

Infection Control Management Plan

For: **Insert Business Name**

NOTE – THIS TEMPLATE HAS BEEN PROVIDED TO GUILD MEMBERS AS AN EXAMPLE ONLY. IT IS NOT TO BE USED IN PLACE OF THE PHARMACY COMPLETING THEIR OWN RISK ASSESSMENT OF PRACTICES AND SERVICES PROVIDED.

All information has been provided to prompt ideas and generate discussion in the pharmacy. It is not the full extent of information that should be provided in an ICMP and may or may not apply to your pharmacy.

This Infection Control Management Plan should be completed in conjunction with:

- [ICMP Development Instructions](#) provided on the Queensland Health Website
- [Public Health Act 2005](#) to determine what constitutes a declared health service
- [Infection Control Management Plans for Non-Hospital Healthcare Facilities](#)
- [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#)

Purpose:

Prevent or minimise the risk of infection in relation to a declared health service, for:

- Persons receiving services at the pharmacy
- Persons employed or engaged at the pharmacy
- Other persons at risk of infection at the pharmacy.

Details:

Name of owner		Physical Location of the facility	
Name of operator (if different from owner)		Date ICMP developed	

[Type here]

Declared Health Services*:

Identify and list all declared health services as defined under the Public Health Act 2005 (the Act) that **are provided at the pharmacy:**

<Add or delete services to the below list as appropriate>

Vaccinations

Blood Glucose Testing

Cholesterol Testing

INR Testing

Wound Care Service

CPAP Service

* A service intended to maintain, improve or restore a person's health that involves an invasive procedure (the insertion of an instrument, appliance or other object into human tissue, organs, body cavities or body orifices) or an activity which exposes the person or another person to blood or another bodily fluid

Identified infection risks associated with the provision of declared health services	Measures to be taken to prevent or minimise the risk/s	How to monitor and review the implementation and effectiveness of the measure/s
<p>1. <i>Transmission of infection from contaminated hands or objects</i></p>	<p><i>A hand hygiene procedure consistent with Hand Hygiene Australia is in place and its compliance monitored via direct observation and annual internal operational review.</i></p> <p><i>An environmental cleaning procedure consistent with guidelines is available and followed to minimise transmission of infection from contaminated objects i.e. hard surfaces in consult area.</i></p>	<ul style="list-style-type: none"> <i>Twice yearly <u>audit results</u> demonstrate that hand hygiene facilities are adequate, available and accessible, and hand hygiene solution dispensers are adequately stocked with the correct solution to facilitate hand hygiene compliance</i> <i>Staff have completed the <u>standard online learning module provided by Hand hygiene Australia</u> – training is recorded on each staff member's training record</i> <i>Staff have read and understood the Hand Hygiene Procedure created for QC2020 training is recorded on each staff member's training record</i> <i>Staff have to record incidents and review the Incident Register every three (3) months to identify any trends that may be apparent from the types of issues recorded.</i> <p><i>Relevant QC2020 Domains:</i> <i>Domain 3: Sub-domain 3</i> <i>Domain 4: Sub-domain 3</i> <i>Domain 5: Sub-domains 5 & 6</i></p>

Identified infection risks associated with the provision of declared health services	Measures to be taken to prevent or minimise the risk/s	How to monitor and review the implementation and effectiveness of the measure/s
<p>2. Occupational exposure to needle stick injuries</p>	<p>A needle stick injury procedure consistent with <u>Queensland Health Sharps Safety</u> is in place and its compliance monitored.</p> <p>Follow <u>Queensland Government guidelines</u> on the management of clinical and related waste.</p>	<ul style="list-style-type: none"> Pharmacy staff have read and understood the Needle Stick Injury Procedure (part of the Infection Control Guidelines) Staff understand the system for recording and reporting needle stick injuries. All staff receive education regarding the appropriate use of <u>standard precautions</u> at induction and again as required. Identify potential improvements that could be made to procedures and processes and document as part of the continuous improvement process. Staff have to record incidents and review the Incident Register every three (3) months to identify any trends that may be apparent from the types of issues recorded <p>Relevant QC2020 Domains: Domain 1: Sub-domain 3 Domain 5: Sub-domain 6 & 7</p>

Identified infection risks associated with the provision of declared health services	Measures to be taken to prevent or minimise the risk/s	How to monitor and review the implementation and effectiveness of the measure/s
<p>3. Occupational exposure to blood or bodily fluids via patient – staff – staff interaction/s.</p>	<p>An occupational exposure to bodily fluid protocol is in place (as part of QC2020) and is consistent with the <u>Guideline for Management of occupational exposure to blood and body fluids</u>.</p> <p>Follow <u>Queensland Government guidelines</u> on the management of clinical and related waste.</p>	<ul style="list-style-type: none"> • Staff understand the system for recording and reporting occupational exposure. All staff receive education regarding the appropriate use of <u>standard precautions</u> at induction and again annually. • Identify potential improvements that could be made to procedures and processes as part of the continuous improvement process. • Staff have to record incidents and review the Incident Register every three (3) months to identify any trends that may be apparent from the types of issues recorded <p>Record the following in the register:</p> <ul style="list-style-type: none"> • the name of the person injured • how the incident occurred • time the injury occurred • what action was taken • type of exposure (i.e. mucosal splash, deep penetrating skin injury) • presence of visible blood • type of sharp (i.e. a solid sharp object or hollow bore object) • gauge of needle • who was informed and when • details of the patient treatment <p>Relevant QC2020 Domains: Domain 1: Sub-domain 3 Domain 5: Sub-domain 6 & 7</p>

Identified infection risks associated with the provision of declared health services	Measures to be taken to prevent or minimise the risk/s	How to monitor and review the implementation and effectiveness of the measure/s
4. <i>Exposure to a vaccine preventable disease</i>	<p><i>Healthcare facilities should take reasonable steps to ensure that employees are protected against vaccine-preventable diseases.</i></p> <p><i>This may be achieved through routine screening at the start of employment.</i></p> <p><i>This often occurs by, personal assessment (a questionnaire), immunisation records or laboratory testing.</i></p>	<p><i>The risk posed by vaccine preventable diseases needs to be considered and how they may be managed through the implementation of a vaccine preventable immunisation program. The program should include:</i></p> <ul style="list-style-type: none"> <i>• a facility immunisation policy</i> <i>• a current immunisation register</i> <i>• information about relevant vaccine-preventable diseases</i> <i>• the management of vaccine refusal (including the reduced risk of healthcare worker transmitting disease to a vulnerable patient).</i> <p><i>Relevant QC2020 Domains:</i> <i>Domain 4: Sub-domain 3</i> <i>Domain 5: Sub-domain 8</i></p>

Identified infection risks associated with the provision of declared health services	Measures to be taken to prevent or minimise the risk/s	How to monitor and review the implementation and effectiveness of the measure/s
<p>5. <i>Cross-infection and direct exposure to infectious droplets or aerosols from patients/clients with symptoms of communicable diseases, e.g. influenza and measles</i></p>	<p><i>To stop the spread of infection through coughing and sneezing, each facility should implement policies to limit droplet and airborne transmission. This is achieved by ensuring staff are trained in the following:</i></p> <ul style="list-style-type: none"> <i>Covering mouth and nose with a disposable single use tissue when coughing or sneezing.</i> <i>Coughing or sneezing into the inner elbow rather than using their hand.</i> <i>Using disposable tissue to contain secretions, blowing nose etc.</i> <i>Ensuring that the tissue is placed in the waste and hand hygiene is performed immediately.</i> <i>Hand hygiene performed after contact with respiratory secretions (contact with a tissue), this can be using soap and water or alcohol-based hand rub.</i> <p><i>Supporting patients and visitors by:</i></p> <ul style="list-style-type: none"> <i>Offering to re-book an appointment for when they feel symptoms have passed (except where the appointment was originally booked to obtain treatment for the symptoms).</i> <i>Placing posters in waiting areas to raise awareness of respiratory hygiene and cough etiquette.</i> <i>Providing tissues, waste bin and hand hygiene products for patients and visitors</i> 	<ul style="list-style-type: none"> <i>Hand hygiene audits</i> <i>Environmental cleaning schedules and audits</i> <i>Hand hygiene facilities are appropriate and at the point of care</i>

Identified infection risks associated with the provision of declared health services	Measures to be taken to prevent or minimise the risk/s	How to monitor and review the implementation and effectiveness of the measure/s
6. <i>Transmission of infection due to incorrect or inappropriate cleaning, disinfection or sterilisation of re-useable medical devices or incorrect use of single-use medical items.</i>	<p><i>Policy/Procedures/Environmental cleaning schedules/Quality cleaning products and equipment</i></p> <p><i>Management of blood or body substance spills procedure</i></p> <p><i>All organisations should have a documented cleaning schedule that outlines clear responsibilities of staff, a roster of duties and the frequency of cleaning required and the products that should be used to clean specific areas.</i></p>	<ul style="list-style-type: none"> <i>Documentation/staff training records/Daily/weekly schedules and sign-off</i>

Staff Training Requirements:

Under the legislation (Public Health Act 2005) the obligation to minimise risk applies as follows:

“(1) persons involved in the provision of a declared health service must take reasonable precautions and care to minimise the risk of infection (the infection risk) to other persons.”

At a minimum, all staff (clinical and non-clinical) should be educated about:

https://www.health.qld.gov.au/_data/assets/pdf_file/0025/831625/icmp-non-hospital-hcf.pdf

1. modes of transmission of infectious agents	Infection Control Modules – Australian Commission on Safety and Quality in Health Care
2. risk identification, assessment and management strategies including standard and transmission-based precautions	Domain 1 – Pharmacy Management & Governance, Sub-domain 2 – Risk Management
3. the importance of staff vaccination and the process for recording vaccination histories	Australian Immunisation Handbook – Vaccination for people at occupational risk
4. orientation to the physical work environment with a focus on its risks for infection	Domain 3 – Human Resources, Sub-domain 2 – Induction
5. safe work procedures	Domain 4 – Premises, Infrastructure and Stock, Sub-domain 3: Safety and Security
6. correct use of standard precautions	Infection Control Modules – Australian Commission on Safety and Quality in Health Care Queensland Health Infection Prevention – Standard Precautions
7. correct choice and use of PPE, including procedures for putting on and removing PPE	Domain 5 – Pharmacy Services, Sub-domain 6: Additional Requirements for Health Assessment Services
8. appropriate attire (shoes/hair/nails/jewellery)	Domain 2 – Consumer-Centred Care, Sub-domain 2: Quality and Safe Consumer Care
9. hand hygiene practices	Domain 5 – Pharmacy Services
10. levels of cleaning required for clinical areas and equipment	Infection Control Modules – Australian Commission on Safety and Quality in Health Care
11. how to deal with spills	Domain 4 – Premises, Infrastructure and Stock, Sub-domain 2: Stock Management
12. safe handling and disposal of sharps	Domain 5 – Pharmacy Services, Sub-domain 6: Additional Requirements for Health Assessment Services
13. reporting requirements of incidents such as sharps injuries and exposures	Domain 1 – Pharmacy Management & Governance, Sub-domain 3 – Quality Management System
14. waste management	Domain 5 – Pharmacy Services, Sub-domain 6: Additional Requirements for Health Assessment Services

Staff training requirements	Expected outcomes	Record/evidence to be kept
<Add or remove required training to the bottom of this table in line with services offered in the pharmacy>		
1. The vaccinating pharmacist or intern pharmacist must have successfully completed a training program accredited to meet the standards set by the Australian Pharmacy Council's 'Standards for accreditation of programs to support Pharmacist Administration of vaccines' and in accordance with the Queensland Pharmacist Vaccination Standard.	<p>Competency to provide vaccination services in a community pharmacy setting, in accordance with the Queensland Pharmacist Vaccination Standard.</p> <p>The pharmacist must administer the restricted drug in accordance with the Queensland Pharmacist Vaccination Standard and the current edition of the Australian Immunisation Handbook.</p> <p>The pharmacist must adhere to the Health (Drugs and Poisons) Regulation 1996; Drug Therapy Protocol – Pharmacist Vaccination Program.</p>	<p>Certificate of completion of accredited course</p> <p>Hold a current Australian recognised qualification in first aid which includes Cardiopulmonary Pulmonary Resuscitation</p> <p>Hold a current anaphylaxis management certificate</p> <p>Maintain up to date written policies, procedures and records as per Vaccination Guidelines.</p> <p>Displaying a copy of a certificate of training completion in the consulting room, or including a statement of training as part of the information materials provided to consumers at the time of obtaining their consent to be vaccinated.</p> <p>Demonstrate annual Continuing Professional Development (CPD) in the area of immunisation to ensure up to date practice as per Queensland Pharmacist Vaccination Standard.</p>
2. Each staff member who is delivering the Blood Glucose Testing is to undergo annual training in the pharmacy's Screening and Risk Assessment and/or Disease State Management procedures.	Pharmacy staff will be able to explain and demonstrate the policy and procedure for testing a patient's Blood Glucose.	<p>Pharmacy staff training to be recorded on their individual Training Record and included in the annual Training Plan.</p> <p>Staff will be monitored on their understanding and application of the pharmacies' policy and procedure. Feedback will be provided where necessary.</p>

3. Each staff member who is delivering the Cholesterol Testing is to undergo training in the pharmacy's Screening and Risk Assessment and/or Disease State Management procedures.	Pharmacy staff will be able to explain and demonstrate the policy and procedure for testing a patient's cholesterol.	Pharmacy staff training to be recorded on their individual Training Record and included in the annual Training Plan. Staff will be monitored on their understanding and application of the pharmacies' policy and procedure. Feedback will be provided where necessary.
4. Each staff member who is delivering the INR Testing is to undergo training in the pharmacy's Screening and Risk Assessment and/or Disease State Management procedures.	Pharmacy staff will be able to explain and demonstrate the policy and procedure for testing a patient's INR.	Pharmacy staff training to be recorded on their individual Training Record and included in the annual Training Plan. Staff will be monitored on their understanding and application of the pharmacies' policy and procedure. Feedback will be provided where necessary.
5. Each pharmacy staff member will annually complete the standard hand hygiene online learning module provided by <u>Hand Hygiene Australia</u> , in accordance with the pharmacies' policy and procedures.	Staff will be able to: <ul style="list-style-type: none"> • Explain what hand hygiene is and why it is important • Describe when they should perform hand hygiene, including the 5 Moments for Hand Hygiene • List the common products which are available for hand hygiene • Describe how to perform hand hygiene • Explain the consequences of failing to perform adequate hand hygiene 	At the end of the module a certificate of completion will be issued. Staff will print this certificate and it will be filed in the staff training folder. Pharmacy staff training to be recorded on their individual Training Record and included in the annual Training Plan. Staff will be monitored on their understanding and application of the pharmacies' policy and procedure. Feedback will be provided where necessary.
6. Each pharmacy staff member will annually complete training consistent with the pharmacy's Needle Stick Injury procedures.	Staff will be able to: <ul style="list-style-type: none"> • Explain what the needle stick injury procedure is and why it is important. • Understand precautions and necessary equipment required when handling, cleaning and disposing of sharps. • Explain the consequences of failing to perform adequate needle stick injury procedures. 	Pharmacy staff training to be recorded on their individual Training Record and included in the annual Training Plan. Staff will be monitored on their understanding and application of the pharmacies' policy and procedure. Feedback will be provided where necessary.

<p>7. Each Pharmacy staff member will annually complete a training on the Occupational Exposure to Blood/Bodily Fluids (included in QCPP Infection Control Guideline) procedures.</p>	<p>Staff will be able to:</p> <ul style="list-style-type: none"> • Explain the Occupational Exposure to Bodily Fluid protocol and Exposure Management Flow Chart and why it is important. • Identify the importance of reporting incidents immediately and relieving staff member of duties to seek medical advice • Understand precautions required to reduce exposure to bodily fluids in an occupational setting. • Explain the consequences of failing to comply with the Occupational Exposure to Bodily Fluid protocol and Exposure Management Flow Chart. 	<p>Pharmacy staff training to be recorded on their individual Training Record and included in the annual Training Plan.</p> <p>Staff will be monitored on their understanding and application of the pharmacies' policy and procedure. Feedback will be provided where necessary.</p>
<p>8. Vaccine preventable diseases https://www.health.qld.gov.au/_data/assets/pdf_file/0033/444966/vaccine-preventable-diseases.pdf https://immunisationhandbook.health.gov.au/vaccination-for-special-risk-groups/vaccination-for-people-at-occupational-risk</p>	<ul style="list-style-type: none"> • understand your responsibility to manage increased risks associated with vaccine preventable diseases (VPDs) in the healthcare environment. • have an increased knowledge of vaccine preventable diseases. • be informed of the VPD requirements for your role. 	
<p>9. Wound dressing service</p>		
<p>10. Sleep apnoea machine fitting service</p>		

Name of owner/operator	
Signature of owner/operator	
Date	
Name of person other than the operator of the facility that is also responsible for the ICMP (if applicable)	
Frequency of reviews and date of next scheduled review ⁺ <i>(the effectiveness and implementation of an ICMP must be reviewed at intervals of not more than one year)</i>	

+ The ICMP will need to be reviewed prior to this if a new declared health service is introduced at the pharmacy