

## **Infectious Disease Management policy**

### **Policy statement**

Above and Beyond Disability Solutions Pty Ltd (AABDS) is committed to protecting all participants and employees. This policy includes the measures we are actively taking to mitigate the spread of infectious disease, as well as employees' and participants' rights, responsibilities, choice and control.

Infectious diseases can have a significant impact on workplaces through absenteeism and disruption of services. This policy provides information on adopting an infection control program which involves undertaking a comprehensive risk management strategy.

AABDS has an obligation under our Code of Conduct, the NDIS Code of Conduct and the NDIS Practice Standards to deliver safe, quality supports and services, and the management of risks associated with the participants we support.

In accordance with AABDS's duty of care to provide and maintain a workplace that is free of known hazards, we are adopting this policy to safeguard the health of our employees and their families; our participants; and the community at large from infectious diseases.

This policy will comply with all applicable laws and is based on guidance from Queensland Health, the Australian Department of Health, the NDIS Commission, Fair Work Australia and Work, Health and Safety laws.

This policy includes the measures we will actively take to mitigate the spread of any infectious diseases. All employees should follow these rules diligently to sustain a healthy and safe workplace.

### **Scope**

All employees and contractors are responsible for working within this policy and reporting when they, a participant, or a fellow employee, show signs of an infectious disease. This policy is owned by the Governing Body.

AABDS's policy on privacy and risk management applies in conjunction with this policy.

### **Principles**

Above and Beyond Disability Solutions Pty Ltd (AABDS) is committed to protecting all participants and employees. This policy includes contingency planning for infection prevention and control, as well as employees' and participants' rights, responsibilities, choice and control.

The outbreak of communicable disease and/or infections does not change the obligations of all NDIS. These obligations are to protect and prevent people with disability from experiencing harm

arising from poor quality or unsafe supports, abuse, neglect and exploitation, or poorly managed changes to supports.

AABDS has an obligation under our Code of Conduct, the NDIS Code of Conduct and the NDIS Practice Standards to deliver safe, quality supports and services, and the management of risks associated with the participants we support.

These risks include the possible contraction of communicable disease and/or infection of our employee or participants.

In accordance with AABDS's duty of care to provide and maintain a workplace that is free of known hazards, we are adopting this policy to safeguard the health of our employees and their families; our participants; and the community at large from infectious diseases, such as COVID-19.

This policy will comply with all applicable laws and is based on guidance from Queensland Health, the Australian Department of Health, the NDIS Commission, Fair Work Australia and Work, Health and Safety laws.

This policy includes the measures we are actively taking to mitigate the spread of all communicable disease and/or infections. All employees should follow these rules diligently to sustain a healthy and safe workplace in this unique environment.

This policy is susceptible to changes with the introduction of additional governmental guidelines.

## Practice Requirements

The *Work Health and Safety Act 2011* (Qld) places a duty to ensure health and safety, so far as is reasonably practicable. If an infectious disease is a known hazard in the workplace:

- Staff **must** be advised of infectious disease hazards, risks and how to implement controls – including recommended vaccinations.
- Certain infectious diseases caught by workers as a result of the workplace are required to be notified to [Workplace Health and Safety Queensland](#).

The *Work Health and Safety Regulation 2011* (Qld) requires workplaces to manage health and safety risks, including occupational infection risks. It also requires workplaces to:

- Provide adequate and accessible facilities that are in good working order, clean and safe.
- Provide first aid equipment and services.

## The rights, choice and control of our participants

Although AABDS will not make vaccination mandatory for various infectious diseases for its employees, our participants may choose to use their choice and control to request supports be provided *only* by those employees who have been vaccinated. This is the right of the participant.

In this situation, AABDS management will remove those employees who choose not to vaccinate from supporting those participants who only want to be supported by employees who are vaccinated. AABDS will endeavour to find alternative participants/work opportunities for those employees.

### Related policies

- Code of Conduct policy
- Choice and Control policy
- Safeguarding policy
- Privacy policy
- Workplace Health and Safety policy

### Related links

- [The Department of Health’s Standard 1: Rights](#)
- [National Standards for Disability Services](#)
- [National Standards for Mental Health Services.](#)
- [NDIS Practice Standards](#)
- [NDIS Act 2013](#)
- [NDIS Quality & Safeguarding Framework](#)
- [National Standards for Disability Services – evidence Guide](#)
- [Carers Recognition Act 2010](#)
- [Disability Services Act 1993 \(WA\)](#)
- [Guardianship & Administration Act 1990](#)
- [Code of Practice for the Elimination of Restrictive Practice 2014](#)

### Acknowledgements

AABDS adheres to the [NDIS Code of Conduct](#) and [NDIS Practice Standards](#) for providers and workers. Our Quality Services and Supports promote the [National Standards for Disability Services – evidence Guide](#)

The organisation promotes the Human Rights principles of the Convention on the Rights of Persons with Disabilities.

## POLICY HISTORY

Policy name	Infectious Disease Mgmt	Policy owners	Governing Body
Policy created	June 2022	Approved by Board	June 2022
Policy reviewed	Aug 2022	Approved by Board	Aug 2022
Current version no.	V2	Due for review	Aug 2024

## Infectious Disease Management procedure

### Policy statement

Above and Beyond Disability Solutions Pty Ltd (AABDS) is committed to protecting all participants and employees. This policy includes the measures we are actively taking to mitigate the spread of infectious disease, as well as employees' and participants' rights, responsibilities, choice and control.

Infectious diseases can have a significant impact on workplaces through absenteeism and disruption of services. The implementation of a comprehensive infection control program can prevent or minimise the spread of infectious disease at the workplace. It can also prevent an infectious disease from spreading to the broader community.

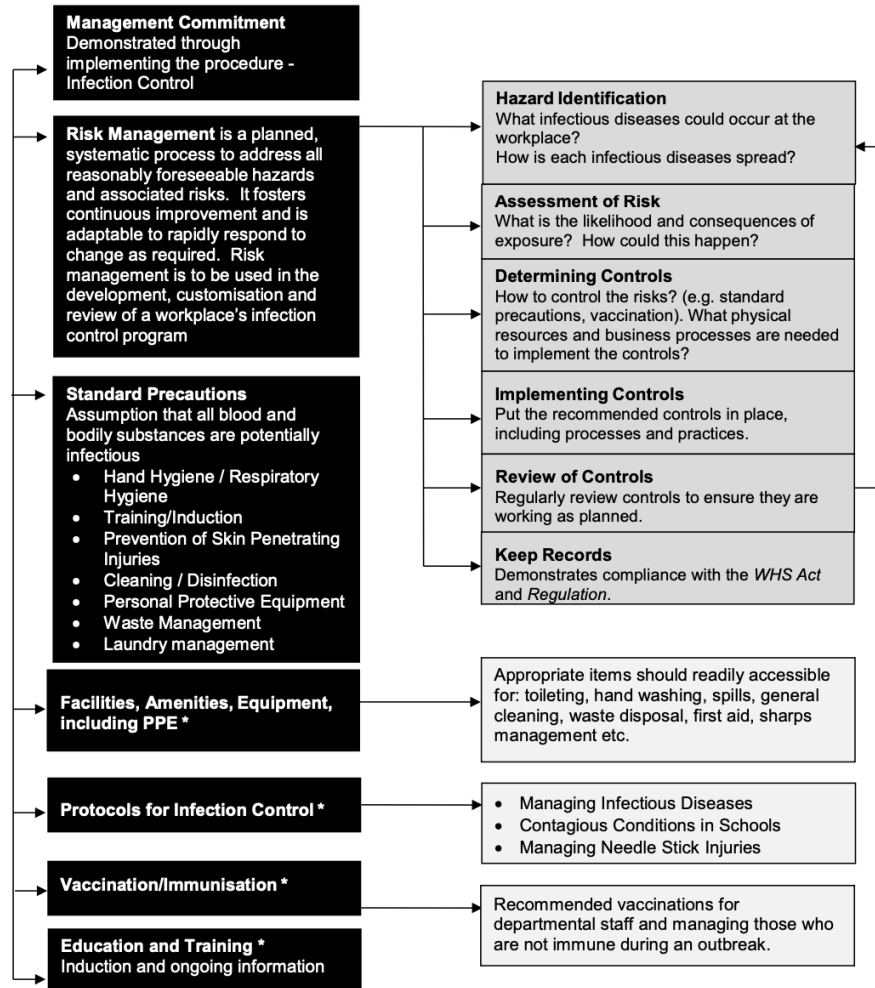
### Infection Control Program

Infectious diseases are diseases you can 'catch' from a person, an animal, an insect, the environment or contaminated food and water. Most infectious diseases are spread by a single, well-defined route. Understanding how they spread helps determine the best prevention methods.

The common ways diseases spread are:

- **Contact transmission** – when a person is exposed to an infectious agent from *direct* contact with infectious blood or body substances e.g. blood, urine, faeces, saliva, nasal secretions, or from *indirect* contact with contaminated items such as surfaces and equipment e.g. door handles. Infectious agents can then enter the person's body via broken skin e.g. cuts, the mucous membranes of the person's eyes, nose or mouth, by ingestion e.g. the 'faecal-oral route' or by a sharps e.g. needle stick injury.
- **Droplet transmission** – when infectious agents contained in large droplets e.g. splash, spray, spatter of blood or body substances are deposited on the mucous membranes of the eyes, nose, mouth etc.
- **Airborne transmission** – when infectious agents contained in aerosols and dust are inhaled.
- **Food-borne transmission** – when infectious agents are spread through consumption of contaminated food.
- **Water-borne transmission** – when infectious agents are spread through consumption or contact with contaminated water.
- **Vector-borne transmission** – when insect vectors such as mosquitos and ticks transmit infection to a person via bites e.g. Dengue Fever.

The procedure requires AABDS and its employees to adopt and follow an Infection Control Program that is developed in response to the specific hazards and risks of the workplace.



## Hazard identification

To determine the hazards associated with the spread of infectious disease in the workplace, AABDS must determine what infectious disease could occur and how each infectious disease is spread. The [Queensland Health, Time Out Poster](#) provides a list of infectious conditions. This is the start of identifying the hazards related to infectious disease.

<ul style="list-style-type: none"> <li>- Chickenpox (varicella)</li> <li>- Cold sores (herpes simplex)</li> <li>- Conjunctivitis</li> <li>- Coronavirus (e.g. COVID-19)</li> <li>- Cytomegalovirus (CMV)</li> <li>- Diarrhoea and/or Vomiting including:             <ul style="list-style-type: none"> <li>o amoebiasis</li> <li>o campylobacter</li> <li>o cryptosporidium</li> <li>o giardia</li> <li>o rotavirus</li> <li>o salmonella</li> <li>o viral gastroenteritis</li> </ul> </li> <li>- Enterovirus 71 (EV71)</li> <li>- Fungal infection of the skin and nails (ringworm/tinea)</li> <li>- Glandular Fever (mononucleosis, Epstein - Barr virus)</li> <li>- German measles (Rubella)</li> <li>- Haemophilus influenza type b (Hib)</li> <li>- Hand, foot and mouth disease (EV71)</li> <li>- Head lice</li> <li>- Hepatitis A</li> <li>- Hepatitis B and C</li> <li>- Hepatitis E</li> <li>- Human immunodeficiency virus (HIV/AIDS)</li> <li>- Influenza and influenza like illness</li> <li>- Measles</li> <li>- Meningitis (bacterial)</li> <li>- Meningitis (viral)</li> <li>- Meningococcal infection</li> <li>- Molluscum contagiosum</li> <li>- Mumps</li> <li>- Norovirus</li> <li>- Parvovirus B19 (fifth disease, slapped cheek syndrome erythema infectiosum)</li> <li>- Poliomyelitis</li> <li>- Q fever - (schools factsheet)</li> <li>- Roseola (sixth disease)</li> <li>- Scabies</li> <li>- School sores (impetigo)</li> <li>- Shiga toxin-producing E.coli (STEC)</li> <li>- Shigellosis</li> <li>- Shingles (herpes zoster)</li> <li>- Streptococcal sore throat (including scarlet fever)</li> <li>- Tuberculosis (TB)</li> <li>- Typhoid, paratyphoid</li> <li>- Worms</li> </ul>	<p><b>Exposure to identified hazards.</b></p> <p>a) Find detailed information about these conditions by searching the Queensland Health Conditions Directory. <i>(search "Queensland health &lt;insert name of condition&gt;")</i></p> <p>b) Refer to the Queensland Health "Time Out" Poster which contains information for schools and other workplaces on contagious conditions. <i>(search "Queensland health – time out poster")</i></p> <p>c) Use information from the Queensland Health information sheets and information from the Queensland Health – Time Out Poster.</p> <p>The Time Out Poster provides information on the recommended minimum medical exclusion periods and will assist prevent the spread of infection.</p> <p>d) Add to your hazard identification through understanding how these infectious disease are transmitted from to others.</p> <ul style="list-style-type: none"> <li>i. Cross-infection from exposure to those with communicable diseases</li> <li>ii. Cross-infection from contaminated hands due to poor compliance with hand hygiene</li> <li>iii. Exposure to blood/body substances</li> <li>iv. Cross infection due to poor compliance with cleaning/sanitation</li> </ul>
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## Assessment of Risk

Risk is the likelihood that a harmful consequence will occur when people are exposed to a hazard. A risk level is made up of two elements:

- a) the **likelihood** of an incident happening; and
- b) the **consequence** if it did happen. What are the likely consequences of exposure?

Factors that may influence consequence include 'susceptible populations' who may be at increased risk of acquiring an infectious disease or having a more severe consequence.

### Susceptible populations:

- the very young e.g. an infant's immune systems may not be fully developed.
- the elderly e.g. chronological age of 65 or older may have weaker immune systems or other conditions
- immunocompromised e.g. may have impaired immune system such as during chemotherapy
- non-immunised e.g. conscious objectors to vaccination
- particular medical conditions e.g. non-intact skin from dermatitis
- pregnant women – some infectious diseases may have an adverse outcome for the pregnancy.

AABDS must consider the workplace population in general as well as these susceptible populations when determining controls. These populations may extend beyond staff and carers, to family/household contacts.

Effective communication to employees, participants and their carers about an infectious disease will enable them to make informed decisions.

## Controls – standard precautions

### Training/Induction

Employees and participants are provided with information on the organisation's infectious disease policy and procedure. This is provided during employee induction and participant intake.

### Hand Hygiene

As hands spread 80% of common infectious diseases, hand hygiene is one of the most important measures in preventing transmission of infection. Hands can become contaminated from touching contaminated surfaces or by being contaminated through coughing, sneezing, rubbing eyes etc. The infectious agent can then be passed on to others e.g. shaking hands and/or contaminating clean surfaces.

Hand washing steps:

1. Wet hands thoroughly and then add mild liquid soap.
2. Rub soap over all areas of the hands, including between the fingers, thumbs and back of hands.
3. Wash for at least 10 seconds.

4. Rinse hands well under running water
5. Dry thoroughly with paper towel (preferred option) a clean individual cloth (as described above) or air dryer.

As a guide, hands should be washed as follows:

- *Before* handling, preparing or eating food
- *Before and after* assisting participants with eating, toileting, providing first aid, contact with an ill or injured person.
- *After* contact with blood or body substances, removal of PPE, using the toilet, contact with animals, sneezing or coughing, touching commonly used items/surfaces, when they are dirty.

Alcohol-based hand rubs and hand sanitisers can be used routinely, however safe use issues, including flammability, skin reaction and access to the product must be considered. Further, hands must be clean (free of debris) if it is to be effective for infection control.

### Respiratory Hygiene

This is a set of routine practices to prevent potentially infectious secretions from the nose and mouth from contaminating others directly or indirectly via surfaces.

1. Cover your cough – cough into a single use tissue or into your sleeve, never into your hands. Always turn to direct your cough away from others and away from surfaces or food sources.
2. Cover your sneeze – sneeze into a single use tissue or if unavailable into your sleeve, never into your hands. Always direct your sneeze away from others and away from surfaces or food sources.
3. If you need to blow your nose it is especially important to do this into a single use tissue(s), dispose of the tissue immediately into a bin – do not re-use tissues as they are unhygienic once contaminated.
4. Always wash your hands or apply alcohol-based hand rub after you have coughed, sneezed or blown our nose - even when you have used a tissue as there will be residual contamination from the tissue on your hands.

### Cleaning/Disinfection

Cleaning is the removal of 'soil' or debris and the reduction of the number of germs from a surface. Cleaning is usually sufficient for most areas and surfaces, and should be carried out using warm water and detergent, followed by rinsing and thorough drying.

Disinfection is the inactivation of bacteria, viruses and fungi and can be achieved by heat or chemical means e.g. autoclaving, boiling, bleaching. It is important to clean surfaces thoroughly prior to disinfection to remove organic matter present in blood and body substances. Disinfection following cleaning may be required for specific situations such as managing blood spills or gastrointestinal illness causing vomiting and diarrhoea.

All AABDS offices are cleaned by professional cleaners on a weekly basis.



#### Prevention of skin penetrating injuries – safe handling of sharps:

AABDS staff should prevent skin penetrating injuries by wearing appropriate clothing, shoes and personal protective equipment (PPE) where required. As a break in the skin can allow direct contact with blood and body substances these should be protected by keeping open wounds covered e.g. with a waterproof dressing or with appropriate clothing.

Skin penetrating injuries can introduce infectious agents directly into the blood stream, e.g. tetanus and blood borne viruses such as hepatitis B, hepatitis C and HIV. It is very important that skin penetrating injuries are minimised e.g. through safe handling and disposal of sharps.

#### Waste management

Appropriate handling and disposal of potentially infectious waste helps to prevent the spread of infection, illness and disease. e.g. If waste (general litter) is to be picked up, use gloves and sturdy tongs (e.g. rubbish grabbers) to protect against injury or contact with soiled items.

#### Laundry management

If a participant's clothing or linen is soiled with blood or body fluids, they should be removed immediately and placed in a collection bag or leak proof plastic bag. There should be minimal handling. Wash as usual in detergent for the maximum washing cycle.

#### Personal protective equipment (PPE)

PPE for infection control should be readily available where there is a risk of exposure to infectious diseases.

#### **AABDS Management's responsibilities:**

- Provide supports and services in a safe and competent manner with care and skill.
- Promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability.
- Encourage all employees and participants to sign up to receive advice/guidelines from the Federal and State Governments.
- Encourage all employees and participants to become fully vaccinated against the communicable disease and/or infection (if applicable) at the earliest time they are able to.
- Stay up-to-date with current local arrangements and health advice via the Federal and State Government information website.
- Regularly keep all employees and participants up to date on latest advice and directives from the appropriate health and government bodies via email and newsletters.
- AABDS Management and Support Work staff must regularly check in (via phone or home visit) on the organisation's vulnerable participants (as per Vulnerable participant register) during any disaster and/or pandemic periods to ensure they are being cared for and have all necessary essentials.
- Notify the NDIS Commission of any event that significantly affects AABDS's ability to comply with any of our conditions of registration, including:
  - a worker or participant's confirmed communicable disease and/or infection;

- where border closures or other restrictions in Queensland affect our ability to access participants or provide supports and services;
- changes to our available workforce due to border closures or other state or territory restrictions;
- the temporary or permanent cessation of supports or services as a result of border closures or other restrictions in Queensland.

### **Employee responsibilities:**

AABDS and its employees are responsible for preventing the spread of infection diseases by:

#### Following standard precautions for infection control:

- follow good hygiene practices and standard precautions for infection control especially hand hygiene and cough and sneeze etiquette;
- keep open wounds covered (including e.g. eczema) with clothing or a waterproof dressing to ensure that you do not transmit any infectious diseases to others, or contract an infectious disease through the open wound;
- know your own immune status to common vaccine preventable diseases;
- seek advice from your doctor regarding any 'boosters' or 'catch-up' doses you require;
- keep your immunisation records in a place where you can access this easily e.g. to confirm that you are immune to particular diseases (especially prescribed vaccine preventable diseases e.g. measles)
- women who are pregnant or contemplating pregnancy seeking advice from their doctor regarding any necessary vaccinations as well as specific precautions relevant to their workplace and their work duties
- implement and follow the infection control program that has been developed by AABDS;
- seek advice if required.

#### Staying home when unwell:

- Employees are expected to stay away from the workplace when unwell.
- Employees who have been diagnosed with an infectious disease should follow medical advice with respect to exclusion from, and return to, the workplace. As a guide, adults should refer to the Queensland Health ['Time out'](#) poster or the relevant Queensland Health fact sheet for information on the recommended minimum exclusion periods for infectious diseases.

#### Confirm diagnosis – medical certificate/doctor diagnosis.

- Seek medical attention to confirm a diagnosis if you are unwell and alert your direct manager.
- If diagnosis confirmed, seek relevant information to manage the infectious disease e.g. access Queensland Health conditions directory for the infectious disease. This will provide detailed information on the disease, transmission and control.

## Related policies

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## PROCEDURE HISTORY

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Policy reviewed	Aug 2022	Approved by Board	Aug 2022
Current version no.	V2	Due for review	Aug 2024