



RURAL  
MEDICAL  
IMAGING

Locations: Innisfail Mareeba Atherton Ingham

# Infection Control Policy & Procedures



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# Infection Control Policy & Procedures

## Purpose and Scope

The purpose of this policy is to minimise as far as possible risks of harm to Rural Medical Imaging's staff, patients, and visitors which may arise through passing infections between each other.

## Definitions

Infection requires three main elements — a source of the infectious agent, a mode of transmission and a susceptible host.

Infection control is preventing the transmission of infectious organisms and managing infections if they occur.

Infectious agents are biological agents that cause disease or illness to their hosts.

Contact transmission usually involves transmission of an infectious agent by hand or via contact with blood or body substances. Contact may be direct or indirect.

Direct contact transmission occurs when infectious agents are transferred from one person to another, for example, *a patient's blood entering a healthcare worker's body through an unprotected cut in the skin.*

Indirect contact transmission involves the transfer of an infectious agent through a contaminated intermediate object or person, for example, *an employee touches an infected body site on one patient and does not perform hand hygiene before touching another patient.*

Standard precautions are work practices which require everyone to assume that all blood and body substances are potential sources of infection, independent of perceived risk.

## Principles

Effective infection control is central to providing high quality support for patients and a safe working environment for Rural Medical Imaging's employees, patients, carers, healthcare workers, support staff and other visitors

Staff and patients are most likely sources of infectious agents and are also the most common susceptible hosts. Other people visiting the premises may be at risk of both infection and transmission.

The main modes for transmission of infectious agents are contact (including blood borne), droplet and airborne. Transmission of infection may also occur through sources such as contaminated food, water, medications, devices or equipment.

Infection control is integral to patient support, not an additional set of practices.

Patients' rights are respected at all times; they are involved in decision-making about their support, and they are sufficiently informed to be able to participate in reducing the risk of transmission of infectious agents.

### Outcomes

Infections and infection transmission is prevented and managed as far as possible through the application of standard precaution practices.

### Functions and Delegations

<b>Position</b>	<b>Delegation/Task</b>
Managing Director	<p>Endorse Infection Control Policy.</p> <p>Compliance with Infection Control Policy.</p> <p>Promote and maintain workplace occupational health and safety.</p>
Management	<p>Compliance with Infection Control Policy.</p> <p>Establish and implement systems for infection control.</p> <p>Ensure infection control policies and procedures are effectively implemented and adhered to.</p>
Staff	Compliance with Infection Control Policy

## Risk Management

Risks of infection are regularly assessed, identified and managed.

Employees are trained in infection control practice, including relevant application of precautions to minimise the risk of infection.

Mechanisms are in place for monitoring compliance with infection control procedures.

## Policy Implementation

The organisation ensures effective implementation of infection control.

All staff have access to policies and procedures relating to infection control.

Tailored training is provided to persons with specific tasks where infection transmission is a risk.

Records of infection control activities are maintained, including infection control training undertaken, information provided to patients and the use of personal protective equipment (PPE).

There are mechanisms for monitoring compliance with infection control.

## Education and Information

Education regarding infection prevention core principles is provided to all new staff and to existing staff annually.

Advice and information is provided to staff regarding new and emerging infectious disease threats and trends.

Advice and education related to infection prevention is routinely provided to patients by way of posters and brochures. Material include:

- posters pertaining to COVID-19
- Brochures issued by NHMRC
  - o Healthcare-Associated Infections - Information for patients, visitors and carers
  - o Methicillin Resistant Staphylococcus aureus - Healthcare-Associated Infections Information for patients
  - o Vancomycin Resistant Enterococci - Healthcare-Associated Infections Information for patients

## Policy Detail

### *Identifying sources of infection*

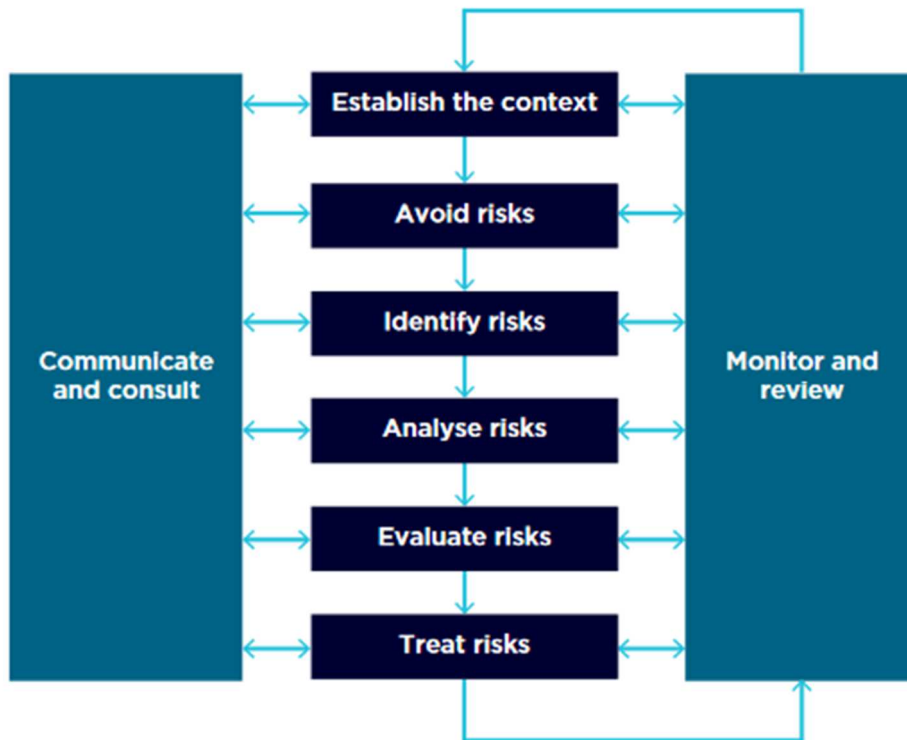
As infectious agents cannot be readily seen by the human eye, we must base our actions on assuming that everyone is capable of bringing an infection into the workplace. Our own hygiene practices and work practices must reflect this assumption and proper procedures and precautions need to be followed in order to control and eliminate ours and others exposure to the infectious source.

### *Infection Control Risk Management Plan*

Once infection risks are identified, the organisation's risk management program includes:

- eliminating the risk factors
- modifying or changing procedures, protocols and work practices
- monitoring patient and employee compliance with infection control procedures
- providing information/education and training to patients and employees.

The flow chart below shows the risk management approach to the chain of infection to ensure exposure is minimised for staff, patients and visitors as applied to HAI (courtesy Australian National Health & Medical Research Council). Full copy of document available here <https://www.nhmrc.gov.au/sites/default/files/documents/attachments/Clinical-Educators-Guide-WEB.pdf> or refer external document "Aust Guidelines for prevention and control of infection in healthcare.pdf"



### *Infection Risk Assessment*

Rural Medical Imaging identifies and assesses infection control risks by taking into consideration the likelihood of infection from a particular hazard, and the consequences if a person is infected. Factors such as frequency of exposure, levels of training and knowledge, existing controls, environmental factors and the experience of employees are considered. Rural Medical Imaging develops and prioritises actions for managing identified risks.

### *Standard Precautions*

Standard precautions are applied in all situations in which staff may have contact with blood / body fluids. See attachment [Standard Precautions](#)<sup>i</sup>

### *Contact Precautions*

Contact precautions must be followed for patients with known or suspected infections that carry a risk of contact transmission. See attachment [Contact Precautions](#)<sup>ii</sup>

### *Hand Washing and Hand Care*



Hand washing and hand care are considered most important measures in infection control. Skin is a natural defence against infection. Cuts and abrasions on exposed skin should be covered with a water resistant dressing changed as often as necessary.

Hands must be washed and dried before and after any direct patient contact and/or the removal of gloves. Hands should be washed with a soap or cleaning agent covering all surfaces. Protective gloves must be worn when handling blood and body substances. See attachment [Hand Washing Poster](#) <sup>iii</sup>

### *Protective Barriers*

Protective barriers (eye shields, gloves, gowns and masks) are to be used whenever there is a potential for exposure to blood and body substances.

General purpose utility gloves should be worn for housekeeping tasks including: cleaning clinical instrument and handling chemical disinfectants.

Utility gloves are to be discarded if they are peeled, torn or punctured or have other evidence of deterioration.

### *COVID-19*

With the emergence of COVID-19 into our world Rural Medical Imaging has followed the advice of Queensland Health, implemented social distancing, displayed relative posters and made information readily available to anyone who enters our premises. Our Workplace Health and Safety Manual has been updated and training has been provided to support these requirements and changes. Our [Airborne Precautions](#)<sup>iv</sup> and [Droplet Precautions](#)<sup>v</sup> have been updated, we have implemented a COVID19 Protocol along with a Reception Flow chart to assist with the management of this potential infection. Refer external documents “*COVID-19 Protocol Jan 2021: & “COVID-19 Reception Flow Chart”*”

### *Needles and Sharps*

Special care must be taken to prevent injuries during procedures when cleaning sharp instruments, and use or disposal of sharps (needles). Sharps must not be passed from one worker to another unless specifically required for the proper conduct of the procedure.

Needles must not be removed from disposable syringes for disposal nor resheathed before disposal. Where special circumstance require resheathing, it is preferable to use forceps or a protective guard.

Sharps containers should be placed as close as practical to the patient care area, not easily accessible to visitors and out of the reach of children. Containers should be clearly labelled with the biohazard symbol and never overfilled.

### *Ultrasound Transducer*

Rural Medical Imaging utilises ultrasound services in all its practices and is required to disinfect the transducer in accordance with national standards and guidelines. See [Ultrasound Transducer Disinfection Process](#) <sup>vi</sup>

### *Quarantining*

Anyone experiencing infectious conditions will be requested to refrain from Rural Medical Imaging's premises during the infectious period of the condition.

### *Response to Incidents of Transmission of Possible Infection*

When potentially infected body fluids come into contact with an employee, Imaging's employees, patients, carers, healthcare workers, support staff and other visitors, steps are taken to decrease the impact of such contact, including first aid and assessment at a medical service.

The area is subjected to a deep clean by staff wearing full PPE in accordance with Government issued document titled ["Environmental cleaning and disinfection principles for COVID-19"](#)

See procedures for [Deep Cleaning after possible infection](#) <sup>vii</sup>

A supervisor must be notified of such incidents as soon as possible and an incident report form completed.

Where an incident has occurred this needs to be investigated by the Manager or delegate to determine:

- what happened,
- could it have been prevented,
- were the actions taken appropriate,
- is there anything that could have been done differently and what did we learn from the incident.

Findings to be distributed to both those directly involved and used for training purposes to assist other staff.

Incident to be recorded in Incident Register.

Debrief if required see [Debriefing Guide<sup>viii</sup>](#)

### *Notifiable Diseases*

Rural Medical Imaging notifies the Queensland Health in the event that they become aware that a staff member, visitor or patient was found to be displaying a notifiable condition as per the Queensland Health's list of notifiable conditions.

Refer <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/notifiable-conditions/list>

## References + Resources

### *Internal*

Safety & Quality Manual

Work Place Health and Safety Manual

### *External*

DIAS User Guide April 2020

Work Health and Safety Act 2011 Qld

The Health Insurance Act 1973

Queensland Government – Queensland Health

Australian Government – Department of Health

Australian Government - Australian Health & Medical Research Council

## Attachment - STANDARD PRECAUTIONS



### Standard Precautions

*The below standard precautions must be followed at all times.*

- Perform hand hygiene before and after every Patient contact
- Use personal protective equipment if ever at risk of bodily fluid exposure (e.g. blood, mucous, urine or faeces.)
- Use and dispose of sharps appropriately and safely
- Regularly clean and reprocess any shared equipment
- Use aseptic techniques
- Perform regularly routine environmental cleaning
- Safely handle and dispose of waste or used linen.

Any questions regarding the Contact Transmission protocol, please contact the below OHS officers.

OHS Officers:  
Sarah Saro: 0409 149 769  
Sue McCarthy: 0431 931 125  
Bev Giffin: 0408 295 524

Thursday, 17 June 2021  
Review Date: 17/06/2021

## Attachment - CONTACT PRECAUTIONS



## Contact Precautions

Use Contact Precautions for Patients with known or suspected infections that represent a high risk of contact transmission. E.g. Methicillin-resistant *Staphylococcus aureus* (MRSA).

- **Use personal protective equipment (PPE) appropriately:**  
This includes gloves and a gown during any interactions with the Patient that may involve Staff to Patient contact. Ensure appropriate discarding of used PPE after exam via Biohazard protocol.  
<https://www.youtube.com/watch?v=qk6ai3JUL9U> – For how to apply/ remove PPE correctly.
- **Ensure appropriate Patient placement:**  
**Waiting Room:** Where possible ensure Patient is separated from other Patients (social distancing). As soon as Patient leaves waiting room to go in for procedure; immediately clean chair and surfaces touched. As per PPE and cleaning guidelines.  
**Exam Room:** Apply relevant PPE and apply Bluey underlays to any location on the exam bed that will be exposed to open wounds or bodily fluids. At the end of the scan, complete a full contact precaution clean as per PPE and cleaning guidelines.
- **Use disposable equipment where possible:**
  - Use sterile gel on any open wounds that require scanning,
  - Lay disposable bed roll on exam bed underneath Patient,
  - Apply bluey underlays underneath any open wounds.
- **Cleaning after Patient:**  
Upon exit of Patient ensure you wipe down all contacted surfaces with either a detergent/water combination or a Clinell wipe. The wipe must leave a soapy residue behind. Allow cleaned areas to dry before taking in the next Patient.  
*Areas to clean: Exam bed, walls touching bed, chairs, floor where clothing/shoes are laid, door and equipment touched. (Only Clinell wipes are safe to use on Ultrasound Probes.)*  
Ensure appropriate discarding of used PPE after exam via Biohazard protocol.

Any questions regarding the Contact Transmission protocol, please contact the below OHS officers.

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## Attachment – HAND WASHING POSTER

# *Be an Employisure hygiene hero.*

## FOLLOW THESE SIMPLE STEPS TO SANITISE YOUR HANDS.



- 1** Rinse your hands under running water and use soap to form a foam.



- 2** Rub your hands together vigorously for 10-15 seconds.



- 3** Wash all areas of your hands, wrists, fingers, under your nails etc.



- 4** Rinse your hands well.



- 5** Dry your hands thoroughly with a hand dryer or paper towel.

## Attachment - ULTRASOUND TRANSDUCER DISINFECTION PROCESS



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### ULTRASOUND TRANSDUCER DISINFECTION PROCESS AS FOLLOW:

#### LOW LEVEL DISINFECTION:

*\*Refer to the Standard Precautions protocol.*

If there are any crevices on the probe with remnants of gel use the provided toothbrush to remove residual gel. Wipe the entirety of the probe over with a Clinell wipe including any crevices and the lead. Also clean the keyboard, bed and any other shared equipment.

The Clinell wipe will be effective if leaves a foamy residue behind.

Store the disinfected probe in the assigned probe rack or on your machine in allocated spots.

- *It is recommended to apply a clean disposable cover to transducer for storage to mitigate risks of environmental contamination.*

#### HIGH LEVEL DISINFECTION:

*\*Refer to the Contact Precautions protocol.*

At the beginning of every day, use provided Opal Test strip to determine the concentrate of the disinfection pre-mix soaking station. The rinse station must be emptied and refilled daily. Record test strip results in the provided Opal records folder.

Immediately after examination move probe to the soaking station, wipe the transducer entirely with a Clinell wipe rinse under tap in allocated area. If this does not remove all signs of transmission gel you must use the provided toothbrush to brush away the remainder.

Then insert the transducer into high-level disinfection pre-mix soaking station.

Soak in the pre-mix for 6 minutes then transfer transducer to rinse soaking station to soak for 30 sec. Remove from the rinse station and put under running water for 1 minute. Pat dry the transducer with a single use low lint cloth (Scott paper towel).

#### TRANSDUCER GEL STANDARD:

Non-sterile gel can be used when there is no evidence of broken skin or open wounds (standard precautions.)

If there is evidence of broken skin or open wounds (transmission-based precautions) you must use single sachet, single use sterile gel. Heating of this gel is not recommended. Do not re-use any unused portions of sterile gel sachets; they must be disposed of correctly as per our waste management and transmission-based protocols.

Re-usable ultrasound gel dispensers on a weekly basis must be completely emptied, thoroughly washed and dried prior to refilling.

OHS Officers:  
Sarah Saro: 0409 149 769  
Sue McCarthy: 0431 931 125  
Bev Giffin: 0408 295 524

Chief Sonographer: Mark Ph: 0438 612 337

Thursday, 17 June 2021  
Review Date: 17/06/2022

## Attachment - Airborne Precautions



## Airborne Precautions

*Use Airborne Precautions for patients known or suspected to be infected with pathogens transmitted by the airborne route (e.g., COVID-19, Tuberculosis, Measles, Chickenpox). Please take note of current protocols in place for COVID-19. Highly contagious Airborne Transmission related illnesses should be referred to the nearest Hospital/ GP.*

- **Use personal protective equipment (PPE) appropriately:**  
This includes gloves and a gown during any interactions with the Patient that may involve Staff to Patient contact. Ensure appropriate discarding of used PPE after exam via Biohazard protocol.  
<https://www.youtube.com/watch?v=qk6ai3JUL9U> – For how to apply/ remove PPE correctly.
- **Ensure appropriate Patient placement:**  
**Waiting Room:** Where possible ensure Patient is separated from other Patients (social distancing). As soon as Patient leaves waiting room to go in for procedure; immediately clean chair and surfaces touched. As per PPE and cleaning guidelines.  
**Exam Room:** Apply relevant PPE and apply Bluey underlays to any location on the exam bed that will be exposed to open wounds or bodily fluids. At the end of the scan, complete a full contact precaution clean as per PPE and cleaning guidelines.
- **Cleaning after Patient:**  
Upon exit of Patient ensure you wipe down all contacted surfaces with either a detergent/water combination or a Clinell wipe. The wipe must leave a soapy residue behind. Allow cleaned areas to dry before taking in the next Patient.  
*Areas to clean: Exam bed, walls touching bed, chairs, floor where clothing/shoes are laid, door and equipment touched. (Only Clinell wipes are safe to use on Ultrasound Probes.)*  
Ensure appropriate discarding of used PPE after exam via Biohazard protocol.

Any questions regarding the Contact Transmission protocol, please contact the below OHS officers.

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## Droplet Precautions



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## Droplet Precautions

*Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking.*

- Use personal protective equipment (PPE) appropriately:**  
This includes gloves and a gown during any interactions with the Patient that may involve close proximity between Staff and the Patient. Ensure appropriate discarding of used PPE after exam via Biohazard protocol.  
<https://www.youtube.com/watch?v=qk6ai3JUL9U> – For how to apply/ remove PPE correctly.
- Ensure appropriate Patient placement:**  
**Waiting Room:** Where possible ensure Patient is separated from other Patients (social distancing). As soon as Patient leaves waiting room to go in for procedure; immediately clean chair and surfaces touched. As per PPE and cleaning guidelines.  
**Exam Room:** Apply relevant PPE prior to exam. At the end of the exam, complete a full airborne precaution clean as per PPE and cleaning guidelines.
- Cleaning after Patient:**  
Upon exit of Patient ensure you wipe down all surfaces with either a detergent/water combination or a Clinell wipe. The wipe must leave a soapy residue behind. Allow cleaned areas to dry before taking in the next Patient.  
*Areas to clean: Exam bed, walls touching bed, chairs, floor where clothing/shoes are laid, door and equipment touched. (Only Clinell wipes are safe to use on Ultrasound Probes.)*  
Ensure appropriate discarding of used PPE after exam via Biohazard protocol.

Any questions regarding the Airborne Transmission protocol, please contact the below OHS officers.

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## Deep Cleaning after Possible Infection



## Deep Cleaning after Possible Infection

### Terminal cleaning

Terminal cleaning is a complete and enhanced cleaning procedure that decontaminates an area following discharge or transfer of a patient with an infectious/communicable disease, sometimes also referred to as an 'infectious clean'. Terminal cleaning requires both thorough cleaning and disinfection for environmental decontamination.

Cleaning should be followed with a disinfectant process (see 2-step clean and 2-in-1 step clean below).

Ensure room is prepared prior to cleaning, remove medical equipment and patient used items.

- Wear PPE – surgical mask, protective eyewear and gloves
- Change bed screens and curtains (including disposable curtains/screens) that are soiled or contaminated
- Damp dust all surfaces, furniture and fittings
- Clean windows, sills and frames
- Clean all surfaces of bed and mattress
- Mop floor
- Remove PPE and perform hand hygiene
- Clean all cleaning equipment and return it to the cleaners' room or storage area, discard any waste
- Perform hand hygiene

### 2-step clean

Physical cleaning with detergent followed by disinfection with a TGA-listed hospital-grade disinfectant with activity against viruses (according to label/product information) or a chlorine-based product such as sodium hypochlorite.

### 2 in-1 clean

A physical clean using a combined detergent and TGA-listed hospital-grade disinfectant with activity against viruses (according to label/product information) or a chlorine-based product such as sodium hypochlorite, where indicated for use i.e. a combined detergent/disinfectant wipe or solution.

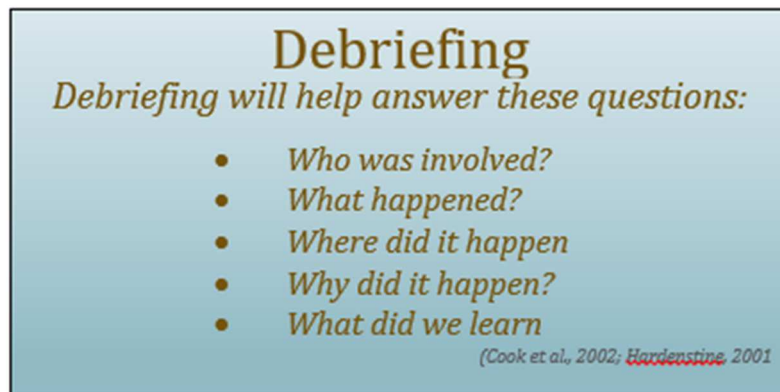
*A extracted from Environmental cleaning and disinfection principles for COVID-19 issued by Australian Government – Department of Health*

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## Attachment – Debriefing Guide



### **Purpose:**

To be used after an incident or event that had a physical or emotional impact on the individual or group of people involved. (An event that you do not want to happen again)

### **Instructions:**

- Try to investigate as soon as possible to understand what happened and why certain decisions were made.
- Have person or person affected along with other individual/individuals not involved in incident present i.e. administration, manager
  - Encourage participants to use blameless feedback and observations to support improvement.
  - Discussion can be brief: 10-15 minutes. Appoint a person to document the debrief below for learning and record keeping purposes

### **Debrief – question guide**

1. What happened?
2. Why did it happen
3. Explore the feelings that were involved during the incident
4. Explore the feelings still present surrounding the incident
5. How could this situation have been prevented?
6. Could the situation have been handled differently
7. What needs to be done to stop it happening again

## Original Files

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i	1.6 Standard Precautions
ii	1.6 Contact Precautions
iii	1.6 Handwashing Poster
iv	1.6 Airborne Precautions
v	1.6 Droplet Precautions
vi	1.6 Ultrasound Transducer Disinfection Method
vii	1.6 Deep Cleaning after possible infection
viii	1.6 Debriefing Guide