

## Infection Control

Document Number – OHS-PROC-407

This document applies to the following site(s):

Rockhampton Office	<input type="checkbox"/>	Brisbane Office	<input checked="" type="checkbox"/>	Tarong Site	<input checked="" type="checkbox"/>
Barron Gorge Hydro PS	<input checked="" type="checkbox"/>	Kareeya Hydro PS	<input checked="" type="checkbox"/>	Mica Creek PS	<input checked="" type="checkbox"/>
Koombooloomba Hydro PS	<input checked="" type="checkbox"/>	Swanbank PS	<input checked="" type="checkbox"/>	Mackay Gas Turbine	<input checked="" type="checkbox"/>
Wivenhoe Small Hydro PS	<input checked="" type="checkbox"/>	Stanwell PS	<input checked="" type="checkbox"/>	Meandu Mine	<input type="checkbox"/>

### Table of Contents

1.0	Purpose/Scope .....	2
2.0	Treating Injured Workers on Site .....	2
2.1	Suitable PPE for Infection Prevention and Control: .....	2
2.2	Providing First Aid .....	2
2.3	Actions Following Treatment .....	3
2.4	Action in the Event of Exposure to Blood or Body Substance Spillage .....	3
2.5	Management of a Blood or Body Substance Spillage .....	4
3.0	Handling Needles and Other Sharps .....	4
3.1	Action in the Event of Exposure from a Needle Stick Injury .....	4
4.0	Waste Management.....	5
5.0	Review, Consultation and Communication .....	5
6.0	References.....	6
7.0	Definitions .....	6
8.0	Revision History .....	6
9.0	Appendices .....	7
	Appendix A: Infection Control Document Flowchart .....	7
	Appendix B: Personal Protective Equipment for Infection Control .....	7
	Appendix C: Sharp Retrieval and Disposal Procedure .....	8

WRITTEN BY: .....	ENDORSED/CHECKED BY: .....	APPROVED BY: .....	DATE: 12.05.17
NAME: Lydia Gunston	NAME: Michael Joy	NAME: Michael Joy	

Doc No: OHS-PROC-407	Revision No: 4	Revision Date: 22.12.2016	Page: 1 of 8
----------------------	----------------	---------------------------	--------------

**THIS DOCUMENT IS UNCONTROLLED IN HARD COPY FORMAT**

## 1.0 Purpose/Scope

This business procedure addresses workplace infection control of communicable diseases. It includes generic requirements of infection control, as well as specific requirements for issues arising from provision of first aid to injured workers and from contaminated sharps, such as hypodermic needles, and other biological hazards, including waste.

This business procedure applies throughout Stanwell, all its sites and all activities under Stanwell's control. It applies to all Stanwell employees and contractors, including visitors to Stanwell workplaces.

Personnel most at risk of infection are site first aid providers, cleaners and those with the responsibility for the disposal of biological waste.

## 2.0 Treating Injured Workers on Site

First aiders should take standard precautions to avoid becoming ill and exposing others to illness when handling blood or body substances. Standard precautions are work practices that are applied to all patients and their blood and body substances, regardless of their infectious status, to ensure a basic level of infection prevention and control. These include use of personal protective equipment (PPE), hand hygiene, cleaning techniques and managing spills of blood and body substances, and appropriate handling and disposal of sharps and waste.

### 2.1 Suitable PPE for Infection Prevention and Control:

Where PPE is used, it must be properly selected for the task, be readily available, clean, and properly maintained. First aid personnel shall be trained in the correct use of the equipment provided. PPE should comply with relevant Australian Standards.

Disposable PPE that has been in contact with blood or body substances should not be reused and should be disposed of in the Hazard Bag.

Non disposable PPE should be cleaned and sterilised.

**Protective gloves** - These should be worn whenever there is a potential for contact with blood or body substances. Disposable PVC or latex gloves should not be reused. Heavy-duty gloves may be worn where a higher level of protection is required, for example, where there is a risk of exposure to sharp objects or when cleaning a blood or body substance spill.

**Protective clothing** – Clothing, such as disposable non-porous overalls, or plastic aprons, should be worn in situations where there is a risk that clothing of first aid personnel or workers undertaking clean up tasks may become contaminated with blood or body substances.

**Eye protection** - Goggles and safety glasses should be worn, where there is a risk of blood or body substance splashes entering the eyes, for example, arterial bleeding injuries.

**Safety footwear** - Safety footwear should be worn where there is a risk of the feet being punctured by sharp objects, such as broken glass or hypodermic needles.

**Resuscitation mask** - Expired air resuscitation (EAR) may involve exposure to blood and body substances. Use of a resuscitation mask, for mouth to mask resuscitation, reduces this risk. A resuscitation mask should only be used, if first aid personnel have received instruction in its use.

### 2.2 Providing First Aid

Before providing first aid to an injured or ill person, first aiders should assume they could be exposed to infection.

First aiders should:

- Wash their hands with soap and water or apply alcohol-based hand rub before administering first aid.
- Wear personal protective equipment to prevent contact with blood and body substances, including disposable gloves.

- Eye protection, a mask and protective clothing may also be necessary if splashes of blood or body substances are likely to occur. If available, a plastic apron should be worn to protect clothing.
- Make sure a suitable waterproof dressing covers any open cuts, wounds or abrasions they have.
- A surgical mask should be used if available - particularly if the first aider is suffering from a cold or virus. Avoid talking directly over a wound or coughing over an open wound.
- If resuscitation is required use a resuscitation mask such as a Pocket Mask or Life Key as protection barriers.
- Wash hands after contact with blood, body fluids or contaminated items, and after removal of protective gloves.
- Any part of the body that comes in contact with blood or body substances should be washed with soap and water immediately.

Skin penetrating injuries that are obviously contaminated with soil, dust or manure or deep penetrating wounds, are the types of wounds likely to favour the growth of tetanus organisms. Workers over the age of 50 years who have never been vaccinated or who have not maintained adequate immunity through vaccination are at greatest risk of tetanus. Disinfection of the injury site within 4 hours of the injury will reduce the risk of infection. Immediate medical attention is to be sought in particular for deep penetrating wounds and injuries to workers who have not been immunised or cannot remember when they were last vaccinated.

### 2.3 Actions Following Treatment

- Contaminated clothing should be removed, and soaked in the strongest household bleach (1 part bleach to 9 parts water) for at least 30 minutes. Clothing can then be washed in the normal way, using washing detergent and the hottest possible water. Alternatively the contaminated clothing can be discarded in a hazard waste bag for disposal.
- Disposable clothing and PPE can be discarded in a hazard waste bag for disposal.
- Any surfaces that were used e.g. bench or table top, should be washed thoroughly with a disinfectant or household bleach, which can be left to soak for 30 minutes.
- Any instruments that may have been used should be soaked in a Hibitane solution, or steam sterilised prior to reuse.
- The first aid provider is responsible for ensuring the First Aid Kit is re-stocked after use.

### 2.4 Action in the Event of Exposure to Blood or Body Substance Spillage

In the event that a worker does come into contact with blood or body substance spillage, and they are exposed, the following immediate action is required:

- If skin is penetrated, wash the area well with soap and water (alcohol based hand rinses, or foams, 60-90 per cent alcohol by weight, should be used when water is not available). Refer to section 3.1 for further information.
- If blood gets on the skin, irrespective of whether there are cuts or abrasions, wash well with soap and water.
- If the eyes are contaminated, rinse the area gently, but thoroughly, with water or normal saline, while the eyes are open.
- If blood gets in the mouth, spit it out, and then rinse the mouth with water several times. Then report IMMEDIATELY to your Supervisor, who will take appropriate action.
- Report the exposure and complete an Event Notification form.

## 2.5 Management of a Blood or Body Substance Spillage

Cleaning should commence as soon as possible after an incident involving blood or body substances has occurred. Protective gloves must be worn during clean-up work. Absorbent material, such as paper towels, should be used to absorb the bulk of the blood or body substance. These contaminated materials should then be disposed of in a leak proof, sealed, hazard waste bag.

The area should be cleaned with warm water and detergent, and then disinfected. A suitable disinfectant is a freshly prepared 1:10 dilution of 5% sodium hypochlorite (household bleach) in water. Mops and buckets should be rinsed with warm water and detergent, and stored dry. After cleaning the contaminated area and the cleaning equipment, reusable gloves and other protective clothing should be removed and placed in the hazard waste bag.

## 3.0 Handling Needles and Other Sharps

Handling needles and sharps involves potential exposure to biological hazards, such as hepatitis B, C and HIV virus. The person who uses a needle or sharp, is responsible for its safe disposal.

Infection control procedures, when handling needles, and other sharp contaminated objects, include:

- Always assess the risk, and wear suitable PPE.
- Never attempt to recap or bend used needles.
- Handle syringes by the barrel.

Place contaminated sharps in an appropriate puncture proof container: i.e., one that is yellow, labelled 'Danger Contaminated Sharps,' and marked with a black biohazard symbol.

Sharps containers shall be located at every first aid facility.

Refer to Appendix B: Sharp Retrieval and Disposal Information for further details.

If a first aider sustains a sharps injury or thinks they are at risk of infection from blood or bodily fluid contamination, they should seek prompt medical advice.

## 3.1 Action in the Event of Exposure from a Needle Stick Injury

A needle-stick injury can cause considerable stress to the worker and their family. While the risk of contracting a blood-borne pathogen is relatively low, the psychological trauma that follows the injury can be considerable. The uncertainty of health outcomes of such an injury and the significant time (approximately 6 months) required to determine whether the worker's health has been compromised contributes to the stress. Immediate intervention will assist the worker in coming to terms with the potentially dangerous and health threatening event and immediate medical treatment may prevent infection.

The provision of counselling can mitigate the psychological consequences of the exposure.

### Controls

When undertaking work activities where potential sharps hazards exist (e.g. carrying and / or otherwise handling rubbish, work in public access areas etc.), the following general precautions apply.

Do not:

- manually compress rubbish bags;
- hold rubbish bags close to the body / limbs;
- hold the base of rubbish bags;
- attempt to recap, bend or cut discarded sharps;
- place hands or fingers into areas or objects where sharps may be concealed (e.g. rubbish bins, drains, pits, behind toilets, thick bushes etc.).

Stanwell workers who may be exposed to body fluids / substances via sharps hazards are to be offered appropriate vaccinations.

### Person Exposed

In the event that a worker incurs a needle stick injury, and they are exposed, the following immediate action is required:

- Wash the area well with soap and water (alcohol based hand rinses, or foams, 60-90 per cent alcohol by weight, should be used when water is not available).
- Report IMMEDIATELY to their Supervisor, who will take appropriate action.
- The exposure must be recorded on an Event Notification form.

### Treating First Aider

- Arrange for immediate medical assessment by a Doctor for the affected person.
- Ensure that the exposed area has been washed thoroughly.
- Find out whether a known source is involved in the incident, and arrange for testing of the source material to occur, as soon as possible.
- If the known source is a person, request them to attend a nominated medical practitioner's surgery for blood tests. Inform them that their attendance is entirely voluntary, and that it is likely their blood would be tested for:
  - HIV antibody;
  - Hepatitis B surface antigen (HBsAg); and
  - Hepatitis C antibody (Anti-HCV).
- Contact the Occupational Health Nurse who will arrange on-going support and counselling for the affected person.

## 4.0 Waste Management

Contaminated waste must be placed in a leak proof bag, or container and sealed (bags or containers must have a biohazard symbol on it), the bag or container shall not be overfilled. Gloves must be worn when handling contaminated hazard waste bags and containers.

Sharps, including scissors and tweezers, that have become contaminated with blood or body substances should be disposed of in a rigid-walled, puncture-resistant sharps container by the person that used them. The materials, design, construction, colour and markings of sharps containers should comply with:

- AS 4031-1992 – Non-reusable containers for the collection of sharp medical items used in health care areas
- AS/NZS 4261-1994 – Reusable containers for the collection of sharp items used in human and animal medical applications.

Waste disposal shall comply with EPA, or local government requirements.

## 5.0 Review, Consultation and Communication

### Review:

This Document is required to be reviewed, as a minimum, every 5 years.

This document will be communicated throughout Stanwell by a Safety Advice and on GenNet.

### Consultation:

The review and update of this document will be done in consultation with the Health and Safety Team.

### Communication:

No specific communication is required for this document.

## 6.0 References

Source	Reference
<b>Legislation</b>	<ul style="list-style-type: none"> <li>Queensland Work Health and Safety Regulation 2011</li> <li>Queensland First Aid in the Workplace Code of Practice 2014</li> </ul>
<b>Australian Standards</b>	<ul style="list-style-type: none"> <li>AS 4031-1992 – Non-reusable containers for the collection of sharp medical items used in health care areas</li> <li>AS/NZS 4261-1994 – Reusable containers for the collection of sharp items used in human and animal medical applications.</li> </ul>
<b>Business Procedures</b>	<ul style="list-style-type: none"> <li>First Aid OHS-PROC-413</li> </ul>
<b>Stay Safe</b>	<ul style="list-style-type: none"> <li>Nil</li> </ul>
<b>Tools</b>	<ul style="list-style-type: none"> <li>Nil</li> </ul>

## 7.0 Definitions

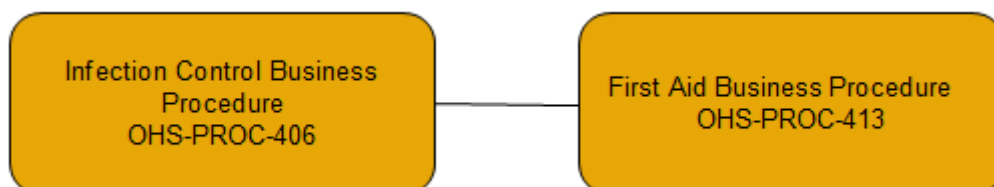
Term	Meaning
<b>Affected Person</b>	The person exposed to biological contamination e.g. blood, or body fluid, as a result of a needle stick injury.
<b>Body Fluids</b>	Includes blood, saliva, vomit, puss, urine, faeces, vaginal fluid, seminal fluid, and breast milk.
<b>Exposure</b>	For the purpose of this procedure exposure means inhalation, ingestion or penetration of skin with an object that may have biological contamination.
<b>First Aid</b>	The immediate care given to an ill or injured person until more advanced care arrives or the person recovers.
<b>Sharps</b>	Objects (e.g. needle or similar) that may be contaminated with body fluids / substances and are capable of causing a skin penetrating injury.
<b>Sharps Container</b>	An approved puncture-resistant container designed in accordance with: <ul style="list-style-type: none"> <li>AS/NZS 4261:1994 / Amdt 1:1997 - Reusable containers for the collection of sharp items used in human and animal medical applications; or</li> <li>AS/NZS 4031:1992 Amdt 1996 – Non-reusable containers for the collection of sharp medical items used in health care areas.</li> </ul>
<b>Source</b>	The source of the biologically contaminated material, or substance, the Affected Person was exposed to e.g. the person whose blood or body fluid was inoculated, or splashed onto, the affected person. Sometimes the source may not be identifiable, for example, when an affected person has been injured by a needle/instrument, and it is not known on what or whom it was used.

## 8.0 Revision History

Rev. No.	Rev. Date	Revision Description	Author	Endorse/Check	Approved By
0	28.02.06	Procedure issued.	L Gunston		W Renshaw
1	28.08.06	Document renumbered and reviewed.	L. Gunston		J. Judge
2	17.11.06	Titles reflecting more recent management structure changed. No effective changes to content.	L. Gunston		J. Judge
3	04.06.2009	Procedure updated with change of position titles, additionally inclusion in 5.2 of how clothing is to be handled.	L.Gunston		J.Judge
4	22.12.2016	Consolidation of Stanwell Corporation process and requirements. Document updated to new template.	Lydia Gunston	Michael Joy	Michael Joy

## 9.0 Appendices

### Appendix A: Infection Control Document Flowchart



### Appendix B: Personal Protective Equipment for Infection Control

A typical Infection Control Kit can comprise:

#### **Self Compiled Kit:**

- Mouth to Mask Pocket Mask
- Disposable mask (if available)
- Heavy duty gloves
- Disposable gloves
- Plastic bag
- Goggles or eye shields.
- Heavy duty disposable 'Hazard Bag'

#### **Commercially Bought Kit:**

- Absorbent cloth and scissors
- Antiseptic ampoule and hand towelette
- Latex gloves and apron
- Blood spill sachet
- Face mask with eye shield
- Scoop and scraper
- Yellow disposable 'Hazard Bag'



## Appendix C: Sharp Retrieval and Disposal Procedure

1. DO NOT attempt to recap the sharp if it is a needle.
2. Obtain a suitable sized sharps container.
3. Put on heavy duty gloves over disposable gloves. To prevent contamination of the heavy duty gloves, disposable gloves can be put over the gloves if possible.
4. Bring the container to the sharp.
5. Place the container on a stable surface beside the sharp. Do not hold the container when disposing of the sharp.
6. Pick up the sharp by the middle of the object (e.g. barrel, handle) with tongs or similar tool. Keep the sharp end of the object facing away from the body at all times.
7. Place the sharp in the container, sharp end first.

If sharp's container is too small or another object is attached to the sharp:

- DO NOT tamper with the sharp object, and under no circumstance should attempts be made to force the sharp object to fit into the container.
  - Where a sharps container is not available or the object is too large to properly fit into the sharps container provided, put the item into a rigid-walled, puncture resistant container that can be sealed, label, and quarantined until a sharps container is available or disposal can occur. Do not attempt to move a sharp from one container to another.
  - Unless the puncture resistant container will fit into a larger sharps container, leave the sharp in the labelled puncture resistant container for disposal. The container must be sealed for disposal.
8. The container should not be overfilled (no more than 2/3 full).
  9. Securely place lid on the container, holding the container at the top.
  10. Return the sharp's container to the designated storage / collection area.
  11. Items that have come into contact with the sharp (including items that may be lightly soiled with blood or body substances) are to be placed in a plastic bag and can be disposed of in the general waste. Where items are heavily soiled with bodily fluids / substances they are to be placed into the clinical waste containers if available. If clinical waste containers are not available, heavily soiled items should be placed in double plastic bags or a leak proof container and disposed of as hazardous waste.
  12. Remove gloves and wash hands thoroughly with running water and soap.
  13. Equipment is to be cleaned thoroughly. If it has NOT been contaminated with body fluids it can be returned to its appropriate location and a replacement sharps retrieval kit arranged if required.
  14. An Event Notification Form is to be completed.