

Policy Name		Policy Number
Communicable Infectious Diseases		4.04
Manual Section		Version
Safety		3
Date Endorsed: August 1998	Date Reviewed: January 2023	

Policy:

- 1.1 Sharing Places Inc. (SPI) is committed to minimising the risk of communicable/infectious diseases to the staff and participants. To this end SPI uses organisational procedures to minimise contact with possible sources of communicable/infectious disease.
- 1.2 **Definition:** Infection is caused by pathogens (bugs) such as bacteria, viruses, protozoa or fungi getting into or onto the body. It can take some time before the microbes multiply enough to trigger symptoms of illness, which means an infected person may unwittingly be spreading the disease during this incubation period. Infection control in the workplace is aimed at preventing pathogens from coming into contact with a person/persons.
- 1.3 Transmission of infection can be spread in a variety of ways including:
 - Airborne
 - Contaminated objects or food
 - Skin to skin contact
 - Contact with bodily fluids
- 1.4 The basis of good infection control in the workplace is to assume that everyone is potentially infectious. Proper procedures are to be followed at all times.
- 1.5 It is expected that all staff will take personal responsibility for their own health and wellbeing, and will follow policies and procedures to guide safe work practices.

Procedure:

- 2.1 SPI recognises that performing its service function may entail some exposure of communicable diseases to its staff and participants. In order to minimise this, SPI will:
 - maintain its equipment to minimise the chance of airborne and waterborne contamination to the environment, its staff and the participants;

- educate staff in appropriate procedures to manage communicable hazards;
- provide personal protective equipment (PPE) and educate staff in the appropriate use of PPE.
- inform and encourage staff to be vaccinated against infectious diseases;
- provide (at cost to SPI) opportunity for staff to receive Hepatitis A and B vaccinations;
- isolate and treat infections appropriately where there is risk to staff and participants. To maximise isolation of infections and protect others, the families/carers of individual participants who are presenting with symptoms of infectious/communicable illness will be notified and required to collect the participant immediately from the service environment. Staff presenting with symptoms of infectious/communicable illness will be required to exclude themselves from the workplace until they recover. **Participants and staff are to be excluded based on infectious conditions and exclusion periods specified under the ACT Public Health Regulations 2000 (see Attachment 2 for extracts from the regulation);**
- require written clearance from a medical practitioner for a participant and staff member to return to the service after suffering from a contagious disease acknowledged in the ACT Public Health Regulations 2000; and
- ensure that there is no discrimination against infected persons.

3.0 Personal Hygiene

- 3.1 Hand washing – the spread of many pathogens can be prevented with regular hand washing. The Department of Health recommends that you use soap and water wherever possible, but alcohol-based hand sanitiser where soap and water may not be available. Refer to Hand Hygiene Attachment 3
- 3.2 Any cuts or abrasions should be covered with a waterproof dressing.
- 3.3 Disposable gloves and face masks should be worn when handling body fluids or equipment containing body fluids, if touching broken skin or mucous membrane or performing any other invasive procedure.
- 3.4 Personal items such as towels, clothing, razors, toothbrushes, shavers should not be shared.

4.0 Food Preparation

- 4.1 Wash hands before and after preparing food.
- 4.2 Avoid touching hair, nose and mouth when preparing food.
- 4.3 Keep hot food hot and cold food cold.

4.4 Wash all utensils and preparation areas thoroughly with hot water and detergent.

5.0 Cleanliness in the Workplace

5.1 Regularly wash floors, bathrooms and surfaces with hot water and detergent.

5.2 Mops, brushes and cloths should be washed and dried after every use.

5.3 Use disinfectants to clean up blood and other spills of bodily fluids.

5.4 When using disinfectants always wear gloves.

5.5 Ensure separate cleaning cloths are being used to clean toilets and wash basins. In instances where cleaners are contracted to clean public toilets (ie, Pearce Community Centre, Holt Community Hub), ensure that this practice is adopted with the contracted company. Liaison with all contracted companies should be via the Sharing Places' Business Manager.

5.6 Ensure all group areas have separate and clearly labelled mops and buckets for the kitchen and bathroom areas.

5.7 All groups are to ensure they have a spills kit readily available. The kit should include a bucket, a scoop, disposal cleaning cloths, gloves, an apron and disinfectant. All public accessible bathrooms utilised by Sharing Places (ie, Pearce Community Centre, Holt Community Hub) should have a spills kit. Once again, liaison regarding this is to go through the Senior Manager – Business and Finance.

6.0 AIDS/HIV Infection

6.1 Sharing Places recognises that HIV cannot be acquired by person-to-person casual contact. Normal social and work contact is safe. The virus is not transmitted through day-to-day personal interaction such as sharing toilets, showers, telephones, hugging or handshaking. The reason for this is that the virus is not present on the intact skin of a person with HIV. The virus also undergoes rapid inactivation following the drying of bodily fluids or by being outside its own environment.

6.2 Sharing Places recognises HIV/AIDS infection as a serious problem and is committed to minimising its transmission and impact on its employees and the participants.

6.3 Sharing Places will provide factual, up-to-date information about HIV/AIDS to its employees as part of its commitment to employee education.

6.4 Sharing Places will treat HIV/AIDS infected employees in the same way as employees with other serious life threatening diseases.

- Confidentiality will be maintained for medical information. This means the information is restricted to the person to whom it is given. This person may only give the information to any other person if the employee's consent is obtained beforehand.

- Employees may remain at work as long as they are fit and willing to do so.

6.5 AIDS/HIV infected employees, or those who are thought to be so infected, are entitled to protection from discrimination in the workplace.

6.6 There will be no compulsory screening for HIV infection.

7.0 Hepatitis A and B Infection

7.1 Sharing Places recognises infection with the Hepatitis A and B virus is a significant Australian public health problem and is committed to reducing further transmission of infection amongst its employees and the participants.

7.2 People with Hepatitis A and B illness should not be treated differently from any other person with an infectious disease.

7.3 Safe work practices to prevent the transmission of the Hepatitis A and B virus from potentially infectious material should be used at all times.

7.4 All employees will be offered Hepatitis A and B vaccinations, paid for by SPI.

7.5 All employees of Sharing Places are trained in safe procedures which minimise the risk of transmission of all infections, including Hepatitis A and B.

7.6 Hepatitis A and B screening will not be required as part of an assessment of fitness for work.

7.7 Confidentiality will be strictly maintained regarding all medical and personal information, including immunisation and blood tests.

8.0 Acute Respiratory Illnesses (including COVID-19)

8.1 Acute respiratory illness (ARI) encompasses a range of infections caused by respiratory viruses, including but not limited to, COVID-19, influenza and respiratory syncytial virus. Staff and participants with new onset of respiratory symptoms should be tested as soon as possible and isolate until results are known.

8.2 Transmission is primarily via droplet or aerosol spread when individuals cough, sneeze, talk or shout. Transmission may also occur via contaminated surfaces or objects. Strict attention to environmental cleaning and appropriate use of personal protective equipment (PPE) including face masks, eye protection, and gloves will also reduce transmission of respiratory viruses. See Attachment 1 Information on the Mandatory use Face Masks.

8.3 Many ARI can spread prior to symptoms being experienced by an infected individual. Systems for regular clinical assessment and early response at the first sign of new ARI symptoms are important to contain the potential for further spread.

Responsibility:

Chief Executive Officer
Managers
Health and Safety Representatives
Staff

Related Policies:

- Work Health and Safety
- Employee Code of Conduct
- Risk Management
- SPI COVID-19 Action Plan

Attachment 1

Periods of Exclusion relating to infectious conditions.

Personal hygiene measures such as hand washing, covering the mouth and nose when coughing or sneezing, covering weeping sores, not sharing food or drinks and not attending Sharing Places when ill or suffering from diarrhea are important means of limiting the transmission of a number of infectious conditions.

Condition	Exclusion of person with condition	Exclusion of persons in contact with condition
Amoebiasis (entamoeba histolytica)	Exclude until diarrhoea ceases	Not excluded
*Campylobacteriosis	Exclude until diarrhoea ceases	Not excluded
Chicken Pox (varicella and herpes zoster)	Exclude until the blister has scabbed over. The person should not continue to be excluded by reason only of some remaining scabs.	Not excluded Any person with an immune deficiency (eg with leukemia, or as a result of receiving chemotherapy) should be excluded for their own protection and seek urgent medical advice and varicella-zoster immunoglobulin (ZIG), if necessary.
Conjunctivitis (acute infection)	Exclude until discharge from eyes ceases	Not excluded
*Cryptosporidiosis	Exclude until diarrhoea ceases	Not excluded
Diarrhoea	Exclude until diarrhoea ceases	Not excluded
*Diphtheria	Exclude until – (a) at least 2 negative throat swabs have been taken (the first not less than 24 hours after the cessation of antibiotic treatment and the second not less than 48 hours later) and (b) a certificate is provided by a medical practitioner recommending that the exclusion should cease.	Exclude family and household contacts until approval to return has been given by the Chief Health Officer
Giardiasis	Exclude until diarrhoea ceases	Not excluded
*Haemophilus influenzae type b (Hib)	Exclude until a certificate is provided by a medical practitioner recommending that the exclusion should cease.	Not excluded

Condition	Exclusion of person with condition	Exclusion of persons in contact with condition
Hand Foot and Mouth disease	Exclude if (a) person is unwell, or (b) person is drooling, and not all blisters have dried or an exposed weeping blister is not covered with a dressing.	Not excluded
* Hepatitis A	Exclude for at least 7 days after the onset of jaundice and a certificate is provided by a medical practitioner recommending that the exclusion should cease.	Not excluded
Herpes (cold sores)	Exclude persons unable to comply with good hygiene practices while the lesion is weeping. Lesion to be covered by a dressing in all cases, if possible.	Not excluded
Impetigo	Exclude until appropriate treatment has commenced and sores on exposed surfaces are covered with a watertight dressing.	Not excluded
Influenza and influenza-like illnesses	Exclude until well	Not excluded
*Leprosy	Exclude until approval to return has been given by the Chief Health Officer	Not Excluded
*Measles	Exclude for at least 4 days after the rash appears.	(a) Immunised contacts not excluded. (b) Exclude non-immunised contacts until 14 days after the first day of appearance of the rash in the index case. (c) Non-immunised contacts immunized with measles vaccine within 72 hours after their first contact with the index case are not excluded after being immunised.
Meningitis (bacterial)	Exclude until well	Not excluded

Condition	Exclusion of person with condition	Exclusion of persons in contact with condition
*Meningococcal infection	Exclude until adequate carrier eradication therapy has commenced.	(a) Not excluded if receiving rifampicin or other antibiotic treatment recommended by the Chief Health Officer. (b) Otherwise, excluded until 10 days after last contact with the index case.
*Mumps	Exclude for 9 days after onset of symptoms, or until parotid swelling goes down (whichever is sooner)	Not excluded
*Poliomyelitis	Exclude for at least 14 days after onset of symptoms and until a certificate is provided by a medical practitioner recommending that the exclusion should cease.	Not excluded
Ringworm, scabies, pediculosis (lice), trachoma	Exclude until effective treatment has commenced	Not excluded
Rotavirus	Exclude until diarrhoea ceases	Not excluded
*Rubella (German Measles)	Exclude for 4 days after the appearance of the rash.	Not excluded Female staff of child-bearing age should ensure that their immune status against rubella is adequate.
*Salmonellosis	Exclude until diarrhoea ceases	Not excluded
*Shigellosis	Exclude until diarrhoea ceases	Not excluded
Streptococcal infection (including scarlet fever)	Exclude until the person has recovered or has received antibiotic treatment for at least 24 hours.	Not excluded
*Tuberculosis	Exclude until approval to return has been given by the Chief Health Officer	Not excluded

Condition	Exclusion of person with condition	Exclusion of persons in contact with condition
*Typhoid and paratyphoid fever	Exclude until a certificate is provided by a medical practitioner recommending that the exclusion should cease.	(a) Not excluded unless the Chief Health Officer notifies the person in charge of the school. (b) If the Chief Health Officer gives notice, exclusion is subject to the conditions in the notice.
*Whooping cough (pertussis)	Exclude for 21 days from start of cough, or for at least 5 days after starting a course of antibiotics recommended by the Chief Health Officer.	Exclude non-immunised household, for 14 days after the last exposure to infection, or until 5 days after starting a course of antibiotics recommended by the Chief Health Officer. (whichever is sooner)
Worms (intestinal)	Exclude until diarrhoea ceases	Not excluded

A parent/carer of a person with a listed exclusion condition, or a person who has been in contact with a listed exclusion condition must notify Sharing Places as soon as possible.

* These conditions must be notified by medical practitioners to the Chief Health Officer.

Information on the Mandatory Use of Face Masks

Face masks are an effective tool to reduce the spreading of airborne viruses especially during higher risk activities. The type of mask used and the proper use of the mask can be key to its effectiveness. For support workers, P2/N95 face masks are encouraged as these provide better protection and lower the risk of infection. For others, a surgical mask (rather than a re-usable mask) is preferred.

While mask wearing is not essential for all activities, it is expected that all staff carry a mask at all times and that they wear a mask during the course of their work day whenever they are undertaking activities in close contact with participants (ie, closer than 1.5 metres) for more than 30 minutes in an enclosed space.

High risk activities, when masks are to be worn, may include:

- Travelling in vehicles;
- Assisting participants with indoor exercises;
- Music programs e.g. Music Appreciation Class, Country Music, Disco etc;
- Supporting participants with cooking;
- Supporting participants with indoor activities such as art and craft, office work etc;
- When attending to participant personal care;
- Assisting participant with meals or PEG feeding;
- When administering participant's medication or attending to other health related needs; and
- Administering first aid.

Low risk activities, when masks are not required, may include:

- Outdoor walking;
- Park visits;
- Outdoor dining including BBQs;
- Gardening;
- Liberty Swing; and
- While in the water e.g. hydrotherapy, swimming.

When safe to do so, masks may be removed for short periods of time to enable clearer communication with participants.

Hand Hygiene

A number of infectious diseases can be spread from one person to another by contaminated hands. These diseases include gastrointestinal infections, such as salmonellosis, and respiratory infections such as influenza, colds and coronavirus (COVID-19).

Washing your hands properly with soap and water can help prevent the spread of the germs (like bacteria and viruses) that cause these diseases. When caring for participants, hand washing is especially important because it helps prevent the spread of infections between participants and staff.

Hand Washing Tips

Warm, soapy water is the best option for washing your hands. Follow these simple tips on good hand hygiene.

To wash your hands:

1. Wet hands with running water (preferably warm).
2. Apply liquid soap – enough to cover all of your hands.
3. Rub your hands together for at least 20 seconds.
4. Make sure you cover all surfaces, including the backs of your hands and in between your fingers, under nails and wrists.
5. Rinse hands, making sure you remove all soap, and turn off the tap using the towel or paper towel.
6. Dry your hands thoroughly with a paper towel, a clean hand towel or an air dryer if you are in a public toilet.

Participants need to wash their hands too. If the participant is unable to stand or be supported at a hand basin, you can support them to wash their hands using a portable wash basin (single use), or with hand sanitiser and disposable wipes; always make sure all soap is rinsed off and their hands and thoroughly dried.

When to Wash Your Hands

Wash your hands before touching anything that needs to stay clean, and after touching anything that might contaminate your hands.

Examples include:

- when your hands are visibly dirty;
- after going to the toilet;
- after helping a participant go to the toilet, or changing continence aids;
- before, during and after preparing food;
- between handling raw and cooked or ready-to-eat food;
- before and after eating;
- before and after supporting participant with meal or feeding participant;

- after blowing your nose, coughing or sneezing;
- after using a tissue or handkerchief;
- after wiping a participant's nose or face;
- before and after smoking;
- after cleaning up blood, vomit or other body fluids;
- before and after touching a wound, cut or rash;
- before giving medication or applying ointment;
- after handling rubbish, household or garden chemicals, or anything that could be contaminated;
- after cleaning the bathroom; and
- after patting or handling an animal.

Using Hand Sanitiser

Alcohol-based hand sanitisers are effective against some viruses (such as coronavirus), however they are not effective against Norovirus, Rotavirus or similar viruses which causes gastroenteritis.

Washing hands with soap and water is the best way to prevent gastroenteritis infection. An alcohol-based hand rub (hand sanitizer containing at least 60% alcohol) can be used to clean your hands and participant's hands if you don't have access to soap and water. Hand sanitiser is only effective if your hands have no visible dirt on them.

To use hand sanitiser:

1. Put about half a teaspoon of the product in the palm of your hand, rub your hands together, covering all the surfaces of your hand, including between your fingers.
2. Keep rubbing until your hands are dry (about 20 to 30 seconds).

Alcohol-based hand sanitiser can be poisonous if swallowed. Store hand sanitisers safely and always supervise participants when using hand sanitizer.

For advice on possible poisoning contact 24-hour Poisons Information Centre ☎131126

Other Tips for Good Hand Hygiene

- Carry some hand sanitiser with you and use it whenever you want to decontaminate your hands and participant's hands, for example, after using public transport.
- Cough or sneeze into a tissue or your elbow, instead of into your hands.
- Wear disposable gloves before handling soiled continence aids or cleaning up blood or any other body fluid.
- Be a good role model and encourage participants to wash their hands properly and frequently.