



Infection Control is Non-Negotiable





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INTRODUCTION

Mastercare understands the critical importance of infection control, and maintains a rigorous cleaning program for the prevention of cross-infection and contamination within nursing homes and hospitals.

We have high-level experience of cleaning operating theatres, burns/renal units and labs. We know how to safely clean up blood and bodily fluids. We provide our people with ongoing education in order to ensure the very highest standards, including a specific focus on hazard identification and reporting. We also have a strong focus on hygiene, particularly as it pertains to the avoidance of outbreaks of gastroenteritis, MRSA and other serious infections. In short, we have what it takes to ensure a clean and hygienic environment for you, your staff, and the patients and residents of your facility.

PREVENTING THE SPREAD OF INFECTION

Good hygiene is important to prevent the spread of all infections. Each member of the Mastercare team is responsible for protecting nursing home residents and patients from infection by:

- Following all guidance from Mastercare Management and on-site healthcare staff regarding the principles of control of cross-infection
- Washing hands frequently and correctly
- Wearing proper clothes, including disposable gloves, aprons and face visors when dealing with blood and body fluids
- The frequent use and changing of plastic gloves where appropriate
- The correct daily use of disinfectant
- Disposing of waste appropriately
- Participating enthusiastically in communications with nursing home/hospital staff to facilitate schedules and spot-cleaning
- Disposing of sharps into proper sharps containers
- Cleaning commodes thoroughly with detergent and hot water after use
- Ensuring clothes and bedding are machine-washed.



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THE IMPORTANCE OF HAND-WASHING

Hand hygiene is the single most important way of reducing cross-infection. For cross-infection to be avoided, the correct method of hand-washing cannot be underestimated. Our people are taught to:

- roll up their sleeves
- remove any jewellery or watches. If unable to remove wedding ring, wash and dry thoroughly around and under it
- use running hot water to wet hands, and dispense one squirt of the recommended liquid soap or antiseptic into the palm of the hand
- hold hands down below elbow height to prevent water running onto forearms
- rub hands together vigorously to a lather
- rinse hands thoroughly
- turn off water using elbows or wrists, then dry hands thoroughly on a paper towel; if elbow taps are not present, first dry hands thoroughly, then turn off the taps using a fresh paper towel
- dispose of towels into waste bin. To avoid contaminating hands, cleaners are taught not to touch the bin lid.

HAND SOAPS AND DISINFECTIONS

We instruct our staff to carry out hand-washing using either liquid soap or an approved skin disinfectant. Alcohol gel is another alternative to hand-washing as it reduces the bacterial load on clean hands.

We use liquid soap or equivalent BEFORE and AFTER:

- putting on gloves
- working near a patient or site
- working near patients on isolation precautions



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We use alcohol gel or skin disinfectant hand wash **BEFORE**:

- putting on gloves
- working near a patient or site
- working near patients on isolation precautions

We use alcohol gel or skin disinfectant hand wash **AFTER**:

- Working near patients on isolation precautions
- handling contaminated equipment or laundry

We also use skin disinfectant hand wash:

- if hands are soiled with body fluids
- before starting a shift

SKIN LESIONS

if any member of our staff has a hand lesion or eczema, or experiences skin problems associated with hand-washing, they are instructed to notify their manager immediately.

Cuts and abrasions on the hands must be adequately covered when starting duty.

GLOVES

Gloves are worn when dealing with body fluids, secretions and excretions, and when working near contaminated patients. Because gloves acquire hand flora when they are put on, they must be properly decontaminated. To this end, staff must clean their hands properly before donning gloves. They must then rub the gloved hands with alcohol gel.

Gloves are changed frequently and discarded into plastic waste bags. Hands are then washed and dried thoroughly before the next task.

If gloves need to be worn for long periods of duty, then gloved hands must be washed and dried, or rubbed with alcohol gel with the same frequency as ungloved hands.



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UNIFORMS

Mastercare staff:

- are always neatly uniformed
- wear a clean uniform every day
- change their uniform immediately, should it become contaminated.

In addition, our people:

- Keep sleeves rolled above the wrist
- Do not wear jewellery or watches
- Keep hair neat and tidy; long hair is tied back
- Keep fingernails short

Cleaners often work within close proximity of patients and nursing home residents. Under these circumstances, contamination of clothing can occur. This may be obvious contamination – for instance, body fluids – or contamination with micro-organisms, particularly staphylococci. For this reason, protective clothing is sometimes required, including aprons and/or masks.

BLOOD SPILLS AND BODILY FLUIDS

Cleaning up of blood spills and bodily fluids, including faeces, urine, sputum, etc, requires specific training. Our cleaners assume that all spilt bodily fluids are infectious. They are thoroughly versed in the correct infection control procedures, and are trained to:

- Isolate the area and ensure proper ventilation
- Use protective clothing, being very careful not to let blood or body fluids contact cuts, sores or broken skin. A face visor is recommended.
- Absorb the spill using disposable cloths or wipes
- Disinfect the area with 10 parts cold water to 1 part hospital-grade bleach solution
- Leave the bleach solution to soak the area for at least 10 minutes
- Clean away the bleach solution



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- Mop the area with warm water and detergent
- Dry the area with clean paper towel so it is not slippery
- Put the protective clothing and used wipes in a garbage bag
- Tie up the bag, label it with biohazard tape if appropriate, and dispose of it as clinical waste
- Wash and dry hands thoroughly
- Spot clean the area with general purpose detergent

CARPETS

Clean as much of the spillage as possible using paper towels and incontinence pads. Steam clean carpet as soon as possible.

ACCIDENTS

If an accident (eg. cut) occurs whilst dealing with a spillage, we ensure that First Aid is received, and an incident report filed.

WASTE DISPOSAL

Most nursing homes/hospitals use colour-coded systems for waste disposal. Familiarity with these codes forms part of our site induction process. All waste is disposed of in a manner acceptable to the particular institution. If no such system is in place, Mastercare will implement one.

Waste bags must not be overfilled. They must be tied using labels for traceability.



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SOILED LINEN

As part of its commitment to value-adding services, Mastercare also offers a linen function to its customers. We enforce strict guidelines regarding the safe-handling of soiled linen, including:

- wearing appropriate personal protective equipment
- immediately placing linen in bags to avoid microbial contamination of the air and staff
- ‘hosing off’ gross soiling from clothing/linen prior to laundering. This is done away from resident facilities. The wearing of face protection, gowns and gloves is essential for this procedure.
- If leaking is anticipated, we transport linen in a plastic bag.
- Linen is washed in detergent, as usual, for the maximum washing cycle. It is then dried.

SURFACE CLEANING

- Spot clean walls before starting general damp dusting.
- Dust walls and all horizontal surfaces using a suitable mop. This should also be used to clean the floor area, if not carpeted.
- Discard the mop head if necessary. Alternatively, the mop head is disinfected and washed for sanitary re-use at a later time.
- Use a fresh disposable cloth to damp dust fittings, ledges, window and door frames, bins, picture frames, lockers, bed frames, mattresses and any other furniture.
- Empty and rinse out bucket. Dispose of cloths in bag.

FLOORS

- Wash floor with clean detergent and fresh mop head.
- Empty bucket and rinse out. Dispose of dirty water.
- Send mop head for laundering or discard if appropriate.
- Using fresh detergent solution, wipe over the cleaning equipment. Empty plastic bucket, rinse and dry.



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- Vacuum the carpet. Replace vacuum cleaner bag. Dispose of used cleaner bag.
- Arrange for special carpet steam-cleaning if indicated (virulent organisms).

ENSUITES

- Wash sink and bath with a fresh disposable cloth and detergent. Discard.
- Wash toilet seat, toilet-brush holder and toilet with a disposable cloth. Discard.
- Wipe all surfaces with fresh detergent solution and a fresh disposable cloth. Discard.

TERMINAL PATIENT DISCHARGE

Should we be required to clean a room that was occupied by a patient who has passed away, we:

- Discard any rubbish.
- Strip the bed of all linen, and put linen in special bag.
- Clean and dispose of any blood or bodily fluids.
- When required, wash walls before any dusting or cleaning takes place
- Before cleaning, we also check with the facility's staff to confirm whether the patient's room or bed area requires special disinfection (eg. patient infected with diarrhoeal pathogens, MRSA, GRE, Group A Streptococcus). This requires special steam cleaning of a carpet and wiping all surfaces with a disinfectant after routine cleaning.
- Patient's ropes and handles should be removed and autoclaved. Other hoist equipment must be properly cleaned and decontaminated before it is used for another patient.
- Protective clothing (plastic apron and domestic gloves) should be worn.
- All dust is removed from horizontal surfaces and ledges.



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DEMENTIA-CARE UNITS

Patients in dementia-care units require special consideration. In deference to their reduced decision-making capacity, Mastercare uses special cleaning trolleys in which chemicals are locked away and inaccessible by anyone but authorised personnel. Mastercare has a zero-tolerance policy to unsafe conditions and acts. For this reason, we do not use bleach in dementia-care units.

MRSA

Staphylococcal infections, like MRSA, are of major concern to nursing homes and hospitals. Mastercare is keenly aware that patients can die from sepsis due to *Staphylococcus aureus*.

Hand-washing is the single most important factor in preventing the spread of MRSA. Hand-washing should be done before and after any and all cleaning tasks.

Gloves, a gown/apron and a face visor should be worn when contact is anticipated with any MRSA-contaminated blood or body fluids – a practice Mastercare staff routinely employ when dealing with any blood/body fluid spillage.

Although bed linens, towels, pyjamas, dishes, etc, have not been implicated as vectors in the transmission of MRSA, daily routine cleaning must be done with an appropriate disinfectant. Equipment should be routinely cleaned, disinfected or sterilised as per institution policy.

In the event of an outbreak, Mastercare takes singular care to ensure that uniforms worn within the vicinity of infected patients/residents are removed and cleaned thoroughly after use, in order to avoid cross-contamination between negative and positive sectors of the home/hospital. We apply the same principle to our use of mop-heads, cloths, trolleys and other cleaning-related equipment.



GASTROENTERITIS

Unfortunately, in Australia, outbreaks of gastroenteritis in aged-care facilities are worryingly common. All Mastercare staff are aware of the importance of this issue. They are trained to adopt the following precautions:

- Frequent and thorough cleaning of shared bathrooms, toilets and frequently touched surfaces using detergent and water followed by a bleach solution.
- Surfaces soiled with faeces/vomit are cleaned with detergent and water, then wiped with a bleach solution. The area is then closed off for at least an hour.
- All staff wear disposable gloves when it is likely that hands will be contaminated with faeces or vomit. Hands must be washed before and after using disposable gloves.
- Gowns/aprons are worn if the potential for faecal contamination exists. They are disposed of immediately after removal.
- Surgical masks are worn by cleaners when there is a potential for aerosol dissemination, eg. cleaning areas or items that are visibly contaminated by faeces or vomitus.
- Where possible, cleaning equipment is disposable and discarded immediately after use.
- All staff wear clean clothing daily and change soiled clothing as soon as possible.
- Beds and furniture of affected residents are cleaned with detergent and water then wiped with a bleach solution. Blankets are laundered.
- If mattresses have been contaminated by vomit or faeces they are steam cleaned.



CONTACT

The efficacy of your cleaners with regard to infection control techniques is a matter of paramount concern. If you have any further questions regarding this critical issue, please contact a member of our staff.

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