

PRACTICE OPERATIONS MANUAL

Physical Environment

powerdiary

PHYSICAL ENVIRONMENT

Here's where we describe core expectations for the physical environment, including cleaning, disinfection, general waste and laundry.

Review these policies at least annually for any needed updates.

OVERALL OFFICE ENVIRONMENT

Purpose

The purpose of this policy is to demonstrate [Business Name]'s commitment to providing a calm and welcoming environment through cleanliness and hygiene practices, while also contributing to a sustainable future.

Definitions

Physical environment includes the external and internal spaces of the practice.

External environment refers to parking, signage and entrance.

Internal environment refers to the practice including waiting room, consultation rooms / areas, amenities, as well as fixtures and fittings.

Sustainable practices describe daily procedures focused on recycling, reducing paper usage and waste, energy efficiency and water conservation.

Policy

[Business Name] is committed to providing a safe and comfortable environment for employees and clients. Procedures are strictly followed to ensure the delivery of safe, effective and professional services.

It is the responsibility of all employees to follow procedures that contribute to the maintenance of the physical environment.

It is the responsibility of management to ensure the external environment provides clear and safe access. This includes adequate lighting and minimal potential hazards for safe negotiation to enter the premises.

It is the responsibility of management to ensure the design and layout of the internal environment is suitable for its purpose. This includes the layout, lighting, ventilation and temperature of the internal environment, ensuring levels are maintained to safeguard comfort as well as the safety of staff, clients and visitors.

Procedure

Auditory and Visual Privacy

The physical set up of the practice shields all computers, business and clinical-related documentation for visual privacy. Consultation spaces are also designed to provide visual and auditory privacy. Soft music may be played in waiting areas to complement a calm environment and to assist with auditory privacy.

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OVERALL OFFICE ENVIRONMENT

Sustainable Practices

Sustainable practices are embedded in daily operations. [Business Name] reduces the use of paper and other waste by:

- Maintaining an electronic record of all clinical and business-related documentation
- Only printing documents when necessary
- Use of recycled products, where able
- Provision of recycling containers throughout the workplace

Notification & Review

Any individual can notify management if any element of the physical environment, including daily processes and procedures, does not meet the standards of practice. This can be done through verbal or written notice.

[Business Name] conducts regular audits of the physical environment. These audits are recorded and include:

- Assessment of potential physical environment hazards / threats
- Review of a generated list of hazards / threats
- Changes to design, layout and / or operation procedures as required

PHYSICAL ENVIRONMENT

WAITING ROOM

Purpose

The purpose of this policy is to ensure that the waiting area at [Business Name] provides a clean, safe and welcoming space, as a crucial element of the practice physical environment.

Definitions

Waiting area describes a designated area of the practice with chairs available for clients and others to quietly and safely wait, when they are inside the practice.

Policy

- The waiting area must be sufficient to accommodate the usual number of clients and others who would be in the waiting room at any one time, with appropriate seating
- It will have auditory privacy, which can be enhanced by using background music or a television to mask conversations
- It is to be maintained in a clean and tidy state with surfaces easily accessible for cleaning
- Any signage or information leaflets / brochures in the area will be displayed neatly and within easy access
- Signage for the locations of toilets and emergency exits must be clearly visible from any seat in the waiting room

Responsibilities

It is the responsibility of management to ensure the design and layout, including furniture, lighting, ventilation and temperature of the waiting room promotes a welcoming and safe area at all times.

It is the responsibility of the practice manager to maintain the cleanliness and safety of the waiting room environment at all times.

Procedure

Waiting Room

The minimum number of chairs within the waiting room is calculated by the maximum number of potential waiting clients at any given time, plus two. The chairs are placed in a manner to allow for easy access to each one, and provide for adequate access in / out of the waiting room from each chair.

All signs are displayed with colour and font for easy identification, while emergency signs meet building standards and are clearly visible from all chairs in the waiting room. [Business Name] also has a variety of brochures / leaflets and reading material neatly available in the waiting room for clients.

Staff, clients and visitors are encouraged to notify management if there are any concerns with the cleanliness, safety and layout of the waiting room. This can be done either verbally or in writing. [Business Name] will assess the notification and determine the impact this has on the practice physical environment.

[Business Name] conducts regular audits of the waiting room, as a part of the physical environment review. This is to track and ensure that each area of the practice, including the waiting area, maintains a high level of cleanliness, professionalism and promotes a welcoming space for clients and / or visitors. These reviews are recorded and include:

- Assessment of potential physical environment hazards / threats
- Review the hazard / threat
- Changes to design, layout and / or operation procedures as required

PHYSICAL ENVIRONMENT

TREATMENT AREAS

Purpose

The purpose of this policy is to ensure that [Business Name] maintains hygienic, safe and appropriate treatment areas.

Definitions

Linen includes couch covers, gowns, sheets, towels and pillowcases used in clinical treatment areas.

Policy

Treatment areas are set up and designed to be appropriate for the health and safety of employees and clients, with sufficient space, adequate lighting, temperature regulation, visual and auditory privacy, free from excessive extraneous noise.

It is the responsibility of on-duty employees to ensure there are adequate levels of clean linen and hygiene products (including, but not limited to, gloves, hand sanitiser and surface cleaner) available within each treatment area. As well as to ensure the floor is clear of potential trip hazards.

Each treatment area is provisioned for client privacy where undressing may be required for treatment. Visual privacy is afforded through the use of curtains, doors, screens, gowns and sheets, in such a way as to ensure the privacy, respect and dignity of the client. The practice also ensures that there is at least one treatment area for each clinician working at any one time.

Procedure

It is part of the open and close daily checklist to ensure the treatment areas are 'reset' with all items put away, and that each treatment area is adequately stocked with all items required for daily use.

This includes:

- Consumable products (including gloves, surface wipes, hand sanitiser and disinfectant) and clean linen
- Electrical cables are all covered with cable covers and treatment area floors are clear of trip hazards
- Items used in the treatment area are stored neatly on shelves / carts available in each area
- General purpose outlets are turned on every morning, and off every evening
- Room temperatures are checked and controlled throughout the day as required
- Lights are switched on in the morning when treatment areas are in use, and off when a particular treatment area is not in use
- Toys, books and other resources are wiped with disinfectant after use and stored in a neat and tidy manner

PHYSICAL ENVIRONMENT

BATHROOMS

Purpose

The purpose of this policy is to ensure hygienic, safe and appropriate bathroom facilities for employees and clients.

Policy

[Business Name] maintains bathrooms that are hygienic, safe and accessible to employees and clients.

Responsibilities

It is the responsibility of management to ensure the design and layout, including furniture, lighting, ventilation and temperature of the waiting room promotes a welcoming and safe area at all times.

It is the responsibility of the practice manager to maintain the cleanliness and safety of the waiting room environment at all times.

Procedure

Bathrooms should be located within the practice. Where this is not possible they need to be within close proximity. If possible, there should be a separate bathroom facility for employees and clients. Depending on the size of the facility, separate sex and / or gender neutral toilets may be necessary, depending on local regulations.

Consideration should also be given as to the availability of a baby change area and accessible facilities.

Bathroom facilities should have:

- Adequate lighting
- Adequate ventilation
- Visible signage, including signage for the disabled or those with language barriers
- Handwashing facilities, including liquid soap, paper towels or electric hand dryer
- Trash bins that are emptied regularly
- Adequate supply of toilet paper
- Regular cleaning
- Adequate, hygienic means of disposal of sanitary items

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EQUIPMENT

Purpose

[Business Name] uses a variety of equipment that enables the delivery of high quality healthcare. The purpose of this policy is to detail steps for the safe use and operation of such equipment.

Definitions

Equipment refers to treatment beds, therapeutic equipment, exercise equipment and electronic devices.

Electronic devices include computers, laptops and any mobile devices.

Policy

[Business Name] keeps copies of all manufacturer's operating guidelines for all equipment. Safety limits such as weight limits are clearly displayed for staff awareness and safety of all personnel.

A register of equipment is maintained, which includes the scheduling requirements for service or maintenance.

Employees are informed and educated about any relevant standards or guidelines relating to the operation or use of specific equipment.

Responsibilities

It is the responsibility of management to ensure all equipment is tested for safety and performance by a suitably qualified person at least every 12 months, or as recommended by the manufacturer. All electronic equipment is also inspected, tested and tagged by a licensed electrician on an annual basis. All checks and tests are recorded in a maintenance manifest, kept by management.

It is the responsibility of all employees to report any faulty or potential faulty equipment. While it is the responsibility of management to coordinate the assessment, service and repair / replacement of faulty equipment.

Procedure

Staff members are instructed in the use of practice equipment to ensure equipment is used and maintained in a competent manner. Faulty or potential faulty equipment is recorded in a register that is centrally accessible by all employees. Reporting can be done by any employee, client or visitor.

Routine inspection and service of equipment as per industry standards allows for the potential prevention of equipment based hazards and accidents. Any maintenance and calibration requirements are undertaken on a regular basis in accordance with the manufacturer's instructions to ensure the equipment is maintained in good working order.

The manufacturer's operating guidelines are available through the staff central register, and weight limits for any equipment are displayed clearly on the equipment.

PHYSICAL ENVIRONMENT

CLEANING

Purpose

The purpose of this policy is to demonstrate [Business Name]'s commitment to providing a clean and hygienic environment for employees and clients.

Definitions

PPE is personal protective equipment: any item used or worn to reduce risk to employee health and safety, such as gloves, protective eyewear and face masks.

Policy

- All areas of the practice environment are visibly clean
- Regular cleaning of work areas is necessary to reduce the risk of infection transmission
- Cleaning of practice clinical and non-clinical areas must be regular and thorough
- Specific areas of responsibility may be delegated to nominated employees, and these responsibilities should be documented in the relevant position descriptions
- Employees with delegated responsibility for environmental cleaning can describe the process for the routine cleaning of all areas of the practice and can provide documentation on the practice's cleaning policy

Environment

All work surfaces are made of smooth, non-porous material without cracks or crevices.

Sinks and wash basins must be either sealed to the wall, or sufficiently far from the wall to allow cleaning of all surfaces.

Cleaning Guidelines

A neutral detergent can be used for most of the cleaning requirements in a healthcare setting. This includes floors, walls, toilets and other surfaces.

Damp dusting and wet mopping is used in the cleaning of the environment. Dry dusting must be avoided in client treatment or food preparation areas.

All cleaning equipment is stored in a clean and dry condition, and in an area inaccessible to the public. [Business Name] has a cleaning schedule with procedures for cleaning clinical and non-clinical areas.

Training and Documentation

All cleaning staff must receive training in occupational health and safety issues appropriate to healthcare settings.

The vaccination status of all employees responsible for cleaning is documented.

All employees involved in cleaning receive ongoing education in infection control policies including Hand Hygiene, the correct use of PPE and waste management.

PHYSICAL ENVIRONMENT

CLEANING

Procedure

The cleaning schedule describes frequency of cleaning, products to use and the employee responsible for cleaning specific clinical and non-clinical areas of the practice. Evidence of cleaning activity is documented where appropriate.

Additional and specific cleaning may be required in areas where clients known or suspected to be infected with highly transmissible agents (such as influenza) have been.

Cleaning Principles

Adhere to the following principles when cleaning:

- PPE such as gloves and a waterproof apron must be worn
- Use new water and detergent solution each day
- Use clean, dry cloths and mops which are colour coded- blue cloths for clinical areas, red for bathroom facilities and green for all other areas
- Wash and dry all surfaces
- Promptly dispose of used cleaning solution in the dirty utility area, not in hand basins or clinical sinks
- Wash and dry buckets, cloths, mops and PPE after use
- Wash hands when each task is completed

Restricted Cleaning Areas

Areas which are only cleaned / managed by appropriately trained practice employees are:

- Spillage of blood or body fluids
- Any items for reuse are cleaned according to the procedure for cleaning instruments and reusable items
- Treatment room benches and carts
- Consulting room benches containing medical equipment
- Infectious waste and sharps containers
- Keyboards and other electronic devices

Documentation and Audits

[Business Name] employees responsible for cleaning have been appropriately vaccinated as documented in their employee records.

Safety data sheets of cleaning solutions and disinfectants are kept on file in case of a medical emergency.

A cleaning guide is available, which contains descriptions of all areas to be cleaned, frequency, method and the employee(s) responsible.

Routine audits are conducted at least every two months to ensure a high standard of cleaning.

PHYSICAL ENVIRONMENT

LAUNDRY

Purpose

The purpose of this policy is to reduce the risk of disease transmission through laundered items.

Definitions

Linen is any material-based item used in any treatment area, including pillow cases, bed covers, towels and gowns.

PPE is personal protective equipment: any item used or worn to reduce risk to employee health and safety, such as gloves, protective eyewear and face masks.

Policy

Used linen is a potential source of pathogenic microorganisms. The hygienic handling of linen will reduce the risk of transmission.

All linen is cleaned regularly, and the below actions apply to the corresponding scenarios:

- Linen that has had direct contact with a client, is changed after each client
- Linen that has been protected with disposable paper or plastic, does not need to be changed after each client, however, the disposable paper or plastic must be changed after each use
- Any linen that becomes contaminated with blood or bodily fluids, is removed immediately and placed on its own in a laundry bag
- Prior to fitting any new linen, the surface that the linen was covering must be cleaned thoroughly with a water and detergent solution
- If the linen is saturated with blood or bodily fluids, it should be placed in a leak-proof bag so that the person doing the laundry can assess the linen before handling it and prevent further leakage

Normal hot water washing procedures and detergents are adequate for decontamination. Blood-stained linen should be laundered separately and placed through a short cold cycle before the hot cycle to prevent fixing of blood onto the linen.

It is the responsibility of management to ensure that clean linen is separated from used linen when being transported and stored, and that the storage area is clean and dry.

It is the responsibility of any employee handling used linen to wear adequate PPE and keep all linen and linen bags away from body contact. All employees must also take great care so as to not accidentally dispose of sharps into linen, so as to not expose the person processing linen to risk of injury and infection.

Procedure

[Business Name] has laundry services on / off site. The laundering service uses hot water washing cycles with normal detergents. Blood-stained linen is handled and laundered separately.

Hand Soiled Linen

When handling, sorting and separating used linen, the following procedure is used:

- Apply standard precautions (including wearing appropriate PPE)
- Used linen is sorted away from client care areas
- Avoid shaking and throwing used linen
- Used linen is placed in a laundry bag close to the area of use
- Soiled linen with blood or bodily fluids are placed into a leak proof, transparent plastic bag, that is then marked SOILED on the outside

Transport and Processing

The following process applies to the transportation, processing and storing of linen:

- Clean and dirty linen is always transported, processed and stored separately
- Hands are washed and clean prior to handling clean linen
- The storage area for clean linen is clean, dry and dust free
- Clean linen is used on a rotational basis

PHYSICAL ENVIRONMENT

HAND HYGIENE

Purpose

The purpose of this policy is to demonstrate how hand hygiene is implemented as a part of infection control and prevention.

Definitions

Washing facilities describes a wash area that includes hot and cold water, liquid soap and single use paper towels.

Policy

Hand washing and hand hygiene is considered by [Business Name] as one of the most important measures in the prevention of infection spread. Correct hand hygiene reduces the risk of cross-contamination through physical contact between any persons, as well as through touching common surfaces.

When to Use Hand Hygiene

The following scenarios indicate when staff of [Business Name] must adopt hand hygiene procedures:

- When visibly dirty or soiled
- If there is expected exposure to potential pathogens
- Before and after direct contact with any client
- Before and after the use of gloves
- Before and after eating / drinking
- Before and after smoking
- After blowing the nose / sneezing
- After going to the toilet
- Before handling any invasive device for client care (regardless of the use of gloves)
- After contact with bodily fluids or secretions, mucous membranes, non-intact skin or wound dressings
- In the event of moving from a contaminated area of a client's body to another site, during care of the same person
- Before handling medication or food

Hand Hygiene Precautions

Breaks in the skin can act as a means for infection to enter the body, while underneath fingernails is a common place for dirt, pathogens and bacteria to accumulate.

Healthy, intact skin of the hands and maintenance of fingernail length is therefore a natural barrier to potential infection. All employees at [Business Name] must maintain the integrity of their fingernails, skin of their hands and take precautionary measures, should there be broken skin.

This includes:

- Daily inspection of the hands, prior to commencement of work
- Cuts and abrasions to be covered, with the use of gloves over these
- Avoid the use of scrubbing tools on the hands- such tools can break the skin
- In the event of lesions or dermatitis, seek medical advice for proper treatment
- Nourish the skin with the use of regular moisturiser
- Avoid wearing artificial fingernails / extenders when having direct contact with clients
- Keep nails naturally short

PHYSICAL ENVIRONMENT

HAND HYGIENE

Gloves

Gloves are a line of protection available to all staff. The use of gloves does not replace the need for handwashing.

Gloves must be used in any circumstance where it can be reasonably anticipated there will be contact with blood or other potentially infectious materials, mucous membranes or contact with non-intact skin, or in the event of a potential exposure to pathogens / infections such as COVID-19. Gloves must not be re-used, and must be changed after every client, or after exposure to any contaminated area of the body. Employees are to ensure that their hands are fully dry before applying gloves.

Responsibilities

It is the responsibility of management to ensure that the washing facilities are always well-stocked. Alcohol-based hand sanitiser must be readily available for all employees. Management will select low irritating products to help avoid adverse reactions. Management is also responsible for regular hand hygiene training and visible signage in all potential hand hygiene areas of the practice.

It is the responsibility of each individual employee to follow the hand hygiene policy and report any adverse reactions from regular hand hygiene or potential exposures due to broken / irritated skin on the hands.

Procedure

Hand washing must be done with a mild liquid hand wash and warm water, and therefore hand washing facilities with hot and cold water, liquid soap and single use paper towels should be readily available in every clinical area. Signage must also be visible in every washing facility with instructions of correct hand washing procedures.

The use of hand sanitiser can be used in the following circumstances only:

- Emergency situations where there is no access to adequate washing facilities or insufficient time
- Where an alcohol-based solution provides a more effective solution for the individual for skin / medical reasons
- Where there is not a handwashing facility available, such as at the reception desk

When using hand sanitiser or alcohol-based handrub:

- Any visible soil must be removed before use of the cleaning agent
- As soon as facilities become available, hand washing must be done
- Should not be used concomitantly with soap

[Business Name] follows the World Health Organization hand hygiene techniques. The steps are provided here:

Hand washing with soap and water

Duration of entire procedure: 40 to 60 seconds

1. Wet hands with warm water (avoid hot water)
2. Apply enough soap to cover all hand surfaces
3. Rub hands palm to palm
4. Right palm over left palm dorsum with interlaced fingers and vice versa
5. Palm to Palm with fingers interlaced
6. Backs of fingers to opposing palms with fingers interlocked
7. Rotational rubbing of a clasped thumb on both hands
8. Rotational rubbing backwards and forwards with clasped fingers of each hand
9. Rinse hands with water
10. Dry hands thoroughly with a single use towel
11. Use towel to turn off faucet
12. Your hands are now safe

Hand Hygiene with Alcohol-Based Formulation

Duration of entire procedure: 20 to 30 seconds

1. Apply a palmful of the product in a cupped hand, covering all surfaces
2. Rub hands, palm to palm
3. Right palm over left palm dorsum with interlaced fingers and vice versa
4. Palm to Palm with fingers interlaced
5. Backs of fingers to opposing palms with fingers interlocked
6. Rotational rubbing of a clasped thumb on both hands
7. Rotational rubbing backwards and forwards with clasped fingers of each hand
8. Once dry, hands are safe

PHYSICAL ENVIRONMENT

POTENTIAL HAZARDS / THREATS

Purpose

The purpose of this policy is to provide a safe and secure facility for employees and clients.

Policy

[Business Name] ensures as much as possible that our facilities provide appropriate security for clients, employees and visitors. All practice employees are aware of, and are able to, implement protocols to ensure the safety and security of all persons within the practice.

[Business Name] has appointed a designated employee to have primary responsibility for risk management systems. These may include clinical and non-clinical risks and events. Specific areas of responsibility can be delegated to other nominated members of the practice team and these particular responsibilities should be documented in the relevant position descriptions.

Procedure

Non-Medical Emergencies

Types of non-medical hazards or threats include: failure of electricity supply, telephone or water, fire or false fire alarm, property damage, break-in, abusive or threatening telephone calls or persons at the facility, leakage of toxic chemicals, bomb threats and letter bombs.

The practice has mechanisms in place to ensure the timely acquisition and dissemination of information (including regular updates) about alerts, emerging diseases, local disasters or emergencies.

Telephones must be set up with “automatic” dialing to emergency services.

A list of telephone numbers for services such as utilities is available at reception.

Premises

The premises are protected by a computerised alarm system that has motion detection sensors located at various points on the site. A ‘Panic’ button is located under the reception desk.

Security codes are routinely changed for the security system.

Clients, visitors and trades people are to report to the reception desk. Where appropriate, visitors and trades people should wear an identification name badge on site and advise employees when they are leaving the premises. All employees are informed of the presence of all visitors (except clients and relatives who report to reception only).

Confidential waste is placed in a locked storage box prior to shredding or secure destruction by our security documentation storage and destruction firm.

All drugs of dependence and restricted medications are locked away.

Staff

Staff rosters are checked daily and staffing is then planned for the next workday.

Staff can provide practical help in an emergency situation, reduce the risk of unauthorised access to client health information, ensure the security of sensitive practice resources, and provide security and safety for clients, and others.

Equipment

Equipment on site is engraved with practice name and item number. [Business Name] maintains the number register.

Contracts and warranties for medical, office and other site equipment are securely locked, maintained and updated.

Security codes are routinely changed for computers.

Staff members are encouraged to be vigilant whilst on duty and act to ensure the continuing safety of all.

PHYSICAL ENVIRONMENT

TRANSMISSIBLE INFECTIOUS DISEASE SAFETY PRECAUTIONS

Purpose

The purpose of this policy is to reduce exposure of transmissible infections to clients and employees.

Definitions

Transmissible is able to be passed on from one person or organism to another.

PPE is personal protective equipment: any item used or worn to reduce risk to employee health and safety, such as gloves, protective eyewear and face masks.

Standard accepted as normal or average.

Policy

Transmissible Infectious Disease Precautions are used to protect employees and clients from contracting disease such as COVID-19 and Hepatitis.

Standard Precautions

Standard precautions are standard operating procedures that apply to the care and treatment of all clients, regardless of their perceived or confirmed infectious status.

[Business Name] employees use PPE including heavy duty protective gloves, gowns, plastic aprons, masks, eye protection or other protective barriers when cleaning, performing procedures, dealing with spills or handling waste.

Transmission Based Precautions

Transmission based precautions are used for clients known or suspected to be infected with highly transmissible pathogens. Transmission based precautions are measures used in addition to standard precautions when extra barriers are required to prevent transmission of specific infectious diseases.

Employees are educated in how to triage and apply transmission based precautions for clients known or suspected or with a potential communicable disease.

Transmission based precautions require:

- Isolation of the infectious source to prevent transmission of the infectious agent to susceptible people in the healthcare setting.
- A means for alerting people entering an isolation area of the need to wear particular items to prevent disease transmission.

There are three transmission based precaution categories based on routes of infection transmission in a health care environment. These are:

- Contact precautions
- Droplet precautions

PHYSICAL ENVIRONMENT

TRANSMISSIBLE INFECTIOUS DISEASE SAFETY PRECAUTIONS

Procedure

Standard Precautions

All employees involved in client care or who may have contact with blood or body fluids are required to understand and use standard precautions when they are likely to be in contact with:

- Blood
- Other body fluids, secretions or excretions, except sweat
- Non-intact skin
- Mucous membranes

Standard Precaution Measures

Standard precautions are designed to protect both clients and employees, and comprise the following measures:

- Hand washing
- Use of appropriate PPE, such as gloves, plastic aprons and eyewear
- Use of aseptic technique to reduce patient exposure to microorganisms
- Safe management of sharps, blood and body fluid spills, linen and clinical waste
- Appropriate vaccination of employees, both clinical and administrative
- Routine environmental cleaning
- Effective reprocessing of reusable equipment and instruments
- Environmental controls such as design and maintenance

Transmission Based Precautions

Transmission based precautions are used for clients known or suspected to be infected with highly transmissible pathogens, such as COVID-19.

Transmission Based Precaution Measures

[Business Name] goal is to reduce exposure to other clients and employees. This may be achieved through:

- Hand washing
- Use of appropriate PPE, such as gloves, plastic aprons and eyewear
- Distancing techniques
- Screen barriers installed at reception
- Distance barriers installed at reception
- Effective triage and appointment scheduling, including putting these clients ahead of others or at the end of the day
- Encouraging cough etiquette and respiratory hygiene
- Surface cleaning
- Avoid touching your nose & mouth

To help prevent the transmission of communicable diseases, clients are educated in respiratory etiquette, hand hygiene, practice precautionary techniques (such as phoning reception first if they suspect illness), and distancing techniques by posters and information leaflets in the waiting room and via a recorded "on hold" message.

PHYSICAL ENVIRONMENT

INFECTION CONTROL

Purpose

This infection control policy aims to reduce and prevent (where possible) the spread of infection by limiting the exposure of susceptible people to microorganisms that may cause infection.

Definitions

PPE is personal protective equipment: any item used or worn to reduce risk to employee health and safety, such as gloves, protective eyewear and face masks.

Policy

Infectious agents are constantly evolving and changing and can present ongoing new challenges. It is vital therefore that [Business Name] regularly reviews, modifies and improves procedures to meet evolving challenges and to reduce the risk of litigation.

Infection control is governed not only by this policy, but a range of policies that make up the Policies and Procedures for [Business Name].

[Business Name] has an appointed infection prevention and control officer. This employee has the responsibility of overseeing all elements of the infection control policy. This includes -

- Assessing the risks of infection transmission
- The review, implementation and update of the infection control policy and procedures
- Monitoring compliance with the practice infection control policy
- Educating clients and employees on infection control activities
- Ensuring compliance from any external contractors, such as cleaners, with the infection policy and procedures of the practice

Procedure

Risk audits pertaining to infection control are performed regularly by the appointed infection prevention and control officer. This includes identifying potential risks and estimating the likelihood of infection and potential consequences.

Training

Education resources are reviewed regularly, selected appropriately and delivered in a timely manner to meet the responsibilities of different staff roles. All employees receive training at employee orientation / induction. Training continues as new information and changes to processes and procedures in infection control occur.

Training aims to:

- Provide information about who is responsible for certain infection control related activities
- Enable employees to understand potential infectious agents, their modes of transmission and appropriate practices to prevent and control such infections
- Include information relating to the correct use of PPE
- Inform all employees on what to do in the event of an accident / incident
- Educate employees about the review, competency, auditing and education process available to them

A register of employee training and competency marking is managed by the appointed infection prevention and control officer. There is also a reporting register for any infection accidents or incidents, including near misses.

Staff Health

Immunocompromised employees are at more risk of acquiring infections. It is the responsibility of management and said employees to decide on roles that will reduce the immunocompromised employee/s exposure risk.

A register of employees and vaccinations is managed by the appointed infection prevention and control officer.

In the event an employee shows signs and symptoms, or is confirmed to have an infection, they are excluded from work until they are no longer infectious. This is to protect other employees and clients.

In the event an employee is exposed to any infectious diseases, they are referred for medical advice, appropriate testing and follow up with post-exposure prophylaxis if available.

PHYSICAL ENVIRONMENT

DISINFECTION AND STERILISATION

Delete any disinfection and sterilisation policies that don't apply.

Purpose

The purpose of this policy is to provide assurance that any items provided for clients in the course of an in-person appointment are disinfected and / or sterile as required.

Definitions

Disinfection describes the process of cleaning objects with a chemical in order to destroy bacteria.

Sterilisation describes the process of making objects completely clean from bacteria.

PPE is personal protective equipment: any item used or worn to reduce risk to employee health and safety, such as gloves, protective eyewear and face masks.

Autoclave is a strong heated container used for chemical reactions and other processes using high pressures and temperatures, such as steam sterilisation.

Policy

[Business Name] understands that the process of sterility assurance includes all aspects of equipment reprocessing, and staff education.

Sterile Disposable Items / Equipment

Where sterile disposable instruments are used, such instruments must be placed in the correct waste bins following use. This waste must be removed from the practice in such a manner to prevent client-to-client or client-to-staff cross contamination. Appropriate PPE is worn when handling waste.

Reusable Instruments / Items

[Business Name] has a supply of reusable instruments that are maintained in good working order and are free of corrosion and surface damage. The correct procedures must be followed to ensure that these instruments are cleaned and sterilised after each use. Steam at high temperatures under pressure (autoclave) is used for sterilising cleaned instruments.

Specific instructions on the packaging and use of the autoclave must be displayed next to the machine. These instructions must include a comprehensive workflow schedule to ensure that there is no possible contamination of the clean areas where the sterile instruments are unloaded and stored.

The autoclave settings used at [Business Name] are based on the manufacturer recommendations and instructions for use, and the results of the validation of the sterilisation process.

A designated area should be used for processing all items and equipment for reuse to prevent possible contamination of processed items. A workflow pattern, systematically moving from dirty to clean, must be established within the designated area. All staff must understand and adhere to the designated work flow pattern. The workflow pattern must enable items to progress from the cleaning area to the steriliser packaging / unloading and sterile stock storage area without re-contamination.

All sterile items, including those processed in the practice and those procured from commercial supplies, shall be stored and handled in a manner that maintains the sterility of the packs and prevents contamination from any source.

PHYSICAL ENVIRONMENT

DISINFECTION AND STERILISATION

Procedure

Single Use Equipment

Equipment and other items labelled by the manufacturer as disposable or single-client use are not reprocessed (cleaned) or reused in this practice.

Single use packaging is the only acceptable presentation for dressings, suture materials, suture needles, hypodermic needles, syringes and scalpels.

Single use vials should be used in preference to multi dose vials of injectable substances, as multi dose vials present an infection hazard if incorrectly used. If multi-dose vials are used, education and ongoing compliance with prescribed protocols are required to prevent the potential transmission of infectious diseases, to reduce the potential risk of vial contamination, to reduce the potential risk of potentially harmful errors, to reduce potential waste associated with the use of multi-dose vials, and in the case of vaccines to ensure the delivery of a potent vaccine to the client.

Items marked by the manufacturer as “single use” must never be reused under any circumstances. Some items may be reprocessed for use by the same client if labelled “single patient use” and in this case, the manufacturer’s instructions for reuse must be followed. These instructions may include cleaning requirements and limitations to the number of times the item can be reprocessed.

Single use items or equipment contaminated with blood or body fluid are clinical waste and are disposed of accordingly.

Where possible, saline solution and skin preps are purchased in single use sachets or containers. Larger containers, if used, are dated when opened and changed regularly.

The batch number of all instruments used is recorded to enable tracking of the instruments if necessary. The Class 1 Chemical Indicator and packaging integrity is checked prior to opening an instrument pack for use. After using an instrument, replacement stock is ordered to maintain an adequate stock of instruments for the practice’s requirements.

Reusable Instruments

A basic risk assessment is required to determine the appropriate level of processing required for specific instruments. The site / manner where an instrument will be used can assist in determining the risk of infection. This analysis determines the level of processing required to minimise the probability of infection to the client. Employees whose duties require them to process equipment for reuse must receive adequate training and competency assessment in this area.

Thorough physical cleaning of items to remove blood and other debris is needed if effective disinfection or sterilisation is to be achieved. Preliminary cleaning must be done as soon as possible during or after use to prevent coagulation of blood and other proteins. Any delay will increase the bio-burden (through bacterial multiplication) and also increases the difficulty of removing adherent soil. The effectiveness of sterilisation is dependent on the bio-burden being as low as possible.

PHYSICAL ENVIRONMENT

DISINFECTION AND STERILISATION

Equipment Processing Area

The equipment processing area needs to include:

- Adequate bench space with surfaces made of a smooth, non-porous material without cracks or crevices to allow for cleaning
- Good lighting
- Bins for specific waste
- Adequate storage space for materials and equipment
- Specified cleaning equipment such as:
 - i. Heavy duty utility gloves, plastic aprons to protect clothing, protective eyewear and if items are grossly soiled, a mask or visor
 - ii. A non-corrosive, non-abrasive, free rinsing and mildly alkaline detergent in the original container or a clean, well labelled bottle
 - iii. Cleaning brushes of a suitable size to effectively reach all parts of the item being cleaned
 - iv. Low-linting towelling for drying the cleaned items

This area, including sinks and containers, needs to be cleaned daily.

Using an Autoclave

All staff operating the autoclave are conversant with the sterilisation cycle parameters required to yield sterile items at our practice and the settings/operation of our steriliser required to achieve this.

Employees are able to interpret printouts or loggers and other monitoring requirements to ensure these required parameters have been met for every cycle.

Correct loading of sterilisers is needed for successful sterilising to:

- Allow efficient air removal
- Permit total steam penetration of the load
- Allow proper drainage of condensation and to prevent wet loads
- Prevent damage to items in the load
- Maximise efficient use of steriliser
- When loading the steriliser, care needs to be taken that the steam can circulate effectively and that all surfaces are accessible and exposed to steam
- Never exceed the validated load

For packaged items, the period of time between their removal from a steriliser and their return to room temperature is acknowledged as the most critical time with respect to assurance of sterility. Cooling generates a tiny flow of room air into the pack at flow rates demonstrated to breach porous packaging materials leading to their failure to provide a microbiological barrier.

Correct cooling practice is needed to maintain sterility. When a sterile item is not cooled in the correct manner, the article can have moisture build up, which can contaminate stock. The item must be reprocessed if the packaging is torn, punctured or wet.

PHYSICAL ENVIRONMENT

DISINFECTION AND STERILISATION

Sterilisation Log

A sterilisation log is maintained which contains details of:

- Date of cycle
- Steriliser Identification (only if more than 1 steriliser in the practice)
- Load Number
- Contents of the load
- Identification of the person who prepared the load
- Class 1 Chemical indicator change
- Condition of the packs. (dry with seals and package integrity intact)
- Evidence of the process such as a print out or class 4,5 or 6 Chemical Indicator or if a data download logger is used, sign off that it was viewed and is correct
- Signature of the person releasing the load
- Any comments or problems such as failed cycles and actions taken

Cleaning Reusable Instruments

When cleaning reusable items all employees:

- Wear appropriate PPE
- Use equipment as specified
- Have received appropriate formal or in-house training
- Are appropriately vaccinated

[Business Name] follows this procedure for all instruments and equipment that will be re-used for client care. This includes items that:

- Need to be clean but are not required to be sterile for reuse
- Need to be sterilised after use, but not used as sterile
- Need to be sterile for reuse

Instrument Cleaning Flow

1. Wash hands with liquid soap and dry with a single use towel.
2. Put on PPE including goggles, plastic apron, and heavy duty kitchen gloves.
3. Open instruments and damp wipe off gross soil. Rinse under tepid gentle running water over a clean sink.
4. If unable to clean instruments immediately, open instruments and soak in a container with a lid in tepid water and detergent until they can be cleaned. Clean instruments as soon as possible, as prolonged soaking damages instruments.
5. Prepare dirty sink / basin by filling with sufficient tepid water and the correct amount of detergent to cover the items being washed.
6. Thoroughly wash each instrument in the dirty sink / basin to remove all organic matter. Open and disassemble items to be cleaned. Keeping items under the waterline to reduce splashing and droplets, scrub items with a firm bristle brush.
7. Move the instruments to the clean sink and rinse under gently running hot water.
8. Discard dirty water from sink / basin - wipe down with disposable towel.
9. Place washed instruments on a lint free cloth.
10. Wipe down the clean sink with detergent and disposable towel.
11. Remove kitchen gloves and replace with non-sterile disposable gloves. Dry each instrument thoroughly.
12. Remove PPE and wash hands with liquid soap and dry with a disposable towel.

Equipment that does not require sterilisation should now be stored in a dust free environment.

PHYSICAL ENVIRONMENT

DISINFECTION AND STERILISATION

Packaging Flow for Sterilisation

[Business Name] ensures the packaging of items for sterilisation provides an effective barrier against sources of potential contamination in order to maintain sterility and to permit aseptic removal of the contents at point of use.

1. Wash hands with liquid soap, dry with disposable towel. Disposable gloves can also be used.
2. Visually check that items are cleaned and dry, and in good working condition (free of rust).
3. If instruments are used in specific sets, then group items together.
4. Insert items into packaging, note ensure the correct size is being used and use tip protectors to avoid damage to packaging.
5. Ensure each package has a Class 1 indicator either integrated on the package separately added.
6. Seal packaging as per manufacturer's instruction.
7. Label package with felt tip, non-toxic, solvent based marker pen. Use initials of packer, date, load number and in the case of opaque packaging the contents.
8. Inspect packaging to ensure it is intact and store in a container with lid or draw or cupboard clearly marked "unsterile Items" until ready to load the steriliser.

Loading the Steriliser

1. When loading items, allow enough space between items to aid air removal and steam penetration. Items are not to touch the floor or walls of the steriliser.
2. Fill the chamber with or ensure the reservoir has sufficient water (as per manufacturer's instructions).
3. Monitor the process by either an automatic printout or digital data logger, or use a class 4, 5 or 6 chemical indicator.
4. Close and secure the chamber, and start the steriliser.

Unloading the Steriliser

1. When a cycle is complete, check the print out, data logger or chemical indicator to ensure the temperature has reached the parameters of at least 3 minutes at 134 degrees celsius (274 degrees fahrenheit) for unwrapped items. For wrapped or pouched items, these measurements need to be confirmed by a technician.
2. Circle and sign the perimeters and attach to the sterilisation log.
3. Open the steriliser door to allow the contents to cool.
4. Wash hands with liquid soap and dry with a disposable towel. Use gloves designed to remove hot trays from the steriliser chamber.
5. Visually examine packages to ensure that the load is dry, the package is intact and the indicators have changed.
6. Place items on a cooling rack.
7. Record details in the sterilisation log.

Instrument Storage

- In a clean, dry well ventilated area
- In an area that is clearly marked "sterile items"
- In an area where there is reduced chance of contamination by dust or water
- If an item is to be stored for long periods, dust covers are used
- Stock is rotated- first in, first out
- Contents of packages clearly visible

Instruments and items used for procedures in other locations such as aged care facilities and home visits are transported to the facility in a separate rigid walled container with a lid labelled sterile items. Care is taken to maintain the sterility of these while transporting to the facility.

Factors that influence shelf life are event-related (not time-related) and are dependent on storage and handling conditions.

PHYSICAL ENVIRONMENT

HANDLING HAZARDOUS MATERIAL & CLINICAL WASTE

(INCLUDING BODILY FLUIDS AND SHARPS)

Purpose

The purpose of this policy is to acknowledge that effective and safe waste management is important for avoidance of injury, infection control and also to reduce the impact on the environment and reduce costs.

Definitions

Clinical Waste describes waste that has the potential to cause sharps injury, infection or public harm and includes: discarded sharps, human tissues (but excluding hair, teeth, urine and feces) and materials or solutions containing free flowing or expressible blood. It also includes related waste such as cytotoxic waste, pharmaceutical waste, chemical waste and radioactive waste.

Sharps describes anything that can penetrate the skin and some examples include: needles, scalpels, stitch cutters, glass ampoules, sharp plastic items, punch biopsy equipment, lancets, wire cytology brushes, razors, scissors and disposable surgical instruments.

Policy

[Business Name] makes every attempt to reduce the risk of injury to both staff and patients, and prevent the possible transmission of disease by discarded waste. Waste represents the major cause of accidents involving potential exposure to blood-borne diseases. All waste items contaminated with blood and body fluids are regarded as a source of potential infection. Safe handling and disposal of waste is essential to protect employees from injury and possible transmission of disease.

Consideration is given to the purchase and use of devices that significantly reduce the risk of sharps injury. [Business Name] assumes an active role in reducing the opportunities for sharps injury by purchasing safe equipment whenever such an option is available, without compromising the quality and safety of client care.

Examples include:

- Self retracting single use lancets for blood glucose testing
- Self retracting cannula insertion devices and needleless, IV administration systems
- Vacuum blood collection tubes
- Scalpel blade removal devices
- Plastic ampoules

[Business Name] ensures all employees are familiar with the practice's policy and procedure for the safe handling and disposal of waste and employees are also familiar with the actions to take in the event of injury.

Procedure

All employees receive education regarding the management and handling of waste, appropriate to their role, including the safe use and disposal of sharps. Waste is classified into clinical waste and general waste.

All employees use appropriate PPE which always includes gloves as a minimum when handling waste. Clinical waste is removed by trained staff. Waste, either general or clinical, is not compressed by hand.

Clinical waste includes sharps disposal containers and designated biohazard bins. These are located in each area where clinical waste is generated. They are emptied at the end of each day or when full.

[Business Name] has a service agreement with a waste disposal contractor who is specifically licensed to dispose of clinical waste through special burial and high temperature incineration. The bins are collected as required. [Business Name] has a nominated staff member with delegated responsibility to ensure adequate stock levels of clinical waste containers are maintained and collection schedules are timely.

PHYSICAL ENVIRONMENT

HANDLING HAZARDOUS MATERIAL & CLINICAL WASTE

(INCLUDING BODILY FLUIDS AND SHARPS)

Clinical Waste - Non sharps

Containers used for “non sharp” clinical waste in our practice:

- Have a good sealing lid
- Hand free operation (such wide open mouth, foot pedal or sensor operated)
- Rigid walls
- Should be lined with a plastic bag (preferably a biohazard identified bag)
- Have a biohazard sign affixed to the outside
- Are located away from the reach of children

While awaiting collection, non sharp clinical waste is double bagged using a biohazard identified bag and stored securely inside a locked biohazard identified bin in an area that is separate from clean stores and with restricted access.

Clinical Waste - Sharps

Containers used for disposal of “sharp” clinical waste:

- Are placed out of reach of children
- Cannot be knocked over
- Are located so that the neck is clearly visible to health professionals when disposing of items
- Have scalpel blade removers securely mounted to the walls
- Are closed and replaced when the full indicator is reached

While awaiting collection, sharps containers are never reopened and are stored with the other clinical waste for collection.

The employee who generates the waste is responsible for the safe use and disposal of that waste. This responsibility cannot be delegated.

Sharps disposal containers are placed in all areas where sharps are generated. Where possible, they are located between hip and shoulder height. Sharps are placed into rigid-walled, puncture-resistant containers. Containers are not in a location accessible to children either when in use or when awaiting collection.

PHYSICAL ENVIRONMENT

HANDLING HAZARDOUS MATERIAL & CLINICAL WASTE

(INCLUDING BODILY FLUIDS AND SHARPS)

Sharps Disposal Process

The following procedures are undertaken when disposing of sharps:

- The person using the sharp is responsible for its safe disposal
- Sharps must be disposed of immediately, or at the end of the procedure- whichever is most appropriate
- Sharps must be placed in a yellow puncture-resistant container bearing the biohazard symbol
- Used sharps must not be carried about unnecessarily
- Injection trays must be used to transport the needle and syringe to and from the client
- Needles and syringes must be disposed of as one unit
- Needles must not be recapped
- Needles must not be bent or broken prior to disposal
- Containers must not be overfilled, as injuries can occur whilst trying to force the sharp into an overfilled container – close container securely when at the fill line
- The lid must be sealed once the container is full
- For push-on lids, use both hands and apply pressure only to the edges of the lid
- Sharps disposal units must be conveniently placed in all areas where sharps are generated and should be mounted on a wall or on a bench to prevent spillage
- Sharps containers must not be placed on the floor or in areas where unauthorised access or injury to children can occur
- Sharps containers must not be placed directly over other waste or linen receptacles
- Assistance must be obtained when taking blood or giving injections to an uncooperative client, or to a child