Australian Capital Territory

Public Health (Infection Control) Code of Practice 2005

Disallowable Instrument DI2005–303

made under the

Public Health Act 1997, s 133 (Code of Practice)

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1. Name of instrument

This instrument is the *Public Health (Infection Control) Code of Practice 2005*.

2. Commencement

This instrument commences on the day after this is notified.

3. Declaration

I determine the document entitled Infection Control Code of Practice 2005, in Schedule 1, to be a Code of Practice for office practices and other community based services.

Simon Corbell
Minister for Health

14.12.05

This and the following 13 pages are Schedule 1 of the Public Health (Infection Control) Code of Practice 2005

Infection Control for office practices and other community based services

Code of Practice 2005

ACT Health
Infection Control for office practices and other community based services

Code of Practice 2005

Contents

Preamble

1. The *ACT Health Infection Control for office practices and other community based services Code of Practice 2005* (the Code) has been developed to minimise the risk of transmission of blood borne and other infections associated with skin penetration and other infection risk procedures. This Code should be viewed as a minimum set of infection control standards for office practices and other community based services; and for people who perform procedures, which may result in the transmission of disease. It does not in any way prohibit more stringent and comprehensive infection control procedures being applied.

2. The Code is an enforceable Code of Practice under section 20 of the *Public Health Act 1997*. It is not intended that strong enforcement practices be implemented without first consulting with businesses and working together to address issues.

3. The proprietor or manager of the business shall be required to comply with the Code and ensure that all procedures performed by practitioners or persons engaged by the business are completed in such a way as to protect the public from the transmission of blood borne and other infections.

4. This Code replaces the *Skin Penetration Procedures Code of Practice* released in 1995 under the *Skin Penetration Procedures Act 1994. The Skin Penetration Procedures Act* was developed to reduce the transmission of blood borne infections such as hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). This legislation applied to all businesses performing skin penetration procedures**.** In July 2001, the *Skin Penetration Procedures Act* was repealed and the regulation of skin penetration procedures was placed under the *Public Health Act 1997*.

Part One

1. Introduction

1.1. **This Code details a set of standard outcomes, which are required to be adhered to, or achieved by, the business, premises or practitioner. The Code is legally enforceable under section 20 of the *Public Health Act 1997* and is based upon recognised national infection control guidelines and Australian Standards.**

1.2. All persons performing procedures requiring infection control measures (for fee, reward or public service) including the proprietor are bound by this Code. Employers must take reasonable steps to ensure that practitioners are aware of this Code.

2. Preliminary

2.1. The Glossary in Part 3 of this Code defines certain words and phrases contained in this Code.

2.2. A definition in this Code applies to each use of the word or phrase in this Code unless the contrary intention appears.

2.3. All ACT legislation, Australian Standards and national documents referenced within this Code refer to the most recent published version.

2.4. Examples given in this Code do not form part of this Code and are given for information only.

3. Objectives

3.1. The objectives of this Code of Practice are to:

3.1.1. Establish standards to minimise the risk of transmission of blood borne and other infections by the adoption of Standard Precautions during skin penetration and infection risk procedures;

3.1.2. Establish standards to ensure appliances are clean and sterile before being introduced into human tissue;

3.1.3. Establish standards to minimise the risk of transmission of micro organisms between the practitioner, the appliances used and other clients/patients;

3.1.4. Promote a safe working environment for staff performing skin penetration and infection risk procedures; and

3.1.5. Promote public awareness of safe working practices and procedures in businesses affected by this Code.

4. Businesses covered by the Code

4.1. The Code covers any business that performs skin penetration or infection risk procedures for fee, reward or public service.

4.2. Businesses covered by the Code may include but not be limited to:

4.2.1. Health and allied health care services (including government owned):

- Dental practices
- Diagnostic clinics
- Pharmacies
- Podiatry clinics
- Acupuncture clinics
- Pathology collection centres

4.2.2. Personal service industries:

- Beauty therapists
- Tattoo studios
- Body piercing studios
- Mobile practitioners
- Ear piercing businesses

5. Licensing Requirements and Exemptions

5.1. If you operate, manage or control a business, charity, demonstration or service in the ACT that carries on a skin penetration procedure you are required to hold an Infection Control Activity Licence and comply with the Code.

5.2. If you own or manage a business, charity, demonstration or service that carries on an infection risk procedure, an Infection Control Activity Licence is not required, however you are required to comply with the Code.

5.3. Some businesses that perform skin penetration procedures are exempt from holding an Infection Control Activity Licence. These are specified by the *Public Health (Public Health Risk Activity – Infection Control) Declaration 2005 (No 1)* under the *Public Health Act 1997*.

For further information on licensing requirements and exemptions, contact the Infection Control Unit on (02) 6205 1700.

6. Interaction with the Health Care Facilities Code of Practice

6.1. Health care facilities where prescribed medical procedures are carried on, and/or premises where overnight patient stays are provided prior to, or after receiving medical treatment, do not come under the provisions of *Infection Control for office practices and other community based services Code of Practice 2005.*

6.2. The *ACT Health Care Facilities Code of Practice 2001* binds these health care facilities.

7. Monitoring of the Code

7.1. Authorised officers from ACT Health will monitor compliance with the Code.

8. Infection Control Guidelines

8.1. Further information on how the standards contained in this Code may be achieved can be found in the ACT Health document *Infection Control Guidelines for office practices and other community based services 2005.*

9. Acknowledgements

9.1. This Code is based upon a number of national infection control documents including:

9.1.1. *Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting.* Australian Government Department of Health and Ageing, 2004.

9.1.2. Australian/New Zealand Standard (AS/NZS) 4815:2001 *"Office-based health care facilities not involved in complex patient procedures and processes –*

Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of the associated environment".

9.1.3. Australian/New Zealand Standard (AS/NZS) 4187:2003 *"Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities".*

10. Disclaimer of liability

10.1. This document has been prepared in consultation with a wide range of experts within relevant fields, infection control practitioners, relevant professional organisations, licenced business proprietors and the general community.

10.2. This Code reflects the current state of infection control knowledge, and while every effort has been made to ensure its accuracy, practitioners should be aware that it could be altered in the future to reflect changes in knowledge concerning transmission of blood borne and other infections.

10.3. Neither ACT Health nor any person involved in the preparation of the Code accepts any contractual, tortious or other liability whatsoever in respect to the contents of this Code or any consequence arising from its use or representations made in relation to it.

11. Further information

For further information about how businesses, proprietors or practitioners can meet the requirements of this Code, contact an authorised officer from the ACT Health Infection Control Unit during business hours on (02) 6205 1700.

Part Two

1. Standards for infection control

1.1. Any procedure performed by a practitioner or person engaged by the business, is completed in such a way so as to prevent the transmission of blood borne and other infections.

1.2. The premises and the layout of all fixtures and fittings installed in the premises in which skin penetration and infection risk procedures are performed are suitable for that purpose and are maintained accordingly.

1.3. Standard Precautions, and where appropriate, Additional Precautions, are adhered to by all practitioners engaged by the business.

1.4. Effective systems are in place to prevent cross contamination of appliances used by all practitioners engaged by the business.

1.5. Practitioners are appropriately trained in infection control principles and procedures appropriate with the duties undertaken.

1.6. Practitioners are supplied with appropriate facilities and appliances, including clinical waste disposal facilities and personal protective equipment, to enable them to safely perform procedures.

1.7. Sharps and other items (including waste and used linen) contaminated, or potentially contaminated with blood or body fluids, are handled in such a way as to prevent exposure to staff, clients or patients.

1.8. Sharps and other items (including waste and used linen) contaminated, or potentially contaminated with blood or body fluids are disposed of into sharps containers and other clinical waste containers that comply with relevant Australian Standards.

1.9. Practitioners and persons engaged by the business know how to manage a blood or body fluid spill.

1.10. Practitioners and persons engaged by the business are aware of how to manage an occupational exposure to blood and/or body fluids.

1.11. Policy and procedure manuals based on the procedures performed by the business, are maintained on premises and are consistent with this Code, national infection control guidelines and Australian Standards. Manuals are practical, workable, relevant and readily accessible to all practitioners engaged by the business.

1.12. All appliances used in, or associated with, skin penetration and infection risk procedures are kept in a clean, hygienic and appropriately maintained and serviced state.

1.13. Items deemed by the manufacturer as single use are not reused unless the device is remanufactured in a premises licensed by the Therapeutic Goods Administration (TGA) and any remanufacturing that takes place must be in accordance with the standards that apply to the original manufacturer of the device.

1.14. Items deemed by the manufacturer as single patient use are only reused on the same individual patient/client that the device was originally used on when new.

1.15. All appliances, or materials or solutions that enter sterile human tissue, cavity or bloodstream are sterile immediately before use.

1.16. Reusable appliances are processed prior to reuse, according to AS/NZS 4815:2001, AS/NZS 4187:2003, or ACT Health *Infection Control Guidelines for office practices and other community based services,* and in a manner appropriate to their intended use.

1.17. Appliances used in the cleaning, disinfection or sterilisation of contaminated appliances are monitored according to nationally accepted standards, protocols, procedures and guidelines where appropriate.

1.18. All steriliser failures and non-conforming stock are investigated to identify the cause of failure and appropriate action is taken in each case. Non-conforming stock is not used until reprocessed.

1.19. All appliances are stored in such a way as to prevent contamination prior to use.

1.20. A hand basin of suitable size, supplied with hot and cold running water through a single outlet, is available for washing hands within the immediate area to where invasive procedures are being performed (unless otherwise approved by an authorised officer).

1.21. All hand basins associated with invasive procedures are fitted with “hands free” taps (unless otherwise approved by an authorised officer).

1.22. All hand basins must be supplied with a liquid soap dispenser, containing adequate amounts of liquid soap and an appropriate hand-drying appliance, such as a paper towel dispenser, containing adequate amounts of paper towels.

1.23. Hand basins must be used solely for hand washing and not for purposes such as cleaning appliances, washing food and drink utensils, or disposing of liquids. Conversely, sinks used for cleaning contaminated appliances must not be used for hand washing or washing food and drink utensils.

1.24. A designated cleaning area is provided in premises where skin penetration and infection risk procedures are performed. A client or patient's premises (this applies to mobile practitioners only), or practitioners that only use single use appliances are exempt from this standard.

1.25. By design, contaminated appliances are received into the cleaning area at one point and are then reprocessed in a unidirectional dirty to clean flow so that clean and/or sterile appliances remain separate from contaminated appliances.

1.26. For the purpose of washing appliances, the cleaning area is provided with a double bowl sink (unless otherwise approved by a authorised officer) and supplied with hot and cold running water through a single outlet. (This standard does not apply to premises that only use single use appliances).

1.27. The cleaning area is provided with sufficient bench space to accommodate equipment required for the reprocessing of appliances and to allow for the safe and effective reprocessing of those appliances.

2. Additional Requirements

2.1. All practitioners are bound by the requirements of this Code. Proprietors are required to take reasonable measures to ensure that all staff are aware of and comply with the contents of this Code.

2.2. The proprietor of any business bound by the Code must inform the ACT Health Infection Control Unit of any incident that occurs at the premises which results in a major breach of this Code. An incident notified under this section must be reported by telephone on 6205 1700, within one business day of the incident taking place. Failure to comply with this section may result in conditions being placed on a business licence, that licence being revoked or relevant action taken under the *Public Health Act 1997.*

Example:
A major breach of the Code would include the reuse of appliances that have not been effectively cleaned, disinfected and/or sterilised.

Part Three

Glossary [1]

Additional precautions: precautions required when standard precautions might not be sufficient to prevent transmission of infection. These are used for patients known or suspected to be infected or colonised by highly transmissible pathogens that can be transmitted by airborne, droplet or contact transmission. Additional precautions are designed to prevent transmission of infection by these agents and should be used in addition to standard precautions when transmission of infection might not be contained by using standard precautions alone.

Appliance: the whole or part of any utensil, machinery, instrument, device, apparatus or article used or intended to be used in or in connection with the performance of a skin penetration or infection risk procedure, or the cleaning or sterilisation of another appliance.

AS: refers to documents published by Standards Australia that form Australian Standards.

AS/NZS: refers to documents published by Standards Australia and Standards New Zealand that form Australian and New Zealand Standards.

Authorised officer: the Chief Health Officer, a Public Health Officer, or an Authorised Medical Officer appointed under the *Public Health Act 1997*.

Body fluids: includes any human bodily secretion, excluding sweat, or substance other than blood.

Cleaning: the physical removal of foreign material, for example, dust, soil, organic material such as blood, secretions, excretions and micro organisms. Cleaning physically removes rather than inactivates micro organisms. Cleaning is accomplished with water, detergents and mechanical action, and must precede disinfection and sterilisation.

Clinical waste: see *ACT Clinical Waste Act 1990* and *Clinical Waste Manual 1991.*

Code: the *ACT Health Infection Control for office practices and other community based services Code of Practice 2005* (unless otherwise identified).

Contaminated waste: wastes arising from medical, nursing, dental, veterinary, pharmaceutical or similar practices, and wastes generated in commercial enterprises which contain or involve any blood or body fluids. Contaminated waste is required to be segregated from general waste.

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[1] Definitions used in this glossary have been aligned where possible with definitions used in national and international documents including *AS/NZ 4187:2003 "Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities" and AS/NZ 4815:2001 "Office-based health care facilities not involved in complex patient procedures and processes –Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of the associated environment".*

Contamination: the introduction of micro organisms or foreign matter (or both) to sterile or nonsterile materials or living tissue.

Dirty to clean flow: denotes the passage of contaminated appliances through the cleaning room in an ordered, sequential means. The physical segregation of items as they are processed in each stage from contaminated to sterile, combined with a unidirectional flow, prevents the re-contamination of items at each stage.

Disinfection: the inactivation of nonsporing micro organisms using either thermal (heat alone, or heat and water) or chemical means.

General Waste: includes other wastes that do no fall into the categories of clinical waste or contaminated waste. This forms the bulk of waste and is not more of a public health risk than domestic or household waste.

Hands-free: implies the functional construction of taps that require no hand contact by the user after the process of hand washing is complete. Examples of this would include, motion sensing, surgical levers, foot operated and single lever mixing taps.

Health care facilities: facilities where prescribed medical procedures are carried on, and/or premises where overnight patient stays are provided prior to, or after receiving medical treatment.

Infection: invasion of the body with organisms that have the potential to cause disease.

Infection Control: strategies that minimise the risk of infection to practitioners, patients and clients.

Infection control guidelines: the *ACT Infection Control Guidelines for office practices and other community based services* (unless otherwise identified).

Infection risk procedure: means any process that involves the insertion of instruments, equipment, foreign objects, substances or other matter inside a human body for cosmetic or therapeutic purposes; or any process that involves the administration of make-up or other like substance on human skin or mucus membrane.

Invasive procedure: any procedure that pierces or breaks skin or mucous membranes or enters a body cavity or organ. This includes entry into tissues, cavities or organs or repair of traumatic injuries.

Immediate area: within the boundaries of the room where invasive procedures are performed.

May: indicates the existence of an option.

Micro organism: a bacteria, virus, fungus, mould or yeast.

Mobile practitioner: a person who performs skin penetration or infection risk procedures away from fixed premises for fee, reward or public service.

Monitoring: a programmed series of challenges and checks, repeated periodically and carried out according to a documented protocol which demonstrates that the process being studied is both reliable and repeatable.

Must: a mandatory requirement.

Non conforming stock: sterile appliances that may have been rendered non sterile by incorrect cleaning, moisture, condensation, excessive exposure to sunlight and other sources of ultraviolet light, vermin and insects, inappropriate packaging materials, incomplete sealing of packs, sharp objects, expired stock, rough handling which may cause damage to packaging materials and incorrect handling during transport.

Occupational exposure: work practices associated with the potential for percutaneous injury, body substance spill, splash or spray that have the potential to expose the practitioner to an infectious agent.

Practitioner: any person who performs skin penetration or infection risk procedures or who reprocesses reusable appliances used in skin penetration and infection risk procedures for fee, reward or public service.

Premises: a permanent or temporary structure or building where skin penetration or infection risk procedures are carried out. This does not include a client or patient's premises when attended by a mobile practitioner.

Prescribed medical procedures: procedures undertaken for medical or cosmetic reasons by a health care professional that involves:

(a) the administration of a general, spinal, epidural or major regional block anaesthetic or intravenous sedative for the purpose of performing an elective procedure, but does not include mandibular blocks;

(b) endoscopy;

(c) dialysis, haemofiltration or haemoperfusion;

(d) prolonged intravenous infusion of a single cytotoxic agent or sequential intravenous infusion of more than one cytotoxic agent; or

(e) cardiac catheterisation.

Procedures: an action or process.

Proprietor: the owner or owners of a business that is bound by this Code.

Reprocessing: all steps necessary to make a contaminated reusable medical device ready for its intended use. These steps may include cleaning, functional testing, packaging, labelling, disinfection and sterilisation.

Reusable item: an item designated or intended by the manufacturer as suitable for reprocessing and reuse. It is not a device that is designated or intended by the manufacturer for single use only.

Sharps: any objects capable of inflicting penetrating injury, including needles, scalpel blades, wires, trocars, auto lancets, stitch cutters and broken glassware.

Should: indicates a recommendation that is to be followed where possible.

Single patient use: an item designed for reuse on the same individual. These items may require cleaning if ongoing multiple uses are needed. Once use is no longer required for that individual, the device must then be discarded appropriately.

Single use item: an item designed for single use only and not designated or intended by the manufacturer as suitable for reprocessing and reuse.

Skin penetration procedure: any process involving the piercing, cutting, puncturing or tearing of a living human body but does not include the cutting, shaving, or dyeing of a persons hair, or closed ear piercing or the use of test equipment.

Standard Precautions: work practices which require everyone to assume that all blood and body substances are potential sources of infection, independent of perceived risk. Such precautions involve the use of safe work practices and protective barriers and the safe disposal of body substances and soiled material.

Sterile: state of being free from viable micro organisms.

Sterilisation: validated process used to render a product free of all forms of viable micro organisms.

Steriliser failure: the failure of a sterilisation appliance to produce or reach the required parameters of time at temperature and steam quality required to render an item sterile.

Test equipment: lancets, needles and other similar single-use devices used in the testing of glucose or cholesterol levels.