



Infection Prevention and Control Policy

Document number: PO2025-027

Approval

Policy owner	Executive Director, People Culture and Safety		
Approved by	Executive Leadership Team Board State Council		
Date approved	ELT 30.07.2025 Board 14.08.2025 State Council 30.08.2025	Review date	30.07.2028

Purpose

1. St Vincent de Paul Society NSW (the Society) acknowledge that exposure to infectious disease is a risk that our members, volunteers and employees face when carrying out the work of the Society. There is also a risk that the people we assist will be exposed to infectious disease while at our facilities and/or when receiving treatment at one of our health services.
2. The policy outlines our commitment to prevent and control the spread of infectious diseases associated with our work and meet legislative requirements.

Scope

3. This policy applies to:
 - all workers including members, volunteers, employees, contractors
 - other people including visitors, members of the public and the people we assist
 - all sites owned and operated by the Society
 - all activities conducted by or on behalf of the Society, regardless of location.

Related policies and procedures

4. This Policy is supported by the Work Health and Safety Policy and Procedures, the attached procedures for infection control, and a range of safety related information available via the [Safety Hub] and the [Member and Volunteer Portal].
5. Other Related policies and procedures include but are not limited to.
 - Incident Management Policy
 - Privacy Management Policy
 - Person-Centred Service Delivery Policy
 - Person We Assist Charter of Rights and Responsibilities
 - People We Assist Health and Wellbeing Policy
 - Risk Management Framework
 - Recruitment Policy
 - Open Disclosure Policy

Policy principles

6. The Society will apply a risk-based approach to prevent and, where reasonably practicable, eliminate exposure to infectious disease.
7. The Society will be guided by the requirements and recommendations of the NSW Clinical Excellence Commission and NSW Health on all matters related to infectious diseases.
8. The Society acknowledges the importance of immunisation and encourages all workers to maintain vaccination in accordance with the recommendations outlined in the Australian Immunisation Handbook.

9. The standard precautions described in this Policy will be applied consistently across the Society.
10. Society-run health care services must develop an Infection Prevention and Control Management Plan specific to their health care service, consistent with the NSW Health Directive for Infection Prevention and Control in Health Care Settings (PD2023_025).
11. The Society will provide relevant information, education and/or support to people we assist, visitors and members of the public on Society premises about infection control.

Standard precautions

12. Our Standard Precautions are the minimum infection prevention and control practices that must be used in any situation where there is a risk of infection:

Standard precautions

11.1 Hand Hygiene

- Regularly wash your hands with soap and water or using alcohol-based hand sanitisers.

Refer to the information in Appendix 2

11.2 Respiratory hygiene (cough etiquette)

- Cover your mouth and nose with a tissue when coughing or sneezing
- If you don't have a tissue, cough or sneeze into your elbow
- Use the nearest waste receptacle to dispose of the tissue after use
- Perform hand hygiene after having contact with respiratory secretions and contaminated objects/materials.

Refer to the information in Appendix 3

11.3 Self-exclusion from workplace

- Workers who have been diagnosed with or have symptoms of an infectious disease are encouraged not to attend work until symptoms are resolved.

11.4 Personal Protective Equipment (PPE)

- Appropriate and correct use of PPE, such as disposable gloves, gowns, masks, and eye protection, when necessary.

11.5 Needle-stick and sharps injury prevention

- Safe handling of sharps (e.g. hypodermic needle/syringe, knives, box cutters, broken glass)
- Immediate disposal of sharps in a rigid, puncture resistant sharps container located close to the point of use.

11.6 Environmental cleaning

- Regular and thorough cleaning and/or disinfection of surfaces and equipment.

11.7 Waste management

- Safe handling and storage of contaminated waste
- Regular removal and disposal of contaminated waste.

13. Compliance with standard precautions will be monitored through a combination of routine workplace inspections, staff supervision, and periodic audits against infection control procedures.

Occupational immunisation

14. Immunisation for workers at occupational risk of infection, excluding healthcare workers, are encouraged to maintain the vaccinations recommended for their occupation within the Australian Immunisation Handbook. Refer to the information in Appendix 4.
15. Immunisation requirements for healthcare workers will be managed in line with NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Disease Policy Directive (PD2024_015).
16. If an employee requires a specific vaccination to safely conduct their work the Society will reimburse these costs.
17. Immunisation records will be documented and securely stored in accordance with the Privacy Act 1988 (Cth), NDIS Practice Standards and our internal Privacy Management Policy.

Incident Response

18. Immediately after an incident or exposure (e.g. direct exposure to bodily fluid or needle stick injury) the worker must inform their People Leader and implement measures to prevent further exposure.
19. The People Leader must gather information to support an initial assessment of possible exposure and refer the worker for medical advice and potential testing at the closest emergency department or equivalent health care facility.
20. Within 24 hours of an incident, the People Leader must ensure an incident report is submitted via the Integrated Risk Management System (IRMS).
21. If a worker is exposed to blood or a body substance resulting in an infection or medical treatment including hepatitis B vaccination and hepatitis B immunoglobulin, and/or post-exposure prophylaxis against HIV infection, SafeWork NSW must be notified immediately once the Society becomes aware.
22. Note: In accordance with the Work Health & Safety Policy and Procedures, the Safety & Emergency Management Team will manage SafeWork NSW notifications on behalf of the Society.
23. Failure of infection control in a NDIS facility that results in significant harm must be reported to the NDIS Quality and Safeguards Commission within the required timeframes.
24. If there is an outbreak of a communicable infectious disease in a Service, an outbreak management plan will be developed with the support of the Clinical Governance and Quality team.

Compliance and Reporting (Public Health Act 2010 NSW)

25. The Society will comply with any orders issued by the Minister or Secretary in accordance with the Public Health Act 2010 (NSW).
26. Medical Practitioners providing medical services on behalf of the Society must report Schedule 1 and 2 notifiable diseases as required under the Public Health Act 2010 (NSW) and notify the

Service Manager if the Society is providing ongoing support, for continuity of infection control precautions.

Roles and responsibilities

27. Executive Directors must:

- Ensure that identified risks are managed through effective implementation of the standard precautions, and if relevant, through service specific Infection Prevention and Control Management Plans
- Provide the necessary resources to support compliance with this policy and the associated procedures.

28. Directors must ensure that:

- Infection hazards are identified and managed through effective implementation of the standard precautions and the attached procedures
- Personal protective equipment (PPE) and consumables are available
- Arrangements for environmental cleaning and waste management have been established
- Workers have access to appropriate training
- Incidents of infection exposure are internally reported and investigated
- Ensure that outbreaks of infection disease in our Services are reported to external bodies as required.

29. In addition, the Director Health Services must ensure that service specific Infection Control Management Plans have been established for all Society run healthcare services.

30. Managers and Supervisors must:

- Identify infection hazards and manage these by implementation of the standard precautions and the attached procedures
- Establish local safe work procedures for infection prevention and control
- Provide access to appropriate consumables and PPE
- Provide appropriate training to workers
- Promptly report all incidents using the Integrated Risk Management System (IRMS)
- Investigate incidents involving exposure to infectious disease and take action to reduce risk
- Report outbreaks of infection disease in our Services to external bodies as required.

31. In addition to the general responsibilities for Managers and Supervisors, the Managers of Society-run Healthcare services must:

- Develop an Infection Prevention and Control Management Plan relevant to their health care service
- Provide workers with training in local infection prevention and control procedures

- Provide consumables (e.g. sharps containers) and PPE
 - Make appropriate arrangement for environmental cleaning and waste management.
32. Member leadership roles (e.g. Conference Presidents) must, within their local area of responsibility:
- Identify infection hazards and manage these by implementation of the standard precautions and the attached procedures
 - Provide appropriate instruction to members
 - Ensure members and volunteers have access to appropriate consumables and PPE
 - Report incidents to the relevant MVEI Regional Director.
33. Workers must:
- Take reasonable care of their own health and safety and those around them
 - Participate in and complete relevant infection prevention and control training
 - Follow the standard precautions, the attached procedures, and any established local safe work procedures
 - Promptly report all incidents of infectious disease exposure.
34. The Director of Clinical Governance and Quality:
- Supports the managers of the Society, who run health care services, to develop appropriate Infection Prevention and Control Management Plans
 - Partners with divisions within Vinnies Services to establish consistent and effective control measures to prevent and control the spread of infectious disease
 - Provide recommendations in relation to control measures in specific situations.
35. The Director, Safety and Emergency Management:
- Partners with divisions and directorates and the Director, Clinical Governance and Quality to support the establishment of consistent and effective control measures for infection prevention and control across the Society
 - Provides recommendations in relation to control measures in specific situations
 - Notifies SafeWork NSW of any notifiable incidents as soon as becoming aware
 - Facilitates the investigation of incidents with major or extreme actual or potential consequences in collaboration with the relevant director(s).
36. Further information about our approach to preventing and managing infection, including the response to incidents is contained in Appendix 5 – Procedures.

Review

37. This policy will be reviewed every three years.

Further assistance

38. The Director, Safety and Emergency Management and the Director, Clinical Governance and Quality can provide advice about the communication and implementation of the policy.

References

39. Legislation and Standards relevant to this policy include:

- Work Health & Safety Act 2011 (NSW)
- Work Health & Safety Regulation 2017 (NSW)
- Aged Care Act 1997 (Commonwealth)
- National Disability Insurance Scheme (NDIS) Act 2013 (Commonwealth)
- Public Health Act 2010 (NSW)
- NSW Clinical Excellence Commission, Infection Prevention and Control Precautions
- Royal Australian College of General Practitioners: Infection prevention and control standards, for other office-based and community-based practices, 5th Edition, Published May 2014, updated June 2016
- Protection of the Environment Operations Act 1997 (NSW)
- Privacy Act 1988 (Commonwealth)
- Australian Immunisation Handbook – Australian Government
- NDIS Practice Standards
- NDIS Code of Conduct
- QIC Health and Community Services Standards
- Aged Care Quality Standards

Approval and amendment history

Version	Approval authority	Date	Amendment summary
Doc # PO2025- 027	ELT	30.07.2025	New policy
	Board	14.08.2025	Previous Infection Control PO2020-026
	State Council	30.08.2025	rescinded

Appendix 1: Definitions

Term	Definition
Clinical Waste	Waste which has the potential to cause sharps injury, infection or offence. When packaged and disposed of appropriately the risk to public health is very low. This includes sharps, human tissues (excluding hair, teeth and nails), large amounts of blood and other body fluids, items visibly contaminated with blood or body fluids, laboratory specimens and cultures. Clinical waste does <i>not</i> include items like incontinence pads, dialysis waste, sanitary waste or disposable nappies.
Hand Hygiene	A general term for cleaning hands. This includes using water, soap or a soap solution (either nonantimicrobial or antimicrobial), or applying a waterless alcohol-based hand rub (ABHR). When performed correctly, hand hygiene significantly reduces the number of microorganisms present on the hands
Immunisation	The process of inducing immunity to an infectious agent by administering a vaccine.
Infectious Disease	Any disease caused by invasion by a pathogen (such as bacteria, viruses, fungi or parasites) which subsequently grows or multiplies in the body
Notifiable disease	Any disease that, when diagnosed, must be reported to the NSW Ministry of Health or a local public health unit by law.
People we assist	People receiving Society services, whether those services are financial or non-financial, and whether those services are delivered in the person's home, a formal setting or elsewhere.
Personal Protective Equipment (PPE)	Refers to any clothing or equipment worn by workers to protect them from the risk of infection. This includes, but not limited to, gloves, gowns, goggles/face shield, masks, respiratory protection and appropriate footwear.
Sharps	Any item that can pierce or cut the skin. This includes items such as needles, syringes, scalpel blades, stitch cutters, broken glass and other items that could cause a puncture or laceration.
Society-run Health Care Service	Services where clinical staff (e.g. nurses) deliver health intervention at our facilities or in the community (e.g. outreach).
Vaccination	The administration of a vaccine; if vaccination is successful, it results in immunity.
Worker	Any person who carries out work for the Society, including: an employee, member, volunteer, contractor, subcontractor, self-employed person, outworker, apprentice or trainee, work experience student, and employee of a labour hire company placed with a 'host employer'.

Appendix 2: Hand Hygiene



Source: NSW Health (2014), "[Practice simple hygiene by washing hands regularly](#)"

Appendix 3 - Respiratory Hygiene Practices

Respiratory hygiene practices are important to reduce the potential for transmission of diseases from coughing and sneezing.

Prominently displaying posters relating to respiratory hygiene practices is recommended.



Source: NSW Government and Clinical Excellence Commission, "[5 steps to stop the spread of respiratory illnesses](#)"

Appendix 4 – Immunisation and Vaccination Requirements

Workers are encouraged to consult their General Practitioner about **immunisation** and **vaccination** against diseases, and be vaccinated in accordance with the NSW Immunisation Schedule.

Workers are encouraged to also be vaccinated against any diseases recommended in the Australian Immunisation Handbook for their occupation type in accordance with the Australian Immunisation Handbook.



Australian Government
Department of Health

Australian
Immunisation
Handbook

Vaccination for people who care for others

Vaccinating people who care for those at increased risk of disease protects themselves and the people they are working with.



People working in health care or handling human tissue, blood or bodily fluids

- ▶ Hepatitis A (if providing health care in Aboriginal and Torres Strait Islander communities, and in some jurisdictions)
- ▶ Hepatitis B
- ▶ Influenza
- ▶ MMR (if non-immune)
- ▶ Pertussis (as dTpa)
- ▶ Varicella (if non-immune)
- ▶ BCG (if working with drug-resistant cases of tuberculosis)



Carers

- ▶ Hepatitis A (if caring for people with developmental disabilities)
- ▶ Hepatitis B (if caring for people with developmental disabilities)
- ▶ Influenza
- ▶ Pertussis (as dTpa, if caring for infants <6 months of age)



People working with children

- ▶ Hepatitis A (if working in early childhood education and care)
- ▶ Influenza
- ▶ MMR (if non-immune)
- ▶ Pertussis (as dTpa)
- ▶ Varicella (if non-immune)



People working in nursing homes or long-term residential facilities

- ▶ Influenza
- ▶ MMR (if non-immune)
- ▶ Varicella (if non-immune)



Check the immunisation history of anyone caring for people at increased risk of disease, and give them any missed vaccines.

Source: Australian Immunisation Handbook, "[Infographic. Vaccination for people who care for others](#)"

Appendix 5: Infection Prevention and Control Procedures

1. These procedures support and enable implementation of the Infection Prevention and Control Policy and our Standard Precautions.

Personal Protective Equipment

2. Personal protective equipment (PPE) includes gloves, gowns, masks, respirators, eye protection (e.g. glasses, goggles), face shields used to protect a worker from contact with blood and body substances.
3. The Society will provide PPE wherever it is required. Selections should be guided by the anticipated type and amount of exposure to blood and body substances and the likely transmission route of microorganisms. Selections should consider three key factors below.
 - Anticipated exposure. This is determined by the type of activity, such as touch, splashes or sprays, or large volumes of blood or body substance that might penetrate the clothing.
 - Durability and appropriateness of the PPE for the task.
 - Fit. PPE must fit the individual user.
4. Applying and removing PPE in the correct order is essential to prevent transmission of disease to employees and volunteers.
5. The Society will ensure that workers are trained in the safe use of all PPE required for their roles including applying and removing PPE in the correct order.
6. Hand hygiene must be performed before putting on PPE and after removing PPE.
7. If a combination of PPE is used, it must be applied in the following order with gloves always being applied last.
 - Perform hand hygiene
 - Gown or apron
 - Mask or respirator
 - Eye protection
 - Gloves
8. If a combination of PPE is being used, it must be removed in the following order:
 - Gloves, disposed of in the appropriate waste container
 - Perform hand hygiene
 - Gown or apron
 - Perform hand hygiene
 - Eye protection
 - Mask or respirator
 - Perform hand hygiene

Sharps Safety

9. Safe handling and disposal of sharps is necessary to prevent injury and the possible transmission of disease to people we assist, visitors, employees and volunteers.
10. Sharps used within the Society include hypodermic needle/syringe, knives, box cutters, broken glass.
11. Never attempt to recap, break or bend needles.
12. Unless known to be sterile, all sharps should be considered contaminated and must be disposed of immediately in an appropriate sharps container.
13. Do not pass sharps directly from one person to another. If a sharp must be transferred from one person to another it must be placed on a surface by one person and picked up by the second person.
14. The Society will provide appropriate sharps containers at all locations where sharps are expected and disposed of in accordance with clause 32.
15. Never attempt to overfill or compact a full sharps container.

Collecting and sorting donations

16. When sorting raw donations, unknown hazards may be present including sharps (e.g. broken glass, needles and syringes). Below are 3 things you must do to minimise the risk of injury.
 - Wear cut/puncture resistant gloves whenever handling donated items that have not yet been sorted.
 - Empty the contents of bags onto a bench rather than reaching in with your hands.
 - Use tongs or forceps to open and look in pockets of clothing and bags rather than reaching in.
17. If you sustain a cut, puncture or needle stick, stop work immediately and notify your People Leader.

Searching people's belongings

18. When searching a person's belongings (e.g. a bag prior to admission) or during a routine room inspection hazards may be present including sharps. Below are 2 things you must do to minimise the risk of injury.
 - Wear cut/puncture resistant gloves whenever handling items.
 - Carefully visually inspect items before touching them
19. If applicable, ask the owner of the belongings to assist by opening a bag, removing or moving and item etc. Tongs or forceps may be required to open or extract items from areas you cannot see properly.

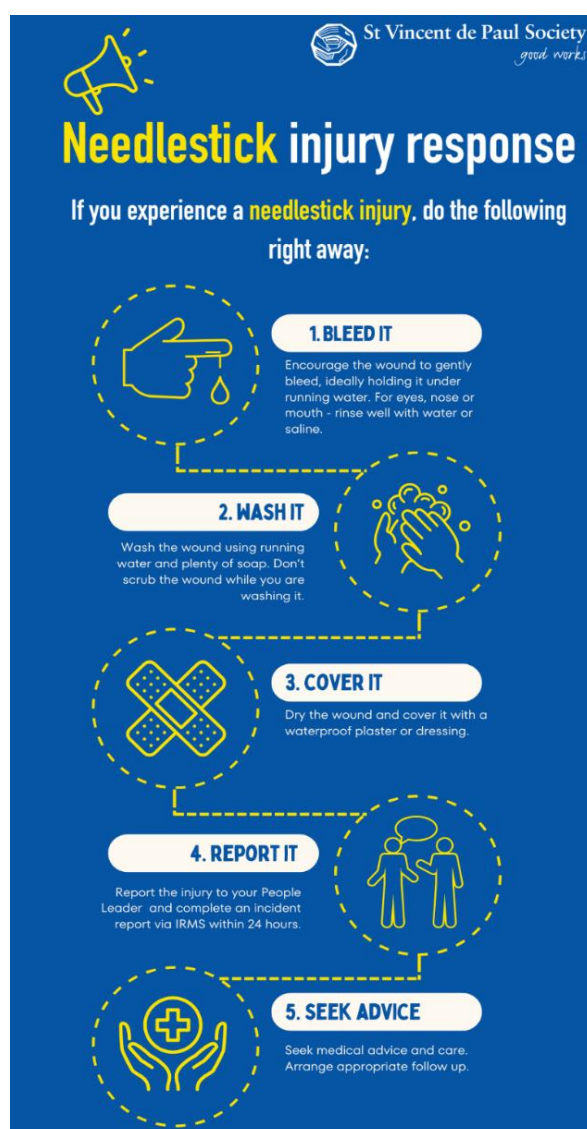
Disposal of used needles/syringes found at Vinnies controlled sites

20. Follow this process when disposing of syringes or sharps:
 - Never place hands into any hidden area (e.g. drains, cavities or garbage bags)
 - Place the sharps container on the ground beside the item to be collected

- Ensure no one is standing nearby to avoid accidental injury
- Put on disposable gloves and pick up the piece of equipment using appropriate equipment (e.g. tongs). Avoid collecting by hand.
- Place the item in the sharps container, needle-end first
- Remove and dispose of disposable gloves
- Wash hands with water and soap. If tongs or other collection equipment have been used, they must be cleaned with detergent and warm water.

Needle Stick Injury

21. The response to an exposure to a needle stick injury includes gently bleeding of the wound, washing the wound with soap and water (or disinfectant), covering it with a waterproof dressing and reporting the incident immediately to your people leader.
22. Workers who experience a needle stick injury must seek immediate medical advice and follow treatment as recommended.



Source: Safety Hub (Staff Portal) "[Infection Control page](#)"

Cleaning up body fluid spills

23. Follow these procedures when cleaning body fluid spills:

- Select appropriate PPE including disposable gloves, goggles and surgical mask
- Wipe up spill with absorbent material (e.g. paper towelling), and/or cover areas with absorbent clumping agent and allow to absorb
- Scoop up any absorbent material or place absorbent material into impervious container or plastic bag for disposal
- Discard contaminated materials
- Mop areas with water and detergent
- Wipe area with an appropriate disinfectant
- Perform hand hygiene.

Handling of used linen

24. Linen is to be managed in accordance with the Australian Standard – Laundry Practice 4146:2000

25. Employees and volunteers must use disposable handtowels wherever possible. Where disposable handtowels are not available cloth hand towels should only be used once before being laundered.

26. When changing linen employees and volunteers should:

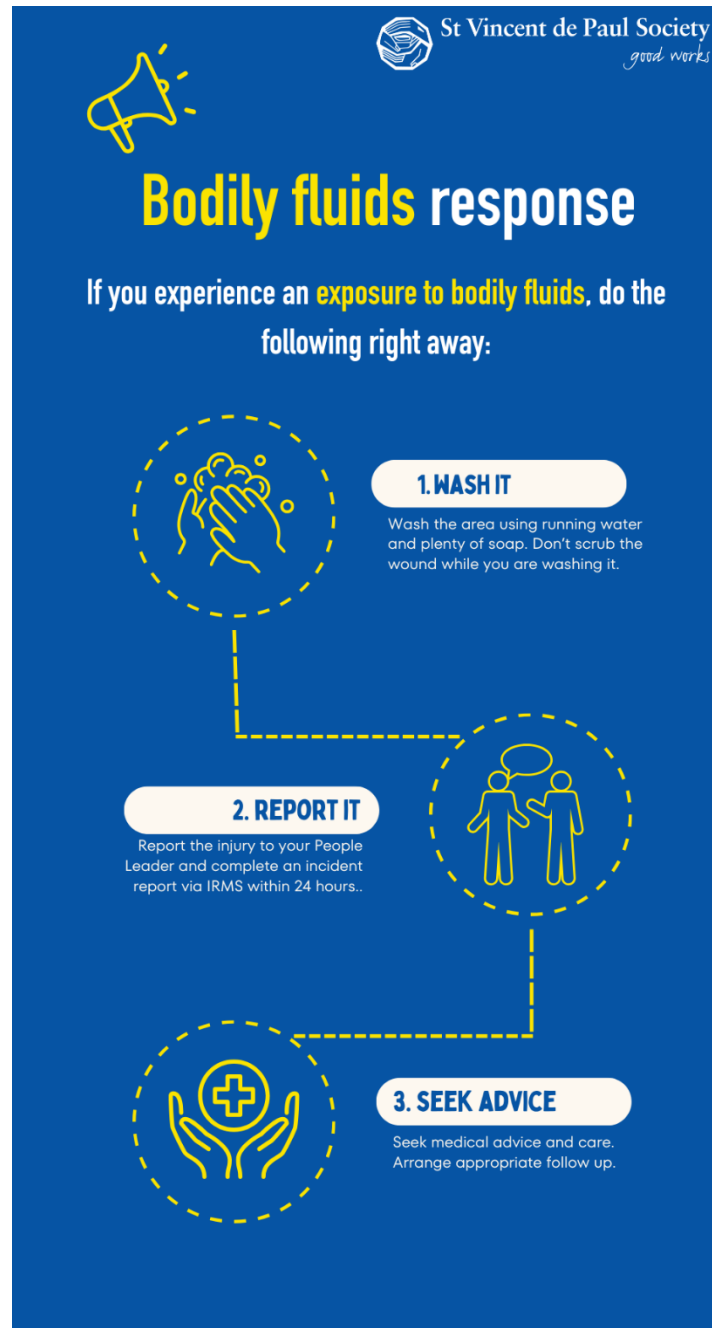
- Select appropriate PPE including disposable gloves and an apron. In some situations, safety glasses and a surgical mask may also be required.
- Check that sharps or other items are not caught up in linen (never shake linen)
- Carry dirty linen away from their body and clothing
- Place used linen into a covered, lined container while awaiting cleaning
- Never put dirty linen on top of another-bed, even for a short period. If awaiting collection, linen should be bundled in the pillowcase and stored at the end of the bed
- Store used-linen containers away from clean linen, preferably in a 'dirty' utility area
- Any linen which contains expressible blood or body fluids needs to be collected into a plastic bag before being placed in the used linen receptacle. Soiled linen should be assessed for possible disposal rather than cleaning

27. Linen and other fabric items such as blankets, pillowcases and towels must be changed at least once per week. More frequent or immediate change is required if:

- A person we assist requires the use of contact precautions, for example, is known or suspected of having scabies or lice
- There has been a blood or body fluid spill on the linen
- The linen is visibly soiled
- The linen has absorbed odour.

Blood & Bodily Fluid Exposure:

28. The response to an exposure to blood and body fluids includes the removal of contaminated clothing, and the thorough washing of the exposed areas with soap. Affected sensitive areas (e.g. eyes, mouth, nose) should be flushed with large amounts of water.
29. Workers exposed to blood or body fluids must seek medical advice and treatment as recommended.



Source: Safety Hub (Staff Portal) "[Infection Control page](#)"

Waste Management

30. The Society encourages proper handling and disposal of waste materials in accordance with the Protection of the Environment Operations Act 1997 (NSW).
31. Clinical and related waste must be segregated from general solid waste at the time of disposal.
32. Clinical waste containers need to be:
 - rigid walled
 - sealable with a secure lid
 - easily handled: ideally, they should have hands-free operation
 - appropriately labelled: yellow in colour, biohazard symbol displayed and be labelled as 'clinical waste'.
33. Sharps containers are a particular type of clinical waste container that need to meet Australian Standards requirements.
34. Liquid clinical waste should be absorbed in absorbent material, then bagged in a yellow clinical waste bag to avoid leakage and potential for splash.
35. Clinical and related waste, including sharps, must be collected by an appropriately licensed transport and disposal company that will take it for appropriate treatment and disposal.