

Infection Management Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that infection risks are managed effectively to protect the health and wellbeing of participants, staff, contractors, and visitors. It supports safe service delivery by promoting hygiene, preventing the spread of illness, and encouraging best practice infection control across all environments where supports are provided.

Maintaining high standards of infection prevention is essential to delivering safe, respectful, and person-centred care. Infection management is a shared responsibility that requires all staff to be aware of infection risks and to take reasonable steps to minimise them during daily tasks and care activities. Participants are supported to be involved in decisions that affect their health and are encouraged to take part in infection prevention strategies wherever appropriate.

2.0 Scope

The policy applies to all staff involved in service delivery at SilaCa Tasmania Pty Ltd.

3.0 Definitions

Table 1. Definitions

Term	Definition
Infection	A disease or illness is caused when an organism inside a person multiplies to levels where it causes harm.
Colonisation	An infectious agent establishes itself on or in the body but does not cause disease.
Contamination	When infectious agents spread to a surface or item, creating risks for the spread of infection.
Source	The origin of the infectious agent; most sources are other people, but they can also be air, water, food or equipment that has become contaminated.
Susceptible host	This host is a person exposed to an infectious agent vulnerable to infection.
Multi-resistant organism	A multi-resistant organism (MRO) is an infectious agent resistant to several antibiotics typically used in its treatment. Because treatment options are limited, it is especially important to stop the spread of MROs.
Standard precautions	A minimum level of practice for infection control.

Term	Definition
Additional precautions	When staff know they will be in contact with cases of certain infections.
Participant safeguarding	Measures to protect participants from harm, including infection risks.

Common modes of transmission	
Transmission	The spread of infectious agents from one person to another.
Contact	Infectious agents are transferred directly (e.g. contact with infected blood or body fluids) or indirectly (e.g. touching a contaminated surface and then another person without hand hygiene).
Droplet	Droplets made by coughing or sneezing transfer to someone's eyes, nose or mouth.
Airborne	Tiny particles containing infectious agents travel through air currents (e.g. air conditioning) and are breathed in by a person.
Vehicle	Food contaminated with an infection is the "vehicle" to carry the infection to a person when they eat the contaminated food.
Vector-borne	An animal or insect carries a disease and bites a person who becomes infected.
Outbreak	The occurrence of more disease cases than expected in an area among a specific group, e.g. two or more linked cases of the same illness.

Infectious agents

Organisms that cause infections are infectious agents and are sometimes referred to as germs; most are microorganisms – bacteria, viruses, fungi and parasites. Infectious agents spread from one person to another, and it colonises or establishes themselves in the exposed person who may become infected.

<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/workplace-safety-infection-control>

Infectious agents can be spread in a variety of ways, including:

- breathing in airborne germs – coughs or sneezes release airborne pathogens, which are then inhaled by others
- touching contaminated objects or eating contaminated food – the pathogens in a person's faeces may be spread to food or other objects if their hands are dirty
- skin-to-skin contact – the transfer of some pathogens can occur through touch or by sharing personal items, clothing or objects
- contact with body fluids – pathogens in saliva, urine, faeces or blood can be passed to another person's body via cuts or abrasions or through the mucus membranes of the mouth and eyes

4.0 Policy

SilaCa Tasmania Pty Ltd is committed to managing infection risks in line with the NDIS Practice Standards and Quality Indicators 2021, the NDIS Code of Conduct, and national infection prevention guidelines.

All infection control measures are designed to reduce the risk of spreading illness between participants, staff, and others, and must be applied consistently in all service environments. Staff must complete infection prevention training relevant to their role and demonstrate understanding of how infections occur and spread.

Participants and their support networks will be included in planning infection control strategies when relevant, especially where individual health needs or disability-specific risks are present. Staff must ensure that participants are given appropriate information in accessible formats and are supported to give informed consent to any infection control measures that may affect them.

All direct support staff must hold a current NDIS Worker Screening clearance. Infection control procedures will be monitored and reviewed as part of SilaCa Tasmania Pty Ltd's Continuous Improvement system and aligned with any changes in clinical or public health guidance.

4.1 General management

SilaCa Tasmania Pty Ltd will maintain high standards of infection control through the following measures:

- maintaining and reviewing our infection control policy and procedures regularly and responding to new legislation and best practice guidelines
- maintaining service agreements with appropriately qualified and licenced organisations for the following:
 - removal of waste
 - regular monitoring and removal of pests when required (e.g. termites, spiders)
 - supply of food
 - cleaning and laundry equipment and services
 - monitoring and maintenance of air handling systems (where installed)
 - supply of personal protective equipment
 - pharmaceuticals and medical supplies
- providing infection control training to all staff
- displaying information and directions within the home to help staff and visitors maintain infection control practices
- completing relevant hazard and risk management processes, as required
- auditing infection control practices, investigating problems, checking for trends and fixing problems

4.2 Standard precautions

Standard precautions are practices that are applied by all staff and include:

- hand hygiene
- respiratory hygiene/cough etiquette
- personal protective equipment
- handling of medical devices
- cleaning and managing spills
- handling of food, waste and linen

Standard precautions will always be used for all:

- participants'
- work practices

5.0 Responsibilities

The Manager or their delegated officer will undertake the following:

1. Coordinate, monitor, and review the infection control program following SilaCa Tasmania Pty Ltd's care governance program.
2. Identify and monitor any trends in infection and then formulate and monitor action plans to address these.
3. Monitor staff compliance with infection control requirements and address any issues as identified.
4. Provide infection control reports as required to the Board.
5. Ensure service practices and procedures include and comply with infection control requirements.
6. Participate in selecting and providing equipment and supplies to meet infection control requirements.
7. Support the staff vaccination program in consultation with our staff.
8. Coordinate and evaluate infection control education for all staff, including orientation of new staff members.
9. Ensure that plans are in place to identify and manage infections.
10. Provide information and feedback to management and staff regarding infection control activities and related matters, including actions taken and outcomes achieved.
11. Facilitate the collection of data and necessary reports for infection control clinical indicators.
12. Undertake ongoing professional development in infection control to maintain up-to-date skills and knowledge.
13. Conduct infection control audits as required and formulate and monitor action plans to address identified issues.
14. Coordinate the management of occupational exposures to blood and body fluids.

15. Ensure that additional precautions are implemented when required to prevent the spread of infection.

The Manager must ensure that participants and their representatives are engaged in infection risk management plans that affect them. Any infection-related incident that meets the definition of a reportable incident under the NDIS Incident Management and Reportable Incidents Rules 2018 must be reported. Infection risks that could lead to harm, including environmental risks, must be escalated for organisational risk management and safeguarding response.

6.0 Procedures

SilaCa Tasmania Pty Ltd must provide care to our participants to assist them in maintaining their well-being and health as:

- children and older people are often more vulnerable to infections, as their immune systems may not be developed or may be compromised
- participants with chronic diseases may spend time in hospitals where they will be exposed to infectious agents
- surgical wounds and invasive devices, e.g. catheters, increase the risk of infection

Infection risk assessments will be incorporated into each participant's individual Risk Assessment Profile and support plan where applicable. Participants will be actively involved in identifying infection risks and co-designing strategies to reduce these risks.

6.1 Risk Management

The Board and the Manager ensure implementation of the following processes to manage risks associated with infection control as outlined in the diagram following:



6.2 Surveillance

Surveillance is integral to our infection control program, encompassing outcome, process, and critical incident surveillance.

6.2.1 Outcome surveillance

Infection control data is collected by the Manager or their delegate and other staff members (as requested by management) from documents, e.g. participant notes/charts, audits, etc.

Data on the following infections may be collected for review:

- skin and mucous membrane infection
- respiratory tract infections
- urinary tract infections
- gastrointestinal
- eye, ear, nose and mouth infections
- skeletal connective tissue

- systemic

Specific surveillance may be carried out and reported as the Board decides in consultation with the Manager.

6.2.2 Process surveillance

Reports related to surveillance are submitted by the Manager to the Board as required. The reports may come from various sources, including clinical information, health issues and other relevant sources.

6.2.3 Critical incident surveillance

The delegated officer will collect data for each critical incident. Investigation of critical incidents is undertaken by the Manager or their delegate with the help of staff and external agencies as required.

6.3 Standard and additional precautions

Overview

Standard and additional precautions are applied in line with the current Australian Guidelines for the Prevention and Control of Infection in Healthcare (updated 2024). Staff will also comply with any emerging public health orders (e.g., COVID-19, influenza outbreaks), CDNA guidance, and ATAGI recommendations.

A two-tier system of infection control precaution is in place. The two tiers are standard precautions and additional precautions. The precautions are designed to control the spread of infection that occurs through the following modes of transmission:

- direct physical contact
- indirect physical contact
- droplet
- airborne
- vehicle
- vector-borne

6.3.1 Standard precautions (Tier 1)

Standard precautions help reduce the risk of transmitting microorganisms from known and unknown sources of infection and are always undertaken.

Standard precautions include:

- safe work practices, e.g. hand hygiene and hand sanitising
- use of protective barriers, e.g. gloves, gowns/aprons, masks and eye protection
- appropriate management of contaminated sharps, clinical waste, participant care devices and linen
- respiratory hygiene/cough etiquette

Standard precautions must be used when staff are likely to encounter:

- blood (including dried blood)
- all body substances, secretions and excretions (except sweat)
- non-intact skin
- mucous membranes

6.3.2 Additional precautions (Tier 2)

Staff will use additional precautions when they know they will be in contact with certain infections. There are three types of additional precautions. Precautions include:

- **Contact precautions:** Used to reduce the risk of transmitting microorganisms by direct or indirect contact (e.g. contact with skin or surfaces contaminated with MRSA, scabies or gastroenteritis).
- **Droplet precautions:** Used where a participant may have an infection transmitted by droplets (e.g. mumps, rubella, influenza and SARS).
- **Airborne precautions:** Used for participants known or suspected to be infected with pathogens that can be transmitted through the air (e.g. tuberculosis or chickenpox virus).
- **Standard precautions are ALWAYS used with additional precautions.** Additional precautions are used by all staff members when the Manager or their delegate instructs staff to use them.

The following table details staff requirements when undertaking standard precautions and when instructed to take additional precautions.

Requirement	Standard Precautions	Additional Precautions		
		Contact precautions	Droplet precautions	Airborne precautions
Signage	No	Yes	Yes	Yes
Hand hygiene	Yes	Yes	Yes	Yes
Gloves	Yes, if there is a risk of contact with blood or body substances.	Yes, for direct contact with a participant or their environment.	No	No
Impervious apron/gown	Yes, if there is a risk of splash or contamination with blood or body substances.	Yes, for direct contact with a participant or their environment.	No	No
Mask	Yes, if there is a risk of splash, splatter, or risk of blood or body substances spraying into the air.	No	Yes. Staff are to use a surgical mask when coming within one (1) metre of the participant. Staff to remove the mask after leaving the room.	Yes. Staff to use a P2 mask. Staff to remove the mask after leaving the room.
Protective eyewear	Yes, if there is a risk of splash, splatter or risk of blood or body substances spraying into the air.	No	Yes. Staff to use when coming within one (1) metre of the participant.	No
Equipment	Yes, when handling equipment contaminated with blood or body substances. Remove gloves	Single-use or dedicated equipment where possible. Reprocess reusable items to	No	No

Requirement	Standard Precautions	Additional Precautions		
		Contact precautions	Droplet precautions	Airborne precautions
	when finished handling the equipment and wash hands.	the required level before reusing them on other participants.		
Cleaning	Yes, standard cleaning.	Standard cleaning depends on the organism. Manager to advise staff of specific cleaning needed.	Standard cleaning depends on the organism. Manager to advise staff of specific cleaning needed.	Standard cleaning depends on the organism. Manager to advise staff of specific cleaning needed.
Transport of participants	Yes. Cover all open wounds.	Surgical mask if coughing/ sneezing and an infectious condition are known or suspected. Manager to advise transport staff and the receiving area precautions.	Surgical mask for the participant when leaving the room. Use a mask over the top of nasal oxygen prongs (if used). Advise transport staff and receiving area of precautions.	Surgical mask for the participant when leaving the room. Use a mask over the top of nasal oxygen prongs (if used). Advise transport staff and receiving area of precautions.
Visitors	Yes. Hand hygiene before and after the participant visit.	Yes, as directed by the Manager.	Yes. Use a surgical mask when coming within one (1) metre of the participant.	Yes. Use a P2 mask. Remove the mask after leaving the room.

Requirement	Standard Precautions	Additional Precautions		
		Contact precautions	Droplet precautions	Airborne precautions
			Remove the mask after leaving the room.	
Other	Respiratory hygiene for coughing/ sneezing participants.	Do not take medical records into the room.	Do not take medical records into the room.	Do not take medical records into the room.

6.3.3.1 Visitors

The Manager will determine if visitors need to use Personal Protective Equipment to protect themselves and others from infection. The requirements and the reasons for this should be clearly explained to the visitors by the staff.

Visitors who do not wish to comply with requirements should be referred to the Manager for further discussion and explanation.

6.3.3.2 Participants requiring the use of additional precautions

When a participant requires additional precautions, the policies and procedures in this manual will be implemented.

6.4 Hand hygiene and hand care

6.4.1 Situations requiring hand hygiene

- when starting and finishing work
- before and after a meal or other breaks
- before starting a new task or activity
- after going to the toilet
- after using a handkerchief or tissue, coughing, or sneezing
- after touching hair or any other part of the body
- after handling rubbish

- whenever staff can see dirt on their hands or when staff are requested to stop the spread of microorganisms
- before and after direct contact with a participant and their surroundings
- before wearing and after removing any personal protective apparel, including gloves, mask/face protection, or impervious apron/gown
- after any contact with blood or body fluids, non-intact skin and abnormal risk, e.g. rash
- after handling unwashed linen or clothing
- before handling or preparing any food or drinks for participants or staff, including assisting participants with their meals
- after contact with any surface, environment or object that may be contaminated

6.4.2 General rules for hand hygiene

- hands must be cleaned with soap and water when there are dirt\substances on hands
- staff must wash their hands before and after using gloves
- artificial nails, nail extensions and nail enhancements (varnish or nail art) are not to be worn by staff while providing direct care to participants. These types of nails cause microorganisms to increase
- hand and wrist jewellery are to be kept to a minimum for staff providing direct participant care
- rings (other than a plain wedding band) are not to be worn
- bangles, wristbands or bracelets are not to be worn
- hands must be dried after washing, as the residual moisture left on the hands may harbour bacteria
- paper towels or single-use cloth towels must be used to dry hands

6.4.3 Types of hand hygiene

Routine: Removes transient microorganisms

Product	Duration	Technique
Alcohol-based hand cleanser	10-20 seconds	Rub over all surfaces until dry without wiping.

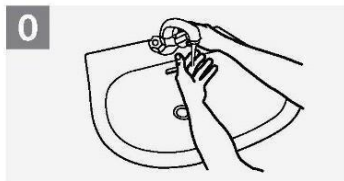
Product	Duration	Technique
Liquid soap and water	30 seconds	Wet hands. Apply one measured dose of the solution, lather overall surfaces well, rinse and pat dry with a disposable towel.

How to Handwash?

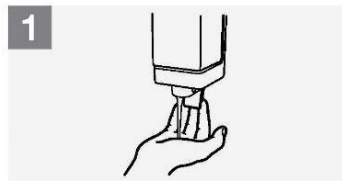
WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB



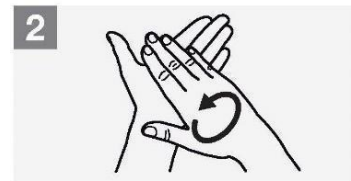
Duration of the entire procedure: 40-60 seconds



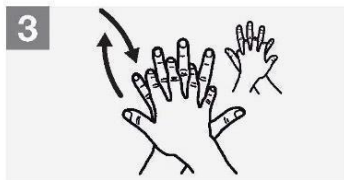
Wet hands with water;



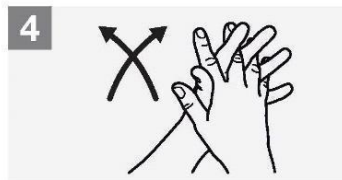
Apply enough soap to cover all hand surfaces;



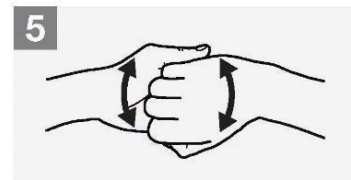
Rub hands palm to palm;



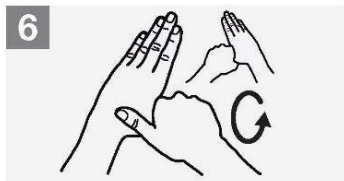
Right palm over left dorsum with interlaced fingers and vice versa;



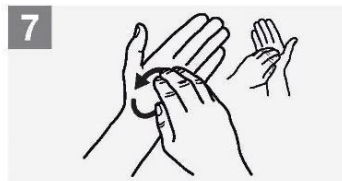
Palm to palm with fingers interlaced;



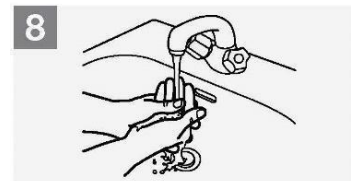
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



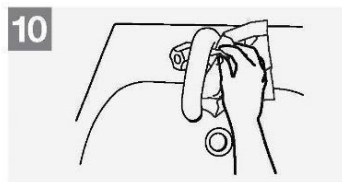
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



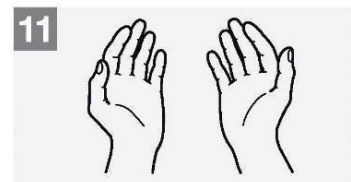
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

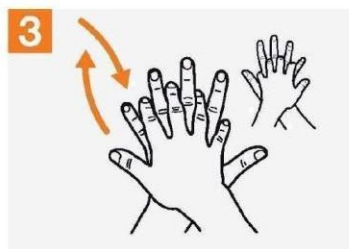
 **Duration of the entire procedure: 20-30 seconds**



Apply a palmful of the product in a cupped hand, covering all surfaces;



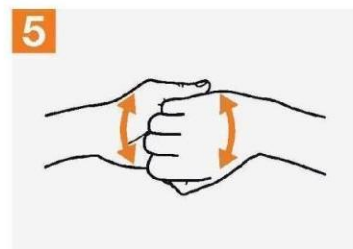
Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



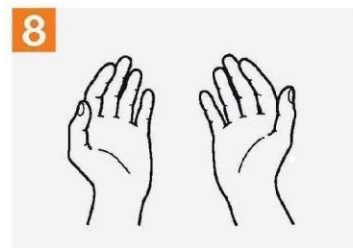
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

6.4.4 Procedural (clinical/non-surgical)

Use before aseptic procedures (e.g. catheterisation).

Product	Duration	Technique
Antimicrobial liquid soap and water	30-60 seconds	Wet hands, apply one measured dose of the solution, lather well over all surfaces, rinse and pat dry with a disposable towel. Use technique as per Diagram 1: How to Handwash; however, the duration must be 30-60 seconds.
Alcohol-based hand cleanser with known residual effect	30 seconds minimum	Rub over all surfaces until dry without wiping. Use the technique as per Diagram 2: How to Hand Rub; however, the duration must be a minimum of 30 seconds.

6.4.5 Safety, storage and use of non-water cleansers (alcohol-based hand rub)

Alcohol-based hand rubs will be available in SilaCa Tasmania Pty Ltd vehicles and offices.

A safety data sheet (SDS) for alcohol-based hand rubs is available in areas where alcohol-based hand rubs are stored.

Alcohol-based rubs can ignite and catch fire when they reach 21° to 24° Celsius or a large volume in one area. These rubs must be stored away at temperatures less than 21° Celsius.

6.5 Personal Protective Equipment (PPE)

6.5.1. Gloves

- **Sterile gloves:** Used for procedures where there is contact with susceptible sites (e.g. catheterisation, where an aseptic technique is required for wound care or managing a tracheostomy).
- **Non-sterile gloves:** Used for procedures that involve contact with non-intact skin and mucous membranes (e.g. emptying a catheter bag) and personal care activities (e.g. assisting with toileting).
- **Reusable utilised gloves:** Used for non-care activities (e.g. general cleaning, cleaning contaminated surfaces).

Gloves are used when:

- changing a colostomy bag or urinary drainage bag
- dressing wounds or touching broken skin
- assisting with toileting
- giving mouth or eye care
- oral suctioning
- touching equipment or surfaces that may encounter blood or body substances
- blood glucose monitoring
- touching broken skin
- preparing food

Gloves are not used instead of hand hygiene; staff must always:

- perform hand hygiene before and after using gloves
- remove gloves when a care activity is finished
- change gloves before starting a different care activity
- dispose of used gloves immediately

Staff must not use multiple gloves at the same time. Where PPE use or infection control measures may restrict participant freedom (e.g., isolation, restricted movement), these measures must be reviewed for compliance with the NDIS (Restrictive Practices and Behaviour Support) Rules 2018.

6.5.2 Aprons or gowns

Impermeable (waterproof) gowns or aprons stop staff clothes and skin contamination. Gowns and aprons are used when there is a risk of blood or body fluids (e.g., vomiting or diarrhoea). Gowns/aprons are worn during the care of participants who have an infection spread by the contact, droplet or airborne route.

Hand hygiene must be performed before and after using gowns or aprons.

The gown/apron must cover the torso from neck to knees, arms to end of wrists and adequately wrap around the back. All fastenings on the gown/apron must be tied and fastened at the back. The gown/apron will be removed and disposed of as soon as care is completed.

Plastic aprons can be used:

- when clothes may be exposed to blood or body fluids, and there is a low risk that arms will be contaminated
- when the staff member's clothes might get wet (e.g. when showering a participant)
- only once must be disposed of as soon as care is completed

6.5.3 Face masks

Face masks protect a care worker's nose and mouth from exposure to infectious agents. They are used when there is a risk of:

- droplets or aerosols (e.g. from coughs or sneezes)
- splashes or sprays of blood or body fluids (e.g. when emptying wound or catheter bags).

Masks are worn during the care of participants who have an infection spread by the droplet or airborne route.

Masks may also be placed on coughing participants, especially if they cannot cover their mouths. Before doing this, consider whether wearing a mask will cause distress (e.g. if the participant cannot understand the purpose of wearing the mask).

Types of masks

- Surgical masks are appropriate for most situations.
- Other types of masks may be required.
- The supervisor will inform staff of the appropriate mask, if necessary.

Procedure

1. Check the manufacturer's instructions before use.
2. Do not touch the front of the mask with your hands once the mask is in place.
3. Use each mask for the care of one person only and change if a care activity takes an extended time.
4. Do not leave a mask dangling around the neck.
5. Discard mask after use and perform hand hygiene after discarding.

6.5.4 Protective eyewear

Protective eyewear protects a care worker's eyes from exposure to infectious agents. It is used when there is a risk of:

- droplets or aerosols (e.g. from oral suctioning)
- splashes or sprays of blood or body fluids (e.g. when emptying catheter bags).

Eyewear is worn during the care of participants who have an infection spread by the droplet or airborne route. Staff are trained to understand that the outside of the eyewear is contaminated and to:

- remove eyewear using the headband or earpieces
- clean the eye shield after each use with detergent and water and allow it to dry
- dispose of single uses eyewear on completion of the care activity

6.5.5 Handling medical devices

Indwelling medical devices, such as urinary catheters and intravenous catheters, allow infection to enter the body as staff risk exposure to blood and body substances.

Essential work practices to be followed by staff:

- perform hand hygiene before any contact with the device or where the device enters the body
- select personal protective equipment (e.g. wear gloves and a mask and gown if there is a risk of exposure to blood or body fluids)
- touch the device as little as possible
- the longer the device is in place, the higher the risk of infection
- medical devices designed for single use must not be used multiple times, and the manufacturer's instructions should be followed

6.5.6 Respiratory hygiene and coughing procedure

Respiratory hygiene and coughing etiquette are particularly important for infections spread by droplets. All participants accessing our service must cover sneezes and coughs to prevent them from dispersing droplets into the air and infecting others. Participants are requested to:

- cover nose and mouth with a tissue when coughing, sneezing, wiping or blowing the nose, and dispose of the tissue immediately after use
- cough or sneeze into your elbow (if they do not have a tissue), not their hand
- perform hand hygiene immediately

Staff must support participants by:

- encouraging them to use tissues when they sneeze or cough
- putting a plastic garbage bag near them, so used tissues can be disposed of immediately
- encouraging hand hygiene
- providing alcohol-based hand rub within easy reach

6.5.6.1 Staff health requirements

- Staff with respiratory illness symptoms must seek medical advice to check if there is a risk of infecting others.
- Staff who are ill should take sick leave.
- Staff who have a cough must practice the above procedure.
- Staff who have a cough must see their doctor immediately.
- Staff must follow the instructions of SilaCa Tasmania Pty Ltd to report any illness, including coughs, to prevent the spread of any virus or bacteria.

Staff working in high-risk roles or with vulnerable participants must comply with vaccination requirements, including mandatory vaccinations (e.g., COVID-19, influenza), as directed by public health orders and the NDIS Practice Standards.

6.5.7 Sharps management

- Staff members who use a sharp are responsible for its safe disposal:
- Always place the whole disposable needle and syringe in the sharps container unless there are instructions to do otherwise, e.g. insulin pen.
- DO NOT put the lid back on the needle.
- Place sharp in a hard plastic or metal tray when passing to another person.
- Any reusable sharps must be placed in hard plastic or metal containers immediately after use.
- Containers are only filled to the level marked on the container. DO NOT force items into a sharps container (this can damage the container or cause injury).
- Full containers must have the lid firmly locked in place for collection by waste management.

6.5.8 Management of blood and body substance spills

If blood or body substance spills, staff must:

- put on protective clothing; this always includes gloves but may also include an impervious apron and nose/mouth and eye protection
- use a brush and pan to remove any broken glass or sharps
- clean up the bulk of the spill with a paper towel and discard it in the bin
- use a mop and bucket to clean the spill (check first with the participant as they may have specific cleaning equipment)

When finished cleaning, staff will:

- dispose of single-use items
- place reusable items (e.g. sheets, towels) in a washing receptacle for washing and drying
- clean reusable items such as goggles with a neutral detergent, then dry them
- clean the mophead and bucket with detergent and place them upside down to drain and dry
- inform the Manager or their delegate
- complete or assist with completing the Incident Report

6.5.9 Multi-Resistant Organisms (MRO)

The issue of multiple resistant organisms (MROs) (also known as “superbugs”) can be a source of real anxiety for staff and participants. It can cause inappropriate social and physical isolation and excessive infection prevention actions. It is finding a balance between infection prevention strategies and not inadvertently limiting a participant's activity level and engagement with the residential care community.

Staff will notify the Manager IMMEDIATELY that they know a participant is infected or suspected of being infected with a multi-resistant organism.

Standard precautions are used in this situation, and staff will follow appropriate policies and procedures.

6.5.10 Notification of infectious diseases

The Manager will report any of the following diseases as applicable to relevant state and national legislative requirements. The Communicable Diseases Network Australia (CDNA) has agreed that the following list of communicable diseases is to be notified nationally and provided to the Commonwealth's National Notifiable Diseases Surveillance System (NNDSS).

Bloodborne diseases

- Hepatitis (NEC)
- Hepatitis B (newly acquired)
- Hepatitis B (unspecified)
- Hepatitis C (newly acquired)
- Hepatitis C (unspecified)
- Hepatitis D
- Gastrointestinal diseases
- Botulism
- Campylobacteriosis
- Cholera
- Cryptosporidiosis
- Haemolytic uraemic syndrome (otherwise known as HUS)
- Hepatitis A
- Hepatitis E
- Listeriosis
- Paratyphoid fever
- Salmonellosis
- Shiga Toxin-producing E. Coli or Vero toxin-producing E. Coli (otherwise known, respectively, as STEC or VTEC)
- Shigellosis
- Typhoid fever

Listed human diseases

- Human influenza in humans with pandemic potential
- The Middle East Respiratory Syndrome Coronavirus (otherwise known as MERS-CoV)
- Plague
- Severe acute respiratory syndrome (otherwise known as SARS)
- Coronavirus (COVID-19)
- Smallpox

- Viral haemorrhagic fevers
- Yellow Fever
- Sexually transmissible infections
- Chlamydia
- Donovanosis
- Gonococcal infection
- Syphilis-congenital
- Syphilis-less than two years duration
- Syphilis-more than two years duration or unspecified duration

Vaccine-preventable diseases

- Diphtheria
- Haemophilus influenza (Type B)
- Influenza (laboratory-confirmed)
- Measles
- Mumps
- Pertussis
- Pneumococcal disease-invasive
- Poliovirus infection
- Rotavirus
- Rubella
- Rubella-congenital
- Tetanus
- Varicella-zoster infection - Chickenpox
- Varicella-zoster infection - Shingles
- Varicella-zoster infection - Unspecified

Vector-borne diseases

Note Vector-borne means transmitted by an insect or other organism.

- Barmah Forest virus infection
- Chikungunya virus infection
- Dengue virus infection
- Flavivirus infection (unspecified)
- Japanese encephalitis virus infection
- Kunjin virus infection
- Malaria
- Murray Valley encephalitis virus infection
- Ross River virus infection

Zoonoses

Note: Zoonoses refer to diseases transferable to humans from other animal species.

- Anthrax
- Australian bat lyssavirus infection
- Brucellosis
- Leptospirosis
- Lyssavirus infection (NEC)
- Ornithosis (otherwise known as Psittacosis)
- Q fever
- Rabies
- Tularaemia
- Other bacterial diseases
- Legionellosis
- Leprosy
- Meningococcal disease-invasive
- Tuberculosis

7.0 Related documents

- Incident Report
- Incident Register
- Incident Investigation Form
- Incident Investigation Form Final Report
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Staff Training Record
- Staff Training Plan
- Continuous Improvement Policy and Procedure
- Continuous Improvement Plan Register
- NDIS Worker Screening and Risk Assessed Roles Policy and Procedure
- Risk-assessed Role – Employee Register
- Reportable Incident, Accident and Emergency Policy and Procedure
- Risk Management Policy and Procedure
- Participant Safeguarding Policy

8.0 References

- Australian Human Rights Commission Act 1986 (Commonwealth)
- World Health Organisation - How to Handwash Poster
- World Health Organisation - How to Hand rub Poster
- Department of Health - Australian Guidelines for Prevention and Control of Infection in Healthcare 2019 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2021
- Australian Guidelines for the Prevention and Control of Infection in Healthcare (updated 2024, Commonwealth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Practice Standards – Worker Screening) Rules 2018
- NDIS Code of Conduct 2018
- NDIS Practice Standards and Quality Indicators 2021
- CDNA National Guidelines (latest updates including COVID-19)
- ATAGI Immunisation Advice (current)