AUSTRALIAN COMMISSION
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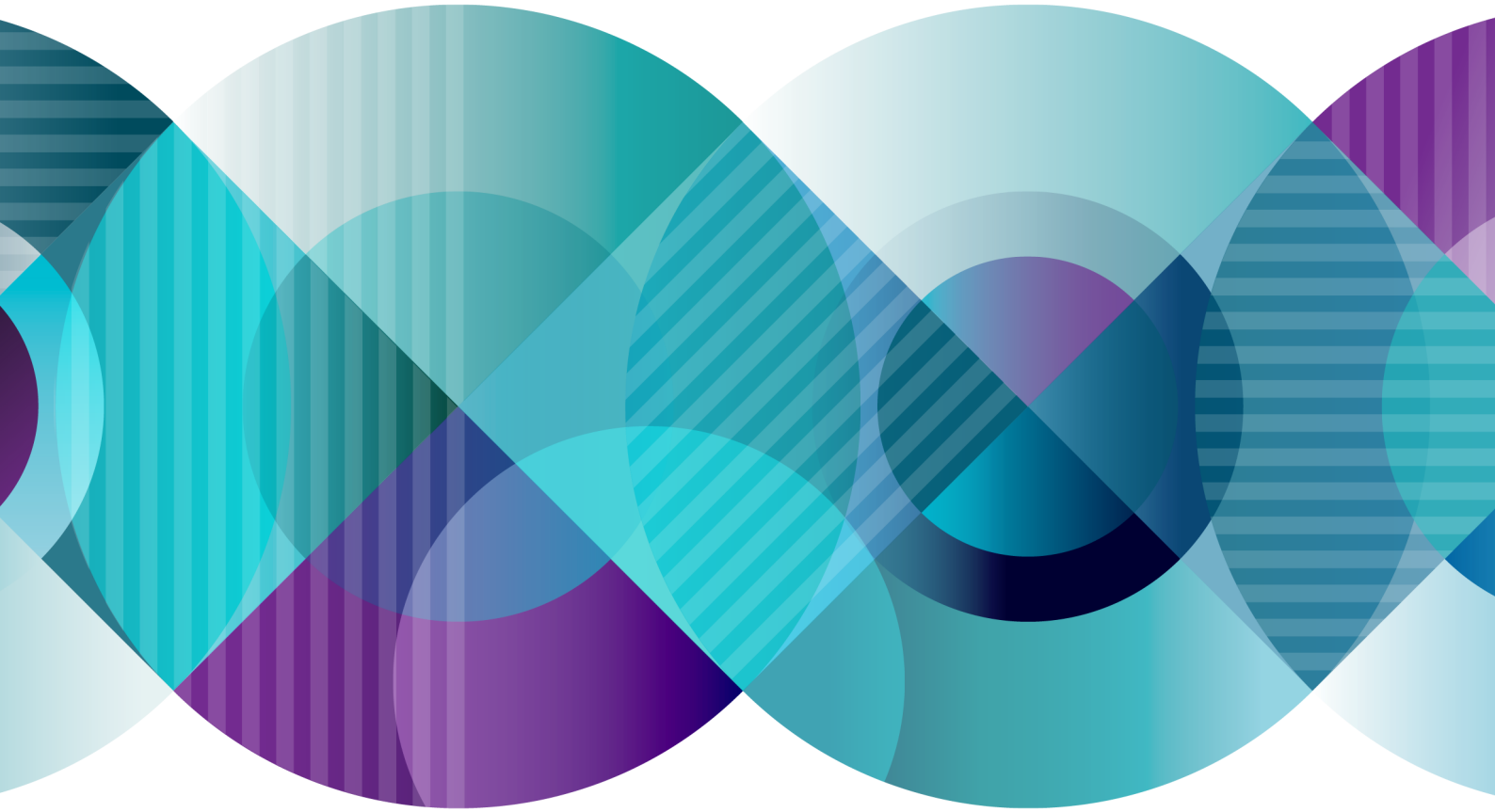

# The Aged Care Infection Prevention and Control Guide

A supplementary resource for the **Australian Guidelines for the Prevention and Control of Infection in Healthcare** for aged care settings

## Chapter 7

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

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# Chapter 7: Staff health and safety

## Key points

- **All aged care workers have a right to work in a safe environment.**
- **In Australia, work health and safety (WHS) is regulated by states, territories and the Australian Government.**
- **A workforce screening and vaccination program in aged care settings can reduce the burden and transmission of vaccine-preventable diseases among older people, the aged care workforce, families, visitors and the wider community.**
- **Vaccination should be actively promoted for aged care workers and older people.**
- **Unless required under state or territory public health regulation, vaccination should not be mandated.**
- **Workforce screening programs help to identify workers who have a vaccine-preventable disease or who are at higher risk of acquiring one. This process helps those responsible for infection prevention and control (IPC) to assess and reduce the risk of the spread of infection.**
- **Aged care organisations should have processes in place to respond to seasonal infections risks such as influenza.**
- **Each aged care organisation should have a policy on the management of needlestick and other sharps injuries. The policy should address immediate first aid, risk assessment and provision of immediate post-exposure advice for sharps injuries and other blood- or body-substance exposures involving aged care workers and older people.**

## Work health and safety

All aged care workers have a right to work in a safe environment. Compliance with WHS obligations and integrating these obligations in the governance processes for the aged care organisation protects everyone in the workplace. This includes preventing and controlling the risk of infections in aged care settings. In Australia, WHS is regulated by states, territories and the Australian Government. The Australian Government works closely with the states and territories through Safe Work Australia to develop and maintain model WHS laws.

### Resources

Safe Work Australia aims to reduce the number of work-related deaths, injuries and illnesses, and exposure to hazards and risks in Australian workplaces, including aged care organisations.

The model WHS laws are comprised of three parts – the model *Work Health and Safety Act 2011* (WHS Act), model Regulations and model Codes of Practice. Most states and territories have developed their own WHS legislation that is based on these model WHS laws:

- The WHS Act (the law) was developed to provide a nationally consistent framework for the health and safety of workers and workplaces
- The WHS Regulations outline the procedural and administrative requirements to support the model WHS Act
- The Codes of Practice are practical guides specific to each state or territory that outline how to achieve the standards of WHS required under the WHS Act and Regulations
- The Code of Conduct for Aged Care (the Code) describes how aged care organisations, their governing persons and workers must behave and treat people receiving aged care services.

### Work health and safety hazards and IPC

There are a variety of hazards in aged care settings that put the workforce at risk of spreading and acquiring infections. Any member of the aged care workforce can become exposed to an infection in a number of ways, including through direct contact with an infectious person, as a result of a sharps injury and through eating or drinking in a care area**.**

All members of the workforce should be informed of the aged care organisation's policy on staff health and safety. The primary measures of protection for staff health and safety relating to IPC should include:

- Workforce screening and vaccination programs
- Safe systems of work that are designed to minimise the risk of spreading infections (including exclusion periods) and to manage occupational exposures
- Education on safe work practices and the provision of physical protection, including the use of personal protective equipment (refer to **Chapter 4**).

## Vaccination and vaccine-preventable diseases

Vaccine-preventable diseases are those that can either be prevented by vaccination or have their severity and frequency of infection reduced by vaccination.

Vaccine-preventable diseases can have serious health outcomes, especially for older people. It is estimated that immunisation prevents 2 to 3 million deaths around the world each year, with the World Health Organization recognising it as one of the most successful and cost-effective health interventions ever known. There is evidence that the burden of vaccine-preventable diseases has been reduced in Australia due to the introduction of certain vaccinations and the availability of these vaccines on the National Immunisation Program (NIP) Schedule.

### The role of vaccination in aged care

Vaccination is the term used for getting a vaccine, whereas immunisation refers to the process of becoming immune to a disease, which can occur by acquiring a disease or following vaccination. Administering a vaccine stimulates the immune system to produce a protective immune response which on average takes around 10 to 14 days to develop. Immunity developed from a vaccine may last for months or many years, depending on the nature of the vaccine, the type of immune response and factors specific to the individual such as age. Some vaccinations may require several doses before a full protective immune response is seen.

Vaccination can protect both the vaccinated person and others in aged care who are not immune, because transmission of infection can be reduced. Vaccination increases the level of immunity in the population, which is known as 'herd immunity' or 'community immunity'. Herd immunity helps minimise the spread of infection in the community.

The *Australian Immunisation Handbook* provides recommendations for vaccinations for all healthcare workers, including all workers and students directly providing care, or handling human tissue, blood or body fluids. These workers are recommended to receive vaccines against:

- Hepatitis B
- Influenza
- Measles (if non-immune)
- Mumps (if non-immune)
- Rubella (if non-immune)
- Pertussis
- Varicella (if non-immune).

In addition, hepatitis A vaccine is recommended for those workers:

- Who work in remote Aboriginal and Torres Strait Islander communities
- Who work with Aboriginal and Torres Strait Islander children in the Northern Territory, Queensland, South Australia or Western Australia
- Who are other specified healthcare workers in some states or territories.

### Essential knowledge

Under the model WHS laws, an organisation has a duty to eliminate or, if elimination is not reasonably practicable, minimise the infection-related risks in the workplace so far as is reasonably practicable. An organisation will not be able to completely eliminate all infection-related risks, therefore it must do all that is reasonably practicable to minimise the risks. Vaccination should be considered as one of the ways to minimise these risks in the context of a range of IPC control measures.

Even though vaccination is available, this does not necessarily mean it is reasonably practicable for an organisation to require vaccinations in the workplace or for all of the workforce unless required by a public health order. However, the benefits of being vaccinated should be strongly promoted to both the workforce and older people. Aged care organisations can also develop their own policies, and WHS arrangements related to workforce screening and vaccination programs.

If workers are unsure of the vaccination requirements for a specific organisation, information can be checked by referring to:

- Local aged care organisations' vaccination policies
- State and territory public health orders and directions – aged care workers must comply with any public health orders or directions made by state and territory governments that apply to the workplace

National guidelines, such as the *Australian Immunisation Handbook*.

## Booster/catch-up vaccinations

Catch-up vaccinations aim to provide optimal protection against vaccine-preventable diseases by completing a person's recommended vaccination schedule. A catch-up vaccination is required for incomplete or overdue vaccinations.

### Resources

The National Immunisation Program Schedule recommends which vaccinations should be given at specific times throughout a person's life, ranging from birth through to adulthood. The *Australian Immunisation Handbook* provides clinical guidelines for health and aged care workers about using vaccines safely and effectively. Aged care organisations should encourage both older people and the workforce to remain up to date with recommended vaccinations as per the National Immunisation Program and the *Australian Immunisation Handbook*.

# Workforce screening and a vaccination program

**Workforce screening programs** help to identify workers who are at risk of acquiring a vaccine-preventable disease (for example, if they are not vaccinated), or already have an infectious disease, so that an assessment can be completed as to whether the worker is at risk of spreading the infection to others. All aged care organisations, regardless of their size or function, should have processes in place for workforce screening.

**Workforce vaccination programs** also help to protect vulnerable people against vaccine-preventable diseases through promoting vaccinations that reduce an aged care worker's risk of acquiring and spreading an infectious disease. A workforce screening and vaccination program assesses the risk of vaccine-preventable diseases to members of the aged care workforce. A workforce screening and vaccination program for vaccine-preventable diseases should include systems and processes for:

- Assessing vaccine-preventable disease status of all members of the aged care workforce, including students, contractors and volunteers
- Identifying vaccine-preventable disease risks for the workforce
- Informing and promoting workers about relevant vaccine-preventable diseases, catch-up vaccinations and where to get vaccinated
- Providing access to vaccines for all members of the aged care workforce as required, including maintaining an annual influenza vaccination program
- Maintaining records of the vaccination status of workers and older people in line with the 2014 Records Principles.

The *Australian Immunisation Handbook* provides recommendations about which diseases aged care and healthcare organisations should prioritise for their workforce screening and vaccination programs.

## Vaccine-preventable disease risk assessment

Working in some jobs can increase a person's risk of acquiring some diseases and spreading them to vulnerable people. The chances of a person being infected by a vaccine-preventable disease is known as a 'vaccine-preventable disease risk'. Members of the aged care workforce have an increased risk of being exposed to a vaccine-preventable disease due to the close contact care provided to older people, and subsequent increased risk of exposure to potentially infective materials (such as surfaces or equipment).

Assessing the risk for workforce exposure to a vaccine-preventable disease is an ongoing process and should be informed by the environment in which aged care services are delivered (community or residential care), the role of individual aged care workers, local outbreaks or disease prevalence, and the immune and vaccine status of the workforce. When conducting risk assessments for the workforce, consider whether workforce members:

- Have confirmed histories of vaccination
- Show serological evidence of immunity to a vaccine-preventable disease (although this check is not done often in the aged care sector)
- Are uncertain about previous vaccination or disease status
- Are unvaccinated or have no known history of vaccine-preventable disease or infection
- Show contraindications to vaccination and suitability of place of employment.

By conducting a risk assessment, organisations may be able to reduce the risk of exposure for people (both workers and older people) who choose not to be or cannot be vaccinated. This may be by allocating a vaccinated aged care worker to provide care for an unvaccinated or infectious older person. The extent to which this can be implemented will depend on workforce availability.

Although there are different occupational vaccination recommendations and requirements for each state and territory, it is important that aged care organisations offer information to aged care workers on the benefits of vaccination. The aged care sector employs workers from many cultural and linguistic backgrounds. Some workers may have limited education on vaccination, which is why it is important that information on vaccination is provided

### Using a risk matrix to assess risk

A risk matrix is a tool that can be used to assess the risk of an event, such as exposure to vaccine-preventable diseases. It considers the likelihood of occurrence and the consequences associated with the event. A risk matrix can generate a risk rating to describe the level of risk to the workforce from vaccine-preventable diseases. A workforce immunisation risk matrix was developed to support health services perform risk assessments for vaccine-preventable diseases.

## Vaccination programs for seasonal or recurring infections

Aged care organisations should have processes in place to respond to seasonal hazards for specific infections, such as influenza, as well as outbreaks and pandemics. Seasonal vaccination programs for vaccine-preventable diseases help provide members of the aged care workforce with protection against variants of seasonal viruses. Strains can change from season to season, and therefore it is important for aged care workers to be encouraged to receive the annual vaccination in response to these changes. Each aged care organisation must take precautions to prevent and control influenza and minimise infection-related risks. This includes identifying and complying with all relevant Commonwealth and state or territory legislation and regulatory requirements, offering free influenza vaccinations every year to the workforce and volunteers, and keeping records of their vaccinations. Aged care organisations must also show:

- How the benefits of vaccination have promoted and informed the workforce and volunteers
- The steps taken to encourage the workforce and volunteers to get vaccinated.

### Practice point

**Annual influenza vaccination**

Annual influenza vaccination is recommended before the onset of the influenza season, which typically starts in June for most parts of Australia. However, influenza can happen year-round. While vaccination is usually anticipated to provide protection throughout the season, the highest level of protection is generally achieved within the first 3–4 months after vaccination. Delaying vaccination until the start of winter may result in greater immunity later in the season but could also lead to missed vaccination opportunities and leave individuals unprotected if the influenza season starts early.

For more information, please refer to the *Australian Immunisation Handbook*.

### Resources

- Clinical guidance regarding COVID-19 vaccinations is provided by the Australian Technical Advisory Group on Immunisation.
- For more information, refer to the Department of Health and Aged Care Mandatory flu vaccination program.

## Exclusion periods for aged care workers with acute infections

Aged care organisations should have comprehensive written policies regarding disease-specific work restrictions and exclusions. Any member of the aged care workforce who has an infectious disease has a responsibility to:

- Consult with a medical practitioner to determine that they are capable of performing their tasks without putting older people or other workers at risk
- Undergo regular medical follow-up and comply with all aspects of informed clinical management regarding their condition.

These policies should encourage members of the workforce to seek appropriate preventive and therapeutic care and report any illnesses, medical conditions or treatments that can render them more susceptible to infection or exposures.

Members of the workforce should **not** be penalised if they are unwell and unable to work because of an infectious disease.

The overarching principle for exclusion periods is that aged care workers should not come to work if they have signs or symptoms of a potentially infectious disease that is transmissible in the workplace; examples include influenza, COVID-19 and gastroenteritis.

### Resources

Further information regarding exclusion periods for the workforce can be found in Section 4.2.2 of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.

The Communicable Diseases Network Australia (CDNA) also provides specific guidance on the management of workers infected with a variety of diseases. For more information, see CDNA's Series of National Guidelines.

## Aged care workers with specific circumstances

Aged care organisations must assist workers who experience circumstances that place them at greater risk of infection to develop management plans that ensure their wellbeing. When an aged care worker is known to be especially susceptible to infections, work duties are assessed to ensure that the welfare of that person, older people and other aged care workers is safeguarded. This may involve appropriate work placements, adjustments or restrictions, or deployment to a role involving less risk. Aged care workers in this situation may require counselling on what tasks they can perform, what they should avoid and the possible impact of their work on their health.

# Occupational exposures

Occupational exposures that might place an aged care worker at risk of hepatitis B virus, hepatitis C virus, HIV or human T-cell lymphotropic virus type 1 include percutaneous injuries (for example, a needlestick or cut with sharp object) or contact of a mucous membrane or non-intact skin (for example, exposed skin that is chapped, abraded or affected by dermatitis) with blood, tissue or other potentially infectious body substances.

Each aged care organisation requires a policy on the management of needlestick injuries, and on the ability to provide immediate post-exposure advice for sharps injuries and other blood or body-substance incidents involving aged care workers, including drug therapy if needed. This is because generic policies may not be relevant to individual settings (for example, access to care, especially after hours). These policies should outline the arrangements organisations have in place to ensure post-exposure treatment can be provided with an appropriate clinician if needed.

## Managing exposures

Some general components are relevant to all occupational exposures to blood and other body substances:

- The aged care worker should receive immediate care and treatment at the site of exposure
- Treatment protocols should be applied – including removal of contaminated clothing, thorough washing of the injured area with soap and water, and flushing of affected mucous membranes with large amounts of water
- A *risk assessment* of the exposure should be undertaken – including of the type of exposure, type and amount of fluid involved, infectious status of the source, and susceptibility of the exposed aged care worker
- If the source of exposure can be identified, the worker should be tested (with consent) for hepatitis B surface antigen, hepatitis C antibody and HIV antibody

- The elements of open disclosure should be used by the organisation when managing occupational exposures
- The aged care worker should have baseline testing (for example, baseline serology and serum for storage) as required
- Counselling and follow-up should be provided to the aged care worker.

## Post-exposure prophylaxis

Post-exposure prophylaxis (PEP) is the medical response given to prevent the spread of bloodborne infections following a potential exposure to HIV or hepatitis B. The decision to prescribe PEP for HIV or give immunoglobulin for hepatitis B should be made on a case-by-case basis and include:

- Risk assessing the exposure to the infection
- Testing
- Prescription of antiretroviral drugs (depending on the outcome of the exposure assessment)
- Appropriate support and follow-up.

When PEP is recommended (by the GP or infectious disease physician), it should be prescribed and started as soon as possible; within 72 hours of the exposure. Eligibility for PEP or immunoglobulin and the type of regime prescribed is individualised and determined by several factors, including the transmission risk associated with the exposure.

### Resources

More guidance can be sourced from:

- The *Australian Immunisation Handbook* (Department of Health and Aged Care)
- Catch-up vaccination (Department of Health and Aged Care)
- COVID-19 (Department of Health and Aged Care)
- Influenza (Department of Health and Aged Care)
- Mandatory flu vaccination program (Department of Health and Aged Care)
- Vaccination for people at occupational risk (Department of Health and Aged Care)

The *Australian Guidelines for the Prevention and Control of Infection in Healthcare* (ACSQHC).

**For further information, refer to the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*; specifically, for:**

- **Staff health and safety, refer to Section 4.2**
- **Members of the workforce in specific circumstances (for example, pregnant workers), refer to Section 4.2.4**
- **Members of the workforce who carry a bloodborne virus and how this impacts on their ability to perform exposure-prone procedures, refer to Section 4.2.5.**

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