



# ACIPC

Australasian College  
for Infection Prevention and Control

## Aged Care

### IPC Community of Practice:

Aged Care Connexion  
Resources  
Webinars



# Tips and tricks to managing IPC in environmental services

Cleaning  
Laundry  
Waste  
Catering



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ACIPC acknowledges Aboriginal and Torres Strait Island people as the traditional owners of country throughout Australia and ngā iwi Māori as the people of the land of Aotearoa and respects their continuing connection to culture, land, waterways, community, and family.



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# Where are you from?

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## What is your role?

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## What practices are included in environmental service IPC?

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# Risks of Poor Environmental Management



Infection transmission risks, personal, facility and community wide

Water contamination

Air contamination

Environment contamination

Burns from chemicals

Injuries from sharps

Manual Handling – personal damage



# Environmental Governance



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Aged Care Quality Standards

Aged Care Quality and Safety Commission

Australian Commission on Safety and Quality in Healthcare

Australian Infection Prevention and Control Guidelines

Aged Care Infection Prevention and Control Guide

Aus/NZ Standards

National Guidelines (varying)

State/Territory Guidelines (Varying)

Work Safety Australia





# Aged Care Quality and Safety Commission



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**Aged Care Quality Standards – IPC is addressed across near all:**

1 -Consumer dignity, choice

2 -Assessment and planning – vaccination/antiviral, indwelling devices, outbreak management, surveillance and action plans

3 -Personal and clinical care – IPC practices – standard and transmission precautions, AMS, educated staff

5 -Service environment – catering, cleaning, reprocessing, water testing, laundry

6 -Feedback & complaints

7- Human resources – IPC OH&S practices, staffing to meet IPC needs

8 -Organisational governance – IPC Lead, IPC policies/procedures



# A Lot to Consider

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**Unique sector:** Private, public, not for profit, for profit. Shared tasks, products variance, equipment variance, environment, residents' choice, resident rooms and ownership, procurement IPC and product knowledge, service agreements, influencing ability of IPC lead and change, provision of staff education, PPE.

**Cleaning:** Schedules, expensive/antique furniture or ornaments, resident in the room 24/7, reprocessing knowledge, ventilation

**Laundry:** Colour coding variations, transport/storing, washing thermal/ozone disinfection, clean/soiled, old standards guiding

**Waste:** Differing guidelines for differing states/territories/jurisdictions, colour coding, expense

**Catering:** Food focus, dietary requirements, IPC knowledge



# Environmental Services



Consider: contact, droplet and airborne transmission



# Environmental PPE



PPE is dependant on the risk and activity



# Cleaning and Disinfection and Reprocessing

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**Germs are small ....  
but still scary**

Infection prevention works



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# Cleaning Considerations

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Management oversight at executive and service level

Staffing – full time, part time, relief, management/supervisor

Cleaning frequency and schedules

Policies and procedures – guides to direct practice

Equipment and product use (HEPA vacuum, carpet steam, PPE , microfiber-cloths/ mops, neutral cleaner, disinfectant, sporicidal)

Minimize contamination of cleaning solutions and cleaning equipment

Reusable items clean, laundered, dry and stored

Education/training for generalised, spot, special cleaning and chemicals





# Environmental Cleaning/Disinfection

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Cleaning frequently touched surfaces

Routine and frequency of cleaning general surfaces/fittings

Cleaning when visibly dirty

Outbreak/Infectious (isolated case) cleaning and disinfection

Spill cleaning

Reusable equipment cleaning

Specialty cleaning – furnishings, curtains, carpets, high cleaning



# Product Choice



Consider surface and fixture properties– i.e. porous, plastic, metal, wood

Purpose of the product – remove or kill organism (neutral, disinfectant, sporicidal)

Efficiency against particular organisms and contact time to kill – consider sporicidal

Manufacturers instructions, TGA approval

Ease of use and application and available resourcing

Trained staff





# Cleaning and Disinfection

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## Cleaning:

- The mechanical action of cleaning using neutral detergent to remove dirt or matter
- Physical cleaning is the most important step in cleaning.
- Sole reliance of disinfection without cleaning is not recommended as it can be deactivated by organic matter

## Disinfection:

- Disinfectant is the chemical used to reduce/kill the number of microbes to very low levels
- Considerations:
  - Contact time on surface to kill germs
  - Correct concentration
  - Applied to clean and dry surfaces only
  - Effectiveness against differing organisms (virus, fungi, bacteria, parasite)
  - Hard surface disinfectants include: hospital, household and commercial grade disinfectants





# Disinfection

## High-risk situations require both clean and disinfection process

Either:

- Two step clean = physical clean with neutral detergent followed by disinfectant
- Two in one = Combine product of neutral and disinfectant to clean.

Tip: Check the product – if 2:1 wanted – not all products are 2:1 – solution or wipes - i.e. alcohol wipes are no longer the wipe of choice

## Disinfection Safety

- Subject to requirements under the TGA Order 104 of Therapeutic Goods act 1989
- TGA referred to as 'Other Therapeutic Goods' (OTGs)
- Refer to the product data safety sheet for WH&S information
- New technologies for cleaning and decontaminating :
  - Sodium hypochlorite
  - Ultra-violet light
  - Hydrogen peroxide vapour
  - Electrolysed water



# Shared Equipment



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Definition: Equipment coming into contact with intact skin but unlikely to introduce infection

But can transfer infectious agents (e.g. handles on equipment, chemical bottles, mop poles, BP cuff, lifter/sling, commode/urinal)

Shared equipment and items are to be cleaned between every use

Disinfectants must be compatible with surface material to avoid damage

Cleaning supplies (i.e. wipes) and waste to be available throughout facility and where equipment is stored





# Reusable Equipment Cleaning

<b>Glucometer</b> 	Between residents	<ul style="list-style-type: none"> <li>Ideally residents have their own device</li> <li>Clean with disinfectant wipes</li> <li>Thoroughly wipe over all parts</li> </ul>
<b>Hoists</b> 	Between residents and weekly	<ul style="list-style-type: none"> <li>Use disinfectant wipes to clean</li> <li>Wipe over the frames</li> <li>Wipe handlebars and grips</li> <li>Wipe base and wheels</li> <li>Wipe controls</li> </ul> Include in cleaning schedule.
<b>Slings</b> 	Weekly (or as manufacturer's instructions) and if soiled	<ul style="list-style-type: none"> <li>As possible: dedicate sling to client</li> <li>All slings are numbered and weekly washed in accordance with their number</li> <li>Care staff send the slings to the laundry on the allocated day of washing</li> <li>Laundry staff mark that they have washed according to the sling number- that is on their monthly list</li> </ul>
<b>Walking Frames</b> 	Weekly and if soiled	<ul style="list-style-type: none"> <li>Use disinfectant wipes</li> <li>Wipe over all parts of the frames including handles and legs</li> </ul> Include in cleaning schedule.
<b>Wheelchairs</b> 	Post use and weekly	<ul style="list-style-type: none"> <li>Use disinfectant wipes</li> <li>Wipe base and back of chair</li> <li>Wipe underside of seat</li> <li>Wipe handle grips</li> <li>Wipe wheels and foot plates</li> </ul> Include in cleaning schedule
<b>Weigh Chairs</b> 	Post use, if soiled and weekly	<ul style="list-style-type: none"> <li>Use disinfectant wipes</li> <li>Wipe base and back of chair</li> <li>Wipe underside of seat and bars</li> <li>Wipe handle grips</li> <li>Wipe wheels and foot plates</li> </ul> Include in cleaning schedule
<b>Nebulizers</b> 	After every use and daily	<ul style="list-style-type: none"> <li>Use disinfectant wipes</li> <li>Wipe over the entire surface</li> </ul>

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		<ul style="list-style-type: none"> <li>Wipe under covers and in storage parts</li> <li>Wipe over tubing and mask</li> <li>Change tubing and mask weekly (manufacturer's instructions)</li> </ul> Include in cleaning schedule.
<b>CPAP</b> 	After every use and fully 3 monthly	<ul style="list-style-type: none"> <li>Resident has their own</li> <li>Use disinfectant wipes and follow: CPAP Cleaning process (manufacturer's instructions)</li> </ul> Include in cleaning schedule.
<b>Concentrator and nasal prongs</b> 	Weekly and if soiled	<ul style="list-style-type: none"> <li>Resident has their own</li> <li>Use disinfectant wipes</li> <li>Wipe over the entire surface</li> <li>Wipe under covers and in storage parts</li> <li>Wipe over tubing and prongs</li> <li>Change tubing and prongs weekly</li> </ul> Include in cleaning schedule.
Syringe driver	Monthly	<ul style="list-style-type: none"> <li>Use disinfectant wipes</li> <li>Wipe over all surfaces and buttons</li> <li>Wipe over any cords</li> <li>Check the syringe driver as per instructions in the kit</li> </ul> Include in cleaning schedule
<b>Equipment</b>	<b>Frequency</b>	<b>Procedure</b>
<b>Linen skip frames</b> 	If soiled and weekly	<ul style="list-style-type: none"> <li>Use disinfectant wipes to clean</li> <li>Wipe the lid</li> <li>Wipe the entire frame</li> <li>Wipe the base and wheels</li> </ul> Include in cleaning schedule.
<b>Medication Trolley</b> 	Daily and if soiled	<ul style="list-style-type: none"> <li>Use disinfectant wipes to clean</li> <li>Wipe over all external surfaces</li> <li>Take items out of draws and wipe inside draws and compartments</li> <li>Wipe over wheels</li> <li>Ensure there is wipes and hand gel on the trolley</li> </ul> Include in cleaning schedule.

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## Resident/medical equipment cleaning service

MONTH: \_\_\_\_\_ YEAR: 20.....

All staff are responsible for reporting hazards, maintenance requests and quality improvement requests as required. PLEASE ENSURE IF YOU IDENTIFY EQUIPMENT THAT IS HAZARDOUS OR IN NEED OF REPAIR/REPLACEMENT THAT YOU COMPLETE THE CORRECT FORM FOR MANAGEMENT.

ITEMS/AREAS TO CLEAN	SHIFT	WEEK 1 - Dates ____/____/____							WEEK 2 - Dates ____/____/____							WEEK 3 - Dates ____/____/____							WEEK 4 - Dates ____/____/____													
		M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S							
		COMPLETED																																		
Commode chairs after use and full weekly	PM																																			
Shower chairs after use and full weekly	PM																																			
Weigh chairs after use and weekly	PM																																			
Walking frames and sticks																																				





# Spill Cleaning Specifications

3 levels of spill cleaning:

- Spot clean spill
- Small spill <10cm
- Large spill >10cm

Spill cleans differ based on the setting, location and volume

Prompt containment and removal followed by cleaning and disinfection is best practice

Spills should be contained and cleaned with neutral detergent by HCW in the first instance

Cleaners follow up with appropriate TGA listed disinfectant – location dependant



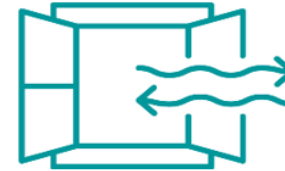


# Ventilation – air cleaning

Different rooms and buildings have different types of ventilation.

## Natural ventilation

- fresh air through open **doors and windows**



## Mechanical ventilation

- centralised air conditioning (**HVAC**) systems
- **evaporative cooling** systems



## Augmented ventilation

- **fans** to help air circulation.
- **portable air cleaners** to remove COVID-19 particles from the air.





# Cleaning Measures

Providers are accountable for the service irrespective of whether services are contracted or in-house

There is a variety of systems to ensure cleaning standards are met. These include:

Check lists/work logs

Colour coding practices

Local cleaning procedures

Local cleaning, disinfection and reprocessing guidelines

Audit

## Colour Coding Guide

for cleaner, safer, more hygienic facilities.

BLUE	GREEN	RED
General Cleaning 	Food Service and Preparation Areas (Kitchens and Catering) 	Toilets, Bathrooms and Utility Rooms 
WHITE	YELLOW	TRAINING
Operating Theatres 	Infectious Areas 	For more info, tips and guidelines for 'Colour Coding' complete the training course today! 

Colour coding reduces cross contamination, improves hygiene and makes staff training easy. It helps you to meet your work health and safety duty of care requirements.

\*This document is a general guide only. It is not a substitute for your WHS procedures. Always follow your company's work health and safety policies and procedures.



# Cleaning Auditing

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Auditing can be performed through differing methods:

- Process testing
- Outcome testing

Audits of environmental cleanliness can facilitate education programs and motivate staff to strive for improvements





# Cleaning Audit Example

Link: <https://www.acipc.org.au/aged-care/aged-care-ipc-templates-and-tools/>



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## CLEANING AND ENVIRONMENTAL AUDIT

Criteria/Indicator	Yes	No	N/A	Comments
<b>Education/Policies and Procedures:</b>				
1. Staff performing cleaning duties have had education in the process and product use				
2. Staff performing cleaning duties are trained in infection prevention and control, use of PPE and competent in hand hygiene				
3. Staff performing cleaning duties are trained in manual handling and safe practices				
4. Staff have access to Policies and Procedures and cleaning workflow pathways and schedules				
5. Cleaning documentation includes a sign off cleaning schedule completed daily, weekly, monthly, annually, according to task requirement				
6. Cleaning schedules allow for expansion of cleaning on an additional basis such as required cleaning of toilets or additional cleaning during outbreaks				
<b>Cleaning PPE and hand hygiene:</b>				
7. Cleaning staff have access to PPE including heavy duty and nitrile gloves and N95 masks				
8. Cleaning staff wear heavy duty or nitrile gloves when attending to cleaning requiring products; where there is splash risk aprons, surgical mask and eye wear should be donned				
9. Heavy duty gloves should be cleaned with detergent and water between uses and discarded as required.				
10. Cleaning staff wear heavy duty or nitrile gloves, surgical /N95 mask and apron when using bleach products				
11. Cleaning staff are aware of infection transmission risks when cleaning and comply with the correct use of equipment and products				

Cleaning and environment Audit tool

## CLEANING AND ENVIRONMENTAL AUDIT

12. Cleaning staff don transmission PPE (gloves, long sleeve waterproof gown, where risk of splash - surgical mask and eye wear) when attending to infectious rooms and areas. New heavy-duty yellow or nitrile gloves should be donned for each infectious suite/area. Used PPE is discarded in clinical waste				
13. Cleaning staff are aware of cytotoxic exposure risks and protect themselves by donning cytotoxic PPE (purple nitrile gloves, long sleeve waterproof gown and N95 mask) when attending to cytotoxic contaminated bathroom. Used PPE is discarded in cytotoxic waste				
14. Cleaning staff attend hand hygiene on arrival and exit of the residence, after removing gloves and PPE, when entering a new area or suite and when hands are visibly dirty (with soap and water)				
<b>Cleaning Requirements:</b>				
Staff are aware and use appropriate colour coded equipment for specific areas:				
<ul style="list-style-type: none"> <li>• Toilets/Bathrooms/Dirty Utility Rooms - RED</li> <li>• General Cleaning, Laundry - BLUE</li> <li>• Kitchen/Food Service/Preparation Areas - GREEN</li> <li>• Infectious/Isolation Areas - YELLOW</li> </ul>				
15. Cleaning cloths and mops are changed for every area and resident room. Disposable items suggested during outbreak.				
16. Cleaning equipment (e.g. bottles, sprays, handles, buckets) is cleaned with neutral cleaner and correctly stored after use. During an outbreak cleaning product use include bleach or TGA approved disinfection for equipment				
17. In isolated rooms or during outbreak, yellow single use cleaning equipment (e.g. yellow CHUX) is used where possible. Product bottles/sprays are not put down in isolation room or area, but used and returned to cleaning trolley				

Cleaning and environment Audit tool

## Spot Cleaning Audit

Residence Name:	Date allocated:				Person responsible for completing Audit:			
<b>Audit Questions</b>	✓ / X	✓ / X	✓ / X	✓ / X	✓ / X	✓ / X	✓ / X	✓ / X
<b>Resident Rooms</b>								
1. High areas check for cleanliness (ceilings, exhaust and air vents, fans).								
2. Walls and skirting boards – check for cleanliness (cobwebs, dust).								
3. Windows are clean.								
4. Window sills are clean.								
5. Fridge in room – check for cleanliness.								
6. Call bells are clean.								
7. Bed and bedspread are clean.								
<b>Audit Questions</b>	✓ / X	✓ / X	✓ / X	✓ / X	✓ / X	✓ / X	✓ / X	✓ / X

1 | Page

## Spot Cleaning Audit

8. All grab rails free are clean (no dust, fingerprints).								
9. Shower taps and shower rose are clean.								
10. Drains in bathroom are clean and free from obstructions.								
11. Shelves and ledges are free from dirt, dust etc.								
12. Toilet is clean (includes cover, seat and bowl)								





# Cleaning Guidelines

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- Resources - [Environmental cleaning and infection prevention and control resources | Australian Commission on Safety and Quality in Health Care](#)
- Small facilities - [Environmental cleaning practices for small health service organisations | Australian Commission on Safety and Quality in Health Care](#)
- Flowchart- [Flowchart - The process and product selection for routine environmental cleaning | Australian Commission on Safety and Quality in Health Care](#)
- COVID 19 - [Infection Prevention and Control Expert Group – Cleaning and disinfection for health and residential care facilities](#)
- Australian Guidelines for the Prevention and Control of Infection in Healthcare – 3.1.3 from pg. 55
- <https://www.nhmrc.gov.au/sites/default/files/documents/attachments/publications/infections-control-guidelines.pdf>
- The Aged Care IPC Guide- 6 from pg. 101.
- <https://www.safetyandquality.gov.au/sites/default/files/2024-08/The-Aged-Care-Infection-Prevention-and-Control-Guide.pdf>
- AS 5369:2023 Reprocessing of reusable medical devices and other devices in health and non-health related facilities



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## Audience Q&A

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# Linen and Laundry Management

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**Germs are small ....  
but still scary**

Infection prevention works



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# Laundering Considerations

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Management oversight at executive and service level

Staffing – full time, part time, relief, management/supervisor

Policies and procedures – guides to direct practice

Equipment and product use (PPE , machines (repair and annual maintenance), detergents/bleach))

Laundry ventilation

Education/training for laundering, chemicals, IPC, cleaning





## LAUNDRY SEGREGATION FOR CARE HOMES





# Handling, Collecting and Sorting of Soiled Linen

PPE/Hand hygiene

Linen should be held away from the body

Soiled linen is not placed on the floor

Solid matter (faeces/vomit) is removed at the point of care into the toilet/sluice

Soiled linen pre-sort and segregated into colour coded linen bags

Heavily soiled, infectious items should be placed in colour coded soluble bag, tied and then placed in a linen bag

Items with blood or body fluids should be placed in a soluble washing bag - not biohazard yellow bag unless being thrown away

Bagged items should not be dropped/stacked to prevent breakage

Cleaning equipment (mop heads, cloths etc.) placed in impermeable bags post use for laundering

Items for external service are bagged in accordance with service requirements and safety



# Linens Colour Coding Example



Linens bag colour coding example:

White bags = Sheets, towels, pillowcases, napkins

Blue bags = Resident clothing

Red bags = Heavily soiled items

Yellow bags = Infectious







# Transporting of Soiled Linen

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PPE/Hand hygiene

Linen bags should be held away from the body

Handle filled linen bags to avoid contents spilling

Contents  $\frac{3}{4}$  full only

Filled soiled linen bags should be transported in designated labelled soiled linen skips

Transport should not occur during meal service

Linen chute to the laundry are not recommended - If laundry chutes are used, ensure that they are properly designed, maintained, and used in a manner to minimize dispersion of aerosols from contaminated laundry

Soiled cleaning equipment is transported to the laundry and stored in designated holding container/tub



# Laundry Process



PPE, HH

Divide into clean– storage/ washing machine and unclean – drying/folding

Soiled linen bags are stored in labelled storage tubs

Labelled tubs in accordance with wash – i.e. whites, personals, delicates, infectious, cleaning

Clean linen is transported from washer to dryer in clean tub

Clean and unclean tubs do no cross over

General items are sort pre-placing in machine

Soluble bags not to be opened for sorting – tied bags enter the machine

Wash/dry cycle determined on items – not one size fits all



# Laundry Lay Out

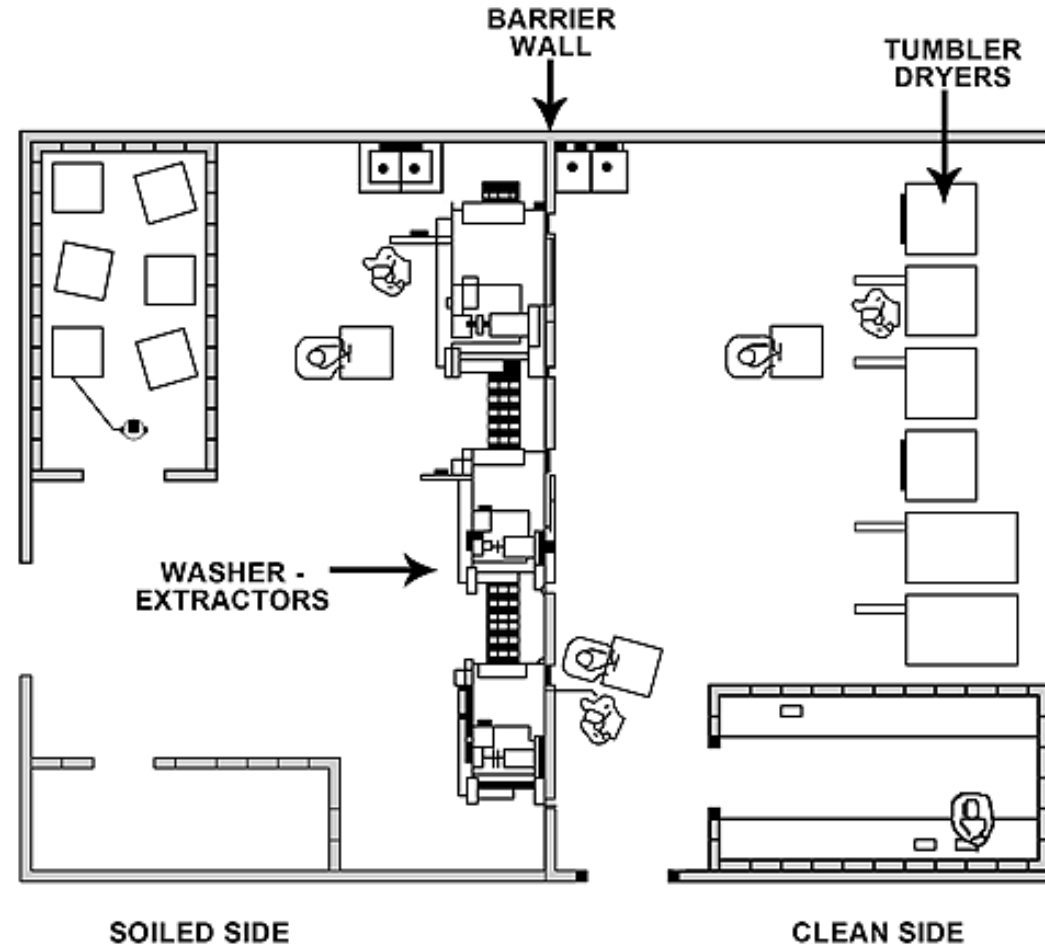


## In Laundry:

- Floor divide – clean/unclean
- Hand wash sink
- Waste management
- PPE /HH supplies
- Washing machines/dryers
- Designated labelled tubs – clean/unclean
- Folding tables
- Bench space – labelling machine/admin
- Clean linen transport carts

## In or near by:

- Chemical supplies and information sheets
- Cleaning equipment





# Transporting and Distribution of Clean Linen

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HH, no PPE

Clean linen must be transported in a clean and aesthetic manner

Clean filled linen trolleys should be covered to stop contamination

Clean linen trolleys should not be left in corridors or common areas

Linen storage areas should be dry and clean - a covered trolley, cupboard or secure walk-in shelved room

Trolleys cleaned after use





# Precautions

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## Unclean laundry area

- Standard or Transmission PPE
- PPE is dependent on what is being washed and outbreak situation

## Clean Laundry area

- No PPE
- Clean hands
- Clean uniform



In outbreak: resident items should not leave the facility for family washing.



# Washing Machines Programs



Machines all programmed

Heat and chemical disinfection:

Temperature and duration in accordance with item

Temperatures and duration for disinfection

- 71 degrees – 3 minutes
- 65 degrees –10+ minutes

Ozone and chemical disinfection:

- Cold

Machine malfunction:

- Excess chemicals
- Incontinence aids, waste
- Large amounts faecal matter





# Washing machine programs

## PROGRAMS

1 KYLIES With Thermal Disinfection	71°C	7 DOONAS With Thermal Disinfection	65°C
2 HEAVY SOILED With Thermal Disinfection	71°C	8 MOPS With Thermal Disinfection	65°C
3 WHITE LINEN With Thermal Disinfection	71°C	9 RINSE AND SPIN	COLD
4 COLOURED LINEN With Thermal Disinfection	71°C	10 SLUICE	COLD
5 PERSONALS With Thermal Disinfection	65°C	11 RE WASH With Thermal Disinfection	65°C
6 WOOL/ DELICATES	25°C	12 OVERNIGHT SOAK With Thermal Disinfection	65°C

## PROGRAMS

1 KYLIES With Enviro Saver	COLD	7 DOONAS With Enviro Saver	COLD
2 HEAVY SOILED With Enviro Saver	COLD	8 MOPS With Enviro Saver	COLD
3 WHITE LINEN With Enviro Saver	COLD	9 RINSE AND SPIN	COLD
4 COLOURED LINEN With Enviro Saver	COLD	10 SLUICE	COLD
5 PERSONALS With Enviro Saver	COLD	11 RE WASH	65°C
6 WOOL/ DELICATES With Enviro Saver	COLD	12 OVERNIGHT SOAK With Enviro Saver	COLD
		13 MICROFIBRE With Enviro Saver	COLD





# Drying Process Programs

Temperature and duration in accordance with item  
Machines all programmed







# Laundry Waste Management



# Laundry Cleaning



PPE

Colour code blue

Product (neutral/ disinfection) dependent on circumstances – i.e. outbreak

Different/clean equipment required for clean and unclean areas

Cleaning schedules – including surface, vent and filter cleaning

Cleaning procedure

Task sign sheet



# Laundry Auditing

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Auditing can be performed through differing methods:

- Process testing
- Outcome testing

Action plan and monitoring





# Laundry Auditing

## Spot Audit – Laundry Process

Date completed:

Aged Care Quality Standards 3 and 5

Criteria/Indicator	Yes ✓	No x	N/A	Comments
<b>Education/Policies and Procedures:</b>				
1. Staff performing laundry duties have had education in the process and all training needs identified and met				
2. Staff performing laundry duties are trained in infection prevention and control, use of PPE and competent in hand hygiene				
3. Staff performing laundry duties are trained in manual handling and safe practices when attending to heavy loads				
4. Staff have access to Policies and Procedures and laundry workflow pathways				
<b>Laundry personal protective equipment and hand hygiene:</b>				
5. Laundry staff have access to and wear standard PPE when handling soiled and heavily soiled linen				
6. Laundry staff are aware of infection transmission within the laundry and don transmission PPE (gloves, long sleeve waterproof gown and where risk of splash - surgical mask and eye wear) when attending to infectious items				
7. In an outbreak laundry staff wear transmission PPE for the duration of the outbreak in the unclean area of the laundry				
8. Laundry staff are aware of cytotoxic exposure risk and protect themselves by donning cytotoxic PPE (purple nitrile gloves, long sleeve waterproof gown and N95 mask)				
9. Staff attend hand hygiene on entering or exiting the laundry, after removing PPE and before entering the clean area of the laundry				
<b>Laundry Requirements:</b>				
10. Food and drink are not consumed in the laundry. Staff personal items are not stored in the laundry.				
11. Waste in the laundry is managed in segregated system – general, infectious (clinical) and cytotoxic. Waste bins (bag lined and labelled) are available for each segregation.				

Link: <https://www.acipc.org.au/wp-content/uploads/2024/08/Laundry-Process-Spot-Audit.pdf>



# Linen and Laundry Guidelines



Note: Linen management and laundry staff are often left out of the IPC consideration

- 2000 Laundry Standards and guidelines – (under review)

<https://www.saiglobal.com/PDFTemp/Previews/OSH/as/as4000/4100/4146.pdf>

- 2012 Codes of Practice for Public Healthcare Operated Laundries and Linen Services.

<https://laundryanddrycleaning.com.au/wp-content/uploads/2015/05/Laundry-Standards-Codes-of-Practice-2012.pdf>

- Australian Guidelines for the Prevention and Control of Infection in Healthcare – 3.1.8 from pg. 56.

<https://www.nhmrc.gov.au/sites/default/files/documents/attachments/publications/infections-control-guidelines.pdf>

- The Aged Care IPC Guide- 6 from pg. 101.

<https://www.safetyandquality.gov.au/sites/default/files/2024-08/The-Aged-Care-Infection-Prevention-and-Control-Guide.pdf>



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# Waste Management

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# Effective Waste Management



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Impacts wider community than just the facility:

National Policy, Legislation, Strategy Plan, Local Jurisdiction Guidelines

Political and organisational commitment

Committed and trained manpower

Good management

Budgetary allocation





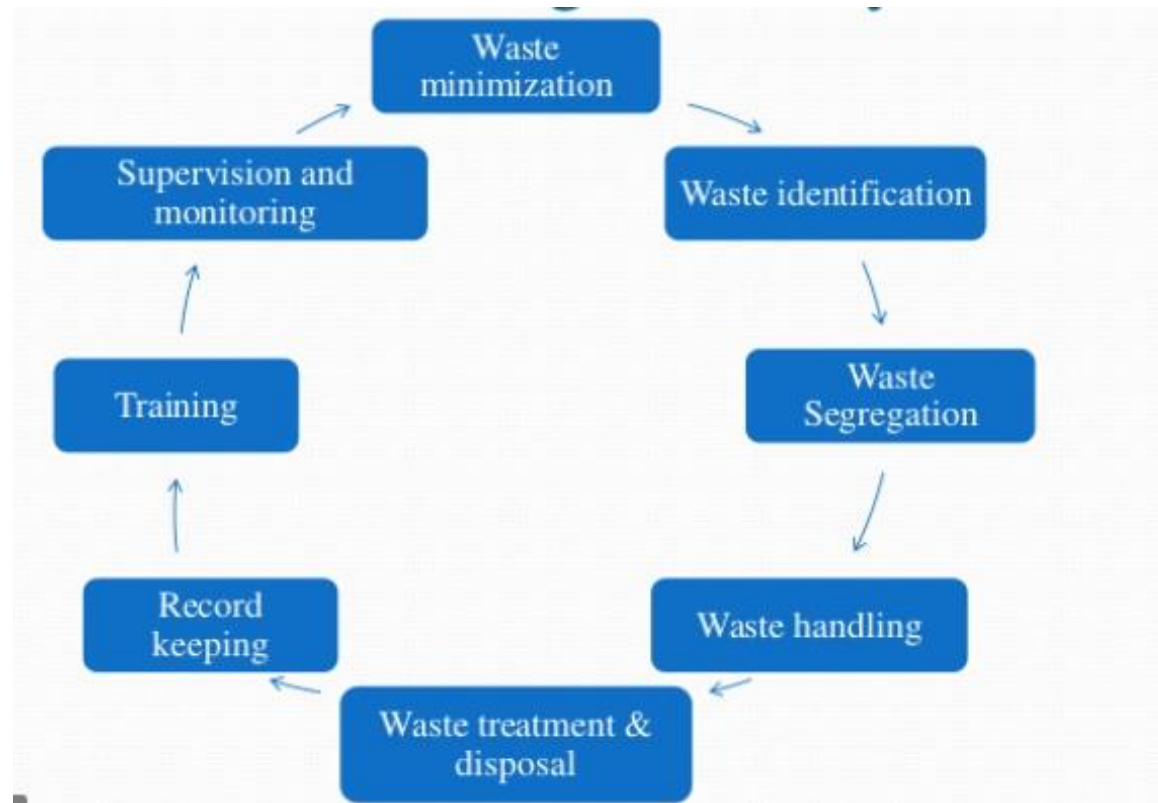
# Types of Waste



Waste	Example
Infectious waste	Blood and other bodily fluids - waste from residents with infections (e.g. swabs, bandages, indwelling devices, PPE and disposable medical devices)
Sharps waste	Syringes, <u>needles</u> , <u>disposable scalpels</u> and <u>blades</u> , etc.
Chemical waste	Solvents and reagents and batteries
Pharmaceutical waste	Expired, unused and contaminated drugs and vaccines
Cytotoxic waste	Waste containing substances with genotoxic properties -such as chemotherapy
General waste	Any waste that does not pose any <u>particular biological</u> , chemical, radioactive or physical hazard



# WHO Waste Management Cycle



# Waste Collection



Person/organisation generating the waste is responsible

PPE, HH

Waste colour coded bags, bins

Contents  $\frac{3}{4}$  full only

Waste bags are tied and knot upwards

Waste Bags/sharps containers should not be left on the ground

Avoid throwing, dragging or carrying waste bags

Sharps containers must be sealed before transport





# Facility Waste Types and Colour Codes

Type of Waste	Colour Code
Infectious Waste	Yellow
Sharpe's Waste	Yellow
Chemicals Waste	Brown
Cytotoxic Waste	Purple
General Waste	Black
Paper Waste	Blue



# Waste Transport

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Transported from the point of generation to the facility storage area

Transported by designated trolley and/or waste chute (clinical or cytotoxic waste should not go down chute - as best practice)

Waste to be taken a designated route and on a time schedule – not during meal service

Licensed contractors collect, transport and dispose of waste, from the facility

Contractors to be on call in outbreak situation for waste removal and bin supply



# Waste Storage



Waste is to be stored in a waste room or designated area

The area should be:

- Signposted with storage contents (general, biohazard cytotoxic symbol)

- Secure and not visible or accessible to the public

- Restricted to authorized persons only

- Weatherproof (i.e. roof above storage and side walls)

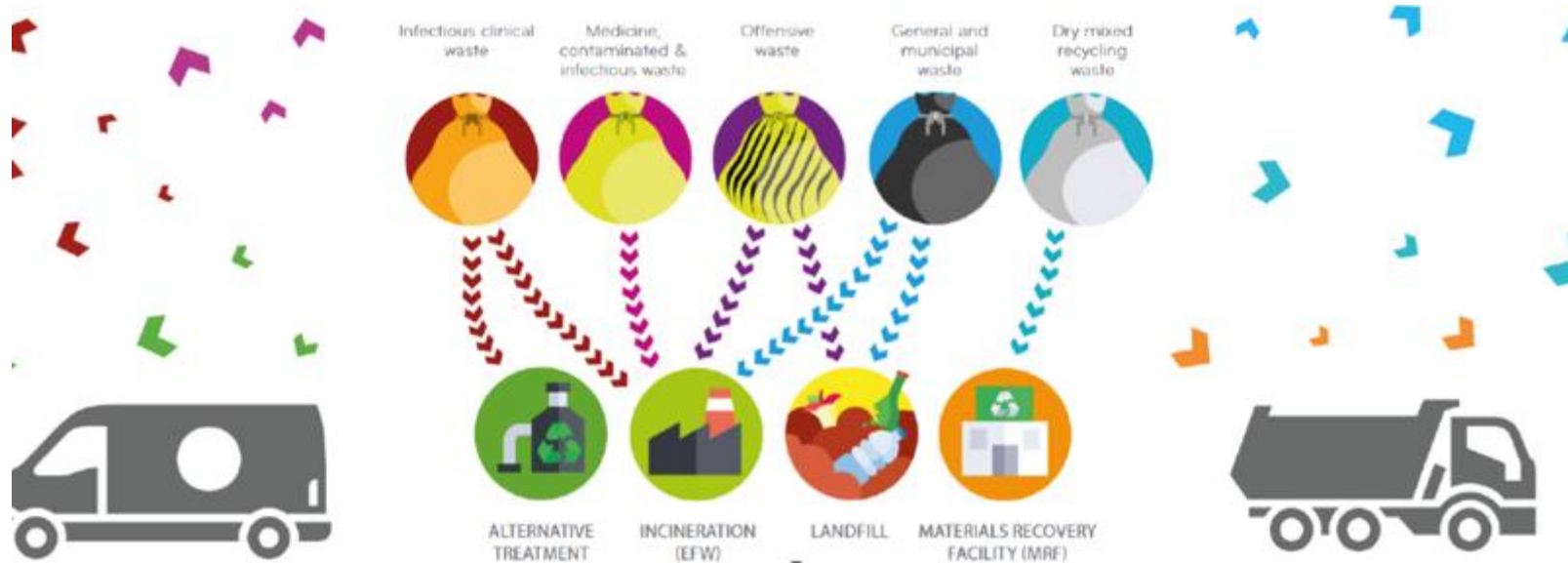
- Clinical/cytotoxic bins must be lockable

Area and bin cleaning schedule – with access to appropriate contaminated water drainage

Spill kits must be available in storage areas



# Not All Waste Is Disposed The Same





# Waste Management Audit and Monitoring

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Auditing can be performed through differing methods:

- Process testing
- Outcome testing

Action Plan and Action

Ongoing monitoring

Financial review





# Waste Management Auditing Example



## Waste Management Audit

Staff education/Work Instructions	Yes	No	N/A	Comments
Instruction: An overall review across all team members in the residence is required				
Team members are aware of the Waste Work Instruction				
Team members can register to access the waste management recorded education session				
Area: Main Kitchen and Pantries waste management	Yes	No	N/A	Comments
Instruction: A combined overall review is required for main kitchen and all pantries				
<b>Waste streams</b>				
Waste is handled in accordance with manual handling techniques				
General waste streams are colour coded black and segregated at point of generation				
Paper and cardboard waste streams are colour coded blue and segregated at point of generation				
There is a safe waste stream system from the kitchen/pantry to main external waste storage				
Waste collection task is delegated				
There are established waste collection time, outside of mealtimes and rest times				
<b>Waste bags</b>				
Waste bags are not overfilled – ¾ filled				
Waste bags are held away from the body when being handled				
Waste bags are sealed at the point of generation/collection				
Waste bags are tied prior to transport				
Waste bags are colour coded in accordance with waste streams				
<b>Waste trolleys and bins</b>				
Waste trolleys are dedicated and used exclusively for waste transport				
Waste trolleys are labelled "Waste"				
Waste trolleys are not overfilled				
The waste bins (single standing) are lidded, foot pedalled, leakproof and made of rigid plastic material				

Link:

<https://www.acipc.org.au/wp-content/uploads/2024/08/Waste-Management-Audit-FULL.pdf>

# Waste Management Guidelines



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Governance around waste - impact on communities beyond the facility – Acts, legislation, national plans, guidelines

Waste guidelines – state/territory, jurisdiction and organisation led

Standard AS/NZS 3816: 2018 Management of clinical and related waste

Waste Management Association of Australia's industry code of practice

State and Territory waste management policies and guidelines

Australian Guidelines for the Prevention and Control of Infection in Healthcare – 3.1.7 from pg. 95 - provide state/territory links guidelines

<https://www.nhmrc.gov.au/sites/default/files/documents/attachments/publications/infections-control-guidelines.pdf>



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## Audience Q&A

① Start presenting to display the audience questions on this slide.



# Catering Management

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**Germs are small ....  
but still scary**

Infection prevention works



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# Catering Considerations

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Management oversight at executive and service level

Staffing – chief, full time, part time, relief, management/supervisor

Policies and procedures – guides to direct practice

Recording requirements – food, fridge/freezer, dishwasher temperatures etc

Equipment and product use (PPE, ovens, cook tops, fridges, slicers/mixers etc (repair and annual maintenance), cleaning detergents/sanitizer)

Pest/vermin control

Education/training for catering, IPC, cleaning



# Catering Outbreak Tips

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Risk assess staff consumption of communal/shared foods during outbreak, e.g. biscuits, bread, butter, coffee, sugar

Individually prepackaged items can be simplest and safest

Disposable cutlery and plates (not plastic) are not routine practice and must be risk assessed

Provision of home cooked meals for residents should be risk assessed and managed





# Catering and PPE

Hair nets worn in kitchens

Material aprons are worn in kitchens

Blue gloves are worn when plating, i.e. placing food on a plates

Bare hands cannot touch ready to eat foods (RTE) – toast, biscuits, cut fruit, – use tongs or gloves

Gloves are changed between activities and food types when preparing or plating food

Gloves are not worn when delivering meal

Gloves are not worn in corridors

Disposable gloves (not blue)/plastic apron are worn for washing up, cleaning and waste

All used disposable PPE must be placed in general waste



# Food Safety



Food preparation and serving requirements:

Cook to above 75°C minimum / Reheat to above 75°C within 1 hour from start of process

All hot food must be probe tested and recorded

Probe must be cleaned with a probe wipe (not alcowipe) after each use

Food temperatures are maintained throughout the serving and delivery process – or discard

Hot food must be discarded after 4 hrs

Hot food temperatures for room service meals must be served at or above 60 °C

Fruit and vegetables must be sanitised

All foods must be covered during transport







# Catering Environment Requirements

Commercial Dishwasher temperatures: record

- Wash Cycle: @ or above 60°C
- Rinse Cycle: @ or above 82°C

Refrigeration: record twice daily- AM & PM

Temperature:

- REFRIGERATOR 1-5°C
- FREEZER – (Minus) 15°C

Vermin or pest services must be in place – evidence

All main kitchens must have a commercial catering spill kit



# Catering Cleaning



Cleaning equipment must be:

Green colour

In supply

Maintained

Available in all kitchen

Disposable gloves/plastic apron are worn for washing, cleaning and waste

All used disposable PPE must be placed in general waste

All disposable catering items, food stuffs etc are placed in general waste



# Catering Guidelines

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State and Territory Catering Guidelines

Safe Food Australia - A guide to the Food Safety Standards

<https://www.foodstandards.gov.au/publications/safefoodaustralia>

State and Territory Pest Control Guidelines



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## Audience Q&A

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# Aged Care IPC Resources



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One stop shop aged care IPC resources – anything you need in aged care IPC is located on this page

<https://www.acipc.org.au/aged-care/resources-australasian-aged-care/>

Webinar resources, templates, guides are all also located her

**Aged Care - this is your space!**



# Aged Care Connexion



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For further discussions or questions, please jump onto the ACIPC website Aged Care Connexion and add a post.

Any unanswered questions from the webinar will be posted in this space.

The forum is moderated and a safe place for aged care communications.

<https://www.acipc.org.au/members/aged-care-connexion/>

You do **not** have to be an ACIPC member to post

**Aged Care - this is your space!**



MEMBERS ONLY

## Aged Care Connexion Discussion Group

Aged Care Connexion Discussion Group is a new web-based forum allowing members working in aged care to participate in a community of practice with colleagues in aged care and in the broader IPC community.



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## Audience Q&A

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# ACIPC Aged Care Community of Practice -Webinar Series



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Next webinar:

**Wednesday 11 December 2024**

## **Organisms of concern – managing multi-resistant organisms (MRO) in aged care**

MRO are not necessarily managed the same way in aged care as they would be in the acute sector. This session will look at common aged care MRO infections and how the risk can be assessed and managed. We look at infection location and transmission means to apply (or not apply) IPC precautions. This will also help attendees with the management of non-MRO infections. The floor is open for comments, input and sharing ideas and concerns.

To register for this webinar, please click the link below:

[https://us02web.zoom.us/webinar/register/WN\\_VmHZbQVKQVuOly6kiSGcAA](https://us02web.zoom.us/webinar/register/WN_VmHZbQVKQVuOly6kiSGcAA)





# ACIPC International Conference



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# Thank You



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Thank you, everyone for attending today – this community is invaluable

Thank you Selina, behind the scenes – what would we do without you

**See you next time - in our space!**



# Aged Care

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**IPC Community of Practice:**  
Aged Care Connexion  
Resources  
Webinars



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**Carrie Spinks**  
IPC Consultant

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