Work Health Safety & Infection Prevention & Control

Anthea Cayetano - 2015
OBJECTIVES

• Define WHS

• Highlight why WHS is so important

• Explore Safe Systems of Work

• Relate WHS to paramedic students

• Identify what infectious diseases are and how they affect paramedics

• Understand what protection is available and necessary for paramedics working with or around infectious and non-infectious patients
What is WHS?

• Work Health and Safety.

• Looking after the health, safety and welfare of yourself and others while you are working.

• From January 1, 2013, South Australia joined a national initiative to harmonise WHS laws across Australia. South Australia’s legislation includes the Work Health and Safety Act 2012 (SA) and the Work Health and Safety Regulations 2012 (SA), which are supported by Codes of Practice.

• They apply to EVERY workplace and detail responsibilities of both employers and employees.
Why Manage WHS?

• Legal - we are all legally required to comply with WHS legislation.

• Economic - when an employee is injured, costs may be incurred in multiple areas: medical, workers compensation (premiums & processing), equipment / building damage (repairs or replacement), service delivery delays, staff replacement (wages, overtime, training), investigation time, damage to professional / safe image.

• Humanitarian - an injured employee may experience: pain and suffering, permanent disability or death, loss of earnings, psychological effects, inability to resume occupation, disruption to social and recreational activities, family disruption due to adverse effects on family / dependants.
Safe Systems of Work

Safe systems of work are the total set of methods adopted for carrying out the operations required in a particular workplace.

They cover all aspects of the employment situation.

• the organisation of work processes
• the methods of using machinery, plant and equipment
• the methods of hiring labour
• job training, instruction and supervision about associated hazards and their management
• what to do when things go wrong
Safe Working Practices Involve:

- WHS Act and Regulations
- Consultation
- Management Commitment
- Hazard Management
- Training and Supervision
- Policies and Procedures

Safe Systems of Work
Consultation

Health and safety representatives (HSRs) - are employees who are elected by their co-workers to represent them on health and safety issues in the workplace.

The role of the HSR is voluntary and they facilitate communication on work health and safety issues between the employer and employees in order to manage the health and safety risks in the organisation.

65 HSRs at SAAS.

HSRS attend committee meetings regularly to discuss work health and safety issues. They are primarily responsible for health and safety issues that affect the organisation as a whole; for example, the development and review of organisational policies and procedures.
Hazard Management

A multi-step process

1. **Identifying Hazards** - in the workplace is the starting point for the hazard management process.

2. **Risk Assessment** - generally carried out at the same time as hazards are identified. Involves evaluating the probability or likelihood of an injury occurring and the severity or consequences of the injury.

3. **Risk Control** - Dealing with the hazard. There will be situations where a combination of control measures will need to be used to control hazards and risks.

4. **Evaluation of Control Measures** - The control measures then need to be evaluated both during and after implementation.
   - Has the control measure been successful in eliminating or reducing the risks associated with the hazard?
   - Has the control measure created a new hazard?
   - Is there a need for information, instruction and training for people at the time of implementing the control measure?
1. Hazard Identification

A hazard is something that has the potential to harm the health, safety and welfare of people at work.

Identifying hazards involves gathering and recording information about what is happening in the workplace.

Hazards must be reported at the time that the people in the workplace notice them.

Hazard identification should be an integral part of workplace culture, involving everyone in the workplace.

Identification can range from employees reporting any hazardous situations that may occur to their employer, to a formal and regular workplace inspection.
1. Hazard Identification

Examples of hazards faced by SAAS employees:

Manual Tasks
Violence/Aggression
Blood and Body Fluid Exposure
Vehicle Accidents
Slips, Trips, Falls
Stretcher Collapse
Psychological
2. Risk Assessment

The underlying principle of this is to **prioritise** the hazards and to determine the **level of control** required.

The process involves **gathering information** about the risks associated with the identified hazards, eg. frequency and duration of exposure to the hazard and severity or consequences of the injury.

An effective risk assessment tool (**Risk Assessment Matrix**) should be used to record this action and will assist in making a calculated decision. It is used to rate the risks according to likelihood and severity or consequences.

Priority and timeframes are then determined for controls to be assigned. Different workplaces use different risk assessment tools.
2. Risk Assessment

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Consequences</th>
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<tr>
<td></td>
<td>Insignificant</td>
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<tr>
<td>Almost certain</td>
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<td>Likely</td>
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<td>Unlikely</td>
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<tr>
<td>Rare</td>
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</table>
3. Risk Control
The **Hierarchy of Controls** is a priority order of control measures ranging from elimination of the hazards and associated risks to providing people with protective equipment.

Preference is always to eliminate the hazard if possible. Note that the lower the level of control implemented, the higher the level of risk that is accepted.

4. Evaluation of Control Measures
Where a decision has been made to implement a control measure, someone has to be responsible for this and for reviewing its effectiveness.

Due to the level of responsibility and authority allocated to managers and supervisors, they should be responsible for the controls implemented in their workplaces.
Hierarchy of Controls

START HERE

1. Elimination
   If this is not practicable, then
   Good housekeeping practices remove hazards from the workplace. Consider the layout of the workplace - do mists or fumes drift into other areas due to the design of the extraction system?

2. Substitution
   If this is not practicable, then
   Replace a manual process with an automatic process.

3. Isolation
   If this is not practicable, then use
   Install guards on machines where there is risk of a person being trapped in a machine.

4. Engineering
   If this is not practicable, then use
   Redesign the task.

5. Administration
   If this is not practicable, then use
   Implement policies, procedures and training for people to follow when working with a hazard.

6. Personal Protective Equipment
   Until better methods of appropriate controls are available
   Provide people with safety glasses, gloves or footwear when working with a hazard and provide training in the use of these.
Examples of Risk Control Measures in SAAS

- Training – manual handling, Op Safety
- Policies & Procedures
- Personal Protective Equipment
- Peer Support Program
- Fatigue Management System
- SAASfit Program
National Initiative

In 2008, South Australia signed the *Intergovernmental Agreement for Regulatory Reform in Occupational Health and Safety*. The *Australian Work Health and Safety Strategy 2012-2022* provides a nationally coordinated approach to work health and safety. It has been developed by working Australians for working Australians and is designed to be realistic, relatable and something that can be implemented and sustained for the coming decade.
Policies and Procedures

SA Health

In 2009, SA Health changed its registration with WorkCover to one single system, instead of separate registration for every health unit.

Accordingly, SA Health has developed a single WHS & Injury Management (WHS&IM) system for provision of its Work Health and Safety and Injury Management Services.
WHS Act and Regulations Currently in SA

Work Health and Safety Act 2012 (SA)

Work Health and Safety Regulations 2012 (SA)

Codes of Practice
The **key principles** of the **Work Health and Safety Act 2012 (SA)**:

- Establishes health and safety duties, including the primary duty to protect any person from exposure to hazards and risks that arise from work.

- Provides for worker representation, consultation and participation including through Health and Safety Representatives and Health and Safety Committees.

- Enables compliance and enforcement through SafeWork SA, the regulator, and

- Provides for the creation of regulations and Codes of Practice.
Work Health and Safety Act 2012 (SA) Part 2,
Division 2 – Primary Duty of Care (19)

1. A person conducting a business or undertaking must ensure, so far as is reasonably practicable, the health and safety of –
   (a) workers engaged, or caused to be engaged by the person; and
   (b) workers whose activities in carrying out work are influenced or directed by the person while the workers are at work in the business or undertaking.

2. A person conducting a business or undertaking must ensure, so far as is reasonably practicable, that the health and safety of other persons is not put at risk from work carried out as part of the business or undertaking.
3. Without limiting subsections 1. or 2. a person conducting a business or undertaking must ensure, so far as is reasonably practicable –

(a) the provision and maintenance of a work environment without risks to health and safety; and
(b) the provision and maintenance of safe plant and structures; and
(c) the provision and maintenance of safe systems of work; and
(d) the safe use, handling and storage of plant, structures and substances; and
(e) the provision of adequate facilities for the welfare at work of workers in carrying out work for the business or undertaking, including ensuring access to those facilities; and
(f) the provision of any information, training, instruction or supervision that is necessary to protect all persons from risks to their health and safety arising from work carried out as part of the conduct of the business or undertaking; and
(g) that the health of workers and the conditions at the workplace are monitored for the purpose of preventing illness or injury of workers arising from the conduct of the business or undertaking.
Duties of workers

While at work, a worker must –

(a) take reasonable care of his or her own health and safety; and
(b) take reasonable care that his or her acts or omissions do not adversely affect the health and safety of other persons; and
(c) comply, so far as the worker is reasonably able, with any reasonable instruction that is given by the person conducting the business or undertaking to allow the person to comply with this Act; and
(d) co-operate with any reasonable policy or procedure of the person conducting the business or undertaking relating to health or safety at the workplace that has been notified to workers
Industry Specific Policy and Procedure

SA HEALTH POLICY DIRECTIVE
Roles, Responsibilities & Governance (OHSW&IM)

1. Rationale
This policy identifies the occupational health and safety roles and responsibilities for SA Health employees, contractors, volunteers, students and visitors, and the occupational health, safety, welfare and injury management (OHSW&IM) governance arrangements in accordance with the requirements of the Occupational Health, Safety and Welfare Act 1986 (OHSW Act) and the Workers Rehabilitation & Compensation Act 1999 (WRCA).

2. Scope
This policy relates to all SA Health employees, volunteers, contractors / subcontractors / employees of labour hire companies, students / work experience / trainees, carers / visitors, OHSW&IM Governance and OHSW Consultative Committees.

3. Policy Statement
In accordance with CP001 – SA HEALTH POLICY DIRECTIVE – OHSW&IM, SA Health will ensure that OHSW&IM roles and responsibilities are defined so that all workers understand their legal responsibilities and their role in managing health, safety and welfare matters within their level of responsibility, and that a governance structure is in place to support effective decision making on OHSW&IM activities to meet OHSW&IM management system objectives and targets.

This policy is supported by the PL002 – SA HEALTH OHSW&IM GOVERNANCE & CONSULTATION FRAMEWORK 2011 - 2015.

Policy Details
- SA Health will ensure clearly defined roles and responsibilities for occupational health safety and welfare and injury management are documented, and delegated throughout the PL001 – SA HEALTH OHSW&IM FRAMEWORK 2011 - 2015. Roles and responsibilities will be documented in all policies, procedures and individual job descriptions.
- All SA Health employees will be held accountable for their roles and responsibilities through mechanisms including performance review and development, and the SA Health OHSW&IM internal audit program.
- Governance of SA Health’s OHSW&IM Management System including policy, planning, implementation of all activities, audit and management review will occur through:
  - SA Health Peak OHSW&IM, and Local Health Network (LHN) / Health Service OHSW&IM Governance Committees;
  - SA Health Portfolio Executive, Executive Directors and their Line Management structures, with support from the network of LHN / Health Service and Local OHSW&IM Consultative Committees and, LHN / Health Service and Local Management Committees;
- SA Health will ensure that there is a documented process for resolution of health and safety issues that are unable to be addressed through the formal consultation and governance mechanisms.

Flinders University
inspiring achievement
SAAS WHS & Injury Management Policy examples

Contractor Management
Drug and Alcohol Management
Fatigue Risk Management
Manual Handling
Occupational Health Safety Welfare & Injury Management
Planning for OHSW&IM
Roles, Responsibilities & Governance (OHSW&IM)
Smoke Free
Fatigue Risk Management
SAAS OHS & W and Injury Management Procedures

Action plans
Bomb threat
Building alarms and emergency tones
Claims management
Document control
Drug and alcohol management
Electrical safety
Emergency plans and schedules all locations
Evacuation
Fire
Fatigue Risk Management
Ferno F2650 stretcher
Ferno F2650 stretcher to be transfer
First Aid
Hand Hygiene
Hazard Management
Hazard Reporting
Hazardous substances V2.0
Immunisation requirements for student health care workers requesting clinical placements
Immunisation requirements for volunteer operational recruits
Incident Investigation & Quick Assessment
Injury management

Job Safety Analysis
Loading/unloading Ferno F2650 stretcher
Manoeuvring the Ferno F2650 stretcher
Manual handling – risk assessment and control
OH&S Consultation
OH&S and IM Training
OH&S Issue Resolution
OH&S Internal Audit
OH&S Noise Control
OHS&W authorities
OHS&W legislation
Other emergencies
Out of service tag
Plant and Eqipment Safety
Raising/lowering Ferno F2650 stretcher
Rehabilitation
Responsibilities (emergencies)
Safety committees
Smoke-free
Station based exercise equipment
Workplace inspection
Important Policies and Procedures for you!

**Policies**

- Code of Ethics and Conduct
- Roles, Responsibilities & Governance (OHSW&IM)
- Thirds and Observers on SAAS Operational Vehicles

**Procedures**

- Thirds & Observers on SAAS Operational Vehicles – Professional Colleagues & Degree Students

- Immunisation requirements for student health care workers requesting clinical placements
Thirds & Observers – Professional Colleagues & Degree Students

1. PURPOSE

The purpose of this procedure is to outline the process by which thirds and observers undertaking placements within SA Ambulance (SAAS) will be arranged.

2. SCOPE

The scope of this document covers any person undertaking a workplace placement within SAAS including but not limited to;

- Professional colleagues
- Flinders University Paramedic Degree students
- Observation and third shifts on emergency ambulances, emergency support service ambulances, patient transfer services ambulances and EOC.
- Observation and third shifts within the Rescue Retrieval and Aviation Services directorate.

3. RESPONSIBILITIES

Operations Managers
- Liaise with student coordinators regarding third/observer shifts
- Allocate observer arrangements to relevant team leaders

Team Leaders
- Allocate thirds/observers to appropriate shifts
- Enter third/observer shifts into Global Rostering System

Rostering
- Create profile for observers in Global Rostering System

Operational staff
- Provide thirds/observers with orientation of station and work environment
- Provide direction to thirds/observers regarding safety, professional image and code of ethics and conduct

Student Coordinators
- Liaise with relevant Operations Managers and Team Leaders regarding student placements

Thirds/Observers
- Complete Criminal History Report prior to undertaking shift
- Complete Observer Indemnity Form prior to undertaking shift
- Provide evidence of adequate immunisation prior to undertaking shift
- Follow all directions given by operational staff when undertaking a placement/observer shift regarding safety, professional image and code of ethics and conduct
QUESTIONS?
What is an Infectious Disease?
(Also known as transmissible or communicable disease)

Infectious diseases are the invasion of a host by a microorganism.

- Viruses
- Bacteria
- Fungi
- Prions
- Protozoa
- Parasites
Microorganisms

• Not all micro-organisms cause disease.

• Many are beneficial:
  • Keep skin healthy – eg. Staphylococcus Epidermidis.
  • Keep digestive tract healthy – eg. Bacteroides species.
Examples of Infectious Diseases

- Measles (rubeola virus)
- Pertussis (Bordetella parapertussis bacteria)
- Tinea (Dermatophyte fungus)
- Creutzfeldt-Jakob Disease (CJD) (prion)
- Candida / Oral Thrush (protozoa)
- Lice (parasite)
Different micro-organisms can produce the same disease.

For example, meningitis (inflammation of the membranes that surround the brain and spinal cord) can be caused by viruses, bacteria, fungi, parasites, including:

- *Haemophilus influenzae* (bacteria)
- *Neisseria meningitidis* (bacteria)
- *Escherichia coli* (bacteria)
- *Cryptococcus neoformans* (yeast)
- *Morbillivirus* (virus)
- *NSAIDS* (drug therapy)

...more
Microorganisms and Disease

Multi-resistant organisms are significant in today’s health care system.

Common multi-resistant organisms include: MRSA and VRE
**MRSA**

Staphylococcus aureus is a common bacterium which usually causes no harm. However when the bacteria comes into contact with sterile tissue it can cause disease. MRSA (methicillin-resistant Staphylococcus aureus) is a strain of bacterium which has become resistant to a range of antibiotics. Strong infection control practices including good hand hygiene helps control the spread of MRSA.

[SAAS MRSA Factsheet](#)

**VRE**

The enterococci bacteria form part of the normal flora of the bowel of healthy people. Some strains of this bacterium have become resistant to a range of antibiotic drugs and are known as Vancomycin Resistant Enterococcus (VRE). When a patient is exposed to a broad spectrum antibiotic all but the resistant type are killed allowing an overgrowth of resistant bacteria. This often occurs in patients who are being cared for in oncology, renal, liver and intensive care wards. Good infection control practices including hand hygiene controls the spread of VRE.

[SAAS VRE Factsheet](#)
SuperBUGS!

“New superbug found at Flinders Medical Centre” – May 28, 2012

A new strain of VRE was detected at FMC. Potentially deadly, the linezolid-resistant strain was found in 3 patients. This was the first time this strain was identified in SA.
How Are We Protected?

• Intact healthy skin and mucous membranes with beneficial bacteria and natural anti-microbial substances

• Anti-microbial substances in bodily fluids

• Airways (cilia)

• Digestive system (acids and alkalis)

• Immune system
Increasing Protection...

Vital when working in health care!

- Immunisations
- Hand hygiene
- Standard and additional precautions
- PPE
- Cleaning and reprocessing of equipment
- Waste disposal (medical, sharps, linen)
- Good personal hygiene (uniform)

The Sneeze
Policy

Policy Guideline

Immunisation Guidelines for Health Care Workers in South Australia 2014 Policy Guideline

Objective file number: 2010-1123
Policy developed by: Public Health and Clinical Systems
Approved at Portfolio Executive on: 12 August 2014
Next review due: 31 October 2018

Summary
The Immunisation Guidelines for Health Care Workers in South Australia 2014 Policy Guideline details the immunisation standards for employers of Health Care Workers in SA Health services, to implement in their workplace to protect employees, patients, and visitors from the risk of exposure to vaccine-preventable infections.

Keywords
Health Care Worker Immunisation Policy Guideline, SA Health, screening assessment, HCW, vaccine preventable disease, vaccination, screening, Immunisation Guidelines for Health Care Workers in South Australia 2014 Policy Guideline

Policy history
Is this a new policy? N
Does this policy amend or update an existing policy? Y
Does this policy replace an existing policy? Y
If so, which policies? Immunisation Guidelines for Health Care Workers in South Australia 2010.

Applies to
All SA Health health services including hospitals, community health centres, SA Ambulance and SA Dental
CALHN, SALHN, NALHN, CHSALHN, WCHN, SAAS

Staff impact
All Clinical, Medical, Nursing, Allied Health, Emergency, Dental, Mental Health, Pathology
Other

PDS reference
G0138

Version control and change history

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<td>Current</td>
<td>Original version</td>
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Hand Hygiene

• Good hand hygiene is **THE** single most important step in preventing healthcare acquired infections.
• Health care workers only perform hand hygiene 40% of the times when it is required (CDC, 2009).
• We have around 460,000,000,000 bacteria on our hands right now...

Soap & Water for visibly soiled hands and when available

Alcohol-based hand rubs at all other times
Hand Hygiene

Other related issues:
• Finger nails & jewellery
• Wearing of gloves does NOT negate the need to perform hand hygiene before and after use

5 moments of hand hygiene
• WHO 5 moments adapted to the ambulance environment
  – Before & after touching the patient
  – Before & after a procedure
WHO 5 Moments for Hand Hygiene

1. Before touching a patient
2. Before clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings
Standard Precautions

Recommended for ALL patients, regardless of infectious status. It is a paramedic standard work practice, and includes:

• Hand hygiene
• Aseptic techniques of practice
• Appropriate use of PPE
• Equipment cleaning & reprocessing
• Environmental cleaning
• Safe handling of sharps
• Safe handling of waste
• Safe handling of soiled linen
• Personal hygiene
  (resp. hygiene, immunisation)
Transmission Based Precautions

In some cases, Standard precautions are not enough to prevent infection transmission and...

TRANSMISSION BASED PRECAUTIONS are required
Transmission Based Precautions

Address the different ways in which organisms are transmitted:

- **Airborne** – TB, measles, chickenpox
- **Droplet** – influenza, rubella, pertussis, meningococcal, norovirus
- **Contact** – multi-resistant organisms, gastroenteritis, clostridium difficile, hepatitis A

Should be tailored to the particular infection and mode of transmission (includes the potential addition of masks, and gowns)
**Infectious Diseases**

- Chickenpox (varicella-zoster) P3 L4
- Gastroenteritis P1 L1
- > explosive diarrhoea/vomiting P2 L3
- Influenza P2 L3
- Meningococcal disease P3 L4
- Mumps P4 L3
- Shingles (herpes-zoster) P1 L1
- TB (Tuberculosis) P5 L4
- Whooping cough (pertussis) P2 L3

**Risk Assessments**

- MRSA > high risk* P1 L1
- > limited patient contact ST L1
- VRE > high risk* P1 L2
- > limited patient contact ST L2

*High risk:
- > Current antibiotic therapy
- > Diarrhoea or faecal incontinence
- > Enteritis
- > Dialysis/transplant/chemo patients
- > Dementia/confusion/high level care
- > Immunosuppressed
- > Discharging wounds not contained
- > Significant contact/lifting/patient

**Precautions**

- ST Standard precautions
- P1 Contact
- P2 Contact, droplet
- P3 Contact, airborne
- P4 Droplet
- P5 Airborne

**What to use**

**Standard Precautions**
- Gloves and eye protection to be used in conjunction with transmission-based precautions
- Perform hand hygiene in accordance with WHO “5 Moments”

**Transmission-Based Precautions**

- **Contact:** Gown to be worn while in contact with patient and surroundings
- **Droplet:** Surgical mask to be worn by crew while in close contact (<1m) with patient. Patient to wear surgical mask if clinically appropriate
- **Airborne:** P2 mask to be worn while in same room or vehicle as patient, including the driver. Patient to wear surgical mask if clinically appropriate

**Cleaning**

- L1 Use detergent and water to clean stretcher and all surfaces touched by patient and crew
- L2 Use detergent and water and disinfectant to clean stretcher and all surfaces touched by patient and crew
- L3 Use detergent and water to clean stretcher and all surfaces in ambulance
- L4 Air ambulance*, then use detergent and water to clean stretcher and all surfaces in ambulance
- L5 Air ambulance*, then use detergent and water and disinfectant to clean stretcher and all surfaces in ambulance

**Note**

- *Airing the ambulance: With the rear doors open, and all others doors and windows closed, turn off the rear air-conditioner and run the fresh air cycle on the front air vents for 5 mins on demist setting then 5 mins on combined face/foot setting

For full information visit Infection Control on SAASnet

SAAS Clinical Risk and Safety Advice Line:

8235 9489

[Image: Flinders University logo]
Personal Protective Equipment (PPE)

When to wear PPE (**consider the paramedic environment**):

- Disposable gloves for all contact with blood/body fluids
- Gowns for potential splashing of uniform
- Masks for potential splashing into face
- Eye protection for potential splashing into eyes
- Utility gloves for environmental cleaning

The paramedic environment is not as controlled or able to be risk assessed, unlike in a hospital. Prevention is better than cure...
Aseptic Technique

Protects the patient during invasive procedures

Consider what we do as paramedics
- IV cannulation
- Chest decompression
- IM injections
- ICP’s – intubation, surgical airways
- ECPs – wound dressings, indwelling catheters, PEG tubes

Know your landmarks, don’t re-touch the area once clean

Online resources – SA Health website and look at story on FLO
# Equipment Reprocessing

**SINGLE USE ONLY** must be discarded

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<tr>
<th>CATEGORY</th>
<th>DEFINITION</th>
<th>EXAMPLES</th>
<th>CLEANING REQUIRED</th>
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<tbody>
<tr>
<td>Critical Items</td>
<td>introduced directly into the bloodstream or other normally sterile area of the body</td>
<td>STERILE AT TIME OF USE needles, surgical instruments</td>
<td>Single use or sterilisation</td>
</tr>
<tr>
<td>Semi-critical Items</td>
<td>items that may come into contact with mucous membranes but do not ordinarily penetrate body surfaces; contact with non-intact skin</td>
<td>laryngoscope blades, Magill forceps</td>
<td>Single use or clean thoroughly as soon as possible after using Steam sterilisation preferred, but a high level disinfecting procedure that destroys microorganisms, most fungal spores, tubercle bacilli &amp; small non-lipid viruses may be used after meticulous physical cleaning to remove any visible contamination</td>
</tr>
<tr>
<td>Non-critical Items</td>
<td>Do not ordinarily touch the patient or touch only intact skin</td>
<td>splints, spine-boards, BP cuffs, stethoscopes, thermometers <strong>if items comes into contact with non-intact skin, it becomes a semi-critical item for cleaning purposes</strong></td>
<td>Clean (scrub rather than soak) with soap &amp; water, followed by an appropriate disinfectant</td>
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</tbody>
</table>
Equipment cleaning is not sterilisation, it is removal of organic debris and many pathogens using detergent and water. Cleaning sponges and cloths must be changed often. Mops and buckets should be cleaned & stored dry.
Safe Handling of Sharps

It is important that paramedics are aware of the inherent risk of injury associated with the use of sharps such as needles, scalpels and lancets. When handling sharps the following principles apply:

• the person using the sharp is responsible for its safe disposal
• dispose of the sharp immediately following its use and at the point of care
• dispose of all sharps in designated puncture resistant containers that conform to relevant Australian Standards
• dispose of sharps disposal containers when they are ¾ full or reach the specified fill line, seal appropriately and place in the clinical waste bin
• never pass sharps by hand between health care workers
• never recap used needles
• never bend, break or otherwise manipulate by hand a needle from a syringe
• **never discard excess syringe fluid into mobile sharps container (potential for eye exposure)**
Waste Disposal

The Environmental Protection Agency regulates how waste is disposed

Waste bins are colour coded

Clinical Waste (Yellow)
Cytotoxic Waste (Purple)
Radioactive Waste (Red)
General Waste (Green)

Others include document destruction bins, hazardous waste bins, recycling bins
Clinical Waste Disposal

Clinical Waste Bins

Sharps Containers
Linen Handling

Used linen is an infection risk.
Carefully remove used linen, folding the linen in on itself to prevent uniform contamination.
Avoid shaking the linen.
Dispose directly into an appropriate bag.
Wet linen should be double-bagged.
Personal Hygiene

- A clean uniform is important
- Respiratory hygiene and cough etiquette
- Immunisation – SA Health: Health Care Worker Immunisation Guidelines
Cleaning Schedule for Fleet & Equipment

As required:
- Bodily fluid spills
- Visibly soiled areas
- After infectious patients

Every Case:
- Change Linen
- Check and clean visible soiling on stretcher and patient care area
- Dispose all single use items
- Process re-usable equipment

Daily:
- Cleaning of all ambulance surfaces

NB. This is currently being reviewed and is subject to change
Blood & Bodily Fluid Exposure

ACTIONS (in SAAS)
Withdraw immediately from the case / procedure
Attend to appropriate first aid:
- Needlestick/other sharp – bleed, wash with soap and water
- Mucous membrane – flush with normal saline or water
- Non-intact skin – wash affected area with soap & water or antiseptic if no soap & water available
- Intact skin – wash area well with soap & water
Report the incident to the State Duty Manager
SDM undertakes a risk assessment
- Negligible risk – probable follow-up with GP
- Low or high risk – will advise staff member to attend an ED to be admitted and assessed +/- bloods & post exposure treatment
Complete Blood and Bodily Fluid Exposure Report form with support of Team Leader
Complete an Incident Report Quick Assessment form for WHS
Follow-up may be necessary at 6 weeks, 3 months, 6 months depending on the exposure
QUESTIONS?
Take Home Message

Protect yourself, your partner, your patients and your loved ones

Adhere to infection control and health and safety work practices
- Your job and your health depend on it!