



INFECTION CONTROL GUIDELINE EXAMPLE

Prevention of infection is essential in all areas of the community pharmacy and should be incorporated into work practices at all times. Pharmacy staff can prevent the spread of infectious diseases through good infection control practices. A system of work practices known as standard precautions has been developed for all healthcare workers in all areas of healthcare to prevent the transmission of infection.

Standard precautions include:

- **Hand Hygiene (the most effective way to prevent the spread of infection)**
- Correct use of Personal Protective Equipment (PPE) such as gloves, masks and protective clothing
- Safe handling of sharps (includes avoiding needlestick injuries)
- Cleaning of equipment and the work environment
- Personal hygiene
- Segregating and disposing of waste and linen properly
- Preventing the spread of airborne diseases by using correct respiratory hygiene/cough etiquette

Hand Hygiene

Hand Hygiene is a general term applying to either the use of soap (which may or may not contain an anti-microbial) and water, or an alcohol- based hand rub to the hands.

Hand hygiene is commonly referred to as the '5 Moments of Hand Hygiene' developed by the World Health Organisation and includes the following 5 stages:

To prevent infection transmission in the pharmacy, perform hand hygiene at these times:

1. Before touching a patient prior to a procedure such as blood pressure monitoring and giving oral medications. Touching does not include routine interaction with customers in the pharmacy.
2. Immediately before an invasive procedure such as vaccination administration, blood glucose testing and wound management. Immediately before medicine preparation such as DAA packing, pill counting, compounding and reconstituting antibiotic preparations.
3. After body fluid exposure or invasive procedures such as vaccination administration, blood glucose testing, skin piercing procedures, wound management. After contact with blood or body fluids or disposal of rubbish.
4. After touching a customer if a procedure has been performed. (See No. 1.)
5. After leaving the public area and entering the dispensary.
6. Hand hygiene must also be performed before putting on gloves and after the removal of gloves.

Follow facility policy on cuts and abrasions, fingernails, nail polish and jewellery.

Hand Hygiene information, training modules, and supportive tools can be obtained from Hand Hygiene Australia

<https://www.hha.org.au/hand-hygiene/hha>

When performing hand hygiene:

1. Use an alcohol-based hand rub for all situations where hands are visibly clean. Since 2002 use of **alcohol-based handrubs has been the recommended product for hand hygiene** in healthcare settings. Hand washing should be reserved for situations when hands are visibly soiled.
2. Select a handrub that meets the EN1500 testing standard and has regulatory approval as a hand hygiene product for a healthcare setting.
3. Ensure alcohol-based handrub is available at the "**point-of-care**" to improve hand hygiene compliance.



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4. To apply handrub, follow the process provided by the [National Hand Hygiene Initiative](#). The whole process should take between 20-30 seconds.
 - i) Apply a palmful of the product in a cupped hand, covering all surfaces
 - ii) Rub hands palm to palm.
 - iii) Right palm over left dorsum with interlaced fingers and vice versa;
 - iv) Palm to palm with fingers interlaced;
 - v) Backs of fingers to opposing palms with fingers interlocked;
 - vi) Rotational rubbing of left thumb clasped in right palm and vice versa;
 - vii) Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
 - viii) Once dry, your hands are safe.
5. Wash hands with soap and water when they are visibly dirty or soiled with blood or another body fluid and after going to the bathroom. Follow process provided by the [National Hand Hygiene Initiative](#), the whole process should take between 40-60 seconds. Dry hands with a single use disposable paper towel. Reusable cloth towels are unsuitable because germs can be passed from person to person when multiple people use the same towel.
6. Moisturising cream used 3-4 times a day may help to prevent skin irritation.

Personal Protective Equipment

Personal Protective Equipment (PPE) refers to a variety of barriers, used alone or in combination, to protect mucous membranes, airways, skin and clothing from infectious agents. Selection of PPE must be based on the potential risk of transmission of infectious agents between the customer and the pharmacy staff (e.g. shaking hands = low risk; wound management = high risk).

PPE includes:

- Gloves – to protect both customers and pharmacy staff. Wear gloves when handling potentially infectious materials or contaminated surfaces.
- Masks – to protect your nose and mouth from splashes and sprays. They also provide some protection from respiratory secretions.
- Goggles – to protect eyes from splashes, sprays and respiratory droplets.
- Gowns - to prevent contamination of clothing.

It is suggested that single-use, fit for purpose gloves are worn for:

- each invasive procedure
- contact with sterile sites and non-intact skin or mucous membranes
- any activity that has been assessed as carrying a risk of exposure to blood and body substances.

Gloves must be changed between patients and after every episode of individual care.

Management of Sharps

Healthcare workers are at risk of occupational exposure to blood borne viruses (BBV) (including hepatitis B virus, hepatitis C virus and human immunodeficiency virus (HIV)) through exposure to blood, other body fluids or body tissues from an infected patient. Injuries from needles and other sharp devices carry the greatest risk of BBV transmission. The majority of occupational exposures can be prevented through an effective sharps safety program and hollow-bore needle safety program.

Inappropriate handling of sharps is the cause of most sharps injuries. All pharmacy staff should take precautions to prevent injuries caused by needles and other sharp instruments: during and after procedures; when cleaning used instruments; and during disposal of used needles.

Every patient must be regarded as potentially infected with BBVs such as Hepatitis B, Hepatitis C and HIV. Adhering to Standard Precautions will protect staff from exposure to BBVs when handling blood/body fluids or used injecting equipment.



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Guidelines for Sharps Management

1. The person who generates the sharp is responsible for its safe and immediate disposal.
2. Sharps should not be passed directly from one person to another. If unable to place the sharp directly into the sharps container, place in a rigid walled puncture resistant container and take to the sharps bin as soon as able.
3. Do not recap, bend or break needles after use.
4. Ensure adequate numbers of sharps disposal containers with appropriate biohazard labels are available in the pharmacy. These containers should be puncture and leak proof and conform to AS4031 or AS/NZ 4261.
5. Fill sharps containers only to the mark indicated and close securely. Place in a designated area for collection by authorised contractor staff.
6. Sharps containers should be placed in a secure position preferably on a wall or similar to avoid spillage, in an area that cannot be accessed by children
7. Returned injecting equipment:
8. Never touch or handle or hold a sharps container while a client is placing injecting equipment into it.
9. Ensure injecting equipment is returned or exchanged within a rigid walled, puncture resistant container with a lid.
10. Ensure all used injecting equipment is disposed of in the sharps disposal unit.
11. It is good practice to advise patients to dispose of single-use sharps immediately into an approved sharps contained at the point-of-use

Occupational Exposures to Blood/Body Fluids (including needle stick injuries)

Occupational exposure refers to accidents where a patient's blood or body fluid has come into contact with a pharmacy employee's non-intact (broken) skin or mucous membranes. Examples of exposure are:

- Accidental piercing of the employee's finger after performing blood glucose tests.
- Any prick with a **used** needle or sharp.
- Blood from a patient's wound coming into contact with an open cut on the employee.
- Any splash of blood to the eyes or mouth.

Individual pharmacies should have their own protocol to cover occupational exposure emergencies; this may include the following:

- Stop work immediately
- Penetrating injuries: allow wound to bleed and clean it thoroughly with soap and lukewarm water
- Splash events: flush the mucous membranes/conjunctiva with normal saline or water. If contact lenses are worn remove after flushing the eye and clean as usual
- Further wound management is dependent on the individual nature of the injury

The protocol should be in accordance with:

- *Australian Guidelines for the Prevention and Control of Infection in Healthcare*. Australian Commission on Safety and Quality in health Care: <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-guidelines-prevention-and-control-infection-healthcare>
- *Queensland Health Guideline: Management of Occupational Exposure to Blood and Body Fluids* - <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention/staff-health/management-of-occupational-exposures>



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Immediate Post Exposure Management

Immediately following exposure to blood or body fluids, it is recommended that the exposed person undertakes the following steps as soon as possible:

- wash wounds and skin sites that have been in contact with blood or body fluids with soap and water
 - apply a sterile dressing as necessary, and apply pressure through the dressing if bleeding is still occurring
- do not squeeze or rub the injury site
- if blood gets on the skin, irrespective of whether there are cuts or abrasions, wash well with soap and water
- irrigate mucous membranes and eyes (remove contact lenses) with water or normal saline
 - if eyes are contaminated, rinse while they are open, gently but thoroughly (for at least 30 seconds) with water or normal saline
 - if blood or body fluids get in the mouth, spit them out and then rinse the mouth with water several times
- if clothing is contaminated, remove clothing and shower if necessary.

Risk Assessment

The designated person should assess and document the risk as soon as possible after every incident of occupational exposure, referring to the expert information network as required. This should include:

- information about the exposure
 - date and time of the exposure
 - type of exposure including blood or body fluid involved
- information about the source person
 - the BBV status of the source individual
 - demographic factors e.g. gender, country of origin etc.
- information about the exposed person
 - the status of the exposed person with respect to BBVs, including vaccination
 - pregnancy risk and lactation
 - medical history.

In an occupational setting a risk assessment should be conducted on the basis of the type of exposure and the amount and type of infectious material involved.

Risk Minimisation

Although the risk of transmission of disease may be low, staff who handle used needles, syringes and injecting equipment and other waste should:

1. Ensure they have been vaccinated for Hepatitis B and that a blood test has been performed post vaccination to ensure that they have adequate protection.
2. Cover all broken skin (especially on the hands) with a waterproof dressing.
3. Wear appropriate PPE such as gloves (when there is a risk of exposure). Wear closed shoes if handling used needles.
4. Use leak-proof bags to dispose of waste that is contaminated with blood or body fluids.
5. Promptly clean spills of blood or other infectious materials:
 - * Confine and contain the spill, clean up with absorbent disposable material and discard the used cleaning materials in the appropriate waste container. Clean the spill areas with a cloth and detergent. For significant blood spills to areas which **DO NOT** include the floor, clean with detergent followed by a hypochlorite solution.
6. Follow all workplace safety procedures, including sharps handling procedures.
7. Have adequate training and attend regular refresher training.

Segregation and disposal of clinical waste



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Pharmacies must follow State or Territory legislation and regulations on the management of clinical and related wastes. The person who generates waste is responsible for its safe and appropriate disposal. When handling waste:

1. Apply standard precautions to protect against exposure to blood and body substances during handling of waste. Wear gloves when handling contaminated waste and perform **Hand Hygiene** immediately after glove removal.
2. Segregation should occur at the point of waste generation.
3. Waste should be contained in the appropriate container that can be identified by colour and a label, and disposed of according to the pharmacy's waste management plan. Contaminated waste must be contained in leak proof bags and the bags should not be overfilled.
4. Pharmacy staff should be trained in the correct procedures for waste handling.

Reducing Environmental Contamination

For cleaning purposes in the pharmacy, surfaces can be divided into two groups – those with minimal hand contact (e.g. floors and ceilings) and those with frequent skin or body fluid contact (e.g. service counters, around cash registers). Frequently touched surfaces should be cleaned using a detergent solution at least daily, when visibly soiled and after every known contamination (for example a patient placing a blood glucose monitor on the bench). To ensure that cleaning occurs on a regular basis, a cleaning schedule detailing the method of cleaning and the timeframe for completion should be implemented.

All surfaces, fitting and equipment are to be kept clean and dust free. To facilitate cleaning, clutter should be removed. Surfaces should be cleaned straight away if contaminated with respiratory secretions, e.g. coughs and sneezes.

It is good practice to protect clinical surfaces and equipment using surface barriers. Clinical surfaces may include those that are:

- touched frequently with gloved hands during the delivery of patient care;
- likely to become contaminated with blood or body substances
- are difficult to clean.

Cleaning of Equipment

Reusable equipment e.g. crutches, frames, blood pressure cuffs, baby scales, should be cleaned with a mildly alkaline detergent and warm water and dried with a disposable paper or cloth towel, between customers. Items that are not cleanable (refer to manufacturer's instructions) should be purchased and used by the individual customer only and then sent home with that customer, e.g. asthma spacers.

Items are considered unable to be adequately cleaned if:

- The surface is not smooth and impermeable and cannot be effectively cleaned using detergent e.g. children's soft toys.
- The contaminated surfaces of the object cannot be accessed for manual cleaning e.g. asthma spacers.

For an indication of the minimum frequency at which items should be cleaned, refer to Appendix 2, Table 6.1 of the Australian Guidelines for the Prevention and Control of Infection in Healthcare.



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Preventing the Spread of Airborne Diseases

Guidelines for pharmacy staff to reduce the risk of acquiring diseases which are spread via respiratory droplets (e.g. Influenza, Whooping cough, Common cold):

1. Follow recommended hand hygiene practices. Contact with respiratory secretions from a coughing or sneezing customer can transfer the infectious agent from patient to staff.
2. Sneeze or cough into a tissue, then dispose of tissues into a bin and perform hand hygiene. This will protect patients and other staff from infectious agents that you may have in your secretions.
3. Maintain annual influenza vaccination. Influenza vaccine is usually available from March/April each year. The vaccine must be administered annually to maintain effectiveness.
4. In epidemic/pandemic outbreaks, wearing of masks by pharmacy staff and/or customers may be advised.
5. Clean frequently touched areas more often during an epidemic/pandemic.
6. Familiarise yourself with pandemic influenza guidance.

Immunisation

Each Australian State has guidelines covering the immunisation of healthcare workers as a strategy to protect them and those people who they come into contact with.

Pharmacies should take all reasonable steps to ensure that staff members are protected against vaccine-preventable diseases and promote vaccination to their employees.

Administration of vaccines should be in accordance with the current edition of Australian Immunisation Handbook. This handbook provides detailed information on immunisation schedules and vaccines. Staff vaccination programs should comply as much as possible with these schedules, which acknowledge that some circumstances may require special consideration.

Australian Immunisation Handbook - [Vaccination for people at occupational risk](#)

It is good practice for healthcare facilities to develop, implement and review processes to address the insertion, use and maintenance, and removal of invasive medical devices (such as vaccinating). These processes should be centred on the principles of only using devices if they are deemed essential, and removing them as soon as no longer needed.

Staff Health Responsibilities

Any employee who has an infectious disease has a responsibility to:

- Consult with an appropriate medical practitioner to determine that they are capable of performing their job without exposing customers or other staff to the risk of acquiring the disease.
- Undergo regular medical follow-up and comply with all aspects of informed clinical management regarding their management

For specific disease information refer to:

Exclusion periods for healthcare workers with acute infections – Section 4.2.2 of the Australian Guidelines for the Prevention and Control of Infection in Healthcare.

It is recommended that all healthcare workers are vaccinated in accordance with the recommendations for healthcare workers in the Australian Immunisation Handbook.

All members of the workforce, including contractors, volunteers and students, should be informed of their healthcare facility's policy on health screening.

Employers should take all reasonable steps to ensure that staff members are protected against vaccine-preventable diseases. Where members of the workforce may be at significant occupational risk of acquiring or transmitting a vaccine-preventable disease, a comprehensive occupational vaccination program should be implemented.



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Pre-treatment assessment of infection control risk

The aim should be to perform the procedure with the lowest level of perceived infection risk that will meet the treatment goals for that patient.

Level of risk to patients from different types of procedures should be assessed. In pharmacies the level of risk would be classified as low risk (non-critical site) where there is contact with intact skin. This would include non-invasive examinations or procedures, blood pressure measurements or injections through intact skin.

The patient should be assessed for any open wounds or infections near/around the injection site. Clinical information should be taken before administering any injections to determine if the patient's risk of infection is higher than usual.

Appropriate use of single-use medical devices and reprocessing of reusable medical devices

Appropriate use of devices is integral to reducing the risk of infection during a procedure. Single-use or single-patient items should be used wherever practicable, and items designed for single use must not be used for multiple patients. Healthcare workers should be aware of situations where cross-contamination may occur during routine procedures.

In all healthcare settings, reusable medical devices should be handled in a manner that will prevent patient, healthcare worker and environmental contact with potentially infectious material.

- All reusable medical devices and patient-care equipment used in the clinical environment must be reprocessed according to their intended use and manufacturer's advice
- Single-use medical devices must not be reprocessed

Any medical device (instruments and equipment) that is to be reused, requires reprocessing – cleaning, disinfection and/or sterilisation. The minimum level of reprocessing required depends on the individual situation and the manufacturer instructions. Most medical devices available in a pharmacy (crutches etc) are deemed as non-critical as they come into contact with intact skin, not mucous membranes. Thorough cleaning is sufficient for most non-critical items after each individual use, although either immediate or low-level disinfection may be appropriate in specific circumstances.

Delegation for responsibility of infection control

An infection control officer should be assigned. They are primarily responsible for designing, coordinating, implementing and undertaking ongoing evaluation of the facility's infection prevention and control program and policies. This includes compliance with the respective state/territory or national accreditation, licensing, policy or regulatory requirements.

All staff should be personally responsible for maintaining infection control in the workplace.



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Process for the investigation of infection control incidents

The responsibility for investigation and the extent of investigation will vary according to the incident type and circumstances. It is important to investigate an incident immediately, to determine the level of risk associated with the incident. All occupational exposures are to be recorded in a facility register. This register is to be used as a tool to investigate why the incident occurred and how it may be prevented or minimised in the future.

This approach to risk management requires identification, analysis, and evaluation of the event and review of risk management strategies. Action may include modifying facility procedures, policies or enhancing staff training.

Record the following in the register:

- The name of the person injured
- How the incident occurred
- Time of injury
- Action taken
- Type of exposure (splash, deep penetrating skin injury)
- Presence of visible blood
- Type of sharp
- Gauge of needle
- Who was informed and when
- Details of patient treatment

Comprehensive infection control information can be found at:

Australian Guidelines for the Prevention and Control of Infection in Healthcare. Australian Commission on Safety and Quality in health Care: <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-guidelines-prevention-and-control-infection-healthcare>

Australian Immunisation Handbook – Australian Government Department of Health - <https://immunisationhandbook.health.gov.au/>

Queensland Health Guideline: Management of Occupational Exposure to Blood and Body Fluids - <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention/staff-health/management-of-occupational-exposures>