28ppe%29.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: |
| 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 consistently available.
 |
| **Everyone’s responsibility**  |
| 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

|  |  |
| --- | --- |
| **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

|  |  |
| --- | --- |
| **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 |

## Laundry management

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| **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** |

## Cleaning schedule

|  |
| --- |
| **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 in which service users are transported** |
| **Item** | **Cleaning Process** | **Responsibility** | **Frequency** |
| Doorhandles |  |  |  |
| Seats  |  |  |  |
| Steering Wheel |  |  |  |
| Handles/Buttons |  |  |  |
| Windows/inside |  |  |  |
| Floor |  |  |  |
| **Offices** |
| **Item** | **Cleaning Process** | **Responsibility** | **Frequency** |
| Telephones |  |  |  |
| Keyboards |  |  |  |
| Filing Draws |  |  |  |
| Computer Screen |  |  |  |
| Door Handle |  |  |  |
| Glass on Sliding Door |  |  |  |
| Frame of Chairs |  |  |  |
| **Kitchen (if providing services that require a food plan please refer to the plan)** |
| **Item** | **Cleaning Process** | **Responsibility** | **Frequency** |
| Hob |  |  |  |
| Stove |  |  |  |
| Fridge |  |  |  |
| Cupboard doors |  |  |  |
| Cutlery Tray |  |  |  |
| Bench top and sinks |  |  |  |
| Water Cooler |  |  |  |
| Paper Towel Holder |  |  |  |
| Floor |  |  |  |
| **Bathroom**  |
| **Item** | **Cleaning Process** | **Responsibility** | **Frequency** |
| Wash basin |  |  |  |
| Shower |  |  |  |
| Bathtub |  |  |  |
| Floor |  |  |  |
| Rubbish Bin |  |  |  |
| Vanity  |  |  |  |
| Hand Towel Dispenser |  |  |  |
| Mirrors |  |  |  |
| Walls |  |  |  |
| [**Toilets**](https://www.cleanipedia.com/me-en/bathroom-kitchen/cleaning-the-bathroom-how-to-clean-the-washbasin-toilet-and-bath) |
| **Item** | **Cleaning Process** | **Responsibility** | **Frequency** |
| Toilet Brush |  |  |  |
| Toilet Bowl |  |  |  |
| Toilet Seat |  |  |  |
| Floor |  |  |  |
| Cistern |  |  |  |
| Toilet Base |  |  |  |
| Toilet Roll Holder |  |  |  |
| Door Knobs |  |  |  |
| **Bedrooms** |
| **Item** | **Cleaning Process** | **Responsibility** | **Frequency** |
| Floors |  |  |  |
| Mattresses |  |  |  |
| Chest of Draws |  |  |  |
| Bedside Draws |  |  |  |
| Window Sills/Skirting |  |  |  |
| Door Handles |  |  |  |
| **Other items** |
| **Item** | **Cleaning Process** |  | **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 |  |  |  |

# 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

|  |
| --- |
| **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.
9. Hug your family, pet, flat mates…
 |
| **Service 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.orTake 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. |

#

# Infection surveillance of specific conditions and related processes

|  |  |
| --- | --- |
| **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 participate in the surveillance processes. |

**Surveillance Processes**

When service users report or show 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)**

**Service user/staff**

* Initiate a GP or Emergency Clinic visit.
* Contact the manager or on-call staff if symptoms cause concern.
* Service user is diagnosed and advised by the GP/medical practitioner to take specific infection prevention and control precautions/medication.
* Service user to follow GP or medical practitioners’ instructions.
* Staff to support service user in administering treatment if required.

**Same Day**

**Staff with service user**

* Inform the infection management coordinator of the situation.
* Consult with the infection management coordinator about precautions to be taken.
* Document and implements the precautions.
* Document 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**

**Service user/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 management 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.

#  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 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.
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| **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.
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