

# Infection Control Management Plan



## Policy purpose

This document outlines the ethical, legal and professional obligations of Excelsior Sports Therapy in relation to infection control and safe practice.

## Policy scope

This document applies to all clients, visitors and staff of Excelsior Sports Therapy.

## Policy content

Effective infection control and the promotion of safe practices is a priority for Excelsior Sports Therapy. As therapists, Excelsior Sports Therapy has a legal and professional duty of care and ethical responsibility to follow safe practices in the workplace and take all reasonable steps to safeguard our clients, visitors and staff from acquiring and transmitting infectious diseases.

This document covers the following areas:

- hazard identification and risk control
- personal hygiene
- personal protective equipment (PPE)
- infectious material and contamination
- cleaning and maintenance
- compliance and credibility
- record keeping and confidentiality
- implementation
- privacy.

## 1. Hazard identification and risk control

Excelsior Sports Therapy has adopted a risk management approach to workplace health and safety (WHS). This approach considers the identification and control of those risks that have the potential to cause injury to clients, staff and visitors, or damage equipment or property belonging to Excelsior Sports Therapy. Risk management is made up of the following four steps.

1. Identification of the hazards in the workplace.
2. Assessment of the risk(s) to the health, safety and welfare of persons exposed to the hazard.
3. Utilisation of appropriate control measures to eliminate or control the risk.
4. Ongoing review of control measures put in place to ensure they remain appropriate.

Excelsior Sports Therapy staff will use the matrix below (derived from the Australian Standard for Risk Management [www.standards.org.au](http://www.standards.org.au)) to determine the level of risk to all clients, visitors and staff.

Risk assessment					
Likelihood	Consequences				
	Insignificant e.g. minor injuries/discomfort – no first aid required	Minor e.g. illness/injury causing temporary impairment - first aid required	Moderate e.g. illness/injury causing hospital admission	Major e.g. illness/injury causing permanent impairment	Catastrophic e.g. death
Almost certain – event is expected to occur in most circumstances	High risk	High risk	Extreme risk	Extreme risk	Extreme risk
Likely – event will probably occur in most circumstances	Moderate risk	High risk	High risk	Extreme risk	Extreme risk
Possible – event could occur at some time	Low risk	Moderate risk	High risk	Extreme risk	Extreme risk
Unlikely – event may occur at some time	Low risk	Low risk	Moderate risk	High risk	Extreme risk
Rare – event may occur only in	Low risk	Low risk	Moderate risk	High risk	High risk



Once a risk assessment has been completed, staff members will follow the ‘hierarchy of control’ to determine how to respond to a risk within the workplace.

Note: Control measures at the upper levels result in the best outcomes and should be adopted wherever possible. The measures at the lower levels are less effective and require more frequent reviews of the hazards and systems of work.

<b>Hierarchy of control</b>
<b>Most effective</b>
Elimination
Substitution
Isolation
Engineering control
Administrative control
Personal protective equipment (PPE)
<b>Least effective</b>

Level 1: Eliminate the risk (e.g. discontinue the activity/do not use the equipment).

Level 2: Minimise the risk by

- substituting the system of work with something safer, or
- isolate the hazard (e.g. restrict the work area), or
- introduce engineering controls (e.g. handrails).

Level 3: Introduce other controls

- use PPE (e.g. eye protection, masks), and
- adopt administrative controls, such as hazard warning signs and specific training and instructions.

Following the development of hazard controls, and safety policies and procedures, consultation and training will take place between staff and elected WHS representatives. Any information about the controls, safe practices and precautions will be shared. Such sharing of information will take place in team meetings, specific WHS meetings, training sessions, emails and mentoring activities.

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As health service providers, Excelsior Sports Therapy has a common law duty of care and ethical responsibility to take all reasonable steps to safeguard our clients, staff and the general public from infection. The following sections relating to personal hygiene, personal protective equipment (PPE), infectious material and contamination, and cleaning and maintenance comply with the Massage and Myotherapy Association of Australia Code of Ethics and the National Health and Medical Research Council (NHMRC) Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010).

## 2. Personal hygiene

The standard of cleanliness and the general appearance of staff working in the clinic are subject to the approval of the clinic manager. A staff member who does not meet the required standards may be refused permission to work in the clinic.

Therapists are required to:

1. maintain personal hygiene
2. wash and dry hands before and after client contact
3. remove all hand and wrist jewellery before washing hands to ensure a thorough clean
4. dry hands with single-use towels (disposable paper towels are preferable to cloth)
5. use soap dispensers rather than bar soap
6. keep nails short and clean and free of polish
7. avoid wearing any jewellery that may come into contact with clients
8. ensure hair is tied back so that it does not come into contact with clients
9. wear enclosed shoes.

Alcohol-based hand rub should be available in the treatment room at all times and should be applied before each treatment.

## 3. Personal protective equipment (PPE)

Staff will be required to use PPE, such as gloves, face mask and goggles when cleaning up blood and body substances as well as dealing with used linen and clinical waste (used hand towels and tissues).

Staff must wear protective gloves whenever there is a potential for exposure to blood and body substances. A face mask and goggles must be worn during cleaning where there is the potential for spraying of blood or body substances.

General purpose utility gloves should be worn for housekeeping tasks including: cleaning clinical instruments (if any are used) and handling chemical disinfectants.

Utility gloves are to be discarded if they are peeled, torn or punctured or have any other evidence of deterioration.

## 4. Infectious material and contamination

The risk of exposure to body fluids in the clinical context is relatively low. However, the risk of spreading infections such as flu and upper respiratory tract infections is significant, therefore transmission-based precautions are an important addition to standard infection control precautions. Infections are usually caused by bacteria, fungi or viruses and can be spread by human-to-human contact (direct contact), human contact with an infected surface (indirect contact), sneezing or coughing (droplet transmission) or by airborne transmission through tiny droplets of infectious agents suspended in the air.

Towels and linen must be changed for each client and, until washed, should be placed in a laundry basket/bin that is separate to household washing. All towels/linen should be washed at 60-70 degrees Celsius and dried in a clothes dryer. Once clean and dry, towels/linen should be stored in a clean, dry environment.

Separate soiled linen from all other linen wearing disposable gloves. Wash separately in hot water using normal detergent and appropriate disinfectant. Alternatively, place in bio-hazard bag and dispose of at the hazardous waste section of local tip.

Needles used for the purpose of dry needling will be strictly single use, disposable needles. Needles will be disposed of appropriately in a sharps container. Disposable gloves should be worn in the presence of blood while dry needling.

Care in dispensing oils prevents potentially infectious organisms from the skin of one client contaminating the oil and consequently infecting the skin of another client. For dispensing oil, a pump outlet is recommended.

Use clean towels to cover ice/hot packs or other objects that are reused and come into direct contact with clients.

Use a disposable spatula to remove product from jar-type containers to avoid cross-contamination. Ensure all products are labelled to prevent using the wrong product.

A waste disposal bin with a pedal-operated lid must be available in each treatment room. It should be lined with plastic and emptied at least daily, or more often as needed.

Therapists do not perform treatment when they have an infectious condition that could be transmitted by direct or indirect contact (flu, upper respiratory tract infections, gastroenteritis, MRSA, highly contagious skin infections, such as impetigo).

Therapists do not treat clients with an infectious condition that could be transmitted by direct or indirect contact (flu, upper respiratory tract infections, gastroenteritis, MRSA, highly contagious skin infections, such as impetigo).

## 5. Cleaning and maintenance

## Cleaning schedule

Frequency	Action	Responsibility	Date/time
Every treatment	Use clean linen	Therapist	
Every treatment	Disinfect table (in particular face hole) bolster, stool	Therapist	
Every treatment	Clean oil bottle	Therapist	
Daily	Clean floors	Receptionist	
Daily	Damp dust blinds and all surfaces	Receptionist	
Daily	Clean toilets, sinks, wash basins	Receptionist	
Daily	Check if paper towels and toilet paper needs replacing	Receptionist	
Daily	Clean kitchen	Receptionist	
Daily	Empty all bins	Therapist	
Daily	Launder linen	Therapist	
Weekly	Clean lights, fittings and walls	Receptionist	
Weekly	Inspect stock and re-order if necessary	Receptionist	

## Maintenance schedule

Weekly	Check treatment tables for damage or wear and tear	Therapist	
Weekly	Check chairs/stools for damage or wear and tear	Therapist	
Weekly	Check desks for damage	Receptionist	
Annually	Check fridge	Electrician	
Annually	Check kettle	Electrician	
Annually	Check microwave	Electrician	
Annually	Check air-conditioning	Electrician	
Annually	Check power boards	Electrician	

Detergent wipes and alcohol wipes should be available in the treatment room for the disinfection of surfaces as required. This should be done after each treatment. The treatment table face hole should be wiped with an alcohol wipe after each client, noting that the face hole can be exposed to saliva, tears or mucous secretions.

## 6. Compliance and credibility

Excelsior Sports Therapy has ensured that this action plan complies with the Massage and Myotherapy Association of Australia Code of Ethics, all applicable state and federal laws for WHS and infection control, as follows.

Work Health and Safety Act 2011 [www.safeworkaustralia.gov.au](http://www.safeworkaustralia.gov.au)

Work Place Health and Safety Queensland (WHSQ) [www.worksafe.qld.gov.au/about-us/about-workplace-health-and-safety-queensland](http://www.worksafe.qld.gov.au/about-us/about-workplace-health-and-safety-queensland)

National Health and Medical Research Council (NHMRC) Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010) [www.nhmrc.gov.au](http://www.nhmrc.gov.au)

The Clinic Manager will be responsible for checking any updates to the above acts and codes of practice in January and June each year. Any amendments will be communicated via email to all staff members and incorporated in this plan. The updated information and guidance will also be incorporated into annual workplace training.

## 7. Record keeping and confidentiality

The following records/databases will be kept at Excelsior Sports Therapy.

1. Workplace incident register
2. Risk register
3. Names of key WHS people (e.g. WHS representative, First Aid attendant)
4. Chemical storage records
5. First Aid incident register
6. Workplace assessments
7. Clinical Record Keeping

All health records must be retained for a minimum of seven years from the date the last entry was made.

The information contained in each of the databases is as follows.

1. Workplace incidents
  - Name of staff member
  - Staff signature
  - Location of incident
  - Date of incident
  - Details of incident
  - Details of action
  - Manager's name
  - Manager's signature
2. Risk register
  - Description of identified hazard – risk level
  - Date risk identified
  - Description of any risk mitigation measures
  - Date for risk review
3. WHS register
  - WHS representative name
  - Role, e.g. First Aid attendant, Fire Warden
  - Date of certification

- Date of certification renewal
- 4. Chemical storage records
  - Name of chemical
  - Location stored
  - Container ID number
  - Date of expiry
- 5. First Aid incident register
  - Name of staff member/client
  - Staff signature/client
  - Location of incident
  - Date of incident
  - Details of incident
  - Details of action
  - Manager's name
  - Manager's signature
- 6. Workplace assessments
  - Assessment date
  - Compliance item
  - Compliance item review date
  - Compliance item notes
  - Assessment notes
  - Assessment action plan
  - Assessment review date
- 7. Clinical Record Keeping
  - Name, address, contact numbers, date of birth, occupation
  - Name of the client's primary health care provider
  - A contact number for emergencies
  - History of treatment
  - Lifestyle information (hobbies, diet, exercise, alcohol consumption, tobacco use).
  - Concurrent medical/therapeutic treatment
  - Current medication(s) and the condition(s) being treated
  - Date and nature of any surgical procedures
  - List of allergies or skin disorders
  - Cardiovascular, respiratory, musculoskeletal, nervous and digestive conditions
  - Pregnancy, cancer, diabetes, epilepsy, arthritis and family history of arthritis
  - Presence of pacemaker, internal pins, wires, artificial joints or special equipment
  - Any medical conditions that contraindicate treatment
  - Concurrent medical/therapeutic treatment
  - Date of visit
  - Identifying details of therapist providing the treatment
  - Update of health information, if required
  - Purpose of treatment
  - Location and nature of presenting condition
  - Duration of presenting condition
  - Other treatment(s) sought and results



- Client's desired outcome of treatment
- Adverse reactions to, or effects from, treatment
- Physical assessment
- Treatment plan
- Treatment provided (documents region/muscles treated/techniques applied)
- Evidence of ongoing monitoring and evaluation of treatment, including evidence for the effectiveness of ongoing treatment
- Recommendations (remedial exercises, self-care)
- All referrals to and from other practitioners
- Any relevant communication with or about the client
- Client's evaluation of treatment
- Reasons for ceasing treatment, if treatment is no longer required.

Guidelines for reporting workplace incidents.

1. Staff member must complete an incident form (located in office) as soon as possible following the incident.
2. The form must be completed in pen, with any corrections initialled.
3. Remember to record the facts (do not use subjective language).
4. Staff member completing the form must sign and date it.
5. Staff member must report incident to Manager or WHS representative and get them to sign the incident form also.

## 8. Implementation

All Excelsior Sports Therapy staff have responsibilities in implementing this infection control and safe work practices plan. Staff responsibilities in regard to this policy are clearly outlined in the staff induction material and reinforced in the staff induction training. All staff are required, as part of the compliance regime, to re-familiarise themselves yearly with this policy and associated procedures.

All incidents are discussed with immediate staff members and the outcomes are reviewed in the weekly staff review.

All registers are reviewed on a quarterly basis or two weeks before the expiration date of an action from the register.

## 9. Privacy

Excelsior Sports Therapy takes all matters concerning client privacy seriously. As health service providers, we have a legal obligation to comply with the requirements of the Federal Privacy Act 1988 and relevant state health records legislation in the collection and management of personal information, including health information.

Clinical records are legal documents and must be treated as such. They must be locked in a secure filing cabinet when not in use, or password protected if stored electronically. Personal details and clinical records are to be treated with respect. All information on the clinical record is strictly

confidential and is not to be discussed outside the treatment area, unless the client has given consent to share their health information with another health practitioner.

It is unethical to reveal the identity of patients attending the clinic. Clinical records are not to be taken out of the clinic areas for the purpose of documenting a case history. If the clinical record is to be used in a case study there must be no reference to any personal details such as name, address etc.

When disposing of a health record, the confidentiality of any information contained in the record must be preserved.