



Hygiene, Cleaning and Infection Control Procedures

Related Policies	Work Health and Safety Policy Risk Management Policy
Version	5.0
Development Date	February 2013
Review Date	March 2025
Date for Review	March 2030
Person/Body Responsible	Chief Executive Officer
Approved By	Chief Executive Officer

The Mental Health Foundation ACT (MHF) has a duty of care to ensure that all participants, staff and others using MHF services are provided with a high level of protection. Therefore, MHF promotes hygienic practices and aims to prevent the spread of infections by implementing the following strategies:

- effective handwashing
- hygienic cleaning techniques
- handling, storage and disposal of body fluids
- maintenance of a hygienic environment
- knowledge of infectious diseases and exclusion guidelines
- identifying and excluding sick participants and staff where possible
- promoting participant and staff immunisation.

1. Definitions

Infectious substances - include all hazardous biological materials that contain infectious micro-organisms such as: bacteria, fungi, parasites and viruses which cause disease. Body fluids and substances such as: blood, urine, mucus, faeces, saliva, sweat, hair and skin cells are common carriers of pathogens, and therefore these substances should always be considered as infectious.

MHF workplace – includes the MHF Chifley office, MHF respite residences, MHF participant residences, and MHF fleet vehicles.

2. Purpose

The primary purpose of infection control is to minimise the risk of infection from the provision of services. The following sections provide information on the principles of infection control practice, as well as practical methods for implementing these principles.

3. Employee Health

An employee who has a condition that may be transmitted to a participant or other staff is required to take preventative measures to minimise the risk of transmission of the condition.

Preventative measures may include:

- Precautions taken on the advice of a medical practitioner
- Use of occlusive dressings to cover broken skin or infections
- Maintaining an appropriate level of hygiene and cleanliness when on duty
- Wearing a mask
- Utilising personal leave.

Staff are encouraged to be immunised against influenza, COVID-19 and other communicable diseases.

4. Standard Precautions

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. The principle underlying Standard Precautions is the assumption that all staff and participants are potentially infected with communicable diseases.

Standard Precautions involve the use of safe work practices, protective barriers and the safe handling and disposal of potentially infectious substances and materials.

Standard Precautions apply to all potential sources of body fluids, including blood, sweat, urine, faeces, saliva and mucus regardless of whether they are visible.

Standard Precautions include:

- Good hygiene practices, particularly washing and drying hands before and after contact
- Use of protective barriers such as gloves, masks or full PPE where appropriate
- Appropriate handling, storage and disposal of potentially contaminated or infectious waste
- Environmental maintenance strategies to minimise the risk of introduction or transmission of infection.

5. Additional Precautions

Additional precautions should be taken where a participant identifies to staff that they have a contagious infection or disease, i.e. Hepatitis. In such a situation the Manager should:

- Research and download a relevant fact sheet on current methods of infection control relevant to the infectious risk

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- Discuss appropriate infection control measures with all staff who will be involved in the participant's support and make available the relevant fact sheet
 - Ensure that all essential resources and processes for appropriate infection control measures are available, in place and implemented prior to commencing any participant supports that would present a risk of infection.

Pandemic or National Health emergency

In the event of a serious infectious disease outbreak, including a pandemic as declared by the Government, such as COVID-19, staff are required to follow the formal directions of the ACT and Federal Governments and any additional procedures introduced by MHF management.

6. Hand Washing and Sanitising

Hand washing is the most important factor in controlling and managing infection risks.

It is important that hands be washed before and after any significant contact with another person and after activities likely to cause contamination.

Hands and other skin surfaces that are soiled with blood or body substances should be washed with liquid soap and water immediately, or as soon as possible, after soiling. Hands should be washed after using gloves.

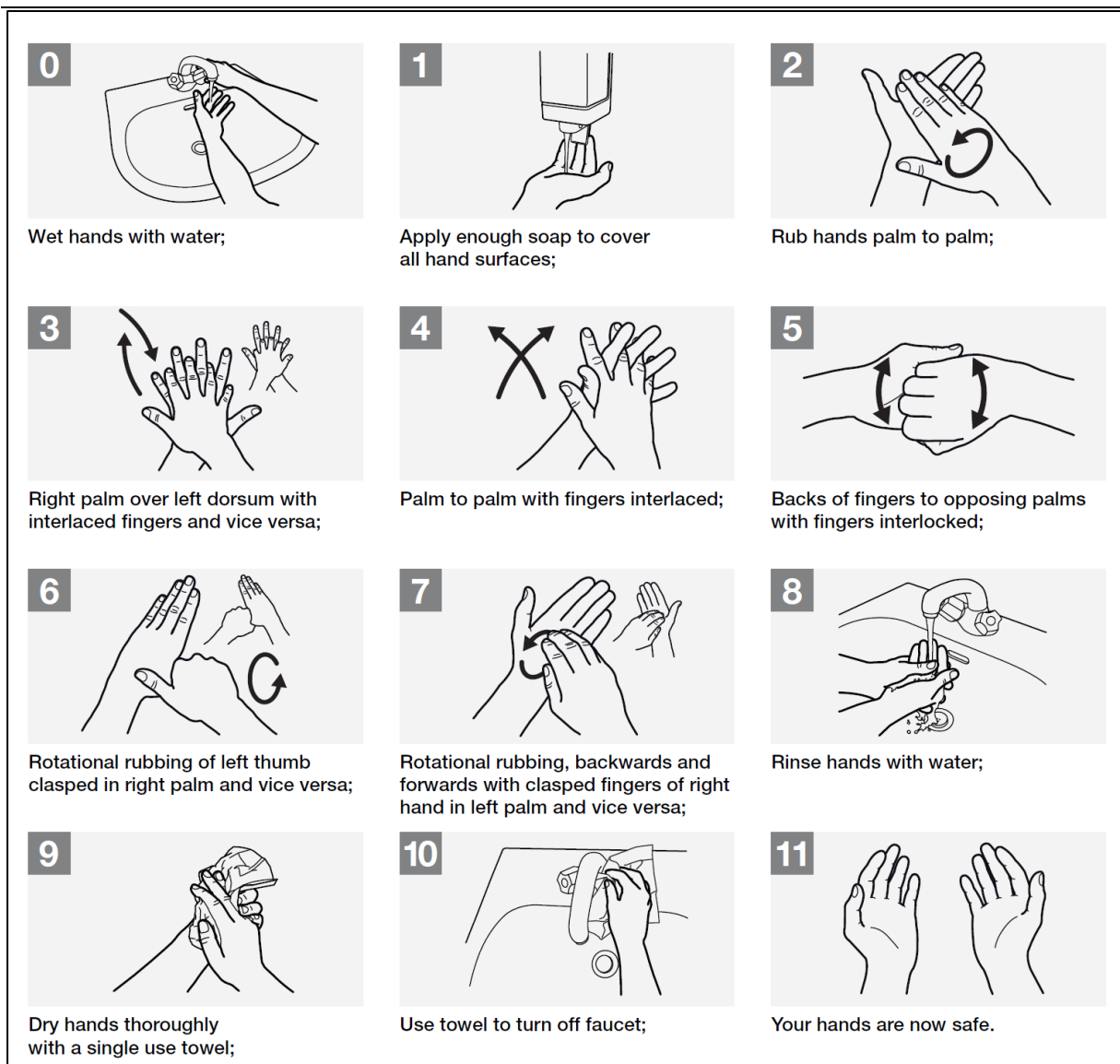
A routine hand wash involves:

- Wetting hands thoroughly and lathering with a pH neutral liquid soap
- Vigorously rubbing hands together for at least 20 seconds
- Rinsing hands under warm running water
- Drying hands with a disposable paper towel or single use cloth towel.

Managers are responsible for ensuring that facilities for hand washing are available to participants and staff at all MHF sites.

Hand Washing Technique

The following pictorial sets out the best approach to hand washing.



Hand sanitiser should also be used regularly while staff are on shift.

7. Personal Protective Equipment (PPE)

In determining if PPE is required for a task or procedure, staff should consider the probability of exposure to blood, bodily fluids, or other infectious pathogens, and the method of transmission of the pathogen.

Gloves offer an appropriate protective barrier to infection for most general tasks requiring the use of hands. Managers should ensure that appropriate gloves are available to staff.

Gloves appropriate to the task should be used:

- Single use gloves should be worn when contact with blood, body substances or potentially infectious substances is anticipated (powder free and non-latex glove options are available).
- General purpose utility gloves are suitable for housekeeping chores such as cleaning.

Gloves should be removed:

- Between tasks
- Before contact with doors
- Before answering the phone
- If there is any evidence of faults, holes, tearing or deterioration
- When they become contaminated with bodily fluids.

Gloves are not a substitute for hand washing. Hands should be washed both before and after wearing gloves.

8. Cleaning

A regular routine for managing the cleaning of all MHF premises where services are delivered should be maintained by Managers. Routine cleaning includes the vacuuming, sweeping, mopping and disinfection of surfaces in bathrooms, kitchens and living areas.

Regular cleaning routines should include maintenance of hygienic food preparation and storage areas, utensils and equipment.

A cleaning checklist must be completed each time an MHF property is cleaned. Random spot checks will be undertaken by a Manager or other delegated staff member.

9. Body Substance Spillage

Blood and body substance spills pose a health risk and should be managed immediately.

If a visible spillage of blood or body substance occurs:

- Wear disposable gloves
- Pick up any objects included in the spill and dispose of in a plastic bag
- Wipe up spillage using disposable wipes or paper towels
- Clean surface with detergent and warm water using disposable wipes or paper towels
- Rinse and dry surface (carpeted areas should be steam cleaned)
- Place all soiled materials in a sealed plastic bag and place in external waste container
- Wash hands after removal of gloves
- Complete an Incident Report in Supportability.

10. Sharps

Sharps present a major risk of exposure to blood borne diseases.

The management and safe disposal of sharps are the responsibility of the person that has used them. Disposable sharps are required to be placed in a designated puncture-resistant

container that meets *Australian Standard 4031-1992: 'Non-reusable containers for the collection of sharp medical items used in health care areas'*. Where a participant with a medical need for syringes and needles is residing in an MHF property, a sharps container should be available, and be disposed of by a licensed clinical waste contractor.

If the owner of a discarded needle cannot be determined, staff must then take responsibility for disposing of the needle and syringe. It is preferable to use a pair of tongs or similar to pick it up and put it into a sharp's container. If it must be picked up by hand, wear gloves and pick it up by the barrel of the syringe and place in a sharp's disposal container.

Needles should not be removed from syringes for disposal, purposely broken, or otherwise manipulated by hand.

11. Laundry and Linen

Linen such as pillowcases and sheets are required to be changed between clients/participants. Protective gloves should be worn when handling used linen and any other items requiring laundering.

12. Food and Beverage

MHF staff are responsible for ensuring that any food items stored using MHF facilities are kept in sealed containers and placed in an appropriate place. Food items should not be stored beyond the marked expiry date. Unmarked containers with leftover food items should be disposed of at the end of each working week.

Food and beverage preparation areas should be kept clean and clear. Food storage spaces including fridges and cupboards should be wiped down as part of the regular cleaning schedule.

Food preparation equipment and utensils should be cleaned in hot water after each use and stored away.

Staff and participants should wear gloves when involved in any tasks requiring direct contact with food that will be consumed by others.

13. Animals

Pest control measures should be taken to control vermin where there is evidence of a problem.

Animals should never be allowed in areas where food is being prepared or consumed.

14. References

ACT Government

Work Health and Safety Act 2011



Australian Government
Department of Health and
Aged Care

The Australian Immunisation Handbook

Better Health Channel

Workplace Safety – Infection Control

Mental Health Foundation ACT

Participant Safety Policy
Participant Safety Procedures
Risk Management Policy
Risk Management Procedures
Work Health and Safety Policy

World Health Organization

How to Handwash poster

Document History				
Author	Version	Amendment	Owner	Date of Effect
Policy Manager	1.0	Document Created	Executive Officer	14/2/2013
Policy Manager	1.1	Adjusted numbering typo Added section 3. Additional Precautions	Executive Officer	31/1/2014
Corporate Services Manager	2.0	Changed name to 'Hygiene, Cleaning and Infection Control Procedures'. Document checked for currency. Standard number and name and Australian Immunisation Handbook still current. 'Consumer' changed to 'participant'. Minor grammatical changes made. Inserted reference to incident reports being prepared directly in Supportability. Included reference to pandemic declaration and requirement to follow formal government directions. Updated handwashing technique graphic to latest World Health Organization information. Included requirement for staff to use hand sanitiser during their shift.	Chief Executive Officer	5/5/2020

Document History				
Author	Version	Amendment	Owner	Date of Effect
Corporate Services Manager	3.0	Updated to include MHF fleet vehicles in definition of MHF Workplace. Included encouraging staff to follow ACT Health vaccination rules for working in a high-risk environment. Included example of full PPE in relation to standard precautions and protective barriers. Included that hand washing training will be conducted annually and assessed by the clinical manager.	Chief Executive Officer	May 2022
Corporate Services Manager	4.0	Updated to incorporate new logo and branding guidelines. Amended opening paragraph to read 'aims to prevent the spread' rather than 'prevents the spread'. Updated list of MHF workplaces and removed specific sites like Kambah and O'Connor. Changed 'Program Manager' to 'Manager'. Reviewed and updated references.	CEO	
Corporate Services Manager	5.0	Removed requirement for hand washing training to be conducted annually and assessed by the clinical manager	CEO	March 2025